Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
10004	$0.00	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)
10005	$63.81	Fine needle aspiration biopsy, including ultrasound guidance; first lesion
10006	$0.00	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)
10007	$197.56	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion
10008	$0.00	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)
10009	$262.00	Fine needle aspiration biopsy, including CT guidance; first lesion
10010	$0.00	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)
10011	$262.00	Fine needle aspiration biopsy, including MR guidance; first lesion
10012	$0.00	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)
10021	$50.31	Fine needle aspiration biopsy, without imaging guidance; first lesion
10030	$262.00	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous
10035	$0.00	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion
10036	$0.00	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)
10040	$0.00	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	$64.12	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	$98.17	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10080	$140.50	Incision and drainage of pilonidal cyst; simple
10081	$177.31	Incision and drainage of pilonidal cyst; complicated
10120	$90.81	Incision and removal of foreign body, subcutaneous tissues; simple
10121	$489.93	Incision and removal of foreign body, subcutaneous tissues; complicated
10140	$93.56	Incision and drainage of hematoma, seroma or fluid collection
10160	$70.86	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	$845.19	Incision and drainage, complex, postoperative wound infection
11000	$29.15	Debridement of extensive eczematous or infected skin; up to 10% of body surface

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
11001	$0.00	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)
11010	$262.00	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues
11011	$262.00	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle
11012	$845.19	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11042	$137.23	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11043	$213.47	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
11044	$489.93	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
11045	$0.00	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11046	$0.00	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11047	$0.00	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11055	$0.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	$0.00	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	$49.39	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
11102	$64.42	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion
11103	$0.00	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)
11104	$75.05	Punch biopsy of skin (including simple closure, when performed); single lesion
11105	$0.00	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
11106	$98.78	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion
11107	$0.00	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
11200	$0.00	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	$0.00	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
11300	$0.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	$0.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm

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Code	**Fee**	**Description**
11302	$0.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	$0.00	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	$0.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	$0.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	$75.05	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	$0.00	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	$73.63	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	$75.05	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	$94.49	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	$104.61	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	$78.53	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	$89.57	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	$97.86	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	$106.14	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	$489.93	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	$489.93	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	$75.46	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	$88.66	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	$98.17	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
11423	$106.45	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	$489.93	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	$845.19	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	$86.20	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	$96.93	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	$104.92	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	$116.26	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	$489.93	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	$845.19	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	$845.19	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	$845.19	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	$845.19	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	$845.19	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	$845.19	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	$845.19	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11600	$115.65	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	$128.84	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	$137.23	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	$149.09	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	$262.00	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	$489.93	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11620	$115.96	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	$129.15	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	$140.19	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	$153.99	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	$489.93	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
11626	$845.19	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11640	$119.33	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	$133.14	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	$145.72	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	$159.52	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	$489.93	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	$845.19	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
11719	$0.00	Trimming of nondystrophic nails, any number
11720	$0.00	Debridement of nail(s) by any method(s); 1 to 5
11721	$0.00	Debridement of nail(s) by any method(s); 6 or more
11730	$0.00	Avulsion of nail plate, partial or complete, simple; single
11732	$0.00	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11740	$0.00	Evacuation of subungual hematoma
11750	$84.36	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;
11755	$65.34	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	$213.47	Repair of nail bed
11762	$158.90	Reconstruction of nail bed with graft
11765	$0.00	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	$845.19	Excision of pilonidal cyst or sinus; simple
11771	$845.19	Excision of pilonidal cyst or sinus; extensive
11772	$845.19	Excision of pilonidal cyst or sinus; complicated
11900	$0.00	Injection, intralesional; up to and including 7 lesions
11901	$0.00	Injection, intralesional; more than 7 lesions
11920	$105.53	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	$116.88	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	$0.00	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11950	$39.58	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	$50.92	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	$65.65	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	$72.70	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	$1,278.72	Insertion of tissue expander(s) for other than breast, including subsequent expansion

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
11970	$2,382.86	Replacement of tissue expander with permanent implant
11971	$845.19	Removal of tissue expander without insertion of implant
11976	$64.12	Removal, implantable contraceptive capsules
11980	$0.00	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
11981	$0.00	Insertion, non-biodegradable drug delivery implant
11982	$0.00	Removal, non-biodegradable drug delivery implant
11983	$0.00	Removal with reinsertion, non-biodegradable drug delivery implant
12001	$0.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	$0.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004	$0.00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	$137.23	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	$137.23	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	$75.05	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12011	$0.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	$0.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	$0.00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	$75.05	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	$137.23	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	$137.23	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	$75.05	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12020	$213.47	Treatment of superficial wound dehiscence; simple closure
12021	$137.23	Treatment of superficial wound dehiscence; with packing
12031	$137.23	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	$137.23	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
12034	$137.23	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	$137.23	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036	$213.47	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	$696.96	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041	$137.23	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	$137.23	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	$213.47	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	$213.47	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	$137.23	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	$696.96	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12051	$137.23	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	$137.23	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	$137.23	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	$137.23	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	$137.23	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	$137.23	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	$137.23	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	$213.47	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	$213.47	Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	$0.00	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	$213.47	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	$213.47	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	$0.00	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	$137.23	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	$213.47	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	$0.00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13151	$213.47	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	$213.47	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	$0.00	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160	$696.96	Secondary closure of surgical wound or dehiscence, extensive or complicated

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
14000	$696.96	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	$696.96	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	$696.96	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	$696.96	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	$696.96	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	$696.96	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	$696.96	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	$696.96	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14301	$1,278.72	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	$0.00	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
14350	$696.96	Filleted finger or toe flap, including preparation of recipient site
15002	$696.96	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
15003	$0.00	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15004	$213.47	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15005	$0.00	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15040	$696.96	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
15050	$213.47	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	$696.96	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15101	$0.00	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15110	$696.96	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
15111	$0.00	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15115	$696.96	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15116	$0.00	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	$1,278.72	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15121	$0.00	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15130	$696.96	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15131	$0.00	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15135	$1,278.72	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15136	$0.00	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15150	$696.96	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
15151	$0.00	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15152	$0.00	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15155	$1,278.72	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	$0.00	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15157	$0.00	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15200	$696.96	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	$0.00	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15220	$696.96	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less

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Code	**Fee**	**Description**
15221	$0.00	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15240	$696.96	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	$0.00	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15260	$696.96	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	$0.00	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15271	$696.96	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15272	$0.00	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15273	$1,278.72	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
15274	$0.00	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15275	$696.96	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15276	$0.00	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15277	$696.96	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
15278	$0.00	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15570	$696.96	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	$1,278.72	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	$696.96	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet

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Code	**Fee**	**Description**
15576	$696.96	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	$1,278.72	Delay of flap or sectioning of flap (division and inset); at trunk
15610	$696.96	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	$696.96	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	$696.96	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	$696.96	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15730	$1,278.72	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)
15731	$1,278.72	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
15733	$1,278.72	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)
15734	$1,278.72	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	$696.96	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	$1,278.72	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	$696.96	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
15750	$1,278.72	Flap; neurovascular pedicle
15760	$696.96	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15769	$1,278.72	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
15770	$1,278.72	Graft; derma-fat-fascia
15771	$1,278.72	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15773	$696.96	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15775	$137.23	Punch graft for hair transplant; 1 to 15 punch grafts
15776	$137.23	Punch graft for hair transplant; more than 15 punch grafts
15777	$0.00	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)
15780	$481.00	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	$262.00	Dermabrasion; segmental, face
15782	$321.79	Dermabrasion; regional, other than face
15783	$137.23	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	$0.00	Abrasion; single lesion (eg, keratosis, scar)
15787	$0.00	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	$0.00	Chemical peel, facial; epidermal
15789	$213.47	Chemical peel, facial; dermal
15792	$0.00	Chemical peel, nonfacial; epidermal

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Code	**Fee**	**Description**
15793	$0.00	Chemical peel, nonfacial; dermal
15819	$696.96	Cervicoplasty
15820	$696.96	Blepharoplasty, lower eyelid;
15821	$696.96	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	$696.96	Blepharoplasty, upper eyelid;
15823	$696.96	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	$696.96	Rhytidectomy; forehead
15825	$1,278.72	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	$1,278.72	Rhytidectomy; glabellar frown lines
15828	$1,278.72	Rhytidectomy; cheek, chin, and neck
15829	$1,278.72	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	$1,864.28	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	$845.19	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	$845.19	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	$845.19	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	$845.19	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	$845.19	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	$845.19	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	$845.19	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	$845.19	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15840	$1,278.72	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	$1,278.72	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	$696.96	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	$1,278.72	Graft for facial nerve paralysis; regional muscle transfer
15847	$0.00	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15851	$213.47	Removal of sutures under anesthesia (other than local), other surgeon
15852	$0.00	Dressing change (for other than burns) under anesthesia (other than local)
15860	$0.00	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15876	$1,278.72	Suction assisted lipectomy; head and neck
15877	$1,278.72	Suction assisted lipectomy; trunk
15878	$696.96	Suction assisted lipectomy; upper extremity
15879	$1,278.72	Suction assisted lipectomy; lower extremity
15920	$845.19	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922	$1,278.72	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure

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Code	**Fee**	**Description**
15931	$845.19	Excision, sacral pressure ulcer, with primary suture;
15933	$845.19	Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	$1,278.72	Excision, sacral pressure ulcer, with skin flap closure;
15935	$1,278.72	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936	$696.96	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937	$696.96	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940	$845.19	Excision, ischial pressure ulcer, with primary suture;
15941	$845.19	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944	$1,278.72	Excision, ischial pressure ulcer, with skin flap closure;
15945	$696.96	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946	$696.96	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
15950	$489.93	Excision, trochanteric pressure ulcer, with primary suture;
15951	$845.19	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952	$696.96	Excision, trochanteric pressure ulcer, with skin flap closure;
15953	$1,278.72	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15956	$696.96	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958	$1,278.72	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
16000	$0.00	Initial treatment, first degree burn, when no more than local treatment is required
16020	$0.00	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
16025	$75.05	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)
16030	$137.23	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)
16035	$137.23	Escharotomy; initial incision
17000	$0.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	$0.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	$91.72	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17106	$137.23	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm

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Code	**Fee**	**Description**
17107	$213.47	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	$300.32	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110	$0.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	$0.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17250	$0.00	Chemical cauterization of granulation tissue (ie, proud flesh)
17260	$0.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
17261	$0.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
17262	$0.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
17263	$0.00	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm
17264	$112.28	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm
17266	$123.62	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm
17270	$75.05	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	$75.05	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	$0.00	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	$110.74	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	$124.85	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	$137.23	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
17280	$0.00	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	$96.02	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	$107.98	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

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Code	**Fee**	**Description**
17283	$122.09	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	$134.67	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286	$160.44	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
17311	$213.47	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks
17312	$0.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
17313	$213.47	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
17314	$0.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
17315	$0.00	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)
17340	$0.00	Cryotherapy (CO2 slush, liquid N2) for acne
17360	$0.00	Chemical exfoliation for acne (eg, acne paste, acid)
17380	$213.47	Electrolysis epilation, each 30 minutes
19000	$66.26	Puncture aspiration of cyst of breast;
19001	$0.00	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)

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Code	**Fee**	**Description**
19020	$489.93	Mastotomy with exploration or drainage of abscess, deep
19030	$0.00	Injection procedure only for mammary ductogram or galactogram
19081	$489.93	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
19082	$0.00	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)
19083	$489.93	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance
19084	$0.00	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)
19085	$489.93	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance
19086	$0.00	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
19100	$489.93	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101	$950.67	Biopsy of breast; open, incisional
19105	$950.67	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
19110	$950.67	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	$950.67	Excision of lactiferous duct fistula
19120	$950.67	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	$950.67	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126	$0.00	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19281	$0.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance
19282	$0.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)
19283	$0.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance

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Code	**Fee**	**Description**
19284	$0.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)
19285	$0.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance
19286	$0.00	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)
19287	$0.00	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance
19288	$0.00	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
19294	$0.00	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19296	$3,549.47	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297	$0.00	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19298	$1,864.28	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
19300	$950.67	Mastectomy for gynecomastia
19301	$950.67	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302	$1,864.28	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19303	$1,864.28	Mastectomy, simple, complete
19307	$2,047.63	Mast mod rad
19316	$1,864.28	Mastopexy
19318	$1,864.28	Breast reduction
19325	$2,277.55	Breast augmentation with implant
19328	$950.67	Removal of intact breast implant
19330	$950.67	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
19340	$1,864.28	Insertion of breast implant on same day of mastectomy (ie, immediate)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
19342	$2,277.55	Insertion or replacement of breast implant on separate day from mastectomy
19350	$950.67	Nipple/areola reconstruction
19355	$950.67	Correction of inverted nipples
19357	$3,981.15	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19370	$950.67	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
19371	$950.67	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	$1,864.28	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
19396	$950.67	Preparation of moulage for custom breast implant
20103	$262.00	Exploration of penetrating wound (separate procedure); extremity
20150	$1,093.32	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
20200	$489.93	Biopsy, muscle; superficial
20205	$845.19	Biopsy, muscle; deep
20206	$489.93	Biopsy, muscle, percutaneous needle
20220	$489.93	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	$489.93	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240	$845.19	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)
20245	$845.19	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)
20250	$1,093.32	Biopsy, vertebral body, open; thoracic
20251	$2,382.86	Biopsy, vertebral body, open; lumbar or cervical
20500	$56.44	Injection of sinus tract; therapeutic (separate procedure)
20501	$0.00	Injection of sinus tract; diagnostic (sinogram)
20520	$118.10	Removal of foreign body in muscle or tendon sheath; simple
20525	$845.19	Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	$35.28	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
20527	$38.34	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)
20550	$22.08	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20551	$23.32	Injection(s); single tendon origin/insertion
20552	$25.77	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	$30.06	Injection(s); single or multiple trigger point(s), 3 or more muscles
20555	$1,093.32	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)
20600	$21.17	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
20604	$36.51	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting
20605	$22.08	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20606	$39.58	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
20610	$26.38	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20611	$44.48	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting
20612	$29.76	Aspiration and/or injection of ganglion cyst(s) any location
20615	$137.73	Aspiration and injection for treatment of bone cyst
20650	$1,093.32	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20662	$606.05	Application of halo, including removal; pelvic
20663	$1,093.32	Application of halo, including removal; femoral
20665	$156.16	Removal of tongs or halo applied by another individual
20670	$489.93	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
20680	$845.19	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690	$3,192.86	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system
20692	$6,917.51	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693	$2,382.86	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	$606.05	Removal, under anesthesia, of external fixation system
20696	$10,090.37	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)
20697	$606.05	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each
20700	$0.00	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling
20822	$606.05	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20900	$2,382.86	Bone graft, any donor area; minor or small (eg, dowel or button)
20902	$2,382.86	Bone graft, any donor area; major or large

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
20910	$213.47	Cartilage graft; costochondral
20912	$1,278.72	Cartilage graft; nasal septum
20920	$696.96	Fascia lata graft; by stripper
20922	$696.96	Fascia lata graft; by incision and area exposure, complex or sheet
20924	$2,382.86	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20930	$0.00	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
20931	$0.00	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
20932	$0.00	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
20933	$0.00	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)
20934	$0.00	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)
20936	$0.00	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937	$0.00	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20938	$0.00	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20939	$0.00	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
20950	$262.00	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20972	$2,382.86	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973	$2,382.86	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20975	$0.00	Electrical stimulation to aid bone healing; invasive (operative)
20979	$0.00	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
20982	$2,382.86	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency
20983	$3,226.69	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation
20985	$0.00	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
21010	$896.80	Arthrotomy, temporomandibular joint
21011	$210.13	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
21012	$489.93	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
21013	$271.79	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm
21014	$845.19	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater
21015	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm
21016	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater
21025	$1,909.57	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	$1,909.57	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	$896.80	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	$266.88	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	$230.68	Excision of torus mandibularis
21032	$229.46	Excision of maxillary torus palatinus
21034	$1,909.57	Excision of malignant tumor of maxilla or zygoma
21040	$896.80	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	$1,909.57	Excision of malignant tumor of mandible;
21046	$1,909.57	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
21047	$1,909.57	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])
21048	$1,909.57	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
21050	$1,909.57	Condylectomy, temporomandibular joint (separate procedure)
21060	$1,909.57	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	$1,909.57	Coronoidectomy (separate procedure)
21073	$218.72	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21076	$346.94	Impression and custom preparation; surgical obturator prosthesis
21077	$842.06	Impression and custom preparation; orbital prosthesis
21079	$594.20	Impression and custom preparation; interim obturator prosthesis
21080	$693.59	Impression and custom preparation; definitive obturator prosthesis
21081	$642.97	Impression and custom preparation; mandibular resection prosthesis
21082	$607.08	Impression and custom preparation; palatal augmentation prosthesis
21083	$598.49	Impression and custom preparation; palatal lift prosthesis
21084	$671.19	Impression and custom preparation; speech aid prosthesis
21085	$87.46	Impression and custom preparation; oral surgical splint

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
21086	$633.16	Impression and custom preparation; auricular prosthesis
21087	$633.16	Impression and custom preparation; nasal prosthesis
21088	$896.80	Impression and custom preparation; facial prosthesis
21100	$1,909.57	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	$456.11	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116	$0.00	Injection procedure for temporomandibular joint arthrography
21120	$1,909.57	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	$896.80	Genioplasty; sliding osteotomy, single piece
21122	$1,909.57	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	$896.80	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	$1,909.57	Augmentation, mandibular body or angle; prosthetic material
21127	$1,909.57	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	$896.80	Reduction forehead; contouring only
21138	$1,909.57	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	$1,909.57	Reduction forehead; contouring and setback of anterior frontal sinus wall
21150	$1,909.57	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21181	$1,909.57	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21198	$1,909.57	Osteotomy, mandible, segmental;
21199	$1,909.57	Osteotomy, mandible, segmental; with genioglossus advancement
21206	$1,909.57	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	$2,504.67	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	$1,909.57	Osteoplasty, facial bones; reduction
21210	$1,909.57	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	$1,909.57	Graft, bone; mandible (includes obtaining graft)
21230	$1,909.57	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	$1,909.57	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	$1,909.57	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	$1,909.57	Arthroplasty, temporomandibular joint, with allograft
21243	$10,292.37	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	$1,909.57	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	$1,909.57	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	$1,909.57	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21248	$1,909.57	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	$1,909.57	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
21260	$1,909.57	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21267	$1,909.57	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21270	$1,909.57	Malar augmentation, prosthetic material
21275	$1,909.57	Secondary revision of orbitocraniofacial reconstruction
21280	$896.80	Medial canthopexy (separate procedure)
21282	$896.80	Lateral canthopexy
21295	$456.11	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	$896.80	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21315	$456.11	Closed treatment of nasal bone fracture with manipulation; without stabilization
21320	$896.80	Closed treatment of nasal bone fracture with manipulation; with stabilization
21325	$896.80	Open treatment of nasal fracture; uncomplicated
21330	$1,909.57	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	$896.80	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	$1,093.32	Open treatment of nasal septal fracture, with or without stabilization
21337	$896.80	Closed treatment of nasal septal fracture, with or without stabilization
21338	$2,787.92	Open treatment of nasoethmoid fracture; without external fixation
21339	$1,909.57	Open treatment of nasoethmoid fracture; with external fixation
21340	$896.80	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21345	$456.11	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21355	$896.80	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	$1,909.57	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	$1,909.57	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	$2,703.14	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21390	$1,909.57	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21400	$189.71	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	$456.11	Closed treatment of fracture of orbit, except blowout; with manipulation
21406	$1,909.57	Open treatment of fracture of orbit, except blowout; without implant
21407	$1,909.57	Open treatment of fracture of orbit, except blowout; with implant
21421	$896.80	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21440	$433.76	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	$1,909.57	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	$189.71	Closed treatment of mandibular fracture; without manipulation

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
21451	$456.11	Closed treatment of mandibular fracture; with manipulation
21452	$1,909.57	Percutaneous treatment of mandibular fracture, with external fixation
21453	$1,909.57	Closed treatment of mandibular fracture with interdental fixation
21454	$1,909.57	Open treatment of mandibular fracture with external fixation
21461	$2,680.59	Open treatment of mandibular fracture; without interdental fixation
21462	$2,625.26	Open treatment of mandibular fracture; with interdental fixation
21465	$1,909.57	Open treatment of mandibular condylar fracture
21480	$92.62	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	$456.11	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	$896.80	Open treatment of temporomandibular dislocation
21497	$456.11	Interdental wiring, for condition other than fracture
21501	$845.19	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502	$1,093.32	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21550	$489.93	Biopsy, soft tissue of neck or thorax
21552	$845.19	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21554	$845.19	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater
21555	$489.93	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
21556	$845.19	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm
21557	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
21558	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater
21600	$2,382.86	Excision of rib, partial
21610	$1,093.32	Costotransversectomy (separate procedure)
21685	$1,909.57	Hyoid myotomy and suspension
21700	$2,382.86	Division of scalenus anticus; without resection of cervical rib
21720	$1,093.32	Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	$262.00	Division of sternocleidomastoid for torticollis, open operation; with cast application
21820	$92.62	Closed treatment of sternum fracture
21920	$151.23	Biopsy, soft tissue of back or flank; superficial
21925	$489.93	Biopsy, soft tissue of back or flank; deep
21930	$489.93	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
21931	$489.93	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
21932	$845.19	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm
21933	$845.19	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater
21935	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
21936	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater
22102	$2,382.86	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103	$0.00	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
22310	$92.62	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22315	$1,093.32	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction
22505	$606.05	Manipulation of spine requiring anesthesia, any region
22510	$1,093.32	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22511	$1,093.32	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
22512	$0.00	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
22513	$2,382.86	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
22514	$2,382.86	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
22515	$0.00	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
22551	$7,156.77	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
22552	$0.00	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
22554	$7,162.97	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22585	$0.00	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22612	$7,316.44	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
22614	$0.00	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)
22840	$0.00	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22842	$0.00	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22845	$0.00	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
22853	$0.00	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
22854	$0.00	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
22856	$10,035.74	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical
22858	$0.00	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
22859	$0.00	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
22867	$10,408.62	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
22868	$0.00	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
22869	$8,393.60	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
22870	$0.00	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
22900	$845.19	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
22901	$845.19	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
22902	$489.93	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
22903	$845.19	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
22904	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm
22905	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater
23000	$845.19	Removal of subdeltoid calcareous deposits, open
23020	$1,093.32	Capsular contracture release (eg, Sever type procedure)
23030	$845.19	Incision and drainage, shoulder area; deep abscess or hematoma
23031	$845.19	Incision and drainage, shoulder area; infected bursa
23035	$606.05	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040	$1,093.32	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044	$1,093.32	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23065	$115.65	Biopsy, soft tissue of shoulder area; superficial
23066	$845.19	Biopsy, soft tissue of shoulder area; deep
23071	$489.93	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23073	$845.19	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater
23075	$489.93	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
23076	$845.19	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm
23077	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm
23078	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater
23100	$1,093.32	Arthrotomy, glenohumeral joint, including biopsy
23101	$1,093.32	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105	$2,382.86	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106	$1,093.32	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107	$2,382.86	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	$1,093.32	Claviculectomy; partial
23125	$1,093.32	Claviculectomy; total
23130	$1,093.32	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	$1,093.32	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145	$1,093.32	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	$2,382.86	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	$1,093.32	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	$2,382.86	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	$3,690.96	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
23170	$1,093.32	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	$1,093.32	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	$2,382.86	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	$2,382.86	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	$2,382.86	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	$2,382.86	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190	$1,093.32	Ostectomy of scapula, partial (eg, superior medial angle)
23195	$2,382.86	Resection, humeral head
23330	$262.00	Removal of foreign body, shoulder; subcutaneous
23333	$845.19	Removal of foreign body, shoulder; deep (subfascial or intramuscular)
23334	$845.19	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
23350	$0.00	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23395	$2,382.86	Muscle transfer, any type, shoulder or upper arm; single
23397	$2,382.86	Muscle transfer, any type, shoulder or upper arm; multiple
23400	$2,382.86	Scapulopexy (eg, Sprengels deformity or for paralysis)
23405	$2,382.86	Tenotomy, shoulder area; single tendon
23406	$3,415.90	Tenotomy, shoulder area; multiple tendons through same incision
23410	$2,382.86	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	$2,382.86	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	$2,382.86	Coracoacromial ligament release, with or without acromioplasty
23420	$2,382.86	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	$2,382.86	Tenodesis of long tendon of biceps
23440	$2,382.86	Resection or transplantation of long tendon of biceps
23450	$2,382.86	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	$2,382.86	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	$2,382.86	Capsulorrhaphy, anterior, any type; with bone block
23462	$2,382.86	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	$2,382.86	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	$2,382.86	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23480	$2,382.86	Osteotomy, clavicle, with or without internal fixation;
23485	$6,679.21	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	$2,382.86	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	$6,804.08	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23500	$92.62	Closed treatment of clavicular fracture; without manipulation

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
23505	$606.05	Closed treatment of clavicular fracture; with manipulation
23515	$3,269.86	Open treatment of clavicular fracture, includes internal fixation, when performed
23520	$606.05	Closed treatment of sternoclavicular dislocation; without manipulation
23525	$92.62	Closed treatment of sternoclavicular dislocation; with manipulation
23530	$2,382.86	Open treatment of sternoclavicular dislocation, acute or chronic;
23532	$2,382.86	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23540	$92.62	Closed treatment of acromioclavicular dislocation; without manipulation
23545	$92.62	Closed treatment of acromioclavicular dislocation; with manipulation
23550	$2,382.86	Open treatment of acromioclavicular dislocation, acute or chronic;
23552	$3,248.86	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	$92.62	Closed treatment of scapular fracture; without manipulation
23575	$606.05	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23585	$2,382.86	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
23600	$92.62	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	$606.05	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23615	$7,046.20	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;
23616	$9,920.13	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement
23620	$92.62	Closed treatment of greater humeral tuberosity fracture; without manipulation
23625	$606.05	Closed treatment of greater humeral tuberosity fracture; with manipulation
23630	$3,150.64	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23650	$92.62	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	$606.05	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660	$2,382.86	Open treatment of acute shoulder dislocation
23665	$606.05	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23670	$2,382.86	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
23675	$606.05	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23680	$7,116.26	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed
23700	$606.05	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23800	$2,382.86	Arthrodesis, glenohumeral joint;
23802	$4,868.06	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
23921	$696.96	Disarticulation of shoulder; secondary closure or scar revision
23930	$845.19	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	$489.93	Incision and drainage, upper arm or elbow area; bursa
23935	$1,093.32	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000	$1,093.32	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	$1,093.32	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24065	$153.38	Biopsy, soft tissue of upper arm or elbow area; superficial
24066	$845.19	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24071	$845.19	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24073	$845.19	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater
24075	$489.93	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
24076	$845.19	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm
24077	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm
24079	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater
24100	$1,093.32	Arthrotomy, elbow; with synovial biopsy only
24101	$1,093.32	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	$1,093.32	Arthrotomy, elbow; with synovectomy
24105	$1,093.32	Excision, olecranon bursa
24110	$1,093.32	Excision or curettage of bone cyst or benign tumor, humerus;
24115	$2,382.86	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	$2,382.86	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	$1,093.32	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125	$1,093.32	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126	$3,631.00	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130	$1,093.32	Excision, radial head
24134	$2,382.86	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	$1,093.32	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	$2,382.86	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	$1,093.32	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145	$2,382.86	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147	$1,093.32	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
24149	$2,382.86	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
24152	$2,382.86	Radical resection of tumor, radial head or neck
24155	$1,093.32	Resection of elbow joint (arthrectomy)
24160	$1,093.32	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components
24164	$1,093.32	Removal of prosthesis, includes debridement and synovectomy when performed; radial head
24200	$125.16	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	$845.19	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24220	$0.00	Injection procedure for elbow arthrography
24300	$606.05	Manipulation, elbow, under anesthesia
24301	$2,382.86	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	$1,093.32	Tendon lengthening, upper arm or elbow, each tendon
24310	$1,093.32	Tenotomy, open, elbow to shoulder, each tendon
24320	$2,382.86	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	$2,382.86	Flexor-plasty, elbow (eg, Steindler type advancement);
24331	$2,382.86	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332	$1,093.32	Tenolysis, triceps
24340	$2,382.86	Tenodesis of biceps tendon at elbow (separate procedure)
24341	$2,382.86	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	$2,382.86	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343	$1,093.32	Repair lateral collateral ligament, elbow, with local tissue
24344	$2,382.86	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345	$2,382.86	Repair medial collateral ligament, elbow, with local tissue
24346	$4,868.06	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24357	$1,093.32	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358	$1,093.32	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24359	$1,093.32	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
24360	$2,382.86	Arthroplasty, elbow; with membrane (eg, fascial)
24361	$10,381.94	Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	$4,868.06	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	$10,374.32	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365	$7,298.81	Arthroplasty, radial head;
24366	$7,759.69	Arthroplasty, radial head; with implant
24370	$7,168.21	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
24371	$9,297.61	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component
24400	$2,382.86	Osteotomy, humerus, with or without internal fixation
24410	$4,868.06	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	$2,382.86	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	$6,820.76	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	$6,869.84	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24470	$1,093.32	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495	$2,382.86	Decompression fasciotomy, forearm, with brachial artery exploration
24498	$6,725.91	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
24500	$92.62	Closed treatment of humeral shaft fracture; without manipulation
24505	$606.05	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24515	$6,643.46	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	$6,738.30	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	$92.62	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535	$606.05	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24538	$2,382.86	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545	$6,974.71	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
24546	$9,323.66	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
24560	$92.62	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	$606.05	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	$606.05	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	$6,300.77	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed
24576	$92.62	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	$606.05	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579	$6,408.48	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
24582	$2,382.86	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	$4,868.06	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
24587	$7,021.42	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
24600	$92.62	Treatment of closed elbow dislocation; without anesthesia
24605	$606.05	Treatment of closed elbow dislocation; requiring anesthesia
24615	$2,382.86	Open treatment of acute or chronic elbow dislocation
24620	$606.05	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24635	$3,325.62	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed
24640	$47.55	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24650	$92.62	Closed treatment of radial head or neck fracture; without manipulation
24655	$606.05	Closed treatment of radial head or neck fracture; with manipulation
24665	$2,382.86	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;
24666	$7,720.13	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
24670	$92.62	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation
24675	$606.05	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
24685	$3,130.81	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed
24800	$2,382.86	Arthrodesis, elbow joint; local
24802	$4,868.06	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24925	$1,093.32	Amputation, arm through humerus; secondary closure or scar revision
25000	$606.05	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25001	$1,093.32	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25020	$606.05	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023	$1,093.32	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024	$1,093.32	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
25025	$606.05	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25028	$1,093.32	Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031	$606.05	Incision and drainage, forearm and/or wrist; bursa
25035	$2,382.86	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040	$1,093.32	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25065	$155.22	Biopsy, soft tissue of forearm and/or wrist; superficial

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
25066	$845.19	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25071	$489.93	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater
25073	$845.19	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
25075	$489.93	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm
25076	$489.93	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm
25077	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm
25078	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater
25085	$1,093.32	Capsulotomy, wrist (eg, contracture)
25100	$1,093.32	Arthrotomy, wrist joint; with biopsy
25101	$1,093.32	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	$1,093.32	Arthrotomy, wrist joint; with synovectomy
25107	$1,093.32	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25109	$1,093.32	Excision of tendon, forearm and/or wrist, flexor or extensor, each
25110	$606.05	Excision, lesion of tendon sheath, forearm and/or wrist
25111	$606.05	Excision of ganglion, wrist (dorsal or volar); primary
25112	$606.05	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	$606.05	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	$1,093.32	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
25118	$606.05	Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	$1,093.32	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	$1,093.32	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125	$606.05	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
25126	$1,093.32	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130	$1,093.32	Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	$2,382.86	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136	$3,156.93	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145	$1,093.32	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150	$1,093.32	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	$1,093.32	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25210	$1,093.32	Carpectomy; 1 bone

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
25215	$1,093.32	Carpectomy; all bones of proximal row
25230	$1,093.32	Radial styloidectomy (separate procedure)
25240	$1,093.32	Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25246	$0.00	Injection procedure for wrist arthrography
25248	$606.05	Exploration with removal of deep foreign body, forearm or wrist
25250	$606.05	Removal of wrist prosthesis; (separate procedure)
25251	$1,093.32	Removal of wrist prosthesis; complicated, including total wrist
25259	$606.05	Manipulation, wrist, under anesthesia
25260	$1,093.32	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	$2,382.86	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265	$1,093.32	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	$1,093.32	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	$1,093.32	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274	$1,093.32	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275	$1,093.32	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280	$1,093.32	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	$1,093.32	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	$1,093.32	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	$1,093.32	Tenodesis at wrist; flexors of fingers
25301	$1,093.32	Tenodesis at wrist; extensors of fingers
25310	$1,093.32	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	$1,093.32	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	$2,382.86	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	$2,382.86	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
25320	$2,382.86	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332	$1,093.32	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335	$1,093.32	Centralization of wrist on ulna (eg, radial club hand)
25337	$2,382.86	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
25350	$3,691.42	Osteotomy, radius; distal third

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Code	**Fee**	**Description**
25355	$1,093.32	Osteotomy, radius; middle or proximal third
25360	$2,382.86	Osteotomy; ulna
25365	$4,868.06	Osteotomy; radius AND ulna
25370	$1,093.32	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	$1,093.32	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	$3,355.01	Osteoplasty, radius OR ulna; shortening
25391	$6,834.58	Osteoplasty, radius OR ulna; lengthening with autograft
25392	$2,382.86	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	$2,382.86	Osteoplasty, radius AND ulna; lengthening with autograft
25394	$1,093.32	Osteoplasty, carpal bone, shortening
25400	$3,361.31	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	$3,323.75	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415	$3,439.00	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	$2,382.86	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425	$2,382.86	Repair of defect with autograft; radius OR ulna
25426	$1,093.32	Repair of defect with autograft; radius AND ulna
25430	$1,093.32	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25431	$2,382.86	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
25440	$2,382.86	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	$7,937.47	Arthroplasty with prosthetic replacement; distal radius
25442	$10,861.53	Arthroplasty with prosthetic replacement; distal ulna
25443	$3,322.34	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	$8,002.77	Arthroplasty with prosthetic replacement; lunate
25445	$3,357.34	Arthroplasty with prosthetic replacement; trapezium
25446	$10,925.06	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	$1,093.32	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	$2,382.86	Revision of arthroplasty, including removal of implant, wrist joint
25450	$1,093.32	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	$1,093.32	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490	$2,382.86	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491	$4,868.06	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna
25492	$1,093.32	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
25500	$92.62	Closed treatment of radial shaft fracture; without manipulation

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Code	**Fee**	**Description**
25505	$606.05	Closed treatment of radial shaft fracture; with manipulation
25515	$3,198.47	Open treatment of radial shaft fracture, includes internal fixation, when performed
25520	$606.05	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525	$2,382.86	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed
25526	$3,167.44	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex
25530	$92.62	Closed treatment of ulnar shaft fracture; without manipulation
25535	$92.62	Closed treatment of ulnar shaft fracture; with manipulation
25545	$3,137.34	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25560	$92.62	Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	$606.05	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	$3,374.37	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna
25575	$3,280.82	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna
25600	$92.62	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation
25605	$606.05	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
25606	$1,093.32	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25607	$3,431.54	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	$3,416.84	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	$3,430.83	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25622	$92.62	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25624	$606.05	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628	$2,382.86	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
25630	$92.62	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone
25635	$606.05	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone
25645	$1,093.32	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone
25650	$92.62	Closed treatment of ulnar styloid fracture
25651	$1,093.32	Percutaneous skeletal fixation of ulnar styloid fracture

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Code	**Fee**	**Description**
25652	$2,382.86	Open treatment of ulnar styloid fracture
25660	$92.62	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation
25670	$2,382.86	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones
25671	$1,093.32	Percutaneous skeletal fixation of distal radioulnar dislocation
25675	$92.62	Closed treatment of distal radioulnar dislocation with manipulation
25676	$2,382.86	Open treatment of distal radioulnar dislocation, acute or chronic
25680	$92.62	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685	$2,382.86	Open treatment of trans-scaphoperilunar type of fracture dislocation
25690	$606.05	Closed treatment of lunate dislocation, with manipulation
25695	$2,382.86	Open treatment of lunate dislocation
25800	$3,465.13	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805	$3,445.53	Arthrodesis, wrist; with sliding graft
25810	$6,760.23	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820	$3,239.06	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825	$3,220.40	Arthrodesis, wrist; with autograft (includes obtaining graft)
25830	$3,157.87	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25907	$1,093.32	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25922	$606.05	Disarticulation through wrist; secondary closure or scar revision
25929	$696.96	Transmetacarpal amputation; secondary closure or scar revision
25931	$1,093.32	Transmetacarpal amputation; re-amputation
26010	$75.05	Drainage of finger abscess; simple
26011	$489.93	Drainage of finger abscess; complicated (eg, felon)
26020	$1,093.32	Drainage of tendon sheath, digit and/or palm, each
26025	$1,093.32	Drainage of palmar bursa; single, bursa
26030	$1,093.32	Drainage of palmar bursa; multiple bursa
26034	$606.05	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035	$1,093.32	Decompression fingers and/or hand, injection injury (eg, grease gun)
26037	$1,093.32	Decompressive fasciotomy, hand (excludes 26035)
26040	$606.05	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045	$1,093.32	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	$606.05	Tendon sheath incision (eg, for trigger finger)
26060	$606.05	Tenotomy, percutaneous, single, each digit
26070	$606.05	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint

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Code	**Fee**	**Description**
26075	$1,093.32	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	$606.05	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100	$1,093.32	Arthrotomy with biopsy; carpometacarpal joint, each
26105	$1,093.32	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	$606.05	Arthrotomy with biopsy; interphalangeal joint, each
26111	$489.93	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26113	$489.93	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater
26115	$489.93	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
26116	$489.93	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm
26117	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm
26118	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater
26121	$1,093.32	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	$1,093.32	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);
26125	$0.00	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)
26130	$1,093.32	Synovectomy, carpometacarpal joint
26135	$1,093.32	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140	$606.05	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	$606.05	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	$606.05	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	$606.05	Excision of tendon, palm, flexor or extensor, single, each tendon
26180	$606.05	Excision of tendon, finger, flexor or extensor, each tendon
26185	$606.05	Sesamoidectomy, thumb or finger (separate procedure)
26200	$606.05	Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	$2,382.86	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210	$606.05	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215	$1,093.32	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
26230	$1,093.32	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26235	$606.05	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger

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Code	**Fee**	**Description**
26236	$606.05	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250	$1,093.32	Radical resection of tumor, metacarpal
26260	$1,093.32	Radical resection of tumor, proximal or middle phalanx of finger
26262	$606.05	Radical resection of tumor, distal phalanx of finger
26320	$489.93	Removal of implant from finger or hand
26340	$606.05	Manipulation, finger joint, under anesthesia, each joint
26341	$60.74	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord
26350	$1,093.32	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352	$2,382.86	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon
26356	$1,093.32	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
26357	$1,093.32	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
26358	$2,382.86	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon
26370	$1,093.32	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	$2,382.86	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
26373	$1,093.32	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
26390	$3,161.84	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26392	$2,382.86	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410	$606.05	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	$1,093.32	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415	$1,093.32	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26416	$1,093.32	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
26418	$606.05	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	$1,093.32	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	$1,093.32	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428	$1,093.32	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432	$606.05	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)

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Code	**Fee**	**Description**
26433	$1,093.32	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26434	$1,093.32	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437	$1,093.32	Realignment of extensor tendon, hand, each tendon
26440	$606.05	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	$1,093.32	Tenolysis, flexor tendon; palm AND finger, each tendon
26445	$1,093.32	Tenolysis, extensor tendon, hand OR finger, each tendon
26449	$1,093.32	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	$1,093.32	Tenotomy, flexor, palm, open, each tendon
26455	$606.05	Tenotomy, flexor, finger, open, each tendon
26460	$606.05	Tenotomy, extensor, hand or finger, open, each tendon
26471	$1,093.32	Tenodesis; of proximal interphalangeal joint, each joint
26474	$606.05	Tenodesis; of distal joint, each joint
26476	$1,093.32	Lengthening of tendon, extensor, hand or finger, each tendon
26477	$1,093.32	Shortening of tendon, extensor, hand or finger, each tendon
26478	$1,093.32	Lengthening of tendon, flexor, hand or finger, each tendon
26479	$1,093.32	Shortening of tendon, flexor, hand or finger, each tendon
26480	$1,093.32	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	$1,093.32	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	$1,093.32	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	$1,093.32	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490	$1,093.32	Opponensplasty; superficialis tendon transfer type, each tendon
26492	$1,093.32	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494	$1,093.32	Opponensplasty; hypothenar muscle transfer
26496	$1,093.32	Opponensplasty; other methods
26497	$1,093.32	Transfer of tendon to restore intrinsic function; ring and small finger
26498	$1,093.32	Transfer of tendon to restore intrinsic function; all 4 fingers
26499	$1,093.32	Correction claw finger, other methods
26500	$2,382.86	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	$1,093.32	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26508	$1,093.32	Release of thenar muscle(s) (eg, thumb contracture)
26510	$1,093.32	Cross intrinsic transfer, each tendon
26516	$1,093.32	Capsulodesis, metacarpophalangeal joint; single digit
26517	$1,093.32	Capsulodesis, metacarpophalangeal joint; 2 digits

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Code	**Fee**	**Description**
26518	$2,382.86	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits
26520	$1,093.32	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	$606.05	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	$2,382.86	Arthroplasty, metacarpophalangeal joint; each joint
26531	$3,418.00	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535	$1,093.32	Arthroplasty, interphalangeal joint; each joint
26536	$3,162.77	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	$1,093.32	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	$1,093.32	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	$1,093.32	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
26545	$1,093.32	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546	$2,382.86	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)
26548	$1,093.32	Repair and reconstruction, finger, volar plate, interphalangeal joint
26550	$1,093.32	Pollicization of a digit
26555	$2,382.86	Transfer, finger to another position without microvascular anastomosis
26560	$606.05	Repair of syndactyly (web finger) each web space; with skin flaps
26561	$1,093.32	Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562	$1,093.32	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26565	$1,093.32	Osteotomy; metacarpal, each
26567	$1,093.32	Osteotomy; phalanx of finger, each
26568	$2,382.86	Osteoplasty, lengthening, metacarpal or phalanx
26580	$1,093.32	Repair cleft hand
26587	$1,093.32	Reconstruction of polydactylous digit, soft tissue and bone
26590	$606.05	Repair macrodactylia, each digit
26591	$1,093.32	Repair, intrinsic muscles of hand, each muscle
26593	$1,093.32	Release, intrinsic muscles of hand, each muscle
26596	$1,093.32	Excision of constricting ring of finger, with multiple Z-plasties
26600	$92.62	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	$92.62	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607	$1,093.32	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608	$1,093.32	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	$1,093.32	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
26641	$92.62	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	$606.05	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650	$1,093.32	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26665	$1,093.32	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
26670	$92.62	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675	$606.05	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676	$1,093.32	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685	$1,093.32	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint
26686	$1,093.32	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction
26700	$92.62	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	$606.05	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	$1,093.32	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	$1,093.32	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
26720	$92.62	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	$92.62	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727	$1,093.32	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	$1,093.32	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26740	$92.62	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26742	$606.05	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	$1,093.32	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26750	$92.62	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	$92.62	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26756	$1,093.32	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	$1,093.32	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
26770	$92.62	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	$98.70	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia
26776	$1,093.32	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	$1,093.32	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
26820	$3,267.76	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841	$2,382.86	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842	$2,382.86	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843	$2,382.86	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844	$2,382.86	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850	$2,382.86	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852	$2,382.86	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860	$1,093.32	Arthrodesis, interphalangeal joint, with or without internal fixation;
26861	$0.00	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862	$1,093.32	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863	$0.00	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)
26910	$1,093.32	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	$1,093.32	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	$1,093.32	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26990	$1,093.32	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26991	$606.05	Incision and drainage, pelvis or hip joint area; infected bursa
27000	$606.05	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	$1,093.32	Tenotomy, adductor of hip, open
27003	$2,382.86	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27033	$2,382.86	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	$1,093.32	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27040	$489.93	Biopsy, soft tissue of pelvis and hip area; superficial
27041	$489.93	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27043	$845.19	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
27045	$845.19	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater
27047	$845.19	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
27048	$845.19	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
27049	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm
27050	$606.05	Arthrotomy, with biopsy; sacroiliac joint
27052	$606.05	Arthrotomy, with biopsy; hip joint
27059	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater
27060	$2,382.86	Excision; ischial bursa
27062	$1,093.32	Excision; trochanteric bursa or calcification
27065	$2,382.86	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed
27066	$1,093.32	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed
27067	$2,382.86	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision
27080	$1,093.32	Coccygectomy, primary
27086	$489.93	Removal of foreign body, pelvis or hip; subcutaneous tissue
27087	$1,093.32	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27093	$0.00	Injection procedure for hip arthrography; without anesthesia
27095	$0.00	Injection procedure for hip arthrography; with anesthesia
27097	$1,093.32	Release or recession, hamstring, proximal
27098	$1,093.32	Transfer, adductor to ischium
27100	$2,382.86	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105	$1,093.32	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	$2,382.86	Transfer iliopsoas; to greater trochanter of femur
27111	$1,093.32	Transfer iliopsoas; to femoral neck
27130	$7,671.16	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27197	$92.62	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation
27198	$92.62	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)
27200	$92.62	Closed treatment of coccygeal fracture
27202	$1,093.32	Open treatment of coccygeal fracture
27220	$92.62	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27230	$92.62	Closed treatment of femoral fracture, proximal end, neck; without manipulation

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Code	**Fee**	**Description**
27238	$606.05	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation
27246	$92.62	Closed treatment of greater trochanteric fracture, without manipulation
27250	$92.62	Closed treatment of hip dislocation, traumatic; without anesthesia
27252	$606.05	Closed treatment of hip dislocation, traumatic; requiring anesthesia
27256	$92.62	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
27257	$606.05	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27265	$92.62	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	$606.05	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27267	$1,093.32	Closed treatment of femoral fracture, proximal end, head; without manipulation
27275	$606.05	Manipulation, hip joint, requiring general anesthesia
27279	$11,034.95	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
27301	$845.19	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27305	$1,093.32	Fasciotomy, iliotibial (tenotomy), open
27306	$1,093.32	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307	$1,093.32	Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310	$1,093.32	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27323	$489.93	Biopsy, soft tissue of thigh or knee area; superficial
27324	$845.19	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27325	$677.27	Neurectomy, hamstring muscle
27326	$677.27	Neurectomy, popliteal (gastrocnemius)
27327	$489.93	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
27328	$845.19	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
27329	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm
27330	$1,093.32	Arthrotomy, knee; with synovial biopsy only
27331	$1,093.32	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	$1,093.32	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	$1,093.32	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	$1,093.32	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	$2,382.86	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27337	$845.19	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27339	$845.19	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
27340	$1,093.32	Excision, prepatellar bursa

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
27345	$1,093.32	Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27347	$1,093.32	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350	$2,382.86	Patellectomy or hemipatellectomy
27355	$1,093.32	Excision or curettage of bone cyst or benign tumor of femur;
27356	$4,868.06	Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357	$2,382.86	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358	$0.00	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360	$1,093.32	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27364	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater
27369	$0.00	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography
27372	$845.19	Removal of foreign body, deep, thigh region or knee area
27380	$2,382.86	Suture of infrapatellar tendon; primary
27381	$2,382.86	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	$2,382.86	Suture of quadriceps or hamstring muscle rupture; primary
27386	$2,382.86	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390	$1,093.32	Tenotomy, open, hamstring, knee to hip; single tendon
27391	$1,093.32	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg
27392	$1,093.32	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393	$2,382.86	Lengthening of hamstring tendon; single tendon
27394	$2,382.86	Lengthening of hamstring tendon; multiple tendons, 1 leg
27395	$1,093.32	Lengthening of hamstring tendon; multiple tendons, bilateral
27396	$2,382.86	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon
27397	$2,382.86	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons
27400	$2,382.86	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403	$3,148.08	Arthrotomy with meniscus repair, knee
27405	$2,382.86	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	$2,382.86	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	$2,382.86	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27412	$4,088.71	Autologous chondrocyte implantation, knee
27415	$7,998.96	Osteochondral allograft, knee, open
27416	$2,382.86	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
27418	$2,382.86	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420	$2,382.86	Reconstruction of dislocating patella; (eg, Hauser type procedure)

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Code	**Fee**	**Description**
27422	$2,382.86	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	$2,382.86	Reconstruction of dislocating patella; with patellectomy
27425	$1,093.32	Lateral retinacular release, open
27427	$3,086.25	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	$6,559.57	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	$8,596.64	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430	$2,382.86	Quadricepsplasty (eg, Bennett or Thompson type)
27435	$1,093.32	Capsulotomy, posterior capsular release, knee
27437	$2,382.86	Arthroplasty, patella; without prosthesis
27438	$6,686.36	Arthroplasty, patella; with prosthesis
27440	$7,190.13	Arthroplasty, knee, tibial plateau;
27441	$4,868.06	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	$7,203.95	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	$7,026.66	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27446	$7,149.15	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	$7,318.35	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27475	$2,382.86	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27479	$2,382.86	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27496	$1,093.32	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);
27497	$1,093.32	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
27498	$606.05	Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	$2,382.86	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27500	$92.62	Closed treatment of femoral shaft fracture, without manipulation
27501	$92.62	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502	$606.05	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503	$606.05	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27508	$92.62	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509	$2,382.86	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27510	$606.05	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation

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Code	**Fee**	**Description**
27516	$92.62	Closed treatment of distal femoral epiphyseal separation; without manipulation
27517	$606.05	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
27520	$92.62	Closed treatment of patellar fracture, without manipulation
27524	$2,382.86	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
27530	$92.62	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27532	$1,093.32	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27538	$92.62	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27550	$92.62	Closed treatment of knee dislocation; without anesthesia
27552	$606.05	Closed treatment of knee dislocation; requiring anesthesia
27560	$92.62	Closed treatment of patellar dislocation; without anesthesia
27562	$92.62	Closed treatment of patellar dislocation; requiring anesthesia
27566	$2,382.86	Open treatment of patellar dislocation, with or without partial or total patellectomy
27570	$606.05	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27594	$1,093.32	Amputation, thigh, through femur, any level; secondary closure or scar revision
27600	$1,093.32	Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601	$1,093.32	Decompression fasciotomy, leg; posterior compartment(s) only
27602	$1,093.32	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27603	$845.19	Incision and drainage, leg or ankle; deep abscess or hematoma
27604	$1,093.32	Incision and drainage, leg or ankle; infected bursa
27605	$606.05	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	$1,093.32	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607	$1,093.32	Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610	$1,093.32	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	$1,093.32	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27613	$144.79	Biopsy, soft tissue of leg or ankle area; superficial
27614	$845.19	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm
27616	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater
27618	$489.93	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
27619	$845.19	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm
27620	$1,093.32	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	$1,093.32	Arthrotomy, with synovectomy, ankle;

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Code	**Fee**	**Description**
27626	$1,093.32	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	$1,093.32	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27632	$845.19	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
27634	$845.19	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater
27635	$1,093.32	Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637	$2,382.86	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
27638	$2,382.86	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	$1,093.32	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia
27641	$1,093.32	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula
27647	$1,093.32	Radical resection of tumor; talus or calcaneus
27648	$0.00	Injection procedure for ankle arthrography
27650	$2,382.86	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	$2,382.86	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	$2,382.86	Repair, secondary, Achilles tendon, with or without graft
27656	$1,093.32	Repair, fascial defect of leg
27658	$1,093.32	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	$2,382.86	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	$2,382.86	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	$2,382.86	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	$1,093.32	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	$2,382.86	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	$1,093.32	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	$1,093.32	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])
27685	$1,093.32	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	$1,093.32	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	$1,093.32	Gastrocnemius recession (eg, Strayer procedure)
27690	$2,382.86	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	$2,382.86	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692	$0.00	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
27695	$2,382.86	Repair, primary, disrupted ligament, ankle; collateral
27696	$2,382.86	Repair, primary, disrupted ligament, ankle; both collateral ligaments

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Code	**Fee**	**Description**
27698	$2,382.86	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	$2,382.86	Arthroplasty, ankle;
27704	$1,093.32	Removal of ankle implant
27705	$3,432.00	Osteotomy; tibia
27707	$1,093.32	Osteotomy; fibula
27709	$4,868.06	Osteotomy; tibia and fibula
27720	$3,270.55	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27726	$3,331.68	Repair of fibula nonunion and/or malunion with internal fixation
27730	$1,093.32	Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732	$1,093.32	Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734	$1,093.32	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740	$1,093.32	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742	$1,093.32	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
27745	$3,319.55	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27750	$92.62	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27752	$606.05	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27756	$3,481.46	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758	$6,878.91	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage
27759	$6,791.69	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27760	$92.62	Closed treatment of medial malleolus fracture; without manipulation
27762	$606.05	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27766	$2,382.86	Open treatment of medial malleolus fracture, includes internal fixation, when performed
27767	$92.62	Closed treatment of posterior malleolus fracture; without manipulation
27768	$606.05	Closed treatment of posterior malleolus fracture; with manipulation
27769	$2,382.86	Open treatment of posterior malleolus fracture, includes internal fixation, when performed
27780	$92.62	Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	$606.05	Closed treatment of proximal fibula or shaft fracture; with manipulation
27784	$2,382.86	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
27786	$92.62	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	$92.62	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792	$3,149.24	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27808	$92.62	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
27810	$606.05	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
27814	$3,199.16	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27816	$92.62	Closed treatment of trimalleolar ankle fracture; without manipulation
27818	$606.05	Closed treatment of trimalleolar ankle fracture; with manipulation
27822	$3,185.63	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823	$3,175.14	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27824	$92.62	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	$606.05	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation
27826	$3,328.41	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only
27827	$6,814.56	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only
27828	$6,933.71	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula
27829	$2,382.86	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
27830	$92.62	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	$1,093.32	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27832	$2,382.86	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula
27840	$92.62	Closed treatment of ankle dislocation; without anesthesia
27842	$606.05	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27846	$2,382.86	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848	$3,510.39	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
27860	$1,093.32	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
27870	$7,181.08	Arthrodesis, ankle, open
27871	$6,920.84	Arthrodesis, tibiofibular joint, proximal or distal
27884	$1,093.32	Amputation, leg, through tibia and fibula; secondary closure or scar revision
27889	$2,382.86	Ankle disarticulation

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
27892	$1,093.32	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893	$2,382.86	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894	$1,093.32	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
28001	$153.69	Incision and drainage, bursa, foot
28002	$606.05	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	$1,093.32	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28005	$1,093.32	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28008	$1,093.32	Fasciotomy, foot and/or toe
28010	$105.83	Tenotomy, percutaneous, toe; single tendon
28011	$606.05	Tenotomy, percutaneous, toe; multiple tendons
28020	$1,093.32	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	$1,093.32	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	$606.05	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28035	$677.27	Release, tarsal tunnel (posterior tibial nerve decompression)
28039	$845.19	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
28041	$845.19	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater
28043	$489.93	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm
28045	$845.19	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm
28046	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm
28047	$845.19	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater
28050	$1,093.32	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052	$1,093.32	Arthrotomy with biopsy; metatarsophalangeal joint
28054	$1,093.32	Arthrotomy with biopsy; interphalangeal joint
28055	$677.27	Neurectomy, intrinsic musculature of foot
28060	$1,093.32	Fasciectomy, plantar fascia; partial (separate procedure)
28062	$1,093.32	Fasciectomy, plantar fascia; radical (separate procedure)
28070	$2,382.86	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	$1,093.32	Synovectomy; metatarsophalangeal joint, each
28080	$606.05	Excision, interdigital (Morton) neuroma, single, each
28086	$1,093.32	Synovectomy, tendon sheath, foot; flexor
28088	$1,093.32	Synovectomy, tendon sheath, foot; extensor
28090	$606.05	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
28092	$606.05	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
28100	$1,093.32	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102	$2,382.86	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103	$2,382.86	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	$1,093.32	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	$2,382.86	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	$2,382.86	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28108	$606.05	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	$1,093.32	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	$1,093.32	Ostectomy, complete excision; first metatarsal head
28112	$1,093.32	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	$1,093.32	Ostectomy, complete excision; fifth metatarsal head
28114	$1,093.32	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116	$1,093.32	Ostectomy, excision of tarsal coalition
28118	$1,093.32	Ostectomy, calcaneus;
28119	$1,093.32	Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	$1,093.32	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
28122	$1,093.32	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	$256.45	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	$1,093.32	Resection, partial or complete, phalangeal base, each toe
28130	$3,556.11	Talectomy (astragalectomy)
28140	$1,093.32	Metatarsectomy
28150	$1,093.32	Phalangectomy, toe, each toe
28153	$1,093.32	Resection, condyle(s), distal end of phalanx, each toe
28160	$1,093.32	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171	$1,093.32	Radical resection of tumor; tarsal (except talus or calcaneus)
28173	$1,093.32	Radical resection of tumor; metatarsal
28175	$606.05	Radical resection of tumor; phalanx of toe
28190	$154.91	Removal of foreign body, foot; subcutaneous
28192	$489.93	Removal of foreign body, foot; deep

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Code	**Fee**	**Description**
28193	$489.93	Removal of foreign body, foot; complicated
28200	$1,093.32	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	$2,382.86	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	$1,093.32	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	$2,382.86	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28220	$242.34	Tenolysis, flexor, foot; single tendon
28222	$1,093.32	Tenolysis, flexor, foot; multiple tendons
28225	$1,093.32	Tenolysis, extensor, foot; single tendon
28226	$1,093.32	Tenolysis, extensor, foot; multiple tendons
28230	$238.97	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	$223.01	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	$606.05	Tenotomy, open, extensor, foot or toe, each tendon
28238	$2,382.86	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	$1,093.32	Tenotomy, lengthening, or release, abductor hallucis muscle
28250	$1,093.32	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
28260	$1,093.32	Capsulotomy, midfoot; medial release only (separate procedure)
28261	$606.05	Capsulotomy, midfoot; with tendon lengthening
28262	$3,768.88	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	$606.05	Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	$1,093.32	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	$215.35	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	$1,093.32	Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	$1,093.32	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	$1,093.32	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	$1,093.32	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	$1,093.32	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	$3,655.50	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	$1,093.32	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
28295	$1,093.32	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
28296	$1,093.32	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method
28297	$3,417.77	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	$2,382.86	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
28299	$2,382.86	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method
28300	$3,187.03	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302	$2,382.86	Osteotomy; talus
28304	$2,382.86	Osteotomy, tarsal bones, other than calcaneus or talus;
28305	$3,431.54	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	$2,382.86	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	$2,382.86	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	$1,093.32	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	$2,382.86	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	$2,382.86	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	$1,093.32	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	$1,093.32	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	$1,093.32	Sesamoidectomy, first toe (separate procedure)
28320	$7,546.16	Repair, nonunion or malunion; tarsal bones
28322	$3,250.26	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	$1,093.32	Reconstruction, toe, macrodactyly; soft tissue resection
28341	$1,093.32	Reconstruction, toe, macrodactyly; requiring bone resection
28344	$1,093.32	Reconstruction, toe(s); polydactyly
28345	$606.05	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28400	$92.62	Closed treatment of calcaneal fracture; without manipulation
28405	$92.62	Closed treatment of calcaneal fracture; with manipulation
28406	$2,382.86	Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415	$3,293.66	Open treatment of calcaneal fracture, includes internal fixation, when performed;
28420	$7,012.84	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)

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Code	**Fee**	**Description**
28430	$92.62	Closed treatment of talus fracture; without manipulation
28435	$606.05	Closed treatment of talus fracture; with manipulation
28436	$2,382.86	Percutaneous skeletal fixation of talus fracture, with manipulation
28445	$3,092.08	Open treatment of talus fracture, includes internal fixation, when performed
28446	$2,382.86	Open osteochondral autograft, talus (includes obtaining graft[s])
28450	$92.62	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	$142.65	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456	$2,382.86	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465	$3,256.55	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
28470	$92.62	Closed treatment of metatarsal fracture; without manipulation, each
28475	$92.62	Closed treatment of metatarsal fracture; with manipulation, each
28476	$1,093.32	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	$3,172.11	Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28490	$84.06	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	$92.62	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	$1,093.32	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	$1,093.32	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
28510	$66.56	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	$89.88	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	$1,093.32	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28530	$63.81	Closed treatment of sesamoid fracture
28531	$2,382.86	Open treatment of sesamoid fracture, with or without internal fixation
28540	$92.62	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	$1,093.32	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	$606.05	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555	$2,382.86	Open treatment of tarsal bone dislocation, includes internal fixation, when performed
28570	$92.62	Closed treatment of talotarsal joint dislocation; without anesthesia
28575	$1,093.32	Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576	$2,382.86	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	$3,514.35	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed
28600	$92.62	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	$92.62	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606	$1,093.32	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation

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Code	**Fee**	**Description**
28615	$3,107.24	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed
28630	$75.77	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635	$606.05	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	$1,093.32	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	$1,093.32	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
28660	$58.59	Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	$98.70	Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666	$1,093.32	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	$1,093.32	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
28705	$9,842.00	Arthrodesis; pantalar
28715	$7,512.80	Arthrodesis; triple
28725	$6,900.83	Arthrodesis; subtalar
28730	$7,424.63	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	$7,498.98	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	$7,128.65	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740	$3,522.99	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	$3,458.36	Arthrodesis, great toe; metatarsophalangeal joint
28755	$2,382.86	Arthrodesis, great toe; interphalangeal joint
28760	$2,382.86	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
28810	$1,093.32	Amputation, metatarsal, with toe, single
28820	$1,093.32	Amputation, toe; metatarsophalangeal joint
28825	$1,093.32	Amputation, toe; interphalangeal joint
28890	$166.57	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
29000	$98.70	Application of halo type body cast (see 20661-20663 for insertion)
29010	$98.70	Application of Risser jacket, localizer, body; only
29015	$98.70	Application of Risser jacket, localizer, body; including head
29035	$98.70	Application of body cast, shoulder to hips;
29040	$98.70	Application of body cast, shoulder to hips; including head, Minerva type
29044	$57.44	Application of body cast, shoulder to hips; including 1 thigh
29046	$98.70	Application of body cast, shoulder to hips; including both thighs
29049	$52.76	Application, cast; figure-of-eight
29055	$98.70	Application, cast; shoulder spica

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Code	**Fee**	**Description**
29058	$59.20	Application, cast; plaster Velpeau
29065	$51.23	Application, cast; shoulder to hand (long arm)
29075	$46.94	Application, cast; elbow to finger (short arm)
29085	$50.92	Application, cast; hand and lower forearm (gauntlet)
29086	$46.33	Application, cast; finger (eg, contracture)
29105	$42.33	Application of long arm splint (shoulder to hand)
29125	$0.00	Application of short arm splint (forearm to hand); static
29126	$0.00	Application of short arm splint (forearm to hand); dynamic
29130	$0.00	Application of finger splint; static
29131	$0.00	Application of finger splint; dynamic
29200	$15.95	Strapping; thorax
29240	$0.00	Strapping; shoulder (eg, Velpeau)
29260	$0.00	Strapping; elbow or wrist
29280	$0.00	Strapping; hand or finger
29305	$98.70	Application of hip spica cast; 1 leg
29325	$98.70	Application of hip spica cast; 1 and one-half spica or both legs
29345	$66.88	Application of long leg cast (thigh to toes);
29355	$68.10	Application of long leg cast (thigh to toes); walker or ambulatory type
29358	$85.89	Application of long leg cast brace
29365	$63.19	Application of cylinder cast (thigh to ankle)
29405	$41.11	Application of short leg cast (below knee to toes);
29425	$38.65	Application of short leg cast (below knee to toes); walking or ambulatory type
29435	$57.06	Application of patellar tendon bearing (PTB) cast
29440	$18.71	Adding walker to previously applied cast
29445	$52.76	Application of rigid total contact leg cast
29450	$55.52	Application of clubfoot cast with molding or manipulation, long or short leg
29505	$49.39	Application of long leg splint (thigh to ankle or toes)
29515	$35.89	Application of short leg splint (calf to foot)
29520	$0.00	Strapping; hip
29530	$0.00	Strapping; knee
29540	$11.96	Strapping; ankle and/or foot
29550	$0.00	Strapping; toes
29580	$35.89	Strapping; Unna boot
29581	$57.44	Application of multi-layer compression system; leg (below knee), including ankle and foot
29584	$57.44	Application of multi-layer compression system; upper arm, forearm, hand, and fingers

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Code	**Fee**	**Description**
29700	$34.36	Removal or bivalving; gauntlet, boot or body cast
29705	$29.15	Removal or bivalving; full arm or full leg cast
29710	$57.37	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.
29720	$48.16	Repair of spica, body cast or jacket
29730	$27.61	Windowing of cast
29740	$45.09	Wedging of cast (except clubfoot casts)
29750	$47.24	Wedging of clubfoot cast
29800	$1,093.32	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	$1,093.32	Arthroscopy, temporomandibular joint, surgical
29805	$1,093.32	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	$2,382.86	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	$2,382.86	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	$1,093.32	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	$2,382.86	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	$1,093.32	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	$1,093.32	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29823	$1,093.32	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29824	$1,093.32	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
29825	$1,093.32	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	$0.00	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
29827	$2,382.86	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	$2,382.86	Arthroscopy, shoulder, surgical; biceps tenodesis
29830	$1,093.32	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	$1,093.32	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	$1,093.32	Arthroscopy, elbow, surgical; synovectomy, partial
29836	$2,382.86	Arthroscopy, elbow, surgical; synovectomy, complete
29837	$1,093.32	Arthroscopy, elbow, surgical; debridement, limited
29838	$1,093.32	Arthroscopy, elbow, surgical; debridement, extensive

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
29840	$1,093.32	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843	$1,093.32	Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	$1,093.32	Arthroscopy, wrist, surgical; synovectomy, partial
29845	$1,093.32	Arthroscopy, wrist, surgical; synovectomy, complete
29846	$1,093.32	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	$2,382.86	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	$606.05	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850	$606.05	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)
29851	$606.05	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855	$3,657.36	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29856	$6,666.81	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
29860	$2,382.86	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	$2,382.86	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	$2,382.86	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	$1,093.32	Arthroscopy, hip, surgical; with synovectomy
29866	$2,382.86	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
29867	$7,212.54	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29870	$1,093.32	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	$1,093.32	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	$1,093.32	Arthroscopy, knee, surgical; with lateral release
29874	$1,093.32	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	$1,093.32	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	$1,093.32	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
29877	$1,093.32	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	$1,093.32	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	$1,093.32	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
29881	$1,093.32	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	$1,093.32	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	$1,093.32	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	$1,093.32	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	$2,382.86	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	$1,093.32	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	$2,382.86	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	$3,292.25	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	$6,512.39	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	$1,093.32	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	$2,382.86	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	$1,093.32	Endoscopic plantar fasciotomy
29894	$1,093.32	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	$1,093.32	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	$1,093.32	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	$1,093.32	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	$3,089.51	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29900	$1,093.32	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	$1,093.32	Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902	$606.05	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
29904	$1,093.32	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
29905	$2,382.86	Arthroscopy, subtalar joint, surgical; with synovectomy
29906	$1,093.32	Arthroscopy, subtalar joint, surgical; with debridement
29907	$6,682.54	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis
29914	$2,382.86	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
29915	$2,382.86	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
29916	$2,382.86	Arthroscopy, hip, surgical; with labral repair
30000	$87.46	Drainage abscess or hematoma, nasal, internal approach
30020	$170.26	Drainage abscess or hematoma, nasal septum
30100	$91.11	Biopsy, intranasal
30110	$150.31	Excision, nasal polyp(s), simple

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
30115	$896.80	Excision, nasal polyp(s), extensive
30117	$896.80	Excision or destruction (eg, laser), intranasal lesion; internal approach
30118	$896.80	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
30120	$896.80	Excision or surgical planing of skin of nose for rhinophyma
30124	$456.11	Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	$1,909.57	Excision dermoid cyst, nose; complex, under bone or cartilage
30130	$896.80	Excision inferior turbinate, partial or complete, any method
30140	$896.80	Submucous resection inferior turbinate, partial or complete, any method
30150	$1,909.57	Rhinectomy; partial
30160	$1,909.57	Rhinectomy; total
30200	$70.25	Injection into turbinate(s), therapeutic
30210	$90.81	Displacement therapy (Proetz type)
30220	$456.11	Insertion, nasal septal prosthesis (button)
30300	$0.00	Removal foreign body, intranasal; office type procedure
30310	$896.80	Removal foreign body, intranasal; requiring general anesthesia
30320	$456.11	Removal foreign body, intranasal; by lateral rhinotomy
30400	$1,909.57	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	$1,909.57	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	$1,909.57	Rhinoplasty, primary; including major septal repair
30430	$1,909.57	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	$1,909.57	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	$1,909.57	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	$1,909.57	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	$1,909.57	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	$1,909.57	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30468	$2,956.50	Repair of collapsed nostril using implant in side of nose
30469	$2,785.37	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral
30520	$896.80	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540	$1,909.57	Repair choanal atresia; intranasal
30545	$1,909.57	Repair choanal atresia; transpalatine
30560	$189.71	Lysis intranasal synechia
30580	$1,909.57	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
30600	$1,909.57	Repair fistula; oronasal
30620	$1,909.57	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	$896.80	Repair nasal septal perforations
30801	$456.11	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
30802	$456.11	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)
30901	$0.00	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903	$46.83	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905	$46.83	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30906	$87.46	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
30915	$1,140.05	Ligation arteries; ethmoidal
30920	$1,140.05	Ligation arteries; internal maxillary artery, transantral
30930	$896.80	Fracture nasal inferior turbinate(s), therapeutic
31000	$87.46	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31002	$456.11	Lavage by cannulation; sphenoid sinus
31020	$896.80	Sinusotomy, maxillary (antrotomy); intranasal
31030	$1,909.57	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032	$1,909.57	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31040	$1,909.57	Pterygomaxillary fossa surgery, any approach
31050	$1,909.57	Sinusotomy, sphenoid, with or without biopsy;
31051	$1,909.57	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
31070	$1,909.57	Sinusotomy frontal; external, simple (trephine operation)
31075	$1,909.57	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
31080	$1,909.57	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)
31081	$1,909.57	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084	$1,909.57	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision
31085	$1,909.57	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision
31086	$1,909.57	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision
31087	$1,909.57	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
31090	$1,909.57	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
31200	$1,909.57	Ethmoidectomy; intranasal, anterior
31201	$456.11	Ethmoidectomy; intranasal, total
31205	$896.80	Ethmoidectomy; extranasal, total
31231	$67.24	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
31233	$162.31	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	$519.94	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31237	$519.94	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	$519.94	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239	$1,052.05	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240	$519.94	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31253	$1,611.51	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
31254	$1,611.51	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
31255	$1,611.51	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
31256	$1,052.05	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31257	$1,611.51	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy
31259	$1,611.51	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
31267	$1,611.51	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276	$1,611.51	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed
31287	$1,611.51	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	$1,611.51	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31295	$1,548.22	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa
31296	$1,556.51	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium
31297	$1,544.24	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium
31298	$1,611.51	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia
31300	$896.80	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy
31400	$1,909.57	Arytenoidectomy or arytenoidopexy, external approach
31420	$1,909.57	Epiglottidectomy
31500	$87.46	Intubation, endotracheal, emergency procedure
31502	$87.46	Tracheotomy tube change prior to establishment of fistula tract
31505	$54.60	Laryngoscopy, indirect; diagnostic (separate procedure)
31510	$1,052.05	Laryngoscopy, indirect; with biopsy
31511	$67.24	Laryngoscopy, indirect; with removal of foreign body
31512	$1,052.05	Laryngoscopy, indirect; with removal of lesion
31513	$162.31	Laryngoscopy, indirect; with vocal cord injection
31515	$162.31	Laryngoscopy direct, with or without tracheoscopy; for aspiration

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
31520	$162.31	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
31525	$519.94	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526	$519.94	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31527	$1,052.05	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator
31528	$1,052.05	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	$1,052.05	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31530	$519.94	Laryngoscopy, direct, operative, with foreign body removal;
31531	$1,052.05	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope
31535	$1,052.05	Laryngoscopy, direct, operative, with biopsy;
31536	$1,052.05	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31540	$1,052.05	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541	$1,052.05	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31545	$1,052.05	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	$1,611.51	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)
31551	$1,909.57	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age
31552	$1,909.57	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older
31553	$1,909.57	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age
31554	$1,909.57	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older
31560	$1,611.51	Laryngoscopy, direct, operative, with arytenoidectomy;
31561	$1,611.51	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope
31570	$1,052.05	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571	$1,052.05	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31572	$1,052.05	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral
31573	$155.52	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
31574	$519.94	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
31575	$67.24	Laryngoscopy, flexible; diagnostic
31576	$519.94	Laryngoscopy, flexible; with biopsy(ies)
31577	$162.31	Laryngoscopy, flexible; with removal of foreign body(s)
31578	$1,052.05	Laryngoscopy, flexible; with removal of lesion(s), non-laser
31579	$101.85	Laryngoscopy, flexible or rigid telescopic, with stroboscopy
31580	$1,909.57	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
31590	$1,909.57	Laryngeal reinnervation by neuromuscular pedicle
31591	$1,909.57	Laryngoplasty, medialization, unilateral
31592	$1,909.57	Cricotracheal resection
31603	$456.11	Tracheostomy, emergency procedure; transtracheal
31605	$87.46	Tracheostomy, emergency procedure; cricothyroid membrane
31611	$896.80	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
31612	$896.80	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31613	$896.80	Tracheostoma revision; simple, without flap rotation
31614	$1,909.57	Tracheostoma revision; complex, with flap rotation
31615	$189.71	Tracheobronchoscopy through established tracheostomy incision
31622	$519.94	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
31623	$519.94	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings
31624	$519.94	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage
31625	$519.94	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
31626	$1,611.51	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple
31627	$0.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])
31628	$1,052.05	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
31629	$1,052.05	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
31630	$1,052.05	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture
31631	$1,611.51	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
31632	$0.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31633	$0.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31634	$1,611.51	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
31635	$519.94	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body
31636	$2,358.10	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus
31637	$0.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)
31638	$1,611.51	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
31640	$1,052.05	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor
31641	$1,052.05	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
31643	$519.94	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
31645	$519.94	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial
31646	$162.31	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay
31647	$2,100.61	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe
31648	$1,052.05	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe
31649	$519.94	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)
31651	$0.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])
31652	$1,052.05	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures
31653	$1,052.05	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures
31654	$0.00	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])
31717	$162.31	Catheterization with bronchial brush biopsy
31720	$0.00	Catheter aspiration (separate procedure); nasotracheal

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
31730	$519.94	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
31750	$1,909.57	Tracheoplasty; cervical
31755	$1,909.57	Tracheoplasty; tracheopharyngeal fistulization, each stage
31820	$896.80	Surgical closure tracheostomy or fistula; without plastic repair
31825	$896.80	Surgical closure tracheostomy or fistula; with plastic repair
31830	$896.80	Revision of tracheostomy scar
32400	$489.93	Biopsy, pleura, percutaneous needle
32408	$505.04	Core needle biopsy of lung or central cavity of chest (mediastinum), accessed through skin
32550	$1,170.63	Insertion of indwelling tunneled pleural catheter with cuff
32552	$270.80	Removal of indwelling tunneled pleural catheter with cuff
32553	$534.87	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
32554	$270.80	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32555	$270.80	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
32556	$563.60	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
32557	$492.92	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
32960	$270.80	Pneumothorax, therapeutic, intrapleural injection of air
32994	$1,864.96	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation
32998	$1,864.96	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency
33016	$492.92	Pericardiocentesis, including imaging guidance, when performed
33206	$6,277.95	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	$6,488.87	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	$6,644.59	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33210	$3,232.10	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33211	$4,986.79	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33212	$5,271.28	Insertion of pacemaker pulse generator only; with existing single lead
33213	$6,554.32	Insertion of pacemaker pulse generator only; with existing dual leads
33214	$6,431.30	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
33215	$1,140.05	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
33216	$4,649.14	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
33217	$5,672.53	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator
33218	$1,281.61	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
33220	$1,807.87	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
33221	$9,968.88	Insertion of pacemaker pulse generator only; with existing multiple leads
33222	$696.96	Relocation of skin pocket for pacemaker
33223	$696.96	Relocation of skin pocket for implantable defibrillator
33224	$6,662.33	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
33225	$0.00	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)
33226	$1,140.05	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)
33227	$5,152.61	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
33228	$6,489.66	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
33229	$10,036.97	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
33230	$16,958.41	Insertion of implantable defibrillator pulse generator only; with existing dual leads
33231	$22,646.02	Insertion of implantable defibrillator pulse generator only; with existing multiple leads
33233	$4,550.09	Removal of permanent pacemaker pulse generator only
33234	$1,281.61	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
33235	$1,658.81	Removal of transvenous pacemaker electrode(s); dual lead system
33240	$16,781.20	Insertion of implantable defibrillator pulse generator only; with existing single lead
33241	$1,281.61	Removal of implantable defibrillator pulse generator only
33249	$22,696.48	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
33262	$16,578.41	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
33263	$16,812.47	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
33264	$22,729.28	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system
33270	$22,493.38	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
33271	$5,320.96	Insertion of subcutaneous implantable defibrillator electrode
33273	$1,281.61	Repositioning of previously implanted subcutaneous implantable defibrillator electrode
33274	$9,459.41	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed
33275	$1,140.05	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed
33285	$5,657.66	Insertion, subcutaneous cardiac rhythm monitor, including programming
33286	$262.00	Removal, subcutaneous cardiac rhythm monitor
33419	$0.00	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)
33508	$0.00	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)
33866	$0.00	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)
33900	$5,002.87	normal native connections, bilateral
33901	$5,002.87	abnormal connections, unilateral
33902	$8,314.00	abnormal connections, bilateral
33903	$5,002.87	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
34490	$1,140.05	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
34713	$0.00	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)
34714	$0.00	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
34715	$0.00	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
34716	$0.00	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
35188	$1,973.54	Repair, acquired or traumatic arteriovenous fistula; head and neck
35207	$1,140.05	Repair blood vessel, direct; hand, finger
35572	$0.00	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)
35875	$1,973.54	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
35876	$1,973.54	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
36000	$0.00	Introduction of needle or intracatheter, vein
36002	$270.80	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm
36005	$0.00	Injection procedure for extremity venography (including introduction of needle or intracatheter)
36010	$0.00	Introduction of catheter, superior or inferior vena cava
36011	$0.00	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012	$0.00	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36013	$0.00	Introduction of catheter, right heart or main pulmonary artery
36014	$0.00	Selective catheter placement, left or right pulmonary artery
36015	$0.00	Selective catheter placement, segmental or subsegmental pulmonary artery
36100	$0.00	Introduction of needle or intracatheter, carotid or vertebral artery
36140	$0.00	Introduction of needle or intracatheter, upper or lower extremity artery
36160	$0.00	Introduction of needle or intracatheter, aortic, translumbar
36200	$0.00	Introduction of catheter, aorta
36215	$0.00	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216	$0.00	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family
36217	$0.00	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family
36218	$0.00	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
36221	$0.00	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36222	$0.00	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36223	$0.00	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
36224	$0.00	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
36225	$0.00	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36226	$0.00	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36227	$0.00	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
36228	$0.00	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)
36245	$0.00	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	$0.00	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	$0.00	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36248	$0.00	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
36251	$0.00	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
36252	$0.00	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral
36253	$0.00	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
36254	$0.00	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral
36260	$1,973.54	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	$2,234.00	Revision of implanted intra-arterial infusion pump
36262	$1,281.61	Removal of implanted intra-arterial infusion pump
36400	$0.00	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein
36405	$0.00	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein
36406	$0.00	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein
36410	$0.00	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36416	$0.00	Collection of capillary blood specimen (eg, finger, heel, ear stick)
36420	$0.00	Venipuncture, cutdown; younger than age 1 year
36425	$0.00	Venipuncture, cutdown; age 1 or over
36430	$29.76	Transfusion, blood or blood components
36440	$166.66	Push transfusion, blood, 2 years or younger
36450	$166.66	Exchange transfusion, blood; newborn

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
36455	$166.66	Exchange transfusion, blood; other than newborn
36465	$696.96	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
36466	$696.96	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
36468	$0.00	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
36470	$68.10	Injection of sclerosant; single incompetent vein (other than telangiectasia)
36471	$116.88	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
36473	$1,112.01	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
36474	$0.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36475	$1,140.05	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	$0.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	$1,140.05	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	$0.00	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36481	$0.00	Percutaneous portal vein catheterization by any method
36482	$1,529.52	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
36483	$0.00	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36500	$0.00	Venous catheterization for selective organ blood sampling
36510	$0.00	Catheterization of umbilical vein for diagnosis or therapy, newborn
36511	$568.49	Therapeutic apheresis; for white blood cells

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
36512	$568.49	Therapeutic apheresis; for red blood cells
36513	$166.66	Therapeutic apheresis; for platelets
36514	$568.49	Therapeutic apheresis; for plasma pheresis
36516	$1,639.96	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion
36522	$1,639.96	Photopheresis, extracorporeal
36555	$492.92	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36556	$492.92	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36557	$1,973.54	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age
36558	$1,140.05	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older
36560	$1,140.05	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36561	$1,140.05	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
36563	$1,973.54	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
36565	$1,140.05	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)
36566	$1,973.54	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)
36568	$270.80	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age
36569	$492.92	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older
36570	$1,140.05	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36571	$1,140.05	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36572	$270.80	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age
36573	$492.92	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older
36575	$270.80	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
36576	$492.92	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36578	$1,140.05	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580	$492.92	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581	$1,140.05	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36582	$1,140.05	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
36583	$3,558.93	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access
36584	$492.92	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement
36585	$1,140.05	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36589	$270.80	Removal of tunneled central venous catheter, without subcutaneous port or pump
36590	$270.80	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36591	$0.00	Collection of blood specimen from a completely implantable venous access device
36592	$0.00	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36593	$26.69	Declotting by thrombolytic agent of implanted vascular access device or catheter
36595	$1,140.05	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access
36596	$492.92	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen
36597	$492.92	Repositioning of previously placed central venous catheter under fluoroscopic guidance
36598	$78.91	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
36600	$0.00	Arterial puncture, withdrawal of blood for diagnosis
36620	$0.00	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625	$0.00	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
36640	$1,140.05	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
36680	$0.00	Placement of needle for intraosseous infusion
36800	$1,973.54	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810	$1,140.05	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
36815	$1,973.54	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
36818	$1,973.54	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
36819	$1,973.54	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36820	$1,973.54	Arteriovenous anastomosis, open; by forearm vein transposition
36821	$1,140.05	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36825	$1,973.54	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
36830	$1,973.54	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
36831	$1,973.54	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)
36832	$1,973.54	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36833	$1,973.54	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36835	$1,699.70	Insertion of Thomas shunt (separate procedure)
36836	$8,798.77	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
36837	$9,734.34	Rem endovas vena cava filter
36860	$270.80	External cannula declotting (separate procedure); without balloon catheter
36861	$1,973.54	External cannula declotting (separate procedure); with balloon catheter
36901	$487.44	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;
36902	$1,820.48	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
36903	$5,371.24	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
36904	$2,443.95	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);
36905	$3,555.50	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
36906	$8,654.90	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit
36907	$0.00	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)
36908	$0.00	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)
36909	$0.00	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)
37184	$5,465.23	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
37185	$0.00	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)

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Code	**Fee**	**Description**
37186	$0.00	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
37187	$2,637.52	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	$1,140.05	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy
37193	$1,227.21	Open bx/exc inguinofem nodes
37197	$1,140.05	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed
37200	$1,973.54	Transcatheter biopsy
37211	$1,973.54	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day
37212	$1,140.05	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day
37220	$1,820.48	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	$5,252.88	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37222	$0.00	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37223	$0.00	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37224	$2,651.96	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	$5,674.09	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	$5,478.11	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	$9,300.44	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

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Code	**Fee**	**Description**
37228	$4,819.83	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37229	$8,743.73	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37230	$8,586.45	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	$9,052.07	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37232	$0.00	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37233	$0.00	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37234	$0.00	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37235	$0.00	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37236	$5,053.41	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
37237	$0.00	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)
37238	$5,265.06	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
37239	$0.00	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)
37241	$3,555.50	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)

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Code	**Fee**	**Description**
37242	$5,182.21	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
37243	$3,555.50	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
37246	$1,820.48	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
37247	$0.00	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)
37248	$1,820.48	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
37249	$0.00	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)
37252	$0.00	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)
37253	$0.00	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)
37500	$1,973.54	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37607	$1,140.05	Ligation or banding of angioaccess arteriovenous fistula
37609	$489.93	Ligation or biopsy, temporal artery
37650	$1,140.05	Ligation of femoral vein
37700	$1,140.05	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	$1,140.05	Ligation, division, and stripping, short saphenous vein
37722	$1,140.05	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	$1,140.05	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	$1,140.05	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg
37761	$492.92	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
37765	$210.75	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	$232.22	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37780	$492.92	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	$1,140.05	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
37790	$1,170.42	Penile venous occlusive procedure
38200	$0.00	Injection procedure for splenoportography
38204	$0.00	Management of recipient hematopoietic progenitor cell donor search and cell acquisition
38206	$568.49	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
38220	$103.99	Diagnostic bone marrow; aspiration(s)
38221	$95.10	Diagnostic bone marrow; biopsy(ies)
38222	$845.19	Diagnostic bone marrow; biopsy(ies) and aspiration(s)
38230	$568.49	Bone marrow harvesting for transplantation; allogeneic
38232	$1,639.96	Bone marrow harvesting for transplantation; autologous
38241	$568.49	Hematopoietic progenitor cell (HPC); autologous transplantation
38242	$568.49	Allogeneic lymphocyte infusions
38243	$568.49	Hematopoietic progenitor cell (HPC); HPC boost
38300	$845.19	Drainage of lymph node abscess or lymphadenitis; simple
38305	$845.19	Drainage of lymph node abscess or lymphadenitis; extensive
38308	$950.67	Lymphangiotomy or other operations on lymphatic channels
38500	$950.67	Biopsy or excision of lymph node(s); open, superficial
38505	$489.93	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38510	$950.67	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	$950.67	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525	$950.67	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530	$950.67	Biopsy or excision of lymph node(s); open, internal mammary node(s)
38531	$1,103.89	with deployment of intragastric bariatric balloon
38542	$1,864.96	Dissection, deep jugular node(s)
38550	$950.67	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555	$1,864.28	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38570	$1,864.96	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571	$3,050.29	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572	$3,050.29	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
38573	$3,050.29	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed
38700	$1,864.28	Suprahyoid lymphadenectomy
38740	$1,864.96	Axillary lymphadenectomy; superficial
38745	$1,864.96	Axillary lymphadenectomy; complete
38760	$1,864.28	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)
38790	$0.00	Injection procedure; lymphangiography
38792	$0.00	Injection procedure; radioactive tracer for identification of sentinel node
38794	$0.00	Cannulation, thoracic duct
38900	$0.00	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)
40490	$68.10	Biopsy of lip
40500	$896.80	Vermilionectomy (lip shave), with mucosal advancement
40510	$896.80	Excision of lip; transverse wedge excision with primary closure
40520	$896.80	Excision of lip; V-excision with primary direct linear closure
40525	$896.80	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	$1,909.57	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	$896.80	Resection of lip, more than one-fourth, without reconstruction
40650	$189.71	Repair lip, full thickness; vermilion only
40652	$189.71	Repair lip, full thickness; up to half vertical height
40654	$456.11	Repair lip, full thickness; over one-half vertical height, or complex
40700	$1,909.57	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	$1,909.57	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure
40702	$1,909.57	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
40720	$896.80	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761	$1,909.57	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
40800	$141.41	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	$189.71	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40804	$0.00	Removal of embedded foreign body, vestibule of mouth; simple
40805	$167.19	Removal of embedded foreign body, vestibule of mouth; complicated
40806	$76.08	Incision of labial frenum (frenotomy)
40808	$103.68	Biopsy, vestibule of mouth
40810	$137.73	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
40812	$170.56	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	$896.80	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	$896.80	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	$189.71	Excision of mucosa of vestibule of mouth as donor graft
40819	$456.11	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	$182.52	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40830	$87.46	Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	$189.71	Closure of laceration, vestibule of mouth; over 2.5 cm or complex
40840	$1,909.57	Vestibuloplasty; anterior
40842	$1,909.57	Vestibuloplasty; posterior, unilateral
40843	$1,909.57	Vestibuloplasty; posterior, bilateral
40844	$1,909.57	Vestibuloplasty; entire arch
40845	$1,909.57	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
41000	$93.25	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	$87.46	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41006	$456.11	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007	$456.11	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	$896.80	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	$189.71	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	$456.11	Incision of lingual frenum (frenotomy)
41015	$189.71	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	$1,909.57	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	$896.80	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	$456.11	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41019	$1,909.57	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
41100	$104.30	Biopsy of tongue; anterior two-thirds
41105	$104.30	Biopsy of tongue; posterior one-third
41108	$98.17	Biopsy of floor of mouth
41110	$138.65	Excision of lesion of tongue without closure
41112	$896.80	Excision of lesion of tongue with closure; anterior two-thirds
41113	$896.80	Excision of lesion of tongue with closure; posterior one-third
41114	$896.80	Excision of lesion of tongue with closure; with local tongue flap
41115	$159.83	Excision of lingual frenum (frenectomy)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
41116	$896.80	Excision, lesion of floor of mouth
41120	$1,909.57	Glossectomy; less than one-half tongue
41250	$0.00	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	$87.46	Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	$87.46	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41510	$896.80	Suture of tongue to lip for micrognathia (Douglas type procedure)
41512	$1,909.57	Tongue base suspension, permanent suture technique
41520	$896.80	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41530	$709.84	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
41800	$0.00	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	$214.43	Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	$257.37	Removal of embedded foreign body from dentoalveolar structures; bone
41820	$896.80	Gingivectomy, excision gingiva, each quadrant
41821	$456.11	Operculectomy, excision pericoronal tissues
41822	$215.96	Excision of fibrous tuberosities, dentoalveolar structures
41823	$310.75	Excision of osseous tuberosities, dentoalveolar structures
41825	$142.65	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	$193.26	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	$1,909.57	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	$192.34	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	$276.70	Alveolectomy, including curettage of osteitis or sequestrectomy
41850	$456.11	Destruction of lesion (except excision), dentoalveolar structures
41870	$456.11	Periodontal mucosal grafting
41872	$284.67	Gingivoplasty, each quadrant (specify)
41874	$235.90	Alveoloplasty, each quadrant (specify)
42000	$87.46	Drainage of abscess of palate, uvula
42100	$82.82	Biopsy of palate, uvula
42104	$131.60	Excision, lesion of palate, uvula; without closure
42106	$160.74	Excision, lesion of palate, uvula; with simple primary closure
42107	$1,909.57	Excision, lesion of palate, uvula; with local flap closure
42120	$1,909.57	Resection of palate or extensive resection of lesion
42140	$896.80	Uvulectomy, excision of uvula
42145	$1,909.57	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	$141.72	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42180	$189.71	Repair, laceration of palate; up to 2 cm

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Code	**Fee**	**Description**
42182	$1,909.57	Repair, laceration of palate; over 2 cm or complex
42200	$1,909.57	Palatoplasty for cleft palate, soft and/or hard palate only
42205	$896.80	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	$1,909.57	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215	$1,909.57	Palatoplasty for cleft palate; major revision
42220	$1,909.57	Palatoplasty for cleft palate; secondary lengthening procedure
42225	$1,909.57	Palatoplasty for cleft palate; attachment pharyngeal flap
42226	$1,909.57	Lengthening of palate, and pharyngeal flap
42227	$1,909.57	Lengthening of palate, with island flap
42235	$1,909.57	Repair of anterior palate, including vomer flap
42260	$1,909.57	Repair of nasolabial fistula
42280	$103.07	Maxillary impression for palatal prosthesis
42281	$1,909.57	Insertion of pin-retained palatal prosthesis
42300	$456.11	Drainage of abscess; parotid, simple
42305	$896.80	Drainage of abscess; parotid, complicated
42310	$189.71	Drainage of abscess; submaxillary or sublingual, intraoral
42320	$189.71	Drainage of abscess; submaxillary, external
42330	$124.85	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	$235.59	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	$896.80	Sialolithotomy; parotid, extraoral or complicated intraoral
42400	$63.81	Biopsy of salivary gland; needle
42405	$456.11	Biopsy of salivary gland; incisional
42408	$896.80	Excision of sublingual salivary cyst (ranula)
42409	$896.80	Marsupialization of sublingual salivary cyst (ranula)
42410	$1,909.57	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	$1,909.57	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	$1,909.57	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	$1,909.57	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42440	$1,909.57	Excision of submandibular (submaxillary) gland
42450	$1,909.57	Excision of sublingual gland
42500	$1,909.57	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	$1,909.57	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	$1,909.57	Parotid duct diversion, bilateral (Wilke type procedure);
42509	$1,909.57	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
42510	$896.80	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42550	$0.00	Injection procedure for sialography
42600	$896.80	Closure salivary fistula
42650	$42.02	Dilation salivary duct
42660	$64.12	Dilation and catheterization of salivary duct, with or without injection
42665	$896.80	Ligation salivary duct, intraoral
42700	$87.46	Incision and drainage abscess; peritonsillar
42720	$896.80	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725	$1,909.57	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42800	$87.74	Biopsy; oropharynx
42804	$896.80	Biopsy; nasopharynx, visible lesion, simple
42806	$896.80	Biopsy; nasopharynx, survey for unknown primary lesion
42808	$896.80	Excision or destruction of lesion of pharynx, any method
42809	$0.00	Removal of foreign body from pharynx
42810	$896.80	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	$1,909.57	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42820	$1,909.57	Tonsillectomy and adenoidectomy; younger than age 12
42821	$896.80	Tonsillectomy and adenoidectomy; age 12 or over
42825	$1,909.57	Tonsillectomy, primary or secondary; younger than age 12
42826	$896.80	Tonsillectomy, primary or secondary; age 12 or over
42830	$896.80	Adenoidectomy, primary; younger than age 12
42831	$896.80	Adenoidectomy, primary; age 12 or over
42835	$896.80	Adenoidectomy, secondary; younger than age 12
42836	$896.80	Adenoidectomy, secondary; age 12 or over
42860	$896.80	Excision of tonsil tags
42870	$1,909.57	Excision or destruction lingual tonsil, any method (separate procedure)
42890	$1,909.57	Limited pharyngectomy
42892	$1,909.57	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42900	$456.11	Suture pharynx for wound or injury
42950	$1,909.57	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42955	$456.11	Pharyngostomy (fistulization of pharynx, external for feeding)
42960	$189.71	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42962	$896.80	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
42970	$87.46	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
42972	$896.80	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
42975	$72.40	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic
43030	$1,909.57	Cricopharyngeal myotomy
43130	$1,909.57	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43180	$1,909.57	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed
43191	$563.60	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)
43192	$563.60	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance
43193	$563.60	Esophagoscopy, rigid, transoral; with biopsy, single or multiple
43194	$563.60	Esophagoscopy, rigid, transoral; with removal of foreign body(s)
43195	$1,110.22	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)
43196	$1,110.22	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire
43197	$115.04	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43198	$122.71	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple
43200	$337.55	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43201	$563.60	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43202	$563.60	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43204	$563.60	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices
43205	$563.60	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices
43206	$563.60	Esophagoscopy, flexible, transoral; with optical endomicroscopy
43210	$3,050.29	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
43211	$563.60	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection
43212	$2,655.89	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
43213	$563.60	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)

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Code	**Fee**	**Description**
43214	$563.60	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43215	$563.60	Esophagoscopy, flexible, transoral; with removal of foreign body(s)
43216	$563.60	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43217	$563.60	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43220	$563.60	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)
43226	$563.60	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire
43227	$563.60	Esophagoscopy, flexible, transoral; with control of bleeding, any method
43229	$1,110.22	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43231	$563.60	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination
43232	$563.60	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43233	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43235	$337.55	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43236	$337.55	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43237	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures
43238	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)
43239	$337.55	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43240	$1,672.41	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)
43241	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
43242	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43243	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices
43244	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices
43245	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)
43246	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube

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Code	**Fee**	**Description**
43247	$337.55	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
43248	$337.55	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
43249	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
43250	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43251	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43252	$1,110.22	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
43253	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43254	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
43255	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
43257	$1,110.22	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
43259	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis
43260	$1,110.22	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43261	$1,110.22	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262	$1,110.22	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263	$1,110.22	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi
43264	$1,110.22	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)
43265	$1,666.48	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)
43266	$2,690.49	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
43270	$563.60	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43273	$0.00	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)

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Code	**Fee**	**Description**
43274	$1,666.48	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent
43275	$1,110.22	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)
43276	$1,666.48	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged
43277	$1,110.22	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct
43278	$1,110.22	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed
43284	$4,353.58	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
43285	$1,864.96	Removal of esophageal sphincter augmentation device
43290	$639.57	with removal of intragastric bariatric balloon(s)
43291	$365.32	Lap rmvl gastr adj all parts
43450	$337.55	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	$563.60	Dilation of esophagus, over guide wire
43653	$1,864.96	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43752	$156.16	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
43753	$0.00	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43754	$0.00	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)
43755	$59.42	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration
43756	$337.55	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)
43757	$337.55	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration
43761	$100.89	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition
43762	$100.89	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
43763	$100.89	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract
43774	$1,276.03	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
43870	$1,110.22	Closure of gastrostomy, surgical
43886	$1,278.72	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	$696.96	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	$1,278.72	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
44100	$337.55	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)
44312	$1,278.72	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44340	$1,278.72	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44360	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44361	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)
44364	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44369	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44370	$2,693.26	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
44372	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44376	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

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Code	**Fee**	**Description**
44377	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378	$563.60	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44379	$1,666.48	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)
44380	$337.55	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44381	$563.60	Ileoscopy, through stoma; with transendoscopic balloon dilation
44382	$337.55	Ileoscopy, through stoma; with biopsy, single or multiple
44384	$1,110.22	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
44385	$328.08	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44386	$328.08	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
44388	$328.08	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	$431.31	Colonoscopy through stoma; with biopsy, single or multiple
44390	$328.08	Colonoscopy through stoma; with removal of foreign body(s)
44391	$431.31	Colonoscopy through stoma; with control of bleeding, any method
44392	$431.31	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
44394	$431.31	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44401	$431.31	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)
44402	$2,502.03	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
44403	$431.31	Colonoscopy through stoma; with endoscopic mucosal resection
44404	$431.31	Colonoscopy through stoma; with directed submucosal injection(s), any substance
44405	$431.31	Colonoscopy through stoma; with transendoscopic balloon dilation
44406	$431.31	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407	$431.31	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures

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Code	**Fee**	**Description**
44408	$328.08	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
44500	$337.55	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
44701	$0.00	Intraoperative colonic lavage (List separately in addition to code for primary procedure)
45000	$431.31	Transrectal drainage of pelvic abscess
45005	$431.31	Incision and drainage of submucosal abscess, rectum
45020	$935.17	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess
45100	$935.17	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108	$935.17	Anorectal myomectomy
45150	$431.31	Division of stricture of rectum
45160	$935.17	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45171	$935.17	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
45172	$935.17	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)
45190	$935.17	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45300	$80.06	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45303	$431.31	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	$431.31	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	$935.17	Proctosigmoidoscopy, rigid; with removal of foreign body
45308	$935.17	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	$431.31	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	$431.31	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	$431.31	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	$935.17	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321	$935.17	Proctosigmoidoscopy, rigid; with decompression of volvulus
45327	$2,156.79	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
45330	$123.62	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45331	$328.08	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	$431.31	Sigmoidoscopy, flexible; with removal of foreign body(s)
45333	$328.08	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

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Code	**Fee**	**Description**
45334	$431.31	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	$328.08	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	$328.08	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45338	$431.31	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	$431.31	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	$328.08	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	$431.31	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45346	$431.31	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	$2,760.15	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
45349	$935.17	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	$431.31	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
45378	$328.08	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	$431.31	Colonoscopy, flexible; with removal of foreign body(s)
45380	$431.31	Colonoscopy, flexible; with biopsy, single or multiple
45381	$431.31	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	$431.31	Colonoscopy, flexible; with control of bleeding, any method
45384	$431.31	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	$431.31	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	$431.31	Colonoscopy, flexible; with transendoscopic balloon dilation
45388	$431.31	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	$2,662.75	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	$935.17	Colonoscopy, flexible; with endoscopic mucosal resection
45391	$431.31	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45392	$431.31	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45393	$431.31	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

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Code	**Fee**	**Description**
45398	$431.31	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
45500	$935.17	Proctoplasty; for stenosis
45505	$935.17	Proctoplasty; for prolapse of mucous membrane
45520	$0.00	Perirectal injection of sclerosing solution for prolapse
45541	$935.17	Proctopexy (eg, for prolapse); perineal approach
45560	$935.17	Repair of rectocele (separate procedure)
45900	$328.08	Reduction of procidentia (separate procedure) under anesthesia
45905	$431.31	Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	$431.31	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	$431.31	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
45990	$935.17	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46020	$935.17	Placement of seton
46030	$431.31	Removal of anal seton, other marker
46040	$431.31	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	$935.17	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	$328.08	Incision and drainage, perianal abscess, superficial
46060	$935.17	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46070	$935.17	Incision, anal septum (infant)
46080	$935.17	Sphincterotomy, anal, division of sphincter (separate procedure)
46083	$100.89	Incision of thrombosed hemorrhoid, external
46200	$935.17	Fissurectomy, including sphincterotomy, when performed
46220	$431.31	Excision of single external papilla or tag, anus
46221	$158.29	Hemorrhoidectomy, internal, by rubber band ligation(s)
46230	$935.17	Excision of multiple external papillae or tags, anus
46250	$935.17	Hemorrhoidectomy, external, 2 or more columns/groups
46255	$935.17	Hemorrhoidectomy, internal and external, single column/group;
46257	$935.17	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
46258	$935.17	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed
46260	$935.17	Hemorrhoidectomy, internal and external, 2 or more columns/groups;
46261	$935.17	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
46262	$935.17	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed
46270	$935.17	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
46275	$935.17	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric
46280	$935.17	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed
46285	$935.17	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288	$935.17	Closure of anal fistula with rectal advancement flap
46320	$114.42	Excision of thrombosed hemorrhoid, external
46500	$200.32	Injection of sclerosing solution, hemorrhoids
46505	$431.31	Chemodenervation of internal anal sphincter
46600	$0.00	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
46601	$0.00	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed
46604	$431.31	Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606	$181.60	Anoscopy; with biopsy, single or multiple
46607	$431.31	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
46608	$328.08	Anoscopy; with removal of foreign body
46610	$935.17	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611	$328.08	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612	$935.17	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46614	$93.87	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
46615	$935.17	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
46700	$935.17	Anoplasty, plastic operation for stricture; adult
46706	$935.17	Repair of anal fistula with fibrin glue
46707	$935.17	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
46750	$935.17	Sphincteroplasty, anal, for incontinence or prolapse; adult
46753	$935.17	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	$935.17	Removal of Thiersch wire or suture, anal canal
46760	$935.17	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	$935.17	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46900	$137.23	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical

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Code	**Fee**	**Description**
46910	$158.90	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46916	$75.05	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46917	$935.17	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
46922	$935.17	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	$935.17	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
46930	$131.60	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)
46940	$134.36	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	$134.05	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
46945	$935.17	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance
46946	$935.17	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance
46947	$935.17	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
46948	$935.17	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed
47000	$489.93	Biopsy of liver, needle; percutaneous
47001	$0.00	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47382	$1,864.96	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
47383	$2,637.15	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
47531	$0.00	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access
47532	$0.00	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)
47533	$1,170.63	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
47534	$1,170.63	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external
47535	$1,170.63	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
47536	$1,170.63	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
47537	$337.55	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
47538	$2,829.97	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access
47539	$1,864.96	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter
47540	$2,651.40	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)
47541	$1,170.63	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access
47542	$0.00	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)
47543	$0.00	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)
47544	$0.00	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

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Code	**Fee**	**Description**
47552	$1,170.63	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)
47553	$1,170.63	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554	$1,864.96	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
47555	$1,170.63	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
47556	$2,764.23	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent
47562	$1,864.96	Laparoscopy, surgical; cholecystectomy
47563	$1,864.96	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	$1,864.96	Laparoscopy, surgical; cholecystectomy with exploration of common duct
48102	$489.93	Biopsy of pancreas, percutaneous needle
49082	$337.55	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
49083	$337.55	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
49084	$337.55	Peritoneal lavage, including imaging guidance, when performed
49180	$489.93	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49250	$1,170.63	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49320	$1,864.96	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	$1,864.96	Laparoscopy, surgical; with biopsy (single or multiple)
49322	$1,864.96	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49324	$1,864.96	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter
49325	$1,864.96	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
49326	$0.00	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)
49327	$0.00	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
49400	$0.00	Injection of air or contrast into peritoneal cavity (separate procedure)
49402	$1,170.63	Removal of peritoneal foreign body from peritoneal cavity
49406	$489.93	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous
49407	$489.93	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal
49411	$308.30	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
49418	$1,170.63	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous
49419	$1,973.54	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)
49421	$1,170.63	Insertion of tunneled intraperitoneal catheter for dialysis, open
49422	$1,140.05	Removal of tunneled intraperitoneal catheter
49423	$563.60	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)
49424	$0.00	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49426	$1,170.63	Revision of peritoneal-venous shunt
49427	$0.00	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
49429	$1,140.05	Removal of peritoneal-venous shunt
49435	$0.00	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
49436	$563.60	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
49440	$563.60	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49441	$563.60	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49442	$431.31	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49446	$563.60	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49450	$337.55	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49451	$337.55	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49452	$337.55	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49460	$337.55	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report
49465	$100.09	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
49495	$1,170.63	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible
49496	$1,170.63	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated
49500	$1,170.63	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible
49501	$1,170.63	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated
49505	$1,170.63	Repair initial inguinal hernia, age 5 years or older; reducible
49507	$1,170.63	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49520	$1,170.63	Repair recurrent inguinal hernia, any age; reducible
49521	$1,170.63	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	$1,170.63	Repair inguinal hernia, sliding, any age
49540	$1,864.96	Repair lumbar hernia
49550	$1,170.63	Repair initial femoral hernia, any age; reducible
49553	$1,170.63	Repair initial femoral hernia, any age; incarcerated or strangulated
49555	$1,170.63	Repair recurrent femoral hernia; reducible
49557	$1,170.63	Repair recurrent femoral hernia; incarcerated or strangulated
49591	$1,170.63	less than 3 cm, incarcerated or strangulated
49592	$1,170.63	3 cm to 10 cm, reducible
49593	$1,170.63	3 cm to 10 cm, incarcerated or strangulated
49594	$1,170.63	greater than 10 cm, reducible
49595	$1,170.63	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
49600	$1,170.63	Repair of small omphalocele, with primary closure
49613	$1,864.96	less than 3 cm, incarcerated or strangulated
49614	$1,864.96	3 cm to 10 cm, reducible
49615	$1,864.96	with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
49650	$1,864.96	Laparoscopy, surgical; repair initial inguinal hernia
49651	$1,864.96	Laparoscopy, surgical; repair recurrent inguinal hernia
50080	$3,396.30	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
50081	$3,396.30	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50200	$489.93	Renal biopsy; percutaneous, by trocar or needle
50382	$671.25	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50384	$671.25	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50385	$671.25	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50386	$543.58	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50387	$671.25	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
50389	$239.03	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
50390	$262.00	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50391	$41.72	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)
50396	$239.03	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50430	$0.00	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
50431	$0.00	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access
50432	$671.25	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
50433	$1,170.42	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access
50434	$899.31	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract
50435	$671.25	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
50436	$671.25	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed
50437	$1,170.42	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system
50551	$1,679.83	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50553	$1,679.83	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50555	$3,396.30	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50557	$3,396.30	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50561	$1,679.83	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50562	$3,396.30	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor
50570	$1,170.42	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50572	$239.03	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50574	$671.25	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50575	$1,679.83	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)
50576	$1,679.83	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50580	$1,679.83	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50590	$1,170.42	Lithotripsy, extracorporeal shock wave
50592	$1,864.96	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
50593	$4,179.17	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

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Code	**Fee**	**Description**
50606	$0.00	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
50684	$0.00	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter
50686	$59.42	Manometric studies through ureterostomy or indwelling ureteral catheter
50688	$671.25	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
50690	$0.00	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service
50693	$1,170.42	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract
50694	$1,170.42	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter
50695	$1,170.42	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter
50705	$0.00	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
50706	$0.00	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
50727	$1,170.42	Revision of urinary-cutaneous anastomosis (any type urostomy);
50947	$1,864.96	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
50948	$3,050.29	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
50951	$1,170.42	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50953	$1,170.42	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50955	$1,679.83	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50957	$1,679.83	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50961	$1,679.83	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50970	$1,170.42	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

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Code	**Fee**	**Description**
50972	$1,170.42	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	$1,679.83	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50976	$1,679.83	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50980	$1,679.83	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
51020	$1,170.42	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030	$1,170.42	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
51040	$671.25	Cystostomy, cystotomy with drainage
51045	$671.25	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
51050	$1,679.83	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51065	$1,170.42	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
51080	$845.19	Drainage of perivesical or prevesical space abscess
51100	$33.13	Aspiration of bladder; by needle
51101	$89.57	Aspiration of bladder; by trocar or intracatheter
51102	$671.25	Aspiration of bladder; with insertion of suprapubic catheter
51500	$1,864.96	Excision of urachal cyst or sinus, with or without umbilical hernia repair
51520	$1,170.42	Cystotomy; for simple excision of vesical neck (separate procedure)
51535	$1,170.42	Cystotomy for excision, incision, or repair of ureterocele
51600	$0.00	Injection procedure for cystography or voiding urethrocystography
51605	$0.00	Injection procedure and placement of chain for contrast and/or chain urethrocystography
51610	$0.00	Injection procedure for retrograde urethrocystography
51700	$44.48	Bladder irrigation, simple, lavage and/or instillation
51701	$0.00	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51702	$0.00	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51703	$59.42	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51705	$52.15	Change of cystostomy tube; simple
51710	$239.03	Change of cystostomy tube; complicated
51715	$1,552.24	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	$43.56	Bladder instillation of anticarcinogenic agent (including retention time)
51725	$100.89	Simple cystometrogram (CMG) (eg, spinal manometer)
51726	$100.89	Complex cystometrogram (ie, calibrated electronic equipment);

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
51727	$207.99	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique
51728	$213.50	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique
51729	$214.43	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique
51736	$0.00	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741	$0.00	Complex uroflowmetry (eg, calibrated electronic equipment)
51784	$24.85	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785	$100.89	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
51792	$0.00	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)
51797	$0.00	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)
51798	$0.00	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51880	$1,170.42	Closure of cystostomy (separate procedure)
51992	$2,485.42	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)
52000	$239.03	Cystourethroscopy (separate procedure)
52001	$1,170.42	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	$671.25	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
52007	$1,170.42	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
52010	$239.03	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
52204	$671.25	Cystourethroscopy, with biopsy(s)
52214	$671.25	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	$671.25	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234	$1,170.42	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	$1,170.42	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	$1,679.83	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52250	$1,170.42	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
52260	$671.25	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52265	$230.99	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52270	$671.25	Cystourethroscopy, with internal urethrotomy; female
52275	$671.25	Cystourethroscopy, with internal urethrotomy; male
52276	$671.25	Cystourethroscopy with direct vision internal urethrotomy
52277	$1,170.42	Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	$671.25	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
52282	$1,170.42	Cystourethroscopy, with insertion of permanent urethral stent
52283	$671.25	Cystourethroscopy, with steroid injection into stricture
52285	$239.03	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone
52287	$671.25	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
52290	$671.25	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300	$1,170.42	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52301	$1,170.42	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
52305	$1,679.83	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
52310	$671.25	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	$671.25	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	$1,170.42	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	$1,170.42	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52320	$1,170.42	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325	$1,679.83	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52327	$2,284.74	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	$1,170.42	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52332	$1,170.42	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334	$1,170.42	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
52341	$1,170.42	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
52342	$1,170.42	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52343	$671.25	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344	$1,170.42	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345	$1,170.42	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52346	$1,679.83	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52351	$1,170.42	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	$1,170.42	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	$1,679.83	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52354	$1,679.83	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355	$1,679.83	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52356	$1,679.83	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52400	$1,170.42	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
52402	$1,170.42	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
52450	$1,170.42	Transurethral incision of prostate
52500	$1,170.42	Transurethral resection of bladder neck (separate procedure)
52601	$1,679.83	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52630	$1,679.83	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52640	$1,170.42	Transurethral resection; of postoperative bladder neck contracture
52647	$1,679.83	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
52648	$1,679.83	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
52649	$1,679.83	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52700	$1,170.42	Transurethral drainage of prostatic abscess
53000	$671.25	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	$1,679.83	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020	$671.25	Meatotomy, cutting of meatus (separate procedure); except infant
53025	$671.25	Meatotomy, cutting of meatus (separate procedure); infant
53040	$671.25	Drainage of deep periurethral abscess
53060	$69.63	Drainage of Skene's gland abscess or cyst
53080	$239.03	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085	$671.25	Drainage of perineal urinary extravasation; complicated
53200	$671.25	Biopsy of urethra
53210	$1,170.42	Urethrectomy, total, including cystostomy; female
53215	$1,679.83	Urethrectomy, total, including cystostomy; male
53220	$1,170.42	Excision or fulguration of carcinoma of urethra
53230	$1,679.83	Excision of urethral diverticulum (separate procedure); female
53235	$1,679.83	Excision of urethral diverticulum (separate procedure); male
53240	$1,170.42	Marsupialization of urethral diverticulum, male or female
53250	$1,170.42	Excision of bulbourethral gland (Cowper's gland)
53260	$671.25	Excision or fulguration; urethral polyp(s), distal urethra
53265	$671.25	Excision or fulguration; urethral caruncle
53270	$671.25	Excision or fulguration; Skene's glands
53275	$671.25	Excision or fulguration; urethral prolapse
53400	$1,679.83	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
53405	$1,679.83	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	$1,679.83	Urethroplasty, 1-stage reconstruction of male anterior urethra
53420	$1,679.83	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	$1,679.83	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	$1,679.83	Urethroplasty, reconstruction of female urethra
53431	$1,679.83	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
53440	$5,564.69	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442	$1,679.83	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53444	$11,645.96	Insertion of tandem cuff (dual cuff)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
53445	$12,696.73	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	$1,679.83	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	$12,310.92	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53449	$1,679.83	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53450	$1,170.42	Urethromeatoplasty, with mucosal advancement
53451	$8,653.91	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
53452	$3,004.56	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
53453	$1,214.33	Periurethral transperineal adjustable balloon continence device; removal, each balloon
53454	$117.04	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
53460	$1,170.42	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
53502	$1,170.42	Urethrorrhaphy, suture of urethral wound or injury, female
53505	$1,679.83	Urethrorrhaphy, suture of urethral wound or injury; penile
53510	$1,679.83	Urethrorrhaphy, suture of urethral wound or injury; perineal
53515	$1,679.83	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous
53520	$1,679.83	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53600	$33.44	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
53601	$0.00	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent
53605	$671.25	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53620	$74.24	Dilation of urethral stricture by passage of filiform and follower, male; initial
53621	$76.08	Dilation of urethral stricture by passage of filiform and follower, male; subsequent
53660	$37.43	Dilation of female urethra including suppository and/or instillation; initial
53661	$0.00	Dilation of female urethra including suppository and/or instillation; subsequent
53665	$671.25	Dilation of female urethra, general or conduction (spinal) anesthesia
53850	$1,170.42	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	$1,116.92	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53854	$671.25	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
53855	$590.83	Insertion of a temporary prostatic urethral stent, including urethral measurement
53860	$671.25	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
54000	$1,170.42	Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	$671.25	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
54015	$489.93	Incision and drainage of penis, deep
54050	$0.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	$67.80	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
54056	$0.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	$696.96	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	$696.96	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	$696.96	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
54100	$489.93	Biopsy of penis; (separate procedure)
54105	$845.19	Biopsy of penis; deep structures
54110	$1,170.42	Excision of penile plaque (Peyronie disease);
54111	$1,679.83	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
54112	$3,396.30	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54115	$845.19	Removal foreign body from deep penile tissue (eg, plastic implant)
54120	$1,170.42	Amputation of penis; partial
54150	$671.25	Circumcision, using clamp or other device with regional dorsal penile or ring block
54160	$239.03	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)
54161	$671.25	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54162	$671.25	Lysis or excision of penile post-circumcision adhesions
54163	$671.25	Repair incomplete circumcision
54164	$671.25	Frenulotomy of penis
54200	$59.51	Injection procedure for Peyronie disease;
54205	$1,679.83	Injection procedure for Peyronie disease; with surgical exposure of plaque
54220	$100.89	Irrigation of corpora cavernosa for priapism
54230	$0.00	Injection procedure for corpora cavernosography
54231	$54.91	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)
54235	$37.12	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54240	$32.21	Penile plethysmography
54250	$10.43	Nocturnal penile tumescence and/or rigidity test
54300	$1,170.42	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
54304	$1,170.42	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54308	$1,679.83	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	$1,170.42	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316	$1,679.83	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318	$1,170.42	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322	$1,170.42	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	$1,170.42	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)
54326	$671.25	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328	$1,170.42	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54340	$1,170.42	Repair of hypospadias complication(s) (i.e., fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	$1,679.83	Repair of hypospadias complication(s) (i.e., fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	$1,679.83	Repair of hypospadias complication(s) (i.e., fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)
54352	$1,679.83	Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
54360	$1,170.42	Plastic operation on penis to correct angulation
54380	$671.25	Plastic operation on penis for epispadias distal to external sphincter;
54385	$671.25	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54400	$12,288.26	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	$12,634.62	Insertion of penile prosthesis; inflatable (self-contained)
54405	$12,698.92	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	$1,170.42	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	$1,679.83	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	$12,519.91	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54415	$1,170.42	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
54416	$12,440.25	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54420	$671.25	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54435	$1,170.42	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54437	$1,170.42	Repair of traumatic corporeal tear(s)
54440	$1,170.42	Plastic operation of penis for injury
54450	$100.89	Foreskin manipulation including lysis of preputial adhesions and stretching
54500	$845.19	Biopsy of testis, needle (separate procedure)
54505	$1,170.42	Biopsy of testis, incisional (separate procedure)
54512	$1,170.42	Excision of extraparenchymal lesion of testis
54520	$1,170.42	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522	$1,170.42	Orchiectomy, partial
54530	$1,170.63	Orchiectomy, radical, for tumor; inguinal approach
54550	$1,170.63	Exploration for undescended testis (inguinal or scrotal area)
54560	$671.25	Exploration for undescended testis with abdominal exploration
54600	$1,170.42	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	$1,170.42	Fixation of contralateral testis (separate procedure)
54640	$1,170.63	Orchiopexy, inguinal or scrotal approach
54650	$1,223.51	Orchiopexy, abdominal approach, for intra-abdominal testis (e.g., Fowler-Stephens)
54660	$2,330.79	Insertion of testicular prosthesis (separate procedure)
54670	$671.25	Suture or repair of testicular injury
54680	$1,170.42	Transplantation of testis(es) to thigh (because of scrotal destruction)
54690	$1,864.96	Laparoscopy, surgical; orchiectomy
54692	$1,864.96	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54700	$671.25	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54800	$489.93	Biopsy of epididymis, needle
54830	$671.25	Excision of local lesion of epididymis
54840	$671.25	Excision of spermatocele, with or without epididymectomy
54860	$671.25	Epididymectomy; unilateral
54861	$1,170.42	Epididymectomy; bilateral
54865	$1,170.42	Exploration of epididymis, with or without biopsy
54900	$671.25	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	$1,170.42	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55000	$54.60	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
55040	$1,170.63	Excision of hydrocele; unilateral
55041	$1,170.63	Excision of hydrocele; bilateral
55060	$1,170.42	Repair of tunica vaginalis hydrocele (Bottle type)
55100	$489.93	Drainage of scrotal wall abscess
55110	$1,170.42	Scrotal exploration
55120	$671.25	Removal of foreign body in scrotum
55150	$1,170.42	Resection of scrotum
55175	$1,170.42	Scrotoplasty; simple
55180	$1,679.83	Scrotoplasty; complicated
55200	$1,170.42	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	$671.25	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55300	$0.00	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55400	$1,170.42	Vasovasostomy, vasovasorrhaphy
55500	$1,170.42	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520	$1,170.42	Excision of lesion of spermatic cord (separate procedure)
55530	$1,170.42	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	$1,170.63	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	$1,170.63	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55550	$1,864.96	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55600	$671.25	Vesiculotomy;
55680	$1,170.42	Excision of Mullerian duct cyst
55700	$671.25	Biopsy, prostate; needle or punch, single or multiple, any approach
55705	$671.25	Biopsy, prostate; incisional, any approach
55706	$1,170.42	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance
55720	$671.25	Prostatotomy, external drainage of prostatic abscess, any approach; simple
55725	$1,170.42	Prostatotomy, external drainage of prostatic abscess, any approach; complicated
55860	$1,679.83	Exposure of prostate, any approach, for insertion of radioactive substance;
55870	$65.95	Electroejaculation
55873	$5,265.42	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)
55874	$1,679.83	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
55875	$1,679.83	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55876	$69.02	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

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Code	**Fee**	**Description**
55880	$1,753.87	High-intensity ultrasound destruction of cancerous tissue in prostate gland, accessed through rectum using ultrasound guidance
55920	$1,543.91	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
56405	$59.51	Incision and drainage of vulva or perineal abscess
56420	$71.32	Incision and drainage of Bartholin's gland abscess
56440	$1,050.01	Marsupialization of Bartholin's gland cyst
56441	$1,050.01	Lysis of labial adhesions
56442	$1,050.01	Hymenotomy, simple incision
56501	$88.04	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	$696.96	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	$40.49	Biopsy of vulva or perineum (separate procedure); 1 lesion
56606	$0.00	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
56620	$1,050.01	Vulvectomy simple; partial
56625	$1,050.01	Vulvectomy simple; complete
56700	$1,050.01	Partial hymenectomy or revision of hymenal ring
56740	$1,050.01	Excision of Bartholin's gland or cyst
56800	$1,050.01	Plastic repair of introitus
56805	$1,050.01	Clitoroplasty for intersex state
56810	$1,050.01	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
56820	$51.84	Colposcopy of the vulva;
56821	$67.49	Colposcopy of the vulva; with biopsy(s)
57000	$1,050.01	Colpotomy; with exploration
57010	$1,050.01	Colpotomy; with drainage of pelvic abscess
57020	$1,543.91	Colpocentesis (separate procedure)
57022	$845.19	Incision and drainage of vaginal hematoma; obstetrical/postpartum
57023	$845.19	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57061	$77.92	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	$1,050.01	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	$42.33	Biopsy of vaginal mucosa; simple (separate procedure)
57105	$1,050.01	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57120	$1,543.91	Colpocleisis (Le Fort type)
57130	$1,050.01	Excision of vaginal septum
57135	$1,050.01	Excision of vaginal cyst or tumor

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
57150	$0.00	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
57155	$1,543.91	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	$116.27	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
57160	$28.83	Fitting and insertion of pessary or other intravaginal support device
57170	$30.06	Diaphragm or cervical cap fitting with instructions
57180	$71.32	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)
57200	$1,050.01	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210	$1,050.01	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220	$1,543.91	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230	$1,050.01	Plastic repair of urethrocele
57240	$1,543.91	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed
57250	$1,543.91	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	$1,543.91	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;
57265	$1,543.91	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair
57267	$0.00	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)
57268	$1,543.91	Repair of enterocele, vaginal approach (separate procedure)
57282	$2,419.10	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283	$2,419.10	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57287	$1,050.01	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
57288	$2,084.00	Sling operation for stress incontinence (eg, fascia or synthetic)
57289	$2,320.78	Pereyra procedure, including anterior colporrhaphy
57291	$1,543.91	Construction of artificial vagina; without graft
57295	$1,050.01	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57300	$1,050.01	Closure of rectovaginal fistula; vaginal or transanal approach
57310	$2,320.78	Closure of urethrovaginal fistula;
57320	$1,543.91	Closure of vesicovaginal fistula; vaginal approach
57400	$1,050.01	Dilation of vagina under anesthesia (other than local)
57410	$1,050.01	Pelvic examination under anesthesia (other than local)
57415	$1,050.01	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)
57420	$53.69	Colposcopy of the entire vagina, with cervix if present;
57421	$70.86	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
57425	$3,304.38	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
57426	$2,320.78	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
57452	$52.45	Colposcopy of the cervix including upper/adjacent vagina;
57454	$61.66	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455	$65.65	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	$62.58	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57460	$169.02	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
57461	$180.38	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57500	$83.44	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	$71.17	Endocervical curettage (not done as part of a dilation and curettage)
57510	$65.34	Cautery of cervix; electro or thermal
57511	$84.06	Cautery of cervix; cryocautery, initial or repeat
57513	$1,050.01	Cautery of cervix; laser ablation
57520	$1,050.01	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	$1,050.01	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57530	$1,543.91	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57550	$1,543.91	Excision of cervical stump, vaginal approach;
57556	$1,543.91	Excision of cervical stump, vaginal approach; with repair of enterocele
57558	$1,050.01	Dilation and curettage of cervical stump
57700	$1,050.01	Cerclage of uterine cervix, nonobstetrical
57720	$1,050.01	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	$34.36	Dilation of cervical canal, instrumental (separate procedure)
58100	$42.95	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110	$0.00	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
58120	$1,050.01	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58145	$1,050.01	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach
58260	$1,543.91	Vaginal hysterectomy, for uterus 250 g or less;
58262	$1,543.91	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58301	$44.48	Removal of intrauterine device (IUD)
58321	$37.12	Artificial insemination; intra-cervical
58322	$39.26	Artificial insemination; intra-uterine

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
58323	$5.22	Sperm washing for artificial insemination
58340	$0.00	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345	$1,050.01	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58346	$1,543.91	Insertion of Heyman capsules for clinical brachytherapy
58350	$1,543.91	Chromotubation of oviduct, including materials
58353	$1,543.91	Endometrial ablation, thermal, without hysteroscopic guidance
58356	$1,368.77	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58541	$1,864.96	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	$3,050.29	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	$3,050.29	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	$3,050.29	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58545	$1,864.96	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58546	$3,050.29	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
58550	$1,864.96	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	$3,050.29	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	$3,050.29	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	$3,050.29	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58555	$1,050.01	Hysteroscopy, diagnostic (separate procedure)
58558	$1,050.01	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	$1,543.91	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560	$1,543.91	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	$1,543.91	Hysteroscopy, surgical; with removal of leiomyomata
58562	$1,050.01	Hysteroscopy, surgical; with removal of impacted foreign body
58563	$1,543.91	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58565	$1,543.91	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58570	$3,050.29	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
58571	$3,050.29	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	$3,050.29	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	$3,050.29	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58600	$1,050.01	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58615	$1,050.01	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58660	$1,864.96	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661	$1,864.96	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	$1,864.96	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	$1,864.96	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	$1,864.96	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672	$1,864.96	Laparoscopy, surgical; with fimbrioplasty
58673	$1,864.96	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58674	$3,050.29	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
58800	$1,050.01	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
58805	$1,050.01	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58820	$1,050.01	Drainage of ovarian abscess; vaginal approach, open
58900	$1,050.01	Biopsy of ovary, unilateral or bilateral (separate procedure)
58970	$274.22	Follicle puncture for oocyte retrieval, any method
58974	$274.22	Embryo transfer, intrauterine
58976	$116.27	Gamete, zygote, or embryo intrafallopian transfer, any method
59000	$55.83	Amniocentesis; diagnostic
59001	$116.27	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
59012	$116.27	Cordocentesis (intrauterine), any method
59015	$52.45	Chorionic villus sampling, any method
59020	$28.22	Fetal contraction stress test
59025	$15.95	Fetal non-stress test
59070	$116.27	Transabdominal amnioinfusion, including ultrasound guidance
59072	$162.54	Fetal umbilical cord occlusion, including ultrasound guidance
59074	$116.27	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
59076	$116.27	Fetal shunt placement, including ultrasound guidance
59100	$1,543.91	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
59150	$1,864.96	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
59151	$1,864.96	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
59160	$1,050.01	Curettage, postpartum
59200	$47.86	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
59300	$95.10	Episiotomy or vaginal repair, by other than attending
59320	$1,050.01	Cerclage of cervix, during pregnancy; vaginal
59412	$1,050.01	External cephalic version, with or without tocolysis
59414	$1,050.01	Delivery of placenta (separate procedure)
59812	$1,050.01	Treatment of incomplete abortion, any trimester, completed surgically
59820	$1,050.01	Treatment of missed abortion, completed surgically; first trimester
59821	$1,050.01	Treatment of missed abortion, completed surgically; second trimester
59840	$1,050.01	Induced abortion, by dilation and curettage
59841	$1,050.01	Induced abortion, by dilation and evacuation
59866	$116.27	Multifetal pregnancy reduction(s) (MPR)
59870	$1,050.01	Uterine evacuation and curettage for hydatidiform mole
59871	$1,050.01	Removal of cerclage suture under anesthesia (other than local)
60000	$456.11	Incision and drainage of thyroglossal duct cyst, infected
60100	$45.70	Biopsy thyroid, percutaneous core needle
60200	$1,864.96	Excision of cyst or adenoma of thyroid, or transection of isthmus
60210	$1,864.96	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212	$1,864.96	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60220	$1,864.96	Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225	$1,864.96	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60240	$1,864.96	Thyroidectomy, total or complete
60280	$1,864.96	Excision of thyroglossal duct cyst or sinus;
60281	$1,864.96	Excision of thyroglossal duct cyst or sinus; recurrent
60300	$66.88	Aspiration and/or injection, thyroid cyst
60500	$1,909.57	Parathyroidectomy or exploration of parathyroid(s);
60512	$0.00	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
61000	$268.46	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
61001	$268.46	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
61020	$348.77	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026	$268.46	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
61050	$112.43	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
61055	$112.43	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment
61070	$268.46	Puncture of shunt tubing or reservoir for aspiration or injection procedure
61215	$1,844.70	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61330	$896.80	Decompression of orbit only, transcranial approach
61770	$1,844.70	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
61781	$0.00	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
61782	$0.00	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)
61783	$0.00	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)
61790	$677.27	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791	$677.27	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
61880	$1,569.06	Revision or removal of intracranial neurostimulator electrodes
61885	$14,711.53	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	$20,027.75	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
61888	$3,806.91	Revision or removal of cranial neurostimulator pulse generator or receiver
62160	$0.00	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)
62194	$677.27	Replacement or irrigation, subarachnoid/subdural catheter
62225	$1,844.70	Replacement or irrigation, ventricular catheter
62230	$1,844.70	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
62252	$29.76	Reprogramming of programmable cerebrospinal shunt
62263	$348.77	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	$348.77	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
62267	$262.00	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes
62268	$348.77	Percutaneous aspiration, spinal cord cyst or syrinx
62269	$489.93	Biopsy of spinal cord, percutaneous needle
62270	$268.46	Spinal puncture, lumbar, diagnostic;
62272	$268.46	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);
62273	$268.46	Injection, epidural, of blood or clot patch
62280	$348.77	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	$348.77	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	$348.77	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62284	$0.00	Injection procedure for myelography and/or computed tomography, lumbar
62287	$677.27	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
62290	$0.00	Injection procedure for discography, each level; lumbar
62291	$0.00	Injection procedure for discography, each level; cervical or thoracic
62292	$677.27	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
62294	$348.77	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
62302	$0.00	Myelography via lumbar injection, including radiological supervision and interpretation; cervical
62303	$0.00	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic
62304	$0.00	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral
62305	$0.00	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)
62320	$268.46	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62321	$268.46	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
62322	$268.46	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
62323	$268.46	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
62324	$348.77	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62325	$348.77	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
62326	$348.77	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62327	$348.77	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
62328	$268.46	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance
62329	$268.46	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance
62350	$2,463.29	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62355	$677.27	Removal of previously implanted intrathecal or epidural catheter
62360	$11,751.22	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	$12,105.69	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
62362	$11,617.56	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365	$1,844.70	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	$11.65	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill
62368	$16.26	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
62369	$60.44	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill

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Code	**Fee**	**Description**
62370	$56.44	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)
62380	$2,382.86	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
63001	$2,382.86	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical
63003	$2,382.86	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic
63005	$2,382.86	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
63020	$2,382.86	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
63030	$2,382.86	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
63042	$2,382.86	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63044	$0.00	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
63045	$2,382.86	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical
63046	$2,382.86	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic
63047	$2,382.86	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
63055	$2,382.86	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
63056	$2,382.86	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)
63600	$677.27	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	$1,000.93	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63650	$3,837.63	Percutaneous implantation of neurostimulator electrode array, epidural
63655	$13,552.09	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63661	$677.27	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed

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Code	**Fee**	**Description**
63662	$1,569.06	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
63663	$3,751.47	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63664	$12,344.99	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
63685	$19,948.00	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	$1,569.06	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63744	$1,844.70	Replacement, irrigation or revision of lumbosubarachnoid shunt
63746	$677.27	Removal of entire lumbosubarachnoid shunt system without replacement
64400	$65.03	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)
64405	$28.22	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve
64408	$34.66	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve
64415	$348.77	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus
64416	$348.77	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)
64417	$348.77	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve
64418	$36.81	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve
64420	$268.46	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level
64421	$348.77	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)
64425	$63.81	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves
64430	$348.77	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve
64435	$37.73	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve
64445	$76.08	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve
64446	$348.77	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)
64447	$41.11	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve
64448	$348.77	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)
64449	$348.77	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64450	$41.11	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch
64451	$268.46	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

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Code	**Fee**	**Description**
64454	$134.36	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed
64455	$17.48	Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)
64461	$268.46	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
64462	$0.00	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)
64463	$268.46	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)
64479	$348.77	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level
64480	$0.00	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	$348.77	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level
64484	$0.00	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64486	$0.00	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)
64487	$0.00	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)
64488	$0.00	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)
64489	$0.00	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)
64490	$348.77	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	$0.00	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
64492	$0.00	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
64493	$348.77	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level

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Code	**Fee**	**Description**
64494	$0.00	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
64495	$0.00	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
64505	$60.74	Injection, anesthetic agent; sphenopalatine ganglion
64510	$348.77	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	$348.77	Injection, anesthetic agent; superior hypogastric plexus
64520	$348.77	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	$348.77	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64553	$4,388.55	Percutaneous implantation of neurostimulator electrode array; cranial nerve
64555	$3,983.23	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64561	$3,981.22	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
64566	$88.96	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64568	$20,355.26	Open implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator
64569	$4,645.52	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	$1,844.70	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64575	$13,321.61	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64580	$14,483.39	Open implantation of neurostimulator electrode array; neuromuscular
64581	$4,117.58	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64582	$21,103.08	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64583	$6,877.15	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
64584	$2,121.37	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64585	$1,569.06	Revision or removal of peripheral neurostimulator electrode array
64590	$14,699.02	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	$1,569.06	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
64600	$348.77	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	$677.27	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale

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Code	**Fee**	**Description**
64610	$677.27	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64611	$64.12	Chemodenervation of parotid and submandibular salivary glands, bilateral
64612	$65.65	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
64615	$57.98	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
64616	$55.52	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
64617	$75.46	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
64620	$348.77	Destruction by neurolytic agent, intercostal nerve
64624	$270.87	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
64625	$677.27	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
64628	$8,005.16	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
64630	$348.77	Destruction by neurolytic agent; pudendal nerve
64632	$36.20	Destruction by neurolytic agent; plantar common digital nerve
64633	$677.27	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
64634	$0.00	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
64635	$677.27	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
64636	$0.00	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
64640	$150.01	Destruction by neurolytic agent; other peripheral nerve or branch
64642	$67.18	Chemodenervation of one extremity; 1-4 muscle(s)
64643	$0.00	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
64644	$82.82	Chemodenervation of one extremity; 5 or more muscles
64645	$0.00	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)
64646	$67.49	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	$74.24	Chemodenervation of trunk muscle(s); 6 or more muscles

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Code	**Fee**	**Description**
64650	$45.70	Chemodenervation of eccrine glands; both axillae
64653	$52.76	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
64680	$348.77	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64681	$348.77	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
64702	$677.27	Neuroplasty; digital, 1 or both, same digit
64704	$677.27	Neuroplasty; nerve of hand or foot
64708	$677.27	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified
64712	$677.27	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve
64713	$677.27	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus
64714	$677.27	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus
64716	$677.27	Neuroplasty and/or transposition; cranial nerve (specify)
64718	$677.27	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	$677.27	Neuroplasty and/or transposition; ulnar nerve at wrist
64721	$677.27	Neuroplasty and/or transposition; median nerve at carpal tunnel
64722	$677.27	Decompression; unspecified nerve(s) (specify)
64726	$677.27	Decompression; plantar digital nerve
64727	$0.00	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64732	$677.27	Transection or avulsion of; supraorbital nerve
64734	$677.27	Transection or avulsion of; infraorbital nerve
64736	$677.27	Transection or avulsion of; mental nerve
64738	$677.27	Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	$677.27	Transection or avulsion of; lingual nerve
64742	$677.27	Transection or avulsion of; facial nerve, differential or complete
64744	$677.27	Transection or avulsion of; greater occipital nerve
64746	$677.27	Transection or avulsion of; phrenic nerve
64763	$677.27	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766	$677.27	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771	$677.27	Transection or avulsion of other cranial nerve, extradural
64772	$677.27	Transection or avulsion of other spinal nerve, extradural
64774	$677.27	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	$677.27	Excision of neuroma; digital nerve, 1 or both, same digit
64778	$0.00	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782	$677.27	Excision of neuroma; hand or foot, except digital nerve

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Code	**Fee**	**Description**
64783	$0.00	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
64784	$677.27	Excision of neuroma; major peripheral nerve, except sciatic
64786	$1,844.70	Excision of neuroma; sciatic nerve
64787	$0.00	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788	$677.27	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	$677.27	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	$1,844.70	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795	$677.27	Biopsy of nerve
64802	$677.27	Sympathectomy, cervical
64820	$677.27	Sympathectomy; digital arteries, each digit
64821	$1,093.32	Sympathectomy; radial artery
64822	$1,093.32	Sympathectomy; ulnar artery
64823	$1,093.32	Sympathectomy; superficial palmar arch
64831	$677.27	Suture of digital nerve, hand or foot; 1 nerve
64832	$0.00	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64834	$1,844.70	Suture of 1 nerve; hand or foot, common sensory nerve
64835	$1,844.70	Suture of 1 nerve; median motor thenar
64836	$1,844.70	Suture of 1 nerve; ulnar motor
64837	$0.00	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
64840	$1,844.70	Suture of posterior tibial nerve
64856	$1,844.70	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	$1,844.70	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	$677.27	Suture of sciatic nerve
64859	$0.00	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861	$677.27	Suture of; brachial plexus
64862	$1,844.70	Suture of; lumbar plexus
64864	$1,844.70	Suture of facial nerve; extracranial
64865	$1,844.70	Suture of facial nerve; infratemporal, with or without grafting
64872	$0.00	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)
64874	$0.00	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876	$0.00	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64885	$1,844.70	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length

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Code	**Fee**	**Description**
64886	$1,844.70	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890	$1,844.70	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	$2,404.59	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892	$1,844.70	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893	$1,844.70	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895	$1,844.70	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	$1,844.70	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897	$1,844.70	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	$1,844.70	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901	$0.00	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64902	$0.00	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905	$1,844.70	Nerve pedicle transfer; first stage
64907	$1,844.70	Nerve pedicle transfer; second stage
64910	$2,662.86	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
64912	$2,908.67	Nerve repair; with nerve allograft, each nerve, first strand (cable)
64913	$0.00	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)
65091	$1,152.29	Evisceration of ocular contents; without implant
65093	$1,152.29	Evisceration of ocular contents; with implant
65101	$1,152.29	Enucleation of eye; without implant
65103	$1,152.29	Enucleation of eye; with implant, muscles not attached to implant
65105	$1,152.29	Enucleation of eye; with implant, muscles attached to implant
65110	$1,152.29	Exenteration of orbit (does not include skin graft), removal of orbital contents; only
65112	$1,152.29	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
65114	$1,152.29	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap
65125	$711.40	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
65130	$1,152.29	Insertion of ocular implant secondary; after evisceration, in scleral shell
65135	$1,152.29	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant
65140	$1,152.29	Insertion of ocular implant secondary; after enucleation, muscles attached to implant
65150	$1,152.29	Reinsertion of ocular implant; with or without conjunctival graft
65155	$1,152.29	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
65175	$1,152.29	Removal of ocular implant
65205	$0.00	Removal of foreign body, external eye; conjunctival superficial

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Code	**Fee**	**Description**
65210	$0.00	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	$0.00	Removal of foreign body, external eye; corneal, without slit lamp
65222	$0.00	Removal of foreign body, external eye; corneal, with slit lamp
65235	$860.81	Removal of foreign body, intraocular; from anterior chamber of eye or lens
65260	$860.81	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
65265	$860.81	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
65270	$711.40	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65272	$711.40	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
65275	$1,152.29	Repair of laceration; cornea, nonperforating, with or without removal foreign body
65280	$1,560.46	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
65285	$1,560.46	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65286	$393.27	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera
65290	$1,152.29	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule
65400	$346.59	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410	$711.40	Biopsy of cornea
65420	$711.40	Excision or transposition of pterygium; without graft
65426	$711.40	Excision or transposition of pterygium; with graft
65430	$0.00	Scraping of cornea, diagnostic, for smear and/or culture
65435	$40.80	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	$177.62	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)
65450	$116.18	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
65600	$221.18	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
65710	$1,560.46	Keratoplasty (corneal transplant); anterior lamellar
65730	$1,560.46	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
65750	$1,560.46	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	$1,560.46	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	$1,560.46	Keratoplasty (corneal transplant); endothelial
65757	$0.00	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)
65770	$7,552.47	Keratoprosthesis
65772	$346.59	Corneal relaxing incision for correction of surgically induced astigmatism
65775	$711.40	Corneal wedge resection for correction of surgically induced astigmatism
65778	$0.00	Placement of amniotic membrane on the ocular surface; without sutures
65779	$0.00	Placement of amniotic membrane on the ocular surface; single layer, sutured

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
65780	$1,152.29	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
65781	$1,560.46	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
65782	$1,152.29	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
65785	$1,560.46	Implantation of intrastromal corneal ring segments
65800	$860.81	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
65810	$860.81	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
65815	$860.81	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
65820	$1,560.46	Goniotomy
65850	$860.81	Trabeculotomy ab externo
65855	$115.35	Trabeculoplasty by laser surgery
65860	$150.62	Severing adhesions of anterior segment, laser technique (separate procedure)
65865	$860.81	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
65870	$860.81	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae
65875	$860.81	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
65880	$1,560.46	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions
65900	$860.81	Removal of epithelial downgrowth, anterior chamber of eye
65920	$860.81	Removal of implanted material, anterior segment of eye
65930	$860.81	Removal of blood clot, anterior segment of eye
66020	$860.81	Injection, anterior chamber of eye (separate procedure); air or liquid
66030	$860.81	Injection, anterior chamber of eye (separate procedure); medication
66130	$711.40	Excision of lesion, sclera
66150	$1,560.46	Fistulization of sclera for glaucoma; trephination with iridectomy
66155	$1,560.46	Fistulization of sclera for glaucoma; thermocauterization with iridectomy
66160	$860.81	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
66170	$860.81	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66172	$860.81	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66174	$1,560.46	Transluminal dilation of aqueous outflow canal; without retention of device or stent
66175	$1,560.46	Transluminal dilation of aqueous outflow canal; with retention of device or stent
66179	$1,560.46	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
66180	$2,092.90	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft
66183	$2,203.21	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
66184	$860.81	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft
66185	$860.81	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft
66225	$1,560.46	Repair of scleral staphyloma; with graft
66250	$711.40	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
66500	$860.81	Iridotomy by stab incision (separate procedure); except transfixion
66505	$860.81	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66600	$1,560.46	Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605	$860.81	Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625	$860.81	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
66630	$860.81	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
66635	$860.81	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
66680	$860.81	Repair of iris, ciliary body (as for iridodialysis)
66682	$860.81	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
66700	$860.81	Ciliary body destruction; diathermy
66710	$711.40	Ciliary body destruction; cyclophotocoagulation, transscleral
66711	$860.81	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens
66720	$711.40	Ciliary body destruction; cryotherapy
66740	$711.40	Ciliary body destruction; cyclodialysis
66761	$161.36	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)
66762	$217.72	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
66770	$217.72	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
66820	$860.81	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	$217.72	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)
66825	$860.81	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
66830	$860.81	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	$860.81	Removal of lens material; aspiration technique, 1 or more stages
66850	$860.81	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	$1,560.46	Removal of lens material; pars plana approach, with or without vitrectomy

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
66920	$860.81	Removal of lens material; intracapsular
66930	$1,560.46	Removal of lens material; intracapsular, for dislocated lens
66940	$860.81	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982	$860.81	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation
66983	$860.81	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66984	$860.81	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation
66985	$860.81	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	$860.81	Exchange of intraocular lens
66987	$2,034.08	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation
66988	$2,034.08	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation
66989	$2,757.89	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (e.g., trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
66990	$0.00	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)
66991	$2,757.89	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with insertion of intraocular (e.g., trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
67005	$860.81	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010	$860.81	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
67015	$860.81	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
67025	$860.81	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)
67027	$1,384.87	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
67028	$40.19	Intravitreal injection of a pharmacologic agent (separate procedure)
67030	$860.81	Discission of vitreous strands (without removal), pars plana approach
67031	$217.72	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)
67036	$1,560.46	Vitrectomy, mechanical, pars plana approach;
67039	$1,560.46	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	$1,560.46	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041	$1,560.46	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)
67042	$1,560.46	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)
67043	$1,560.46	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation
67101	$172.40	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy
67105	$145.72	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation
67107	$1,560.46	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid
67108	$1,560.46	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67110	$432.23	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
67113	$1,560.46	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
67115	$1,560.46	Release of encircling material (posterior segment)
67120	$860.81	Removal of implanted material, posterior segment; extraocular
67121	$860.81	Removal of implanted material, posterior segment; intraocular
67141	$116.18	Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage; cryotherapy, diathermy

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
67145	$217.72	Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage; photocoagulation
67208	$116.18	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy
67210	$217.72	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation
67218	$1,152.29	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
67220	$217.72	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions
67221	$130.07	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67225	$0.00	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)
67227	$139.88	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy
67228	$152.15	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation
67229	$217.72	Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy
67250	$711.40	Scleral reinforcement (separate procedure); without graft
67255	$860.81	Scleral reinforcement (separate procedure); with graft
67311	$711.40	Strabismus surgery, recession or resection procedure; 1 horizontal muscle
67312	$1,152.29	Strabismus surgery, recession or resection procedure; 2 horizontal muscles
67314	$711.40	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)
67316	$711.40	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)
67318	$711.40	Strabismus surgery, any procedure, superior oblique muscle
67320	$0.00	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
67331	$0.00	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)
67332	$0.00	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)
67334	$0.00	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)
67335	$0.00	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)
67340	$0.00	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
67343	$711.40	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
67345	$107.36	Chemodenervation of extraocular muscle
67346	$1,152.29	Biopsy of extraocular muscle
67400	$1,152.29	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	$711.40	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
67412	$711.40	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67413	$711.40	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
67414	$1,152.29	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
67415	$711.40	Fine needle aspiration of orbital contents
67420	$1,152.29	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
67430	$1,152.29	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body
67440	$1,152.29	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage
67445	$1,152.29	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression
67450	$1,152.29	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
67500	$116.18	Retrobulbar injection; medication (separate procedure, does not include supply of medication)
67505	$33.13	Retrobulbar injection; alcohol
67515	$30.68	Injection of medication or other substance into Tenon's capsule
67550	$1,152.29	Orbital implant (implant outside muscle cone); insertion
67560	$1,152.29	Orbital implant (implant outside muscle cone); removal or revision
67570	$1,152.29	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
67700	$116.18	Blepharotomy, drainage of abscess, eyelid
67710	$169.33	Severing of tarsorrhaphy
67715	$711.40	Canthotomy (separate procedure)
67800	$65.03	Excision of chalazion; single
67801	$78.84	Excision of chalazion; multiple, same lid
67805	$100.92	Excision of chalazion; multiple, different lids
67808	$711.40	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67810	$116.18	Incisional biopsy of eyelid skin including lid margin
67820	$0.00	Correction of trichiasis; epilation, by forceps only
67825	$68.41	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
67830	$346.59	Correction of trichiasis; incision of lid margin
67835	$711.40	Correction of trichiasis; incision of lid margin, with free mucous membrane graft
67840	$173.63	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67850	$130.37	Destruction of lesion of lid margin (up to 1 cm)
67875	$346.59	Temporary closure of eyelids by suture (eg, Frost suture)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
67880	$711.40	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
67882	$711.40	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
67900	$711.40	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	$711.40	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	$1,152.29	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	$711.40	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	$711.40	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	$1,152.29	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	$711.40	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	$711.40	Reduction of overcorrection of ptosis
67911	$711.40	Correction of lid retraction
67912	$711.40	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	$711.40	Repair of ectropion; suture
67915	$198.78	Repair of ectropion; thermocauterization
67916	$711.40	Repair of ectropion; excision tarsal wedge
67917	$711.40	Repair of ectropion; extensive (eg, tarsal strip operations)
67921	$711.40	Repair of entropion; suture
67922	$192.03	Repair of entropion; thermocauterization
67923	$711.40	Repair of entropion; excision tarsal wedge
67924	$711.40	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	$200.01	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	$711.40	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67938	$116.18	Removal of embedded foreign body, eyelid
67950	$711.40	Canthoplasty (reconstruction of canthus)
67961	$711.40	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	$711.40	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
67971	$711.40	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
67973	$711.40	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
67974	$1,152.29	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
67975	$711.40	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
68020	$58.28	Incision of conjunctiva, drainage of cyst
68040	$27.00	Expression of conjunctival follicles (eg, for trachoma)
68100	$110.43	Biopsy of conjunctiva
68110	$143.57	Excision of lesion, conjunctiva; up to 1 cm
68115	$711.40	Excision of lesion, conjunctiva; over 1 cm
68130	$711.40	Excision of lesion, conjunctiva; with adjacent sclera
68135	$74.85	Destruction of lesion, conjunctiva
68200	$0.00	Subconjunctival injection
68320	$711.40	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325	$1,152.29	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
68326	$1,152.29	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328	$711.40	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
68330	$860.81	Repair of symblepharon; conjunctivoplasty, without graft
68335	$1,152.29	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	$711.40	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens
68360	$1,152.29	Conjunctival flap; bridge or partial (separate procedure)
68362	$711.40	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
68371	$711.40	Harvesting conjunctival allograft, living donor
68400	$197.25	Incision, drainage of lacrimal gland
68420	$208.90	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
68440	$56.44	Snip incision of lacrimal punctum
68500	$1,152.29	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505	$1,152.29	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68510	$711.40	Biopsy of lacrimal gland
68520	$1,152.29	Excision of lacrimal sac (dacryocystectomy)
68525	$711.40	Biopsy of lacrimal sac
68530	$116.18	Removal of foreign body or dacryolith, lacrimal passages
68540	$711.40	Excision of lacrimal gland tumor; frontal approach
68550	$1,152.29	Excision of lacrimal gland tumor; involving osteotomy
68700	$711.40	Plastic repair of canaliculi
68705	$116.18	Correction of everted punctum, cautery
68720	$1,152.29	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
68745	$1,152.29	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750	$1,152.29	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68760	$116.18	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	$82.82	Closure of the lacrimal punctum; by plug, each
68770	$711.40	Closure of lacrimal fistula (separate procedure)
68801	$0.00	Dilation of lacrimal punctum, with or without irrigation
68810	$116.18	Probing of nasolacrimal duct, with or without irrigation;
68811	$711.40	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	$711.40	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
68816	$711.40	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
68840	$70.86	Probing of lacrimal canaliculi, with or without irrigation
68850	$0.00	Injection of contrast medium for dacryocystography
69000	$110.74	Drainage external ear, abscess or hematoma; simple
69005	$113.81	Drainage external ear, abscess or hematoma; complicated
69020	$147.25	Drainage external auditory canal, abscess
69100	$57.98	Biopsy external ear
69105	$93.25	Biopsy external auditory canal
69110	$845.19	Excision external ear; partial, simple repair
69120	$1,909.57	Excision external ear; complete amputation
69140	$1,909.57	Excision exostosis(es), external auditory canal
69145	$845.19	Excision soft tissue lesion, external auditory canal
69150	$1,909.57	Radical excision external auditory canal lesion; without neck dissection
69200	$0.00	Removal foreign body from external auditory canal; without general anesthesia
69205	$489.93	Removal foreign body from external auditory canal; with general anesthesia
69209	$0.00	Removal impacted cerumen using irrigation/lavage, unilateral
69210	$0.00	Removal impacted cerumen requiring instrumentation, unilateral
69220	$0.00	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
69222	$133.75	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)
69300	$896.80	Otoplasty, protruding ear, with or without size reduction
69310	$1,909.57	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
69320	$1,909.57	Reconstruction external auditory canal for congenital atresia, single stage
69420	$87.46	Myringotomy including aspiration and/or eustachian tube inflation
69421	$896.80	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	$81.60	Ventilating tube removal requiring general anesthesia

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
69433	$117.49	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	$456.11	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440	$896.80	Middle ear exploration through postauricular or ear canal incision
69450	$896.80	Tympanolysis, transcanal
69501	$1,909.57	Transmastoid antrotomy (simple mastoidectomy)
69502	$1,909.57	Mastoidectomy; complete
69505	$1,909.57	Mastoidectomy; modified radical
69511	$1,909.57	Mastoidectomy; radical
69530	$1,909.57	Petrous apicectomy including radical mastoidectomy
69540	$134.97	Excision aural polyp
69550	$1,909.57	Excision aural glomus tumor; transcanal
69552	$1,909.57	Excision aural glomus tumor; transmastoid
69601	$1,909.57	Revision mastoidectomy; resulting in complete mastoidectomy
69602	$1,909.57	Revision mastoidectomy; resulting in modified radical mastoidectomy
69603	$1,909.57	Revision mastoidectomy; resulting in radical mastoidectomy
69604	$1,909.57	Revision mastoidectomy; resulting in tympanoplasty
69610	$173.63	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
69620	$896.80	Myringoplasty (surgery confined to drumhead and donor area)
69631	$1,909.57	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	$1,909.57	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)
69633	$1,909.57	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
69635	$1,909.57	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636	$1,909.57	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69637	$1,909.57	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
69641	$1,909.57	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642	$1,909.57	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
69643	$1,909.57	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644	$1,909.57	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	$1,909.57	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646	$1,909.57	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69650	$896.80	Stapes mobilization
69660	$1,909.57	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
69661	$1,909.57	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662	$1,909.57	Revision of stapedectomy or stapedotomy
69666	$896.80	Repair oval window fistula
69667	$896.80	Repair round window fistula
69670	$1,909.57	Mastoid obliteration (separate procedure)
69676	$896.80	Tympanic neurectomy
69700	$456.11	Closure postauricular fistula, mastoid (separate procedure)
69705	$3,033.36	Dilation of canal between middle ear and throat (eustachian tube) on one side of body, using endoscope inserted through nose
69706	$3,033.36	Dilation of canal between middle ear and throat (eustachian tube) on both sides of body, using endoscope inserted through nose
69711	$896.80	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	$8,038.99	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69716	$6,654.75	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69717	$3,718.95	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor
69719	$6,654.75	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69720	$1,909.57	Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69726	$1,156.29	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69727	$1,156.29	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69728	$1,202.52	with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
69729	$7,029.64	with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
69730	$7,029.64	with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
69740	$1,909.57	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745	$1,909.57	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
69801	$113.81	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal
69805	$1,909.57	Endolymphatic sac operation; without shunt
69806	$1,909.57	Endolymphatic sac operation; with shunt
69905	$1,909.57	Labyrinthectomy; transcanal
69910	$1,909.57	Labyrinthectomy; with mastoidectomy
69915	$896.80	Vestibular nerve section, translabyrinthine approach
69930	$26,093.23	Cochlear device implantation, with or without mastoidectomy
69990	$0.00	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
92920	$2,568.37	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92921	$0.00	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92928	$5,149.14	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
92929	$0.00	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92974	$0.00	Cath place cardio brachytx
92978	$0.00	Endoluminl ivus oct c 1st
93451	$1,168.21	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
93452	$1,168.21	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453	$1,168.21	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93454	$1,168.21	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
93455	$1,168.21	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography

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Code	**Fee**	**Description**
93456	$1,168.21	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
93457	$1,168.21	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93458	$1,168.21	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93459	$1,168.21	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460	$1,168.21	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93461	$1,168.21	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93462	$0.00	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
93463	$0.00	Drug admin & hemodynmic meas
93566	$0.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
93567	$0.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)
93568	$0.00	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
93571	$0.00	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)
93572	$0.00	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)
93985	$100.09	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
93986	$48.14	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study
C5271	$213.47	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
C5272	$0.00	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
C5273	$696.96	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
C5274	$0.00	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
C5275	$213.47	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
C5276	$0.00	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
C5277	$213.47	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
C5278	$0.00	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
C7500	$911.52	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (e.g., subfascial) drug-delivery device(s)
C7501	$911.52	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)
C7502	$911.52	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code)
C7503	$2,047.63	Open biopsy or excision of deep cervical node(s) with intraoperative identification (e.g., mapping) of sentinel lymph node(s) including injection of nonradioactive dye when performed
C7504	$2,667.04	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
C7505	$2,667.04	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance
C7506	$2,667.04	Arthrodesis, interphalangeal joints, with or without internal fixation
C7507	$5,468.69	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance
C7508	$5,468.69	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance
C7509	$1,201.22	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed
C7510	$1,201.22	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed
C7511	$1,201.22	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed
C7512	$1,201.22	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed
C7513	$1,227.21	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report
C7514	$1,227.21	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
C7515	$1,227.21	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report
C7516	$1,977.77	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
C7517	$1,977.77	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation
C7518	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report
C7519	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7520	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
C7521	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
C7522	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7523	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
C7524	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7525	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
C7526	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7527	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
C7528	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7529	$1,977.77	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7530	$3,891.98	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report
C7531	$4,659.36	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
C7532	$4,495.47	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
C7533	$4,697.06	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy
C7534	$8,573.55	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation

Freestanding Ambulatory Surgery Center Service Codes Spreadsheet, Rates Effective February 2, 2024		
Code	**Fee**	**Description**
C7535	$8,499.01	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
C7537	$8,582.65	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)
C7538	$8,559.00	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)
C7539	$8,722.67	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)
C7540	$8,574.26	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)
C7541	$1,932.16	Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
C7542	$1,932.16	Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
C7543	$1,932.16	Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
C7544	$1,932.16	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)
C7545	$1,932.16	Percutaneous exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (e.g., mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation
C7546	$1,271.93	Removal and replacement of externally accessible nephroureteral catheter (e.g., external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation

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C7547	$1,474.07	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
C7548	$1,271.93	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
C7549	$1,271.93	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
C7550	$1,271.93	Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent
C7551	$2,236.61	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle
C7552	$1,977.77	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel
C7553	$1,977.77	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed
C7554	$720.74	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent
C7555	$3,637.66	Thyroidectomy, total or complete with parathyroid autotransplantation
C9600	$5,260.89	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
C9601	$0.00	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9725	$328.08	Placement of endorectal intracavitary applicator for high intensity brachytherapy
C9726	$0.00	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure
C9727	$456.11	Insertion of implants into the soft palate; minimum of three implants

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C9728	$534.87	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple
C9739	$2,789.49	Cystourethroscopy, with insertion of transprostatic implant; one to three implants
C9740	$5,872.60	Cystourethroscopy, with insertion of transprostatic implant; four or more implants
C9757	$6,345.57	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar
C9759	$0.00	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed
C9761	$2,189.69	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable (must use a steerable ureteral catheter)
C9764	$3,709.81	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
C9765	$9,609.20	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed
C9766	$6,142.47	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
C9767	$10,188.19	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed
C9769	$2,189.69	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts
C9770	$1,396.17	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent
C9771	$1,199.19	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral
C9772	$4,937.21	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
C9773	$8,830.90	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed
C9774	$8,957.14	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
C9775	$8,988.26	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed

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C9777	$1,548.18	Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy
C9778	$2,112.18	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)
C9781	$7,029.64	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed
G0104	$123.62	Colorectal cancer screening; flexible sigmoidoscopy
G0105	$328.08	Colorectal cancer screening; colonoscopy on individual at high risk
G0121	$328.08	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0186	$217.72	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)
G0260	$268.46	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
G0276	$2,382.86	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial
G0278	$0.00	Iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure)