114.3 CMR 40.00: RATES FOR SERVICES UNDER M.G.L. c. 152, WORKERS' COMPENSATION ACT

Section

40.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 40.00 governs the payment rates effective April 1, 2009 for purchasers of health care services under M.G.L. c. 152, the Workers' Compensation Act. Payment rates for services provided by hospitals are set forth in 114.1 CMR 41.00. Program policies relating to medical necessity and clinical appropriateness are determined pursuant to M.G.L. c. 152 and 452 CMR 6.00.

(2) Coverage. The payment rates set forth in 114.3 CMR 40.06 are full payment for services provided under M.G.L. c. 152, § 13, including any related administrative or overhead costs. The insurer, employer and health care service provider may agree upon a different payment rate for any service set forth in the fee schedule in 114.3 CMR 40.00. No employee may be held liable for the payment for health care services determined compensable under M.G.L. c. 152, § 13.

(3) Administrative Bulletins. The Division may issue administrative bulletins to clarify substantive provisions of 114.3 CMR 40.00, or to publish procedure code updates and corrections. For coding updates and correction, the bulletin will list:

(a) new code numbers for existing codes, with the corresponding cross references between existing and new codes numbers;

(b) deleted codes for which there are no corresponding new codes; and

(c) codes for entirely new services that require pricing. The Division will designate these codes to be paid by individual consideration under 114.3 CMR 40.04(3) until appropriate rates are developed.

(4) Rate Updates for Services Covered by Other Regulations. The Division will post rate amendments for services governed by other regulations on its website.

(5) Disclaimer for Authorization of Services. 114.3 CMR 40.00 is not authorization for or approval of services for which rates are determined pursuant to 114.3 CMR 40.00.

(6) Authority. 114.3 CMR 40.00 is adopted pursuant to M.G.L. c. 118G and M.G.L. c. 152, § 13.

40.02: General Definitions

(1) Meaning of Terms. Terms used in 114.3 CMR 40.00 will have the meanings set forth in 114.3 CMR 40.02:

Adjusted Acquisition Cost. The price paid to a supplier by an Eligible Provider for durable medical equipment, medical/surgical supplies, customized equipment, oxygen and respiratory therapy equipment. The adjusted acquisition cost shall not exceed the manufacturer's current catalogue price.

Administrative Costs. A provider's costs for administration, including but not limited to facility costs overhead and other costs of doing business, are included in the rates set forth in this fee schedule, unless stated otherwise.

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At Invoice Cost (AI). The price paid by the provider net of any manufacturer discounts received. Documentation of AI cost must be supplied to purchaser for payment upon request however submission of the request to the provider must be made within ten days of the initial billing date, will not affect the payment timeframe dictated by DIA regulations and will be limited to items where the provider's cost exceeds $500.00. The provider is responsible for maintaining documentation of the cost for any items costing less than $500.00 for a minimum of three years from the date of the original bill to the carrier.

Centers for Medicare and Medicaid Services (CMS). A division of the U.S. Department of Health and Human Services (HHS) that oversees and publishes rules and guidelines of the Medicare and Medicaid programs.

Consultation. A service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. A physician consultant may initiate diagnostic and/or therapeutic services.

The written or verbal request for a consultation may be made by a physician or other appropriate source and must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.

A consultation initiated by a patient and/or family, and not requested by a physician, is not reported using the consultation codes but may be reported using the appropriate office visit codes.

Any procedure that can be identified with a specific CPT code performed on or subsequent to the date of the initial consultation should be reported separately. If, subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion or all of the patient's condition(s), the appropriate Evaluation and Management services code for the service should be reported.

CPT Codes. 114.3 CMR 40.00 uses Codes from the Physicians' Current Procedural Terminology (CPT)© system developed and maintained by the American Medical Association. All CPT codes are copyrighted by the American Medical Association. All procedures and codes set forth under 114.3 CMR 40.00 conform to CPT 2008 codes and descriptors and the principles for their use, as set forth in the Physicians' Current Procedural Terminology, 2008, and any later updates. These CPT publications contain the complete and most current listings of CPT descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

Department of Industrial Accidents (DIA). A department of the Commonwealth of Massachusetts Executive Office of Labor and Workforce Development that oversees the Workers' Compensation system pursuant to M.G.L. c. 152 and other applicable laws and waivers.

Department of Public Health (DPH). A department of the Commonwealth of Massachusetts established under M.G.L. c.17, § 1 that oversees and licenses healthcare facility standards and operations and administers public health programs for all Massachusetts residents.

Description. An explanation of the medical procedure or item assigned to the code. This may include certain stipulations relevant to Massachusetts under M.G.L. c. 152.

Division. The Division of Health Care Finance and Policy established under M.G.L. c. 118G.

Durable Medical Equipment (DME). Prosthetic devices, implantable devices, replacement parts (external or internal), accessories and supplies for the DME and other devices identified as DMEPOS by CMS. Implantable devices not listed with a fee in 114.3 CMR 40.06(6) and not included as a portion of the ambulatory surgery fee will be paid at invoice (A.I.) cost net of any manufacturer discounts received by the provider plus a mark up of 20% not to exceed $200.00.

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Eligible Provider. A provider as defined in 114.3 CMR 40.05, that also meets such conditions of participation as have been or may be adopted by a Governmental Unit or purchaser under M.G.L. c. 152. Out-of-state providers must meet the comparable conditions of licensure and participation required by the state in which they practice.

Established Patient. A person who has received professional services from the physician or another physician of the same specialty in the same group practice within the past three years. Under 114.3 CMR 40.00, Established Patient will be applied to a single work related injury or episode of illness.

Fee. The payment value for the medical procedure or item set forth in 114.3 CMR 40.06 and identified by a Code. Fees may be listed as Professional Component Fee (PC Fee), Technical Component Fee (TC Fee) and Global Fee (GL Fee) when a professional, technical or global fee applies. Single payment rates are listed as "Fees". *See* definitions of (GL), (PC) and (TC).

Global Fee (GL). The Global Fee is the sum of the PC Fee and TC Fee. See definitions of (PC) and (TC) below.

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

HCPCS National Codes. Level II coding system of alpha-numeric codes published by the Centers for Medicare and Medicaid Services (CMS) to supplement CPT codes for medical services and supplies. All D codes are copyrighted by the American Dental Association. Services and items set forth under 114.3 CMR 40.00 utilize HCPCS 2008 codes and descriptors.

Instrumental Activities of Daily Living (IADLs). Activities related to personal care of a patient such as meal preparation and clean-up, household services, laundry, shopping, housekeeping, transportation to a medical provider, or assistance with the care and maintenance of adaptive devices.

Liquid Oxygen Systems. Oxygen and oxygen equipment as DME includes the system for furnishing it, the vessels that store it, the tubing, and administration sets that allow the safe delivery of oxygen in the home, and the oxygen contents.

Medical and Surgical Supplies. Medical and treatment products that:

(a) are produced primarily and routinely to fulfill a medical or surgical purpose;
(b) are used in the treatment of a specific medical condition;
(c) are non-reusable and disposable.

Modifiers. A two digit (numeric or alpha) sequence that alters the description of a delivered service or supply. 114.3 CMR 40.07(1): *Appendix A* lists a limited number of the common modifiers and certain reimbursement provisions associated with their use. However, providers, suppliers and carriers may utilize any appropriate current CPT Level I and HCPCS Level II National Modifiers as necessary.

Non-standard Prescription Options. New mobility systems including devices that:

(a) provide their user with a substantially greater range of motion than are usually required of the standard device; or
(b) require substantially greater service or time than are usually provided for the standard device.

Orthotic Device. A mechanical device designed to support or correct any defect of form or function of the human body, and generally known as a "brace" or "orthosis" but not including dental braces or breast prostheses.

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Oxygen Delivery Systems. A comprehensive oxygen service that includes, but is not limited to: the gaseous/liquid oxygen, oxygen generating device and related delivery systems container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gage, humidifcation devices, cannulas, masks, and special oxygen administration device, tubing and refill adapter.

Professional Component (PC). Certain procedures are a combination of a physician, or professional component and a technical component. When the modifier "-26" is added to an appropriate code a PC allowable amount will be paid.

Prosthesis. An artificial device used to replace a missing body part, such as a limb, tooth, eye, or heart valve.

Prosthetic Device. Any substitute or ancillary equipment or component part used in a prosthesis for replacement or modification purposes.

Rehabilitation Technology Specialist (RTS). A professional with expertise in assistive and rehabilitation technology, including wheeled mobility, seating and alternative positioning, ambulating assistance, environmental control and related activities who meets such conditions of participation as may be adopted by a Governmental Unit to work directly with consumers in the provision of wheeled mobility systems in the service delivery process.

Respiratory Therapy Devices and Supplies. Devices and necessary ancillary equipment prescribed by a physician for the care and treatment of pulmonary illnesses that meet such standards as may be required by federal or state Governmental Units. Respiratory Therapy Devices may include the complete device and related delivery system accessories such as, regulator with flow gauge, humidification and heating units, filters, cannulas, masks, and special administration device tubing and adapters.

Seating, Positioning, Mobility Systems and Related Accessories. Any device including its components, accessories and modifications, that has been prescribed, designed and constructed to meet the individual custom needs of a patient. This equipment will be provided by an eligible DME provider who employs a Rehabilitation Technology Specialist (RTS). The equipment must fulfill a medical purpose and be generally not useful in the absence of illness or injury, withstand repeated use over an extended period of time, be appropriate for home use, and meet professionally recognized standards of quality.

Special Report. A service that is rarely provided, unusual, variable, or new may require an explanation to determine the medical appropriateness of the service. These services are generally reported as "unlisted services or procedures" and designated by digits '99' after the first three beginning code numbers. Pertinent information should include, but not be limited to, an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service. Additional items that can be included are: complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

Technical Component (TC): The TC component reflects the technical portion of the procedure code. When the technical component is provided by a health care provider other than the one providing the professional component, the health care provider bills for the technical component by adding Modifier "-TC" to the applicable code. The TC rate is payment for the facility's cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and all other overhead expenses.

Transcutaneous Electrical Nerve Stimulator (TENS). A TENS unit must be distinguished from other electrical stimulators that directly stimulate muscles and/or motor nerves, *eg*, neuromuscular stimulators.

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Unlisted Procedure or Service. A service or procedure may be provided that is not listed in Regulation 114.3 CMR 40.06. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service. A "Special Report" may be required when billing codes for unlisted procedures.

Used Equipment. Any item that has been previously purchased or rented, including equipment that was:

(a) used by a patient for a trial period;
(b) used by the supplier as a demonstrator; or
(c) rented by a patient who now wants to buy it.

Usual and Customary Charge. The lowest fee charged to the general public by an Eligible Provider specified by 114.3 CMR 40.05: Usual and Customary Charge, which fee is in effect at the time that such service is performed or equipment is sold or rented.

40.03: Service and Rate Coverage Provisions

(1) Services and Rates Covered by 114.3 CMR 40.00. Payment rates for the following health care service are governed by the provisions of 114.3 CMR 40.00. These services are:

(a) Acupuncture Services - 114.3 CMR 40.05(1)
(b) Anesthesia Services - 114.3 CMR 40.05(2)
(c) Chiropractic Services - 114.3 CMR 40.05(3)
(d) Clinical Laboratory Services - 114.3 CMR 40.05(4)
(e) Dental Services - 114.3 CMR 40.05(5)
(f) Durable Medical Equipment - 114.3 CMR 40.05(6)
(g) Freestanding Diagnostic Facilities - 114.3 CMR 40.05(7)
(h) Freestanding Ambulatory Surgical Centers - 114.3 CMR 40.05(8)
(i) Homemaker Services - 114.3 CMR 40.05(9)
(j) Medicine - 114.3 CMR 40.05(10)
(k) Psychology Services - 114.3 CMR 40.05(11)
(l) Radiology - 114.3 CMR 40.05(12)
(m) Restorative Services - 114.3 CMR 40.05(13)
(n) Surgery - 114.3 CMR 40.05(14)

(2) Services and Rates Covered by Other Regulations. Payment rates for the following health care services are governed by other regulations promulgated by the Division. These services are:

(a) Abortion and Sterilization - 114.3 CMR 13.00
(b) Adult Day Health - 114.3 CMR 10.00
(c) Ambulance Services - 114.3 CMR 27.00
(d) Chronic Maintenance Dialysis and Home Dialysis Supplies - 114.3 CMR 37.00
(e) Community Health Center Services - 114.3 CMR 4.00
(f) Hearing Aid Dispensers - 114.3 CMR 23.00
(g) Home Health Services, including Private Duty Nursing - 114.3 CMR 50.00
(h) Hospice Services - 114.3 CMR 43.00
(i) Independent Living Services (Personal Care Attendant) - 114.3 CMR 9.00
(j) Mental Health Services provided in Community Health Centers and Mental Health Centers - 114.3 CMR 6.00
(k) Nursing Facility Services - 114.2 CMR 6.00; rates for individual facilities posted on Division website
(l) Outpatient Tuberculosis Control Services - 114.3 CMR 8.00
(m) Prescribed Drugs - 114.3 CMR 31.00
(n) Psychiatric Day Treatment - 114.3 CMR 7.00
(o) Resident Care Facilities (Rest Homes) -114.2 CMR 4.00; rates for individual facilities posted on Division's website
(p) Substance Abuse Treatment Services - 114.3 CMR 46.00
(q) Vision Care and Ophthalmic Materials - 114.3 CMR 15.00

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(3) Other Service Providers. If a treatment measure performed by practitioners of alternative or complementary care, such as massage therapy, is authorized under 452 CMR 6.00, the insurer, the employer and the health care service provider must agree upon the appropriate method of billing for treatment and the payment rate for such services.

40.04: Provisions Affecting Eligible Providers

(1) Facility Rate. If a procedure other than those listed in 114.3 CMR 40.06 with a PC and TC fee is performed at a site other than the provider's office and is also properly billed by another health care provider, each provider will be reimbursed at 50% of the listed fee.

(2) Out-of-state Providers. An insurer may pay out-of-state provider for services at the payment rates set forth in 114.3 CMR 40.00.

(3) Individual Consideration (I.C.). Services that are authorized but for which there are no established rates are designated as I.C. items. The purchaser under M.G.L. c. 152 will determine an appropriate payment rate. Unless otherwise provided in 114.3 CMR 40.05, the payment will be determined in accordance with all of the applicable following standards and criteria:

(a) The amount of time required to perform the procedure,
(b) The degree of skill required to perform the procedure,
(c) The severity or complexity of the patient's disease, disorder or disability,
(d) The policies, procedures and practices of other third party insurers,
(e) A copy of the current invoice from the supplier for items if the provider cost exceeds $500.00. The provider is responsible for maintaining invoices for any items that cost less than $500.00 for a minimum of three years from the date of the original bill to the carrier.

(4) Utilization Standard. The DIA Healthcare Services Board publishes treatment guidelines pertaining to work place injury and illness that define appropriate care deemed medically necessary. All services provided under the Workers' Compensation Act must be delivered within the scope of these guidelines.

40.05: Policies for Individual Service Types

(1) Acupuncture.

(a) Eligible Providers. An Eligible Provider is any person licensed by the Board of Registration in Acupuncture under M.G.L. c. 112, §§ 148 through 162, to practice acupuncture.

(b) Acupuncture Services. Acupuncture is the insertion of needles through the skin at certain points on the body in an attempt to relieve pain or improve bodily function. Services include examinations, Evaluation and Management services (E/M), acupuncture treatments and supportive services. The acupuncture treatment codes include a patient assessment. Additional E/M services may be reported separately using the modifier '-25', if the patient's condition requires a significant separately identifiable E/M service, above and beyond the usual pre-service and post-service work associated with the procedure.

(c) Fees. Payment rates for acupuncture services are set forth in 114.3 CMR 40.06(1).

(d) Modalities and Supportive Procedures. A charge may be assessed for modalities only in conjunction with an acupuncture treatment performed during the course of the same visit.

(e) Nutritional Supplements. The payment rate for nutritional supplements is the invoice cost, plus a handling fee of $3.00.

(2) Anesthesia Services.

(a) Eligible Providers. An Eligible Provider is:

1. a licensed medical doctor or licensed osteopath, other than an intern or resident, authorized by the Board of Registration in Medicine in accordance with the provisions of M.G.L. c. 112; or

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2. a certified registered nurse anesthetist (CRNA) licensed and subject to the rules and requirements in accordance with the provisions of M.G.L. c. 112 and 244 CMR 4.00 to practice as a CRNA. The CRNA is limited to those procedures within the scope of CRNA services and subject to the rules of physician relationship for reimbursement defined by the Commonwealth's Nurse Practice Act, M.G.L. c. 112, §§ 74 through 81. The CRNA is an employee of the eligible physician provider and not salaried by the health care facility. Availability by telephone is not direct supervision; however, the physician need not be in the room where the services are being performed.

(b) Anesthesia Services. Services include, but are not limited to, general, regional, supplementation to local anesthesia, or other supportive services for optimal anesthesia care to the patient. These services include anesthesia care during the procedure, the administration of fluids and/or blood and the usual monitoring services, (*eg*, ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). These services do not include preoperative and postoperative services or pain management services that may be billable separately. Unusual forms of monitoring beyond the basic anesthesia service (*eg*, intra-arterial, central venous, and Swan-Ganz catheters) are not included and are reimbursed separately based on the appropriate medical or surgical fee schedule.

(c) Fees. The payment rates for anesthesia services are set forth in 114.3 CMR 40.05(2)(g) for use with base units set forth in 114.3 CMR 40.06(2). Fees for supplies and materials provided by the physician (*eg*, sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately using code 99070.

(d) Payments for Qualified CRNAs. Payment rates are established using the appropriate 2 digit modifier listed in 114.3 CMR 40.07: *Appendix A* to denote services rendered by a non-physician provider. Payments to employers billing for eligible CRNA services as specified in 114.3 CMR 40.05(2)(a)2. are:

1. 50% of the fees specified in 114.3 CMR 40.05(2)(c) for CRNA services with medical direction of 2, 3 or 4 concurrent procedures by a physician, or
2. 100% of the allowable fee specified in 114.3 CMR 40.05(2)(c) for CRNA services with medical direction of one CRNA or without direction by a physician.

(e) Time Reporting. Anesthesia time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating suite (or its equivalent area) and ends when the anesthesiologist is no longer in personal attendance, *i.e.*, when the patient is placed in postoperative supervision.

(f) Qualifying Circumstances. If anesthesia services are provided under particularly difficult circumstances, based on factors such as extraordinary condition of the patient, notable operative conditions, and/or unusual risk factors, CPT codes 99100 to 99140 may be listed as additional procedure codes as follows:

Qualifying Circumstances in CPT	Description	Unit Value
99100	Anesthesia for a patient of extreme age, under one year old and 70 years of age or older	1
99116	Anesthesia complicated by utilization of total body hypothermia	5
99135	Anesthesia complicated by utilization of controlled hypotension	5
99140	Anesthesia complicated by emergency conditions (an emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.)	2

(g) Determining Payment for Anesthesia Services. Providers must use anesthesia codes and report time in minutes to ensure proper payment. Payments are determined by adding base units, time units and modifying units (if any) and multiplying this sum by a rate per unit. Each time unit equals 15 minutes. Partial time units should be reported rounded to one decimal place.

PAYMENT *EQUALS* : (TIME UNITS + BASE UNITS + MODIFYING UNITS) *TIMES* $39.00 (Rate per UNIT)

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(h) Special Coding Situations.

1. Multiple Procedures. When multiple surgical procedures are performed during a single anesthetic administration, providers must report only the anesthesia procedure with the highest unit value. The provider must report time as the combined total for all procedures performed.

2. Anesthesia Modifiers. Physical status and common CPT modifiers used in conjunction with anesthesia codes are set forth in 114.3 CMR 40.07(1): *Appendix A.*

3. Postoperative Pain Management. Postoperative pain management is payable as an additional procedure.

(3) Chiropractic Services.

(a) Eligible Providers. An Eligible Provider is an individual licensed by the Board of Registration of Chiropractors in accordance with the provisions of M.G.L. c. 112.

(b) Chiropractic Services. Chiropractic Services include examinations, Evaluation and Management services (E/M), Chiropractic Manipulative Treatment (CMT), therapeutic (supportive) procedures and modalities. The chiropractic manipulative treatment codes include a pre-manipulation patient assessment. Additional E/M services may be reported separately using the modifier '-25' if the patient's condition requires a significant separately identifiable E/M service, above and beyond the usual pre-service and post-service work associated with the procedure. When an extraspinal manipulation (code 98943) is performed in conjunction with CMT codes 98940 through 98942, the Multiple Procedure modifier -51 must be added to code 98943 indicating payment at 50% of the allowable fee set forth in 114.3 CMR 40.06.

(c) Fees. Payment rates for chiropractic services are set forth in 114.3 CMR 40.06(3).

(d) Modalities and Supportive Procedures. A charge may be assessed for modalities (97012-97039) only in conjunction with a chiropractic treatment performed over the course of treatment of the patient. Service provisions pertaining to physical medicine are set forth in 114.3 CMR 40.05(13) and rates of payment for supportive procedures are listed in 114.3 CMR 40.06(12). No charge will be allowed for application of hot and cold packs (CPT code 97010).

(e) Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS). Payment rates for durable medical equipment, prosthetic/orthotics and supplies are set forth in 114.3 CMR 40.06(6) and subject to the provisions and guidelines set forth in 114.3 CMR 40.05(6).

(f) Nutritional Supplements. The payment rate for nutritional supplements is the invoice cost, plus a handling fee of $3.00.

(g) Radiology. Payment rates for radiological services are set forth in 114.3 CMR 40.06(7) subject to the provisions and guidelines set forth in 114.3 CMR 40.05(12).

(4) Clinical Laboratory Services.

(a) Eligible Providers. An Eligible Provider is an independent licensed clinical diagnostic laboratory, a diagnostic laboratory in a physician's office or a hospital laboratory. Payment for clinical laboratory tests subject to 114.3 CMR 40.06(4) applies to the person or entity that performs or supervises the performance of the tests.

(b) Clinical Laboratory Services. Clinical Laboratory Services include microbiological, chemical, hematological, biophysical, cytological, immunohematological, or pathological examinations performed in a laboratory on materials derived from the human body to provide information for the diagnosis, prevention, or treatment of a disease or assessment of a medical condition.

(c) Fees. Payment rates for clinical laboratory services are set forth in 114.3 CMR 40.06(4). Payment Rates for physician laboratory services, *i.e.*, anatomic and surgical pathology are set forth in 114.3 CMR 40.06(8).

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(d) Items Over and Above Usual Service. If the physician's administration of supplies and drugs includes items over and above the usual service rendered (*eg*, sterile trays, drugs, supplies and materials), the provider may list these separately using code 99070. To report physician attendance and monitoring during the test, providers must use the appropriate evaluation and management code, including the prolonged physician care codes if appropriate. Prolonged physician care codes are not separately reported when evocative/ suppression testing involves prolonged descriptors where reference is made to a particular analyte (eg, Cortisol (82533 x 2) where the "x 2" refers to the number of times the test for that particular analyte is performed).

(e) Pricing of Automated Tests. The payment for automated tests is based on the total number of actual tests whether billed individually or as part of a panel. For example, if three automated tests are performed on one blood draw from a patient, the total fee allowed for these tests will be $9.29, the pricing equivalent for three tests.

(5) Dental Services.

(a) Eligible Providers. An Eligible Provider is:

1. a dentist registered by the Board of Registration in Dentistry in accordance with the provisions of M.G.L. c. 112; or
2. an authorized governmental, nonprofit or charitably incorporated dental clinic not involved with teaching dental students; or
3. an authorized dental clinic that wholly or partially derives support from Title V Funds under the Social Security Act; or
4. a teaching dental clinic operated by dental education institutions.

(b) Dental Services. Dental services include, but are not limited to, diagnostic, consultative and evaluative oral examinations, X-rays, preventive, restorative, endodontic, periodontic, prosthodontic, surgical, exodontic and orthodontic procedures and appliances.

(c) Fees. Payment rates for dental services are set forth in 114.3 CMR 40.06(5).

(d) Surgery. Payment rates for surgical dental services are set forth in 114.3 CMR 40.06(8) and subject to the provisions and guidelines set forth in 114.3 CMR 40.05(14).

(e) Codes and Descriptions. All codes and descriptions are copyrighted by the American Dental Association's Current Dental Terminology, (CDT-4).

(6) Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS).

(a) Eligible Providers. An Eligible Provider is:

1. any person, partnership, corporation, or other entity authorized by the Commonwealth of Massachusetts to engage in the business of furnishing Durable Medical Equipment (DME), Medical and surgical supplies, Customized equipment, Oxygen or respiratory therapy equipment, Mobility systems, Intravenous and enteral therapy equipment, and/or related supplies and services;
2. a provider authorized under 114.3 CMR 40.05 to provide equipment or supplies relative to his or her specialty in an office setting;
3. an eligible prosthesis provider certified by the American Board for Certification in Prosthetics and Orthotics (P&O) with experience and knowledge of upper and lower extremity prostheses, cosmetic restoration and devices for traumatic or congenital deformities, their design, fabrication and fitting; or
4. any person, partnership, corporation or other entity authorized by the Commonwealth of Massachusetts to engage in the business of furnishing orthotic devices. At the discretion of the purchasing agency, a provider of certain orthotic devices may be a certified orthotist who has experience in and knowledge of upper and lower extremity bracing, torso, and spinal bracing, devices for congenital deformities, their design, fabrication and fitting.

(b) Exclusions. 114.3 CMR 40.00 does not govern the payment rates for the following services:

1. Respiratory therapy services rendered by a qualified respiratory therapist;
2. Oxygen provided to a nursing home that is reimbursed under the *per diem* rate for such nursing home;
3. Services for inpatients at a facility licensed as an acute or chronic hospital.

40.05: continued

(c) General Provisions.

1. Coverage. 114.3 CMR 40.05 governs the payment rates for the following situations:
   a. the purchase or rental of durable medical equipment;
   b. the purchase or rental of medical/surgical supplies;
   c. the purchase or rental of prescribed oxygen delivery systems and respiratory therapy equipment and related supplies;
   d. the purchase or rental of seating, positioning, mobility systems and related accessories;
   e. the purchase or rental of intravenous and enteral supplies, equipment and services; and
   f. the repair of the listed types of equipment in 114.3 CMR 40.05(6)(c)1.a. through e.

2. Pre-authorization. Insurers and other payers under 114.3 CMR 40.00 may require pre-authorization, recertification and/or other requirements documenting medical necessity for equipment and related supplies and services under 114.3 CMR 40.05(6). In most cases, the physician's prescription for the equipment and other medical information available are sufficient to establish that the equipment is necessary and suitable in the treatment of the illness or injury. Providers should determine if there are documentation and coverage requirements associated with a prescription for durable medical supplies prior to dispensing.

(d) Fees. Payment rates for DMEPOS, are set forth in 114.3 CMR 40.06(6).

(e) Payment Methodology. DME fee schedules are calculated for the following DME payment classes:

1. Inexpensive and Other Routinely Purchased Items (IN). These items have a purchase price of $150 or less, or are generally purchased 75% of the time or more, or are accessories used in conjunction with certain nebulizers, aspirators, and ventilators. These items can be purchased new or used and can be rented; however, total payments cannot exceed the purchase new fee for the item.

2. Frequently Serviced Items (FS). These items require frequent and substantial servicing. These items can be rented as long as they are medically necessary.

3. Oxygen and Oxygen Equipment. Payment for oxygen and oxygen equipment is made on a monthly basis. One bundled monthly payment amount is made for all covered stationary equipment, stationary and portable contents, and all accessories used in conjunction with the oxygen equipment. A monthly payment is made for oxygen contents only. An additional monthly payment may be made for portable oxygen.

4. Other Covered Items. Supplies necessary for the effective use of the DME.

5. Capped Rental Items (CR). Items that do not fall under any other DME payment category, generally expensive items that are routinely rented. Items designated as "capped rental" in the code description are rented for a maximum period of 15 months or until the rental fees paid equal the purchase price, at which point the provider stops billing. The provider may bill for repairs as needed to maintain proper working condition of the equipment for the patient's use after the 15th month. The methodology for payment of items on a capped rental basis is as follows:
   a. for the first three months of rental, 10% of the new purchase fee;
   b. for months four through 15, 75% of the monthly fee for months one through three;
   c. if provided equipment is used for less than one month, the payment will be prorated. The payment is determined by dividing the monthly rental fee by the number of days in the applicable month, and multiplying the daily rate by the number of rental days. For purchase of capped rental items, the purchase price may not exceed the sum of the capped rental methodology applied for ten months.

6. Unlisted Items. Items that are not listed but may be prescribed as medically necessary for the treatment of illness or injury or to improve patient function are payable using the Medicare fee for the locality in which the item is prescribed. If no Medicare fee is available then the item shall be paid under the reimbursement policies for individually considered (I.C.) items in accordance with 114.3 CMR 40.05(6). In this case a code not listed in 114.3 CMR 40.06(6) should be assigned an unlisted service or procedure code such as A9900 (Miscellaneous DME supply, accessory, and/or service component of another HCPCS code) or E1399 (Durable Medical Equipment, miscellaneous.) Customized items that are deemed medically necessary are payable at individual consideration (I.C.).

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(f) Individual Consideration (I.C.). The payment for individually considered items is the lower of:

1. The Eligible Provider's usual and customary charge to the general public; or
2. The adjusted acquisition cost to the Eligible Provider plus a markup not to exceed:
   a. 30% for inexpensive and routinely purchased items; or
   b. 40% for frequently serviced items, customized equipment, prosthetics and orthotics; or
   c. as priced in 114.3 CMR 40.06(6)

(g) Labor Rate for Repair Services.

1. Payments for labor costs for repair code E1340 to an Eligible Provider for items that require additional service, intensive time or procedures, or that require repair, may be billed at the rate of $21.00 per 15 minutes.

2. Payments for labor costs for orthotic repair code L4205 and prosthetic repair code L7520 to an Eligible Provider for items that require additional service, intensive time or procedures, or that require repair, may be billed at the rate of $21.00 per 15 minutes.

(7) Freestanding Diagnostic Facilities.

(a) Eligible Provider. An Eligible Provider is a licensed freestanding diagnostic imaging facility or hospital.

(b) Fees. Payment rates for freestanding diagnostic facilities and imaging technical components are set forth in 114.3 CMR 40.06(7).

(c) General Rate Guidelines.

1. The TC payment for CAT and MRI procedures that specify "with contrast" include payment for contrast media.

2. The TC rate for nuclear medicine does not include the radionuclide used in connection with the procedure. These substances are separately billed under codes A4641 and A4642 for diagnostic procedures and are paid on an I.C. basis depending on the substance used.

(8) Freestanding Ambulatory Surgical Centers.

(a) Eligible Provider. An Eligible Provider is a DPH licensed freestanding ambulatory surgical center (FASC) or hospital outpatient surgical center.

(b) FASC Services. FASC Services are procedures that CMS recognizes as safe to perform in an ambulatory setting without requiring hospital facilities as of January 1, 2008.

(c) Fees. Payment rates are based upon Medicare rates for Massachusetts effective January 1, 2008. The fees are listed in 114.3 CMR 40.06(8). For procedures that are deemed safe to perform in the ambulatory setting subsequent to January 1, 2008, the Medicare fee for Massachusetts should be used for services provided under 114.3 CMR 40.00.

(d) Global Surgical Procedures Facility Coverage. The fee covers services and the normal range of care required before and after surgery that are included in the Medicare fee.

(e) Services not included in the global facility rate. Services required in conjunction with the surgical procedure that are not included in the Medicare fee should be reimbursed at their respective CPT/HCPCS rates.

(f) Implanted DME, implanted prosthetic devices, replacement parts (External or Internal), accessories and supplies for the implanted DME. Payment for items not included in the Medicare ASC fee but listed in 114.3 CMR 40.06(6) includes the associated fees. Otherwise payment for the items is the invoice cost as specified in 114.3 CMR 40.02. No separate payment shall be made for implanted devices that are included in the Medicare ASC fee. Fees do not include medically appropriate observation stays in hospitals which are established under 114.1 CMR 41.00.

(g) Modifiers. *See* 114.3 CMR 40.07(1): *Appendix A* for a list of Level 1 CPT modifiers.

(9) Homemaker Services.

(a) Eligible Provider. An Eligible Provider is an individual, partnership or corporation that employs homemakers.

(b) Homemaker Services. Homemaker Services are services that comply with the Homemaker Standards issued by the Executive Office of Elder Affairs to assist a client with IADL.

40.05: continued

(c) Fees. The payment rate for homemaker services is set forth in 114.3 CMR 40.06(9).

(10) Medicine.

(a) Eligible Providers. Eligible Providers include:

1. a physician or osteopath other than an intern, resident, or house officer licensed by the Board of Registration in Medicine in accordance with the provisions of M.G.L. c. 112. A licensed Physician Assistant (PA) authorized by the Board of Registration for Physician Assistants in accordance with the provisions of M.G.L. c. 112, may not bill separately for services rendered.

2. a licensed, registered podiatrist other than an intern, resident, or house officer authorized by the Board of Registration in Medicine or the Board of Registration in Podiatry in accordance with the provisions of M.G.L. c. 112, whose eligibility is limited to those procedures within the scope of his/her licensure.

3. a licensed registered nurse authorized by the Board of Registration in Nursing in accordance with the provisions of M.G.L. c. 112 to practice as a Nurse Practitioner (NP), limited to those procedures within the scope of NP services and subject to the rules of physician relationship for reimbursement defined by the Commonwealth's Nurse Practice Act, M.G.L. c. 112, §§ 74 through 81.

(b) Fees. Payment rates for medicine services are set forth in 114.3 CMR 40.06(10).

(c) Payments for Qualified NPs and PAs. Payment to employers billing for eligible NPs and PAs as specified in 114.3 CMR 40.05(10)(a)3. is 85% of the fees set forth in 114.3 CMR 40.06. Providers must use the appropriate 2-digit modifier listed in 114.3 CMR 40.07: *Appendix A* to denote services rendered by a non-physician provider.

(d) Allowable Fees - Medical Services.

1. Office Visits. The office visit fees apply only when the Eligible Provider customarily bills for services rendered.

2. Drugs, Medications, Supplies and Laboratory Specimen Collections. Supplies and materials used in preparation for or as part of a procedure (*eg*, bandages, laboratory kits, syringes or disposable gloves) are not reimbursed separately, but included in the office visit rate. In addition, no supplemental charge will be submitted nor payment allowed for routine specimen collection in a physician's office and preparation for clinical laboratory analysis (and activities related thereto), *eg*, venipuncture, urine, fecal and sputum sample collection, culturing, swabbing and scraping for removal of tissues.

3. Payments for Other Services. Where applicable, payment for drugs, medicines, supplies, and related materials dispensed to patients are governed by provisions of other Division regulations applicable to the service provided, and may not exceed the physician's usual and customary fee. If there is no appropriate code for the supplies or materials provided by the physician over and above those usually included with the office visit, the service should be billed under code (99070).

4. Medication and Injections. Medication and injectables not available free of charge from the Department of Public Health may be billed under the appropriate J Code at A.I. cost net of any manufacturer discounts received by the provider. *See* 114.3 CMR 40.07(4): *Appendix D* for a list of J codes. If the code is not available, use an unlisted procedures category (such as code 90749 for immunizations or code 99070 under miscellaneous services).

Immunization injections are usually given in conjunction with a medical service. When an immunization is the only service performed, a minimal service (such as codes 90471, 90472 or 96400) may be listed in addition to the injection; an office visit should not be separately billed. Immunization procedures include the supply of materials.

5. Physical Medicine. Service provisions pertaining to physical and restorative medicine are set forth in 114.3 CMR 40.05(13) and codes and fees for physical medicine procedures are listed in 114.3 CMR 40.06(12).

(11) Psychology.

(a) Eligible Providers. An Eligible Provider is:

1. a psychologist licensed by the Massachusetts Board of Registration of Psychologists in accordance with the provisions of M.G.L. c. 112; or

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2. a social worker (LICSW) licensed by the Massachusetts Board of Registration of Social Work in accordance with the provisions of M.G.L. c. 112.

Psychiatric Services provided by a licensed physician are set in accordance with 114.3 CMR 40.05(10).

(b) Psychological Services. Psychological Services include:

1. diagnostic services, which are evaluative interviews to determine a client's emotional and psychological disability for the purpose of developing a treatment plan;

2. individual therapy, which is a meeting between an Eligible Provider and the client to help to ameliorate problems, conflicts and disturbances;

3. group therapy, which is a treatment session conducted by an Eligible Provider for the application of psychotherapeutic or counseling techniques to a group of people each of whom manifests an emotional problem or disturbance. Groups are usually five people but are limited to a maximum of ten clients.

4. psychological testing, which is performed with the use of standard test instruments to evaluate aspects of a client's functioning, aptitudes and educational ability, cognitive processes, emotional conflicts and type and degree of psychopathology. All fees for psychological tests cover the complete cost of interviewing, testing, scoring, interpreting and writing reports of test outcomes.

(c) Fees. Payment rates for psychological services are set forth in 114.3 CMR 40.06(11).

(12) Radiology.

(a) Eligible Providers. Eligible Providers include:

1. a physician or osteopath other than an intern, resident, or house officer licensed by the Board of Registration in Medicine in accordance with the provisions of M.G.L. c. 112.

2. a podiatrist other than an intern, resident, or house officer licensed by the Board of Registration in Medicine or the Board of Registration in Podiatry in accordance with the provisions of M.G.L. c. 112, whose eligibility is limited to those procedures specified by the purchaser of the services.

3. an oral and/or maxillofacial surgeon licensed by the Board of Registration in Dentistry in accordance with the provisions of M.G.L. c. 112.

4. a chiropractor licensed by the Board of Registration of Chiropractors under and meeting the requirements of M.G.L. c. 112, §§ 89 through 97, whose eligibility is limited to those procedures within the scope and limitations of chiropractic medicine services.

(b) Radiological Services. Services include all diagnostic and therapeutic imaging. Most radiological services are comprised of a professional component and a technical component. The professional component is the physician's interpretation of the procedure, and the technical component is the equipment, supplies and technician's services used to perform the procedure. Fees and requirements for certain technical component services are set forth in the regulatory section entitled Freestanding Diagnostic Services.

(c) Fees. Rates of payment for radiological services are set forth in 114.3 CMR 40.06(7).

(d) Contrast Media. Complete procedures, interventional radiological procedures or diagnostic studies involving injection of contrast media include all usual pre-injection and post-injection services, eg, necessary local anesthesia, placement of needle catheter, injection of contrast media, supervision of the study, and interpretation of the results. Providers must determine whether the use of ionic or non-ionic contrast media is appropriate for the individual patient.

(13) Rehabilitation Clinic Services, Audiological Services, Restorative Services.

(a) Eligible Providers. Eligible Providers include:

1. a physical therapist (PT) currently licensed by the Board of Allied Health Professionals;

2. an occupational therapist (OT) currently licensed by the Board of Allied Health Professionals;

3. a speech therapist (ST) currently licensed by the Board of Speech and Language Pathology and Audiology;

4. an audiologist currently licensed by the Board of Speech and Language Pathology and Audiology;

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5. a freestanding clinic licensed by DPH providing rehabilitative services;
6. a hospital outpatient clinic licensed by the Department of Public Health and not subject to provisions of 114.1 CMR 41.00;
7. any speech and hearing center (proprietorship, partnership or corporation) that provides authorized speech or language services by a qualified speech pathologist that does not bill separately from such facility for professional services rendered; or
8. a chiropractor whose eligibility as it pertains to 114.3 CMR 40.05(13) is limited to modalities and therapeutic procedures.

(b) Rehabilitation, Restorative, Speech/Language Pathology and Audiological Services.

1. Rehabilitation services are comprehensive services deemed appropriate to the needs of an injured person, in a program designed to achieve objectives of improved health and welfare with the realization of optimal physical, social and vocational potential.
2. Restorative services are PT, OT, or ST services for the purpose of maximum reduction of physical and/or speech disability and restoration of optimal functional levels.
3. Speech/Language Pathology services include the evaluation and treatment of communicative disorders with regard to the functions of articulation (including aphasia and dysarthria, language, voice and fluency.)
4. Audiological services include testing related to the determination of hearing loss, evaluation of hearing aids, the prescription of hearing aid devices, and aural rehabilitation which includes lip-reading and auditory training. Complete audiological evaluation includes a routine audiological evaluation plus site of Lesion Testing (Impedance Testing and/or Recruitment Testing) as needed or recommended by a physician.

(c) Fees. Payment rates for restorative services are set forth in 114.3 CMR 40.06(12).

(d) Functional Capacity Assessments. To report a functional capacity assessment (or Key functional assessment), providers must use CPT code 97750 that may be billed up to a maximum of nine units per session.

(e) Work Hardening and Work Conditioning. Work Hardening and Work Conditioning are goal-oriented therapies designed to prepare injured workers for their return to work. Providers must use CPT codes 97545 and 97456 to report these services. 97456 must be used in conjunction with 97545.

(f) Visits. The number of visits and duration of treatment are the subject of DIA treatment guidelines for various injuries. Providers should seek prior approval for treatment regimens that deviate from these guidelines.

(g) Therapeutic Procedures. Pre-approval should be obtained if a provider believes that more than two therapeutic procedures should be performed at a session. The number of units allowed per session is limited only by medical necessity.

(h) Modalities. A charge may be assessed for supportive services (CPT codes 97012 through 97039) only in conjunction with a procedure performed during the course of the same visit. Pre-approval should be obtained if a provider believes that more than three modalities should be performed in a given session. The number of units allowed per session is limited only by medical necessity. When determining the correct units allowed, round partial units to one decimal place. No fee will be paid for the application of hot and cold packs (CPT code 97010).

(i) Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS). Rates of payment for durable medical equipment, prosthetic/orthotics and supplies are listed in 114.3 CMR 40.06(6) and subject to the provisions and guidelines in 114.3 CMR 40.05(6).

(14) Surgery.

(a) Eligible Providers. An Eligible Provider is:

1. a physician or osteopath other than an intern, resident, or house officer licensed by the Board of Registration in Medicine in accordance with the provisions of M.G.L. c. 112. A physician assistant (PA) licensed by the Board of Registration for Physician Assistants in accordance with the provisions of M.G.L. c. 112 may not bill separately for services rendered;
2. a podiatrist other than an intern, resident, or house officer licensed by the Board of Registration in Medicine in accordance with the provisions of M.G.L. c. 112, whose eligibility is limited to those procedures specified by the purchaser of the services;

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3. a registered nurse licensed by the Board of Registration in Nursing in accordance with the provisions of M.G.L. c. 112 to practice as a nurse practitioner (NP), limited to those procedures within the scope of NP services and subject to the rules of physician relationship for reimbursement defined by the Commonwealth's Nurse Practice Act, M.G.L. c. 112, §§ 74 through 81; or

4. a dentist licensed by the Board of Registration in Dentistry in accordance with the provisions of M.G.L. c. 112.

(b) Payment for Surgical Procedures Includes:

1. the immediate preoperative care performed on the same day as surgery, completion of hospital records and initiation of the treatment program;
2. local anesthesia, such as infiltration, metacarpal/digital or topical anesthesia,
3. the surgical procedure;
4. supplies and materials usually included in the office visit or procedure;
5. normal, uncomplicated postoperative care performed on the same day as surgery at the facility.
6. up to two normal post operative follow up visits when indicated by an "I" in the fee schedule.

(c) First Assistants. Non-physician providers who act as first assistants during surgical procedures must be identified by adding the modifier -81, Minimum Assistant Surgeon, to the usual procedure number and will be reimbursed at 15% of the fee stipulated in 114.3 CMR 40.06(16)(f). The non-physician must be an employee of the eligible physician provider and not salaried by a facility.

(d) Fees. Rates of payment for surgical services are set forth in 114.3 CMR 40.06(8).

(e) Payments for Qualified NP's and PA's. Payment to employers billing for eligible NPs and PAs as specified in 114.3 CMR 40.06(16)(a)3 is 85% of the fees set forth in 114.3 CMR 40.06. Providers must use the appropriate two-digit modifier listed in 114.3 CMR 40.07: *Appendix A* to denote services rendered by a non-physician provider.

(f) Modifiers. *See* 114.3 CMR 40.07(1): *Appendix A* for a list of Level 1 CPT modifiers.

(g) Add-on Codes. 114.3 CMR 40.07(2): *Appendix B* lists procedures that are commonly carried out in addition to the primary procedure performed and must never be reported as stand-alone codes. These codes are exempt from the multiple procedure modifier '51'.

40.06: Fees

(1) Acupuncture.

Code	Fee	40.06(1) Acupuncture Description
97039	9.53	Unlisted modality (specify type and time if constant attendance)
97124	18.73	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139	13.17	Unlisted therapeutic procedure (specify)
97810	27.01	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	20.33	Acupuncture, one or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	28.63	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	22.98	Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
99080	26.09	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form

40.06: continued

Code	Fee	40.06(1) Acupuncture Description (continued)
99201	30.72	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems are self limited or minor. Physicians typically spend ten minutes face-to-face with the patient and/or family
99202	53.39	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family
99203	79.92	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family
99204	112.90	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family
99211	17.60	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services
99212	31.79	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are self limited or minor. Physicians typically spend ten minutes face-to-face with the patient and/or family.
99213	49.73	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low to moderate complexity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	74.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

40.06: continued

(2) Anesthesia.

PAYMENT *EQUALS* : (TIME UNITS + BASE UNITS + MODIFYING UNITS) *TIMES* $39.00 (Rate per UNIT)

Code	2008 Base Unit	40.06(2) - Anesthesia Description
00100	5	Anesthesia for procedures on salivary glands, including biopsy
00102	6	Anesthesia for procedures involving plastic repair of cleft lip
00103	5	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)
00104	4	Anesthesia for electroconvulsive therapy
00120	5	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified
00124	4	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy
00126	4	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy
00140	5	Anesthesia for procedures on eye; not otherwise specified
00142	4	Anesthesia for procedures on eye; lens surgery
00144	6	Anesthesia for procedures on eye; corneal transplant
00145	6	Anesthesia for procedures on eye; vitreoretinal surgery
00147	4	Anesthesia for procedures on eye; iridectomy
00148	4	Anesthesia for procedures on eye; ophthalmoscopy
00160	5	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified
00162	7	Anesthesia for procedures on nose and accessory sinuses; radical surgery
00164	4	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue
00170	5	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00172	6	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate
00174	6	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor
00176	7	Anesthesia for intraoral procedures, including biopsy; radical surgery
00190	5	Anesthesia for procedures on facial bones or skull; not otherwise specified
00192	7	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)
00210	11	Anesthesia for intracranial procedures; not otherwise specified
00212	5	Anesthesia for intracranial procedures; subdural taps
00214	9	Anesthesia for intracranial procedures; burr holes, including ventriculography
00215	9	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)
00216	15	Anesthesia for intracranial procedures; vascular procedures
00218	13	Anesthesia for intracranial procedures; procedures in sitting position
00220	10	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures
00222	6	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve
00300	5	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified
00320	6	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older
00322	3	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid
00350	10	Anesthesia for procedures on major vessels of neck; not otherwise specified
00352	5	Anesthesia for procedures on major vessels of neck; simple ligation
00400	3	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified
00402	5	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)
00404	5	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast
00406	13	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection

40.06: continued

Code	2008 Base Unit	**40.06(2) - Anesthesia Description** (continued)
00410	4	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias
00450	5	Anesthesia for procedures on clavicle and scapula; not otherwise specified
00452	6	Anesthesia for procedures on clavicle and scapula; radical surgery
00454	3	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle
00470	6	Anesthesia for partial rib resection; not otherwise specified
00472	10	Anesthesia for partial rib resection; thoracoplasty (any type)
00474	13	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)
00500	15	Anesthesia for all procedures on esophagus
00520	6	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
00522	4	Anesthesia for closed chest procedures; needle biopsy of pleura
00524	4	Anesthesia for closed chest procedures; pneumocentesis
00528	8	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing one lung ventilation
00529	11	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing one lung ventilation
00530	4	Anesthesia for permanent transvenous pacemaker insertion
00532	4	Anesthesia for access to central venous circulation
00534	7	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator
00537	7	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation
00539	18	Anesthesia for tracheobronchial reconstruction
00540	12	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified
00542	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication
00541	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing one lung ventilation
00546	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty
00548	17	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi
00550	10	Anesthesia for sternal debridement
00560	15	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator
00562	20	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator
00563	25	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest
00566	25	Anesthesia for direct coronary artery bypass grafting without pump oxygenator
00580	20	Anesthesia for heart transplant or heart/lung transplant
00600	10	Anesthesia for procedures on cervical spine and cord; not otherwise specified
00604	13	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position
00620	10	Anesthesia for procedures on thoracic spine and cord; not otherwise specified
00622	13	Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy
00625	13	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing one lung ventilation
00626	15	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing one lung ventilation
00630	8	Anesthesia for procedures in lumbar region; not otherwise specified
00632	7	Anesthesia for procedures in lumbar region; lumbar sympathectomy
00634	10	Anesthesia for procedures in lumbar region; chemonucleolysis
00635	4	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture

40.06: continued

Code	2008 Base Unit	**40.06(2) - Anesthesia Description** (continued)
00640	3	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine
00670	13	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)
00700	4	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified
00702	4	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy
00730	5	Anesthesia for procedures on upper posterior abdominal wall
00740	5	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
00750	4	Anesthesia for hernia repairs in upper abdomen; not otherwise specified
00752	6	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence
00754	7	Anesthesia for hernia repairs in upper abdomen; omphalocele
00756	7	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia
00770	15	Anesthesia for all procedures on major abdominal blood vessels
00790	7	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified
00792	13	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)
00794	8	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)
00796	30	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)
00797	11	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity
00800	4	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified
00802	5	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy
00810	5	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum
00820	5	Anesthesia for procedures on lower posterior abdominal wall
00830	4	Anesthesia for hernia repairs in lower abdomen; not otherwise specified
00832	6	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias
00840	6	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00842	4	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis
00844	7	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection
00846	8	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy
00848	8	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration
00851	6	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection
00860	6	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified
00862	7	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy
00864	8	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy
00865	7	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)
00866	10	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy

40.06: continued

Code	2008 Base Unit	**40.06(2) - Anesthesia Description** (continued)
00868	10	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)
00870	5	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy
00872	7	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
00873	5	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath
00880	15	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified
00882	10	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation
00902	5	Anesthesia for; anorectal procedure
00904	7	Anesthesia for; radical perineal procedure
00906	4	Anesthesia for; vulvectomy
00908	6	Anesthesia for; perineal prostatectomy
00910	3	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified
00912	5	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)
00914	5	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate
00916	5	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding
00918	5	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus
00920	3	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified
00921	3	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral
00922	6	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles
00924	4	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral
00926	4	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal
00928	6	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal
00930	4	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral
00932	4	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis
00934	6	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy
00936	8	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
00938	4	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)
00940	3	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
00942	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures
00944	6	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy
00948	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage
00950	5	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy

40.06: continued

Code	2008 Base Unit	**40.06(2) - Anesthesia Description** (continued)
00952	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography
01112	5	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest
01120	6	Anesthesia for procedures on bony pelvis
01130	3	Anesthesia for body cast application or revision
01140	15	Anesthesia for interpelviabdominal (hindquarter) amputation
01150	10	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation
01160	4	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint
01170	8	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint
01173	12	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum
01180	3	Anesthesia for obturator neurectomy; extrapelvic
01190	4	Anesthesia for obturator neurectomy; intrapelvic
01200	4	Anesthesia for all closed procedures involving hip joint
01202	4	Anesthesia for arthroscopic procedures of hip joint
01210	6	Anesthesia for open procedures involving hip joint; not otherwise specified
01212	10	Anesthesia for open procedures involving hip joint; hip disarticulation
01214	8	Anesthesia for open procedures involving hip joint; total hip arthroplasty
01215	10	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty
01220	4	Anesthesia for all closed procedures involving upper two-thirds of femur
01230	6	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified
01232	5	Anesthesia for open procedures involving upper two-thirds of femur; amputation
01234	8	Anesthesia for open procedures involving upper two-thirds of femur; radical resection
01250	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg
01260	3	Anesthesia for all procedures involving veins of upper leg, including exploration
01270	8	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified
01272	4	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation
01274	6	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy
01320	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area
01340	4	Anesthesia for all closed procedures on lower one-third of femur
01360	5	Anesthesia for all open procedures on lower one-third of femur
01380	3	Anesthesia for all closed procedures on knee joint
01382	3	Anesthesia for diagnostic arthroscopic procedures of knee joint
01390	3	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella
01392	4	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella
01400	4	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified
01402	7	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty
01404	5	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee
01420	3	Anesthesia for all cast applications, removal, or repair involving knee joint
01430	3	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified
01432	6	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula
01440	8	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified
01442	8	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft
01444	8	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm

40.06: continued

Code	2008 Base Unit	**40.06(2) - Anesthesia Description** (continued)
01462	3	Anesthesia for all closed procedures on lower leg, ankle, and foot
01464	3	Anesthesia for arthroscopic procedures of ankle and/or foot
01470	3	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified
01472	5	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft
01474	5	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)
01480	3	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified
01482	4	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)
01484	4	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula
01486	7	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement
01490	3	Anesthesia for lower leg cast application, removal, or repair
01500	8	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified
01502	6	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter
01520	3	Anesthesia for procedures on veins of lower leg; not otherwise specified
01522	5	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter
01610	5	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla
01620	4	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint
01622	4	Anesthesia for diagnostic arthroscopic procedures of shoulder joint
01630	5	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified
01632	6	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; radical resection
01634	9	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation
01636	15	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation
01638	10	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement
01650	6	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified
01652	10	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm
01654	8	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft
01656	10	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft
01670	4	Anesthesia for all procedures on veins of shoulder and axilla
01680	3	Anesthesia for shoulder cast application, removal or repair; not otherwise specified
01682	4	Anesthesia for shoulder cast application, removal or repair; shoulder spica
01710	3	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified
01712	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open
01714	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder

40.06: continued

Code	2008 Base Unit	**40.06(2) - Anesthesia Description** (continued)
01716	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps
01730	3	Anesthesia for all closed procedures on humerus and elbow
01732	3	Anesthesia for diagnostic arthroscopic procedures of elbow joint
01740	4	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified
01742	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus
01744	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus
01756	6	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures
01758	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus
01760	7	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement
01770	6	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified
01772	6	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy
01780	3	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified
01782	4	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy
01810	3	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand
01820	3	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones
01829	3	Anesthesia for diagnostic arthroscopic procedures on the wrist
01830	3	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified
01832	6	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement
01840	6	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified
01842	6	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy
01844	6	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)
01850	3	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified
01852	4	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy
01860	3	Anesthesia for forearm, wrist, or hand cast application, removal, or repair
01916	5	Anesthesia for diagnostic arteriography/venography
01920	7	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)
01922	7	Anesthesia for non-invasive imaging or radiation therapy
01924	5	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified
01925	7	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary
01926	8	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic
01930	5	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified
01931	7	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])
01932	6	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular
01933	7	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial

40.06: continued

Code	2008 Base Unit	**40.06(2) - Anesthesia Description** (continued)
01935	5	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic
01936	5	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic
01951	3	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area
01952	5	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area
01953	1	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure performed)
01958	5	Anesthesia for external cephalic version procedure
01960	5	Anesthesia for vaginal delivery only
01961	7	Anesthesia for cesarean delivery only
01962	8	Anesthesia for urgent hysterectomy following delivery
01963	8	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care
01965	4	Anesthesia for incomplete or missed abortion procedures
01966	4	Anesthesia for induced abortion procedures
01967	5	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)
01968	2	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
01969	5	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
01990	7	Physiological support for harvesting of organ(s) from brain-dead patient
01991	3	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position
01992	5	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position
01996	3	Daily hospital management of epidural or subarachnoid continuous drug administration
01999	0	Unlisted anesthesia procedure(s)

(3) Chiropractors.

Code	Fee	**40.06(3) - Chiropractic Description**
98940	29.79	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	38.54	Chiropractic manipulative treatment (CMT); spinal, three to four regions
98942	47.66	Chiropractic manipulative treatment (CMT); spinal, five regions
98943	28.60	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions
99201	30.10	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend ten minutes face-to-face with the patient and/or family.

40.06: continued

Code	Fee	40.06(3) - Chiropractic Description (continued)
99202	51.54	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	76.11	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	112.85	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99211	17.97	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.
99212	31.13	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend ten minutes face-to-face with the patient and/or family.
99213	49.35	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	73.96	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99358	73.29	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (List separately in addition to code for other physician service(s) and/or inpatient or outpatient Evaluation and Management service)
99359	35.43	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (List separately in addition to code for prolonged physician service)
99368	24.60	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description
80047	30.51	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)
80048	11.83	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)
80051	9.80	Electrolyte panel This panel must include the following: Carbon dioxide (82374) Chloride (82435) Potassium (84132) Sodium (84295)
80053	14.77	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)
80061	18.72	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
80069	12.13	Renal function panel This panel must include the following: Albumin (82040) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295)
80074	62.84	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)
80076	11.42	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)
80100	16.32	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure
80101	19.24	Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class
80102	18.51	Drug confirmation, each procedure
80150	21.06	Amikacin
80152	25.01	Amitriptyline
80154	25.84	Benzodiazepines
80156	20.34	Carbamazepine; total
80157	18.52	Carbamazepine; free
80158	25.23	Cyclosporine
80160	24.05	Desipramine
80162	18.55	Digoxin
80164	18.93	Dipropylacetic acid (valproic acid)
80166	21.66	Doxepin
80168	22.83	Ethosuximide
80170	22.90	Gentamicin
80172	22.76	Gold
80173	20.34	Haloperidol
80174	24.05	Imipramine
80176	20.52	Lidocaine
80178	9.24	Lithium
80182	18.93	Nortriptyline
80184	16.01	Phenobarbital
80185	18.52	Phenytoin; total
80186	19.23	Phenytoin; free
80188	23.18	Primidone
80190	23.41	Procainamide;
80192	23.41	Procainamide; with metabolites (eg, n-acetyl procainamide)
80194	20.39	Quinidine

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
80195	10.18	Sirolimus
80196	9.92	Salicylate
80197	10.18	Tacrolimus
80198	19.77	Theophylline
80200	22.52	Tobramycin
80201	16.66	Topiramate
80202	18.93	Vancomycin
80299	19.13	Quantitation of drug, not elsewhere specified
80400	45.56	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)
80402	121.46	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)
80406	106.06	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)
80408	175.34	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)
80410	112.23	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)
80412	460.50	Corticotropic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6)
80414	72.16	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on three pooled blood samples)
80415	78.08	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol (82670 x 2 on three pooled blood samples)
80416	184.38	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)
80417	61.46	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)
80418	809.76	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotropic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (93003x4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)
80420	100.64	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)
80422	64.38	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)
80424	70.56	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)
80426	207.40	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)
80428	93.16	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)
80430	109.60	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)
80432	188.73	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)
80434	141.30	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)
80435	143.85	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)
80436	127.36	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)
80438	70.41	Thyrotropin releasing hormone (TRH) stimulation panel; one hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
80439	93.88	Thyrotropin releasing hormone (TRH) stimulation panel; two hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)
80440	81.24	Thyrotropin releasing hormone (TRH) stimulation panel; for hyperprolactinemia This panel must include the following: Prolactin (84146 x 3)
81000	4.43	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	4.43	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	3.57	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	3.14	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81005	3.03	Urinalysis; qualitative or semiquantitative, except immunoassays
81007	3.59	Urinalysis; bacteriuria screen, except by culture or dipstick
81015	4.24	Urinalysis; microscopic only
81020	5.15	Urinalysis; two or three glass test
81025	8.84	Urine pregnancy test, by visual color comparison methods
81050	4.19	Volume measurement for timed collection, each
82000	17.31	Acetaldehyde, blood
82003	28.28	Acetaminophen
82009	6.31	Acetone or other ketone bodies, serum; qualitative
82010	11.42	Acetone or other ketone bodies, serum; quantitative
82013	15.61	Acetylcholinesterase
82016	19.37	Acylcarnitines; qualitative, each specimen
82017	14.94	Acylcarnitines; quantitative, each specimen
82024	53.97	Adrenocorticotropic hormone (ACTH)
82030	36.05	Adenosine, 5-monophosphate, cyclic (cyclic AMP)
82040	6.92	Albumin; serum
82042	7.23	Albumin; urine or other source, quantitative, each specimen
82043	7.56	Albumin; urine, microalbumin, quantitative
82044	6.39	Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay)
82045	47.43	Albumin; ischemia modified
82055	15.10	Alcohol (ethanol); any specimen except breath
82075	16.84	Alcohol (ethanol); breath
82085	13.56	Aldolase
82088	56.94	Aldosterone
82101	38.96	Alkaloids, urine, quantitative
82103	18.77	Alpha-1-antitrypsin; total
82104	20.20	Alpha-1-antitrypsin; phenotype
82105	23.44	Alpha-fetoprotein (AFP); serum
82106	23.44	Alpha-fetoprotein (AFP); amniotic fluid
82107	89.99	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)
82108	35.60	Aluminum
82120	5.25	Amines, vaginal fluid, qualitative
82127	19.37	Amino acids; single, qualitative, each specimen
82128	19.37	Amino acids; multiple, qualitative, each specimen
82131	23.57	Amino acids; single, quantitative, each specimen
82135	23.00	Aminolevulinic acid, delta (ALA)
82136	14.94	Amino acids, two to five amino acids, quantitative, each specimen
82139	14.94	Amino acids, six or more amino acids, quantitative, each specimen
82140	20.36	Ammonia
82143	9.61	Amniotic fluid scan (spectrophotometric)

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
82145	21.72	Amphetamine or methamphetamine
82150	9.06	Amylase
82154	40.29	Androstanediol glucuronide
82157	40.90	Androstenedione
82160	34.94	Androsterone
82163	25.16	Angiotensin II
82164	20.39	Angiotensin I - converting enzyme (ACE)
82172	21.65	Apolipoprotein, each
82175	26.51	Arsenic
82180	13.81	Ascorbic acid (Vitamin C), blood
82190	7.61	Atomic absorption spectroscopy, each analyte
82205	16.01	Barbiturates, not elsewhere specified
82232	22.61	Beta-2 microglobulin
82239	23.94	Bile acids; total
82240	37.13	Bile acids; cholylglycine
82247	7.02	Bilirubin; total
82248	7.02	Bilirubin; direct
82252	6.35	Bilirubin; feces, qualitative
82261	14.94	Biotinidase, each specimen
82270	4.54	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)
82271	4.54	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources
82272	4.54	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, one-three simultaneous determinations, performed for other than colorectal neoplasm screening
82274	20.70	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, one-three simultaneous determinations
82286	9.62	Bradykinin
82300	32.33	Cadmium
82306	41.36	Calcifediol (25-OH Vitamin D-3)
82307	45.02	Calciferol (Vitamin D)
82308	37.41	Calcitonin
82310	7.20	Calcium; total
82330	19.09	Calcium; ionized
82331	7.23	Calcium; after calcium infusion test
82340	8.43	Calcium; urine quantitative, timed specimen
82355	16.17	Calculus; qualitative analysis
82360	17.99	Calculus; quantitative analysis, chemical
82365	18.01	Calculus; infrared spectroscopy
82370	17.51	Calculus; X-ray diffraction
82373	25.23	Carbohydrate deficient transferrin
82374	6.83	Carbon dioxide (bicarbonate)
82375	17.22	Carbon monoxide (carboxyhemoglobin); quantitative
82376	8.37	Carbon monoxide (carboxyhemoglobin); qualitative
82378	26.51	Carcinoembryonic antigen (CEA)
82379	14.94	Carnitine (total and free), quantitative, each specimen
82380	12.89	Carotene
82382	24.02	Catecholamines; total urine
82383	35.01	Catecholamines; blood
82384	35.28	Catecholamines; fractionated
82387	29.07	Cathepsin-D
82390	15.01	Ceruloplasmin
82397	14.94	Chemiluminescent assay
82415	17.70	Chloramphenicol
82435	6.42	Chloride; blood
82436	7.02	Chloride; urine

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
82438	6.83	Chloride; other source
82441	8.38	Chlorinated hydrocarbons, screen
82465	6.08	Cholesterol, serum or whole blood, total
82480	11.01	Cholinesterase; serum
82482	10.74	Cholinesterase; RBC
82485	28.85	Chondroitin B sulfate, quantitative
82486	25.23	Chromatography, qualitative; column (eg, gas liquid or HPLC), analyte not elsewhere specified
82487	22.30	Chromatography, qualitative; paper, 1-dimensional, analyte not elsewhere specified
82488	29.85	Chromatography, qualitative; paper, 2-dimensional, analyte not elsewhere specified
82489	25.84	Chromatography, qualitative; thin layer, analyte not elsewhere specified
82491	25.23	Chromatography, quantitative, column (eg, gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase
82492	25.23	Chromatography, quantitative, column (eg, gas liquid or HPLC); multiple analytes, single stationary and mobile phase
82495	28.34	Chromium
82507	38.85	Citrate
82520	21.17	Cocaine or metabolite
82523	17.81	Collagen cross links, any method
82525	17.34	Copper
82528	31.45	Corticosterone
82530	23.35	Cortisol; free
82533	22.78	Cortisol; total
82540	6.48	Creatine
82541	25.23	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase
82542	25.23	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; quantitative, single stationary and mobile phase
82543	25.23	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, single analyte, quantitative, single stationary and mobile phase
82544	25.23	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase
82550	9.10	Creatine kinase (CK), (CPK); total
82552	18.71	Creatine kinase (CK), (CPK); isoenzymes
82553	10.83	Creatine kinase (CK), (CPK); MB fraction only
82554	10.68	Creatine kinase (CK), (CPK); isoforms
82565	7.16	Creatinine; blood
82570	7.23	Creatinine; other source
82575	13.20	Creatinine; clearance
82585	8.11	Cryofibrinogen
82595	9.04	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)
82600	27.11	Cyanide
82607	20.91	Cyanocobalamin (Vitamin B-12);
82608	20.01	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity
82610	15.86	Cystatin C
82615	11.41	Cystine and homocystine, urine, qualitative
82626	35.31	Dehydroepiandrosterone (DHEA)
82627	31.07	Dehydroepiandrosterone-sulfate (DHEA-S)
82633	43.28	Desoxycorticosterone, 11-
82634	40.90	Deoxycortisol, 11-
82638	17.11	Dibucaine number
82646	28.85	Dihydrocodeinone
82649	35.91	Dihydromorphinone
82651	36.07	Dihydrotestosterone (DHT)

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
82652	53.78	Dihydroxyvitamin D, 1,25-
82654	19.34	Dimethadione
82656	16.01	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative
82657	25.23	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen
82658	25.23	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen
82664	48.00	Electrophoretic technique, not elsewhere specified
82666	29.50	Epiandrosterone
82668	26.26	Erythropoietin
82670	39.04	Estradiol
82671	45.13	Estrogens; fractionated
82672	30.30	Estrogens; total
82677	25.91	Estriol
82679	34.88	Estrone
82690	24.15	Ethchlorvynol
82693	20.82	Ethylene glycol
82696	32.95	Etiocholanolone
82705	7.11	Fat or lipids, feces; qualitative
82710	23.47	Fat or lipids, feces; quantitative
82715	24.05	Fat differential, feces, quantitative
82725	18.60	Fatty acids, nonesterified
82726	25.23	Very long chain fatty acids
82728	19.03	Ferritin
82731	89.99	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82735	25.91	Fluoride
82742	27.66	Flurazepam
82746	20.54	Folic acid; serum
82747	21.91	Folic acid; RBC
82757	24.24	Fructose, semen
82759	30.01	Galactokinase, RBC
82760	15.64	Galactose
82775	29.43	Galactose-1-phosphate uridyl transferase; quantitative
82776	11.71	Galactose-1-phosphate uridyl transferase; screen
82784	10.39	Gammaglobulin; IgA, IgD, IgG, IgM, each
82785	23.01	Gammaglobulin; IgE
82787	5.15	Gammaglobulin; immunoglobulin subclasses (IgG1, 2, 3, or 4), each
82800	11.83	Gases, blood, pH only
82803	27.04	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);
82805	39.65	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry
82810	12.20	Gases, blood, O2 saturation only, by direct measurement, except pulse oximetry
82820	10.76	Hemoglobin-oxygen affinity (pO2 for 50% hemoglobin saturation with oxygen)
82926	7.61	Gastric acid, free and total, each specimen
82928	9.15	Gastric acid, free or total, each specimen
82938	24.72	Gastrin after secretin stimulation
82941	24.64	Gastrin
82943	19.97	Glucagon
82945	5.48	Glucose, body fluid, other than blood
82946	21.06	Glucagon tolerance test
82947	5.48	Glucose; quantitative, blood (except reagent strip)
82948	3.57	Glucose; blood, reagent strip
82950	6.64	Glucose; post glucose dose (includes glucose)
82951	17.99	Glucose; tolerance test (GTT), three specimens (includes glucose)
82952	4.02	Glucose; tolerance test, each additional beyond three specimens

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
82953	21.16	Glucose; tolbutamide tolerance test
82955	12.47	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
82960	8.11	Glucose-6-phosphate dehydrogenase (G6PD); screen
82962	3.27	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
82963	30.01	Glucosidase, beta
82965	10.80	Glutamate dehydrogenase
82975	22.13	Glutamine (glutamic acid amide)
82977	10.06	Glutamyltransferase, gamma (GGT)
82978	19.91	Glutathione
82979	9.62	Glutathione reductase, RBC
82980	25.60	Glutethimide
82985	21.06	Glycated protein
83001	25.97	Gonadotropin; follicle stimulating hormone (FSH)
83002	25.88	Gonadotropin; luteinizing hormone (LH)
83003	23.29	Growth hormone, human (HGH) (somatotropin)
83008	23.45	Guanosine monophosphate (GMP), cyclic
83009	94.11	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)
83010	17.58	Haptoglobin; quantitative
83012	24.02	Haptoglobin; phenotypes
83013	94.11	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)
83014	10.98	Helicobacter pylori; drug administration
83015	26.31	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); screen
83018	30.68	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each
83020	17.99	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
83021	25.23	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)
83026	3.30	Hemoglobin; by copper sulfate method, non-automated
83030	11.56	Hemoglobin; F (fetal), chemical
83033	8.33	Hemoglobin; F (fetal), qualitative
83036	13.56	Hemoglobin; glycosylated (A1C)
83037	21.06	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
83045	6.93	Hemoglobin; methemoglobin, qualitative
83050	10.23	Hemoglobin; methemoglobin, quantitative
83051	10.21	Hemoglobin; plasma
83055	6.87	Hemoglobin; sulfhemoglobin, qualitative
83060	11.56	Hemoglobin; sulfhemoglobin, quantitative
83065	9.62	Hemoglobin; thermolabile
83068	11.83	Hemoglobin; unstable, screen
83069	5.51	Hemoglobin; urine
83070	6.64	Hemosiderin; qualitative
83071	9.61	Hemosiderin; quantitative
83080	14.94	b-Hexosaminidase, each assay
83088	41.26	Histamine
83090	23.57	Homocysteine
83150	27.04	Homovanillic acid (HVA)
83491	24.47	Hydroxycorticosteroids, 17- (17-OHCS)
83497	18.01	Hydroxyindolacetic acid, 5-(HIAA)
83498	37.95	Hydroxyprogesterone, 17-d
83499	35.22	Hydroxyprogesterone, 20-
83500	31.65	Hydroxyproline; free
83505	33.96	Hydroxyproline; total
83516	16.01	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
83518	10.68	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; single step method (eg, reagent strip)
83519	18.88	Immunoassay, analyte, quantitative; by radiopharmaceutical technique (eg, RIA)
83520	18.09	Immunoassay, analyte, quantitative; not otherwise specified
83525	15.98	Insulin; total
83527	17.68	Insulin; free
83528	22.22	Intrinsic factor
83540	9.05	Iron
83550	12.21	Iron binding capacity
83570	9.61	Isocitric dehydrogenase (IDH)
83582	19.8	Ketogenic steroids, fractionation
83586	17.89	Ketosteroids, 17- (17-KS); total
83593	36.75	Ketosteroids, 17- (17-KS); fractionation
83605	14.92	Lactate (lactic acid)
83615	8.44	Lactate dehydrogenase (LD), (LDH);
83625	17.88	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation
83630	27.42	Lactoferrin, fecal; qualitative
83631	27.42	Lactoferrin, fecal; quantitative
83632	28.24	Lactogen, human placental (HPL) human chorionic somatomammotropin
83633	7.69	Lactose, urine; qualitative
83634	16.10	Lactose, urine; quantitative
83655	16.91	Lead
83661	30.71	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio
83662	26.43	Fetal lung maturity assessment; foam stability test
83663	26.43	Fetal lung maturity assessment; fluorescence polarization
83664	26.43	Fetal lung maturity assessment; lamellar body density
83670	11.77	Leucine aminopeptidase (LAP)
83690	9.62	Lipase
83695	18.09	Lipoprotein (a)
83698	47.43	Lipoprotein-associated phospholipase A2 (Lp-PLA2)
83700	15.73	Lipoprotein, blood; electrophoretic separation and quantitation
83701	34.68	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)
83704	44.08	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eg, by nuclear magnetic resonance spectroscopy)
83718	11.44	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	16.26	Lipoprotein, direct measurement; VLDL cholesterol
83721	12.81	Lipoprotein, direct measurement; LDL cholesterol
83727	24.02	Luteinizing releasing factor (LRH)
83735	9.36	Magnesium
83775	9.75	Malate dehydrogenase
83785	34.36	Manganese
83788	25.23	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen
83789	25.23	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; quantitative, each specimen
83805	24.63	Meprobamate
83825	22.72	Mercury, quantitative
83835	23.67	Metanephrines
83840	22.81	Methadone
83857	10.97	Methemalbumin
83858	20.71	Methsuximide
83864	27.82	Mucopolysaccharides, acid; quantitative
83866	13.76	Mucopolysaccharides, acid; screen
83872	8.19	Mucin, synovial fluid (Ropes test)
83873	24.04	Myelin basic protein, cerebrospinal fluid

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
83874	18.04	Myoglobin
83880	47.43	Natriuretic peptide
83883	15.86	Nephelometry, each analyte not elsewhere specified
83885	34.23	Nickel
83887	33.09	Nicotine
83890	5.60	Molecular diagnostics; molecular isolation or extraction
83891	5.60	Molecular diagnostics; isolation or extraction of highly purified nucleic acid
83892	5.60	Molecular diagnostics; enzymatic digestion
83893	5.60	Molecular diagnostics; dot/slot blot production
83894	5.60	Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide)
83896	5.60	Molecular diagnostics; nucleic acid probe, each
83897	5.60	Molecular diagnostics; nucleic acid transfer (eg, Southern, Northern)
83898	6.10	Molecular diagnostics; amplification, target, each nucleic acid sequence
83900	12.20	Molecular diagnostics; amplification, target, multiplex, first two nucleic acid sequences
83901	6.10	Molecular diagnostics; amplification, target, multiplex, each additional nucleic acid sequence beyond two (List separately in addition to code for primary procedure)
83902	5.75	Molecular diagnostics; reverse transcription
83903	6.10	Molecular diagnostics; mutation scanning, by physical properties (eg, single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each
83904	6.10	Molecular diagnostics; mutation identification by sequencing, single segment, each segment
83905	6.10	Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment
83906	6.10	Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment
83907	18.66	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue)
83908	6.10	Molecular diagnostics; amplification, signal, each nucleic acid sequence
83909	6.10	Molecular diagnostics; separation and identification by high resolution technique (eg, capillary electrophoresis)
83912	5.60	Molecular diagnostics; interpretation and report
83913	18.66	Molecular diagnostics; RNA stabilization
83914	6.10	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (eg, oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))
83915	15.58	Nucleotidase 5'-
83916	28.09	Oligoclonal immune (oligoclonal bands)
83918	23.00	Organic acids; total, quantitative, each specimen
83919	23.00	Organic acids; qualitative, each specimen
83921	23.00	Organic acid, single, quantitative
83925	27.19	Opiates (eg, morphine, meperidine)
83930	9.24	Osmolality; blood
83935	9.52	Osmolality; urine
83937	41.71	Osteocalcin (bone g1a protein)
83945	17.99	Oxalate
83950	89.99	Oncoprotein, HER-2/neu
83970	57.67	Parathormone (parathyroid hormone)
83986	5.00	pH, body fluid, except blood
83992	20.54	Phencyclidine (PCP)
83993	27.42	Calprotectin, fecal
84022	21.76	Phenothiazine
84030	7.69	Phenylalanine (PKU), blood
84035	5.11	Phenylketones, qualitative
84060	10.32	Phosphatase, acid; total
84061	10.39	Phosphatase, acid; forensic examination
84066	13.50	Phosphatase, acid; prostatic

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
84075	7.23	Phosphatase, alkaline;
84078	10.20	Phosphatase, alkaline; heat stable (total not included)
84080	20.66	Phosphatase, alkaline; isoenzymes
84081	23.09	Phosphatidylglycerol
84085	9.42	Phosphogluconate, 6-, dehydrogenase, RBC
84087	14.42	Phosphohexose isomerase
84100	6.63	Phosphorus inorganic (phosphate);
84105	7.23	Phosphorus inorganic (phosphate); urine
84106	5.99	Porphobilinogen, urine; qualitative
84110	11.80	Porphobilinogen, urine; quantitative
84119	10.60	Porphyrins, urine; qualitative
84120	20.55	Porphyrins, urine; quantitation and fractionation
84126	35.59	Porphyrins, feces; quantitative
84127	10.60	Porphyrins, feces; qualitative
84132	6.42	Potassium; serum
84133	6.01	Potassium; urine
84134	20.38	Prealbumin
84135	26.73	Pregnanediol
84138	26.46	Pregnanetriol
84140	28.89	Pregnenolone
84143	30.25	17-hydroxypregnenolone
84144	29.15	Progesterone
84146	27.08	Prolactin
84150	34.88	Prostaglandin, each
84152	25.70	Prostate specific antigen (PSA); complexed (direct measurement)
84153	25.70	Prostate specific antigen (PSA); total
84154	25.70	Prostate specific antigen (PSA); free
84155	5.12	Protein, total, except by refractometry; serum
84156	5.12	Protein, total, except by refractometry; urine
84157	5.12	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)
84160	7.23	Protein, total, by refractometry, any source
84163	21.03	Pregnancy-associated plasma protein-A (PAPP-A)
84165	15.01	Protein; electrophoretic fractionation and quantitation, serum
84166	24.92	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)
84181	23.80	Protein; Western Blot, with interpretation and report, blood or other body fluid
84182	25.15	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
84202	20.05	Protoporphyrin, RBC; quantitative
84203	12.03	Protoporphyrin, RBC; screen
84206	24.89	Proinsulin
84207	37.96	Pyridoxal phosphate (Vitamin B-6)
84210	15.17	Pyruvate
84220	13.18	Pyruvate kinase
84228	16.26	Quinine
84233	89.99	Receptor assay; estrogen
84234	90.64	Receptor assay; progesterone
84235	73.12	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)
84238	51.09	Receptor assay; non-endocrine (specify receptor)
84244	30.73	Renin
84252	28.28	Riboflavin (Vitamin B-2)
84255	35.67	Selenium
84260	43.28	Serotonin
84270	30.36	Sex hormone binding globulin (SHBG)
84275	18.77	Sialic acid
84285	32.90	Silica

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
84295	6.72	Sodium; serum
84300	6.79	Sodium; urine
84302	6.79	Sodium; other source
84305	23.62	Somatomedin
84307	23.62	Somatostatin
84311	9.03	Spectrophotometry, analyte not elsewhere specified
84315	3.50	Specific gravity (except urine)
84375	27.39	Sugars, chromatographic, TLC or paper chromatography
84376	7.69	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen
84377	7.69	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen
84378	16.10	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen
84379	16.10	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen
84392	6.64	Sulfate, urine
84402	35.57	Testosterone; free
84403	36.08	Testosterone; total
84425	29.67	Thiamine (Vitamin B-1)
84430	16.26	Thiocyanate
84432	22.44	Thyroglobulin
84436	9.61	Thyroxine; total
84437	9.04	Thyroxine; requiring elution (eg, neonatal)
84439	12.60	Thyroxine; free
84442	20.66	Thyroxine binding globulin (TBG)
84443	23.47	Thyroid stimulating hormone (TSH)
84445	71.05	Thyroid stimulating immune globulins (TSI)
84446	19.81	Tocopherol alpha (Vitamin E)
84449	24.57	Transcortin (cortisol binding globulin)
84450	7.22	Transferase; aspartate amino (AST) (SGOT)
84460	7.40	Transferase; alanine amino (ALT) (SGPT)
84466	17.84	Transferrin
84478	8.04	Triglycerides
84479	9.04	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84480	19.81	Triiodothyronine T3; total (TT-3)
84481	23.67	Triiodothyronine T3; free
84482	21.27	Triiodothyronine T3; reverse
84484	13.75	Troponin, quantitative
84485	10.49	Trypsin; duodenal fluid
84488	9.61	Trypsin; feces, qualitative
84490	10.63	Trypsin; feces, quantitative, 24-hour collection
84510	14.53	Tyrosine
84512	10.31	Troponin, qualitative
84520	5.51	Urea nitrogen; quantitative
84525	5.25	Urea nitrogen; semiquantitative (eg, reagent strip test)
84540	6.64	Urea nitrogen, urine
84545	9.23	Urea nitrogen, clearance
84550	6.31	Uric acid; blood
84560	6.64	Uric acid; other source
84577	17.43	Urobilinogen, feces, quantitative
84578	4.54	Urobilinogen, urine; qualitative
84580	8.92	Urobilinogen, urine; quantitative, timed specimen
84583	7.02	Urobilinogen, urine; semiquantitative
84585	21.66	Vanillylmandelic acid (VMA), urine
84586	26.68	Vasoactive intestinal peptide (VIP)
84588	47.43	Vasopressin (antidiuretic hormone, ADH)
84590	16.20	Vitamin A
84591	16.20	Vitamin, not otherwise specified
84597	19.15	Vitamin K

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
84600	22.45	Volatiles (eg, acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol)
84620	16.55	Xylose absorption test, blood and/or urine
84630	15.91	Zinc
84681	29.07	C-peptide
84702	21.03	Gonadotropin, chorionic (hCG); quantitative
84703	10.49	Gonadotropin, chorionic (hCG); qualitative
84704	21.03	Gonadotropin, chorionic (hCG); free beta chain
84830	14.02	Ovulation tests, by visual color comparison methods for human luteinizing hormone
85002	6.29	Bleeding time
85004	9.04	Blood count; automated differential WBC count
85007	4.81	Blood count; blood smear, microscopic examination with manual differential WBC count
85008	4.81	Blood count; blood smear, microscopic examination without manual differential WBC count
85009	5.19	Blood count; manual differential WBC count, buffy coat
85013	3.31	Blood count; spun microhematocrit
85014	3.31	Blood count; hematocrit (Hct)
85018	3.31	Blood count; hemoglobin (Hgb)
85025	10.86	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	9.04	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	6.01	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each
85041	4.05	Blood count; red blood cell (RBC), automated
85044	6.01	Blood count; reticulocyte, manual
85045	5.59	Blood count; reticulocyte, automated
85046	7.80	Blood count; reticulocytes, automated, including one or more cellular parameters (eg, reticulocyte hemoglobin content (CHr), immature reticulocyte fraction (IRF), reticulocyte volume (MRV), RNA content), direct measurement
85048	3.55	Blood count; leukocyte (WBC), automated
85049	6.25	Blood count; platelet, automated
85055	15.37	Reticulated platelet assay
85130	10.68	Chromogenic substrate assay
85170	5.05	Clot retraction
85175	5.41	Clot lysis time, whole blood dilution
85210	18.14	Clotting; factor II, prothrombin, specific
85220	24.66	Clotting; factor V (AcG or proaccelerin), labile factor
85230	25.02	Clotting; factor VII (proconvertin, stable factor)
85240	25.02	Clotting; factor VIII (AHG), one stage
85244	28.53	Clotting; factor VIII related antigen
85245	32.06	Clotting; factor VIII, VW factor, ristocetin cofactor
85246	32.06	Clotting; factor VIII, VW factor antigen
85247	32.06	Clotting; factor VIII, von Willebrand factor, multimetric analysis
85250	26.60	Clotting; factor IX (PTC or Christmas)
85260	25.02	Clotting; factor X (Stuart-Prower)
85270	25.02	Clotting; factor XI (PTA)
85280	27.04	Clotting; factor XII (Hageman)
85290	22.83	Clotting; factor XIII (fibrin stabilizing)
85291	12.42	Clotting; factor XIII (fibrin stabilizing), screen solubility
85292	26.46	Clotting; prekallikrein assay (Fletcher factor assay)
85293	26.46	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)
85300	16.55	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	15.11	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay
85302	16.80	Clotting inhibitors or anticoagulants; protein C, antigen
85303	17.81	Clotting inhibitors or anticoagulants; protein C, activity
85305	16.20	Clotting inhibitors or anticoagulants; protein S, total
85306	19.97	Clotting inhibitors or anticoagulants; protein S, free

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
85307	19.97	Activated Protein C (APC) resistance assay
85335	17.99	Factor inhibitor test
85337	14.56	Thrombomodulin
85345	6.01	Coagulation time; Lee and White
85347	5.95	Coagulation time; activated
85348	5.20	Coagulation time; other methods
85360	11.74	Euglobulin lysis
85362	9.62	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative
85366	10.54	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation
85370	9.60	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative
85378	9.97	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85379	14.22	Fibrin degradation products, D-dimer; quantitative
85380	14.22	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative
85384	11.87	Fibrinogen; activity
85385	11.87	Fibrinogen; antigen
85390	7.22	Fibrinolysins or coagulopathy screen, interpretation and report
85400	12.36	Fibrinolytic factors and inhibitors; plasmin
85410	10.77	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin
85415	24.02	Fibrinolytic factors and inhibitors; plasminogen activator
85420	9.13	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay
85421	14.23	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay
85441	5.88	Heinz bodies; direct
85445	9.52	Heinz bodies; induced, acetyl phenylhydrazine
85460	8.11	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
85461	9.26	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette
85475	12.40	Hemolysin, acid
85520	18.29	Heparin assay
85525	16.55	Heparin neutralization
85530	19.81	Heparin-protamine tolerance test
85536	9.04	Iron stain, peripheral blood
85540	12.02	Leukocyte alkaline phosphatase with count
85547	8.92	Mechanical fragility, RBC
85549	26.21	Muramidase
85555	9.34	Osmotic fragility, RBC; unincubated
85557	11.36	Osmotic fragility, RBC; incubated
85576	30.01	Platelet, aggregation (in vitro), each agent
85576	30.01	Platelet, aggregation (in vitro), each agent
85597	6.53	Platelet neutralization
85610	5.49	Prothrombin time;
85611	5.51	Prothrombin time; substitution, plasma fractions, each
85612	8.38	Russell viper venom time (includes venom); undiluted
85613	8.38	Russell viper venom time (includes venom); diluted
85635	13.76	Reptilase test
85651	4.96	Sedimentation rate, erythrocyte; non-automated
85652	3.77	Sedimentation rate, erythrocyte; automated
85660	7.71	Sickling of RBC, reduction
85670	8.07	Thrombin time; plasma
85675	9.58	Thrombin time; titer
85705	9.77	Thromboplastin inhibition, tissue
85730	8.38	Thromboplastin time, partial (PTT); plasma or whole blood
85732	9.04	Thromboplastin time, partial (PTT); substitution, plasma fractions, each
85810	16.32	Viscosity
86000	9.75	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
86001	7.30	Allergen specific IgG quantitative or semiquantitative, each allergen
86003	7.30	Allergen specific IgE; quantitative or semiquantitative, each allergen
86005	11.14	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk)
86021	21.03	Antibody identification; leukocyte antibodies
86022	25.66	Antibody identification; platelet antibodies
86023	17.40	Antibody identification; platelet associated immunoglobulin assay
86038	16.89	Antinuclear antibodies (ANA);
86039	15.60	Antinuclear antibodies (ANA); titer
86060	10.20	Antistreptolysin 0; titer
86063	8.07	Antistreptolysin 0; screen
86140	7.23	C-reactive protein;
86141	18.09	C-reactive protein; high sensitivity (hsCRP)
86146	19.21	Beta 2 Glycoprotein I antibody, each
86147	19.21	Cardiolipin (phospholipid) antibody, each Ig class
86148	19.21	Anti-phosphatidylserine (phospholipid) antibody
86155	22.33	Chemotaxis assay, specify method
86156	8.91	Cold agglutinin; screen
86157	11.27	Cold agglutinin; titer
86160	16.78	Complement; antigen, each component
86161	16.78	Complement; functional activity, each component
86162	28.39	Complement; total hemolytic (CH50)
86171	12.16	Complement fixation tests, each antigen
86185	12.50	Counterimmunoelectrophoresis, each antigen
86200	18.09	Cyclic citrullinated peptide (CCP), antibody
86215	18.51	Deoxyribonuclease, antibody
86225	19.20	Deoxyribonucleic acid (DNA) antibody; native or double stranded
86226	16.92	Deoxyribonucleic acid (DNA) antibody; single stranded
86235	25.06	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody
86243	28.68	Fc receptor
86255	12.16	Fluorescent noninfectious agent antibody; screen, each antibody
86256	16.84	Fluorescent noninfectious agent antibody; titer, each antibody
86277	21.99	Growth hormone, human (HGH), antibody
86280	11.44	Hemagglutination inhibition test (HAI)
86294	27.41	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)
86300	29.07	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)
86301	29.07	Immunoassay for tumor antigen, quantitative; CA 19-9
86304	29.07	Immunoassay for tumor antigen, quantitative; CA 125
86308	7.23	Heterophile antibodies; screening
86309	9.04	Heterophile antibodies; titer
86310	10.30	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney
86316	29.07	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each
86317	20.95	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318	18.09	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)
86320	31.32	Immunoelectrophoresis; serum
86325	31.24	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration
86327	31.70	Immunoelectrophoresis; crossed (2-dimensional assay)
86329	19.62	Immunodiffusion; not elsewhere specified
86331	16.75	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody
86332	34.05	Immune complex assay
86334	31.21	Immunofixation electrophoresis; serum
86335	41.00	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)
86336	21.77	Inhibin A
86337	29.92	Insulin antibodies
86340	21.06	Intrinsic factor antibodies

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
86341	27.65	Islet cell antibody
86343	17.41	Leukocyte histamine release test (LHR)
86344	11.16	Leukocyte phagocytosis
86353	68.49	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis
86355	16.01	B cells, total count
86356	15.37	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen
86357	16.01	Natural killer (NK) cells, total count
86359	16.01	T cells; total count
86360	19.21	T cells; absolute CD4 and CD8 count, including ratio
86361	15.37	T cells; absolute CD4 count
86367	16.01	Stem cells (ie, CD34), total count
86376	20.33	Microsomal antibodies (eg, thyroid or liver-kidney), each
86378	27.51	Migration inhibitory factor test (MIF)
86382	23.62	Neutralization test, viral
86384	15.91	Nitroblue tetrazolium dye test (NTD)
86403	14.24	Particle agglutination; screen, each antibody
86406	14.87	Particle agglutination; titer, each antibody
86430	7.93	Rheumatoid factor; qualitative
86431	7.93	Rheumatoid factor; quantitative
86480	86.59	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
86590	15.41	Streptokinase, antibody
86592	5.96	Syphilis test; qualitative (eg, VDRL, RPR, ART)
86593	6.16	Syphilis test; quantitative
86602	13.64	Antibody; actinomyces
86603	14.58	Antibody; adenovirus
86606	20.59	Antibody; Aspergillus
86609	13.64	Antibody; bacterium, not elsewhere specified
86611	13.64	Antibody; Bartonella
86612	18.03	Antibody; Blastomyces
86615	18.43	Antibody; Bordetella
86617	21.64	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)
86618	19.97	Antibody; Borrelia burgdorferi (Lyme disease)
86619	18.69	Antibody; Borrelia (relapsing fever)
86622	12.14	Antibody; Brucella
86625	13.64	Antibody; Campylobacter
86628	16.78	Antibody; Candida
86631	16.52	Antibody; Chlamydia
86632	17.74	Antibody; Chlamydia, IgM
86635	16.03	Antibody; Coccidioides
86638	16.94	Antibody; Coxiella burnetii (Q fever)
86641	12.14	Antibody; Cryptococcus
86644	20.11	Antibody; cytomegalovirus (CMV)
86645	19.97	Antibody; cytomegalovirus (CMV), IgM
86648	13.64	Antibody; Diphtheria
86651	18.43	Antibody; encephalitis, California (La Crosse)
86652	18.43	Antibody; encephalitis, Eastern equine
86653	18.43	Antibody; encephalitis, St. Louis
86654	18.43	Antibody; encephalitis, Western equine
86658	14.58	Antibody; enterovirus (eg, coxsackie, echo, polio)
86663	18.33	Antibody; Epstein-Barr (EB) virus, early antigen (EA)
86664	19.97	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)
86665	19.97	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)
86666	13.64	Antibody; Ehrlichia

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
86668	12.14	Antibody; Francisella tularensis
86671	13.64	Antibody; fungus, not elsewhere specified
86674	19.97	Antibody; Giardia lamblia
86677	20.28	Antibody; Helicobacter pylori
86682	13.64	Antibody; helminth, not elsewhere specified
86684	13.64	Antibody; Haemophilus influenza
86687	11.72	Antibody; HTLV-I
86688	13.94	Antibody; HTLV-II
86689	27.05	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86692	23.62	Antibody; hepatitis, delta agent
86694	20.11	Antibody; herpes simplex, non-specific type test
86695	18.43	Antibody; herpes simplex, type 1
86696	27.05	Antibody; herpes simplex, type 2
86698	17.46	Antibody; histoplasma
86701	12.41	Antibody; HIV-1
86702	14.75	Antibody; HIV-2
86703	14.75	Antibody; HIV-1 and HIV-2, single assay
86704	16.84	Hepatitis B core antibody (HBcAb); total
86705	16.44	Hepatitis B core antibody (HBcAb); IgM antibody
86706	14.61	Hepatitis B surface antibody (HBsAb)
86707	16.16	Hepatitis Be antibody (HBeAb)
86708	16.24	Hepatitis A antibody (HAAb); total
86709	15.73	Hepatitis A antibody (HAAb); IgM antibody
86710	14.58	Antibody; influenza virus
86713	21.39	Antibody; Legionella
86717	13.00	Antibody; Leishmania
86720	12.14	Antibody; Leptospira
86723	13.00	Antibody; Listeria monocytogenes
86727	14.58	Antibody; lymphocytic choriomeningitis
86729	16.69	Antibody; lymphogranuloma venereum
86732	13.00	Antibody; mucormycosis
86735	18.23	Antibody; mumps
86738	14.58	Antibody; mycoplasma
86741	13.00	Antibody; Neisseria meningitides
86744	13.00	Antibody; Nocardia
86747	13.00	Antibody; parvovirus
86750	13.00	Antibody; Plasmodium (malaria)
86753	13.00	Antibody; protozoa, not elsewhere specified
86756	18.01	Antibody; respiratory syncytial virus
86757	27.05	Antibody; Rickettsia
86759	18.43	Antibody; rotavirus
86762	20.11	Antibody; rubella
86765	18.00	Antibody; rubeola
86768	13.00	Antibody; Salmonella
86771	13.00	Antibody; Shigella
86774	13.00	Antibody; tetanus
86777	20.11	Antibody; Toxoplasma
86778	20.12	Antibody; Toxoplasma, IgM
86781	18.50	Antibody; Treponema pallidum, confirmatory test (eg, FTA-abs)
86784	17.55	Antibody; Trichinella
86787	18.00	Antibody; varicella-zoster
86788	19.97	Antibody; West Nile virus, IgM
86789	20.11	Antibody; West Nile virus
86790	13.00	Antibody; virus, not elsewhere specified
86793	13.00	Antibody; Yersinia
86800	20.70	Thyroglobulin antibody

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
86803	16.24	Hepatitis C antibody;
86804	21.64	Hepatitis C antibody; confirmatory test (eg, immunoblot)
86805	73.05	Lymphocytotoxicity assay, visual crossmatch; with titration
86806	66.49	Lymphocytotoxicity assay, visual crossmatch; without titration
86807	55.29	Serum screening for cytotoxic percent reactive antibody (PRA); standard method
86808	41.47	Serum screening for cytotoxic percent reactive antibody (PRA); quick method
86812	36.06	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen
86813	81.02	HLA typing; A, B, or C, multiple antigens
86816	38.92	HLA typing; DR/DQ, single antigen
86817	89.95	HLA typing; DR/DQ, multiple antigens
86821	78.88	HLA typing; lymphocyte culture, mixed (MLC)
86822	51.07	HLA typing; lymphocyte culture, primed (PLC)
86880	7.50	Antihuman globulin test (Coombs test); direct, each antiserum
86885	7.99	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell
86886	7.23	Antihuman globulin test (Coombs test); indirect, each antibody titer
86900	4.17	Blood typing; ABO
86901	4.17	Blood typing; Rh (D)
86903	13.19	Blood typing; antigen screening for compatible blood unit using reagent serum, per unit screened
86904	13.28	Blood typing; antigen screening for compatible unit using patient serum, per unit screened
86905	5.34	Blood typing; RBC antigens, other than ABO or Rh (D), each
86906	10.83	Blood typing; Rh phenotyping, complete
86940	11.46	Hemolysins and agglutinins; auto, screen, each
86941	16.92	Hemolysins and agglutinins; incubated
87001	6.88	Animal inoculation, small animal; with observation
87003	23.52	Animal inoculation, small animal; with observation and dissection
87015	9.33	Concentration (any type), for infectious agents
87040	14.42	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87045	13.18	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species
87046	13.18	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate
87070	12.03	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87071	13.18	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87073	13.18	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87075	13.22	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	7.30	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
87077	7.30	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	9.26	Culture, presumptive, pathogenic organisms, screening only;
87084	9.75	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart
87086	11.28	Culture, bacterial; quantitative colony count, urine
87088	11.31	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87101	10.77	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
87102	11.74	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)
87103	12.60	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood
87106	14.42	Culture, fungi, definitive identification, each organism; yeast

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
87107	14.42	Culture, fungi, definitive identification, each organism; mold
87109	21.50	Culture, mycoplasma, any source
87110	27.37	Culture, chlamydia, any source
87116	15.10	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
87118	15.29	Culture, mycobacterial, definitive identification, each isolate
87140	7.79	Culture, typing; immunofluorescent method, each antiserum
87143	17.51	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method
87147	7.23	Culture, typing; immunologic method, other than immunofluoresence (eg, agglutination grouping), per antiserum
87149	28.02	Culture, typing; identification by nucleic acid probe
87152	7.31	Culture, typing; identification by pulse field gel typing
87158	7.31	Culture, typing; other methods
87164	8.11	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection
87166	8.11	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection
87168	5.96	Macroscopic examination; arthropod
87169	5.96	Macroscopic examination; parasite
87172	5.96	Pinworm exam (eg, cellophane tape prep)
87176	8.22	Homogenization, tissue, for culture
87177	12.43	Ova and parasites, direct smears, concentration and identification
87181	6.64	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)
87184	9.63	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
87185	6.64	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme
87186	12.08	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multi-antimicrobial, per plate
87187	14.48	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)
87188	9.27	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent
87190	6.88	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent
87197	20.99	Serum bactericidal titer (Schlicter test)
87205	5.96	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	7.50	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	8.37	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87209	25.11	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites
87210	5.96	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87220	5.96	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
87230	27.30	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)
87250	27.32	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
87252	36.42	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	28.22	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluoresence stain), each isolate
87254	27.32	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
87255	47.31	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)
87260	16.01	Infectious agent antigen detection by immunofluorescent technique; adenovirus
87265	16.01	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis
87267	16.01	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)
87269	16.01	Infectious agent antigen detection by immunofluorescent technique; giardia
87270	16.01	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87271	16.01	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)
87272	16.01	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium
87273	16.01	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2
87274	16.01	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1
87275	16.01	Infectious agent antigen detection by immunofluorescent technique; influenza B virus
87276	16.01	Infectious agent antigen detection by immunofluorescent technique; influenza A virus
87277	16.01	Infectious agent antigen detection by immunofluorescent technique; Legionella micdadei
87278	16.01	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila
87279	16.01	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type
87280	16.01	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus
87281	16.01	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii
87283	16.01	Infectious agent antigen detection by immunofluorescent technique; Rubeola
87285	16.01	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum
87290	16.01	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus
87299	16.01	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism
87300	16.01	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
87301	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; adenovirus enteric types 40/41
87305	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Aspergillus
87320	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
87324	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Clostridium difficile toxin(s)
87327	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Cryptococcus neoformans
87328	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; cryptosporidium
87329	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; giardia
87332	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; cytomegalovirus
87335	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Escherichia coli 0157
87336	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Entamoeba histolytica dispar group
87337	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Entamoeba histolytica group

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
87338	16.04	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool
87339	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori
87340	14.43	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
87341	14.43	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization
87350	16.10	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis Be antigen (HBeAg)
87380	15.54	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis, delta agent
87385	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Histoplasma capsulatum
87390	24.65	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1
87391	24.65	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2
87400	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Influenza, A or B, each
87420	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; respiratory syncytial virus
87425	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; rotavirus
87427	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Shiga-like toxin
87430	16.01	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Streptococcus, group A
87449	16.01	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism
87450	10.68	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; single step method, not otherwise specified, each organism
87451	10.68	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, polyvalent for multiple organisms, each polyvalent antiserum
87470	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique
87471	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique
87472	59.85	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification
87475	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique
87476	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique
87477	59.85	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, quantification
87480	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique
87481	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87482	58.33	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification
87485	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique
87486	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
87487	59.85	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification
87490	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87492	22.93	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87495	28.02	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique
87496	36.39	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique
87497	59.85	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification
87498	36.39	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique
87500	36.39	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique
87510	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique
87511	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
87512	58.33	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification
87515	28.02	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique
87516	36.39	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique
87517	59.85	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
87520	28.02	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique
87521	36.39	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique
87522	59.85	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification
87525	28.02	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique
87526	36.39	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique
87527	58.33	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification
87528	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique
87529	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
87530	59.85	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
87531	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique
87532	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique
87533	58.33	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification
87534	28.02	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	36.39	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique
87536	78.52	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification
87537	28.02	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	36.39	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
87539	59.85	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification
87540	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique
87541	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique
87542	58.33	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification
87550	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique
87551	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique
87552	59.85	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification
87555	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique
87556	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique
87557	59.85	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification
87560	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique
87561	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique
87562	59.85	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification
87580	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique
87581	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique
87582	58.33	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification
87590	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87592	59.85	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
87620	28.02	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique
87621	36.39	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique
87622	58.33	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification
87640	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique
87641	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique
87650	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
87651	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87652	58.33	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification
87653	36.39	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
87660	28.02	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique
87797	28.02	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	36.39	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87799	59.85	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87800	56.03	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	72.78	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87802	16.01	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87803	16.01	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A
87804	16.01	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87804	16.01	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87807	16.01	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87808	16.01	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis
87809	16.01	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus
87810	16.01	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	16.01	Infectious agent detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
87880	16.01	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
87899	16.01	Infectious agent detection by immunoassay with direct optical observation; not otherwise specified
87900	182.11	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	114.95	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV 1, reverse transcriptase and protease
87902	114.95	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
87903	682.72	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through ten drugs tested
87904	36.42	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)
88130	21.02	Sex chromatin identification; Barr bodies
88140	11.17	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks
88142	28.31	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	28.31	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision
88147	15.90	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	21.23	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
88150	14.76	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
88152	14.76	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
88153	14.76	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
88154	14.76	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155	8.37	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)
88164	14.76	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	14.76	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
88166	14.76	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
88167	14.76	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	29.85	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
88175	37.01	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
88230	48.38	Tissue culture for non-neoplastic disorders; lymphocyte
88233	122.81	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy
88235	122.81	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells
88237	55.83	Tissue culture for neoplastic disorders; bone marrow, blood cells
88239	206.12	Tissue culture for neoplastic disorders; solid tumor
88240	14.11	Cryopreservation, freezing and storage of cells, each cell line
88241	14.11	Thawing and expansion of frozen cells, each aliquot
88245	207.98	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells
88248	241.96	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, two karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)
88249	241.96	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)
88261	246.93	Chromosome analysis; count five cells, one karyotype, with banding
88262	174.14	Chromosome analysis; count 15-20 cells, two karyotypes, with banding
88263	204.68	Chromosome analysis; count 45 cells for mosaicism, two karyotypes, with banding
88264	174.14	Chromosome analysis; analyze 20-25 cells
88267	251.17	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotype, with banding
88269	232.38	Chromosome analysis, in situ for amniotic fluid cells, count cells from six-12 colonies, one karyotype, with banding
88271	29.93	Molecular cytogenetics; DNA probe, each (eg, FISH)
88272	37.41	Molecular cytogenetics; chromosomal in situ hybridization, analyze three-five cells (eg, for derivatives and markers)
88273	44.89	Molecular cytogenetics; chromosomal in situ hybridization, analyze ten-30 cells (eg, for microdeletions)
88274	48.63	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells
88275	56.11	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells
88280	35.07	Chromosome analysis; additional karyotypes, each study
88283	95.84	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)
88285	26.54	Chromosome analysis; additional cells counted, each study
88289	48.11	Chromosome analysis; additional high resolution study

40.06: continued

Code	Fee	40.06(4) - Clinical Lab Description (continued)
88371	31.05	Protein analysis of tissue by Western Blot, with interpretation and report;
88372	31.79	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each
88400	7.02	Bilirubin, total, transcutaneous
89050	6.61	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;
89051	7.70	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count
89055	5.96	Leukocyte assessment, fecal, qualitative or semiquantitative
89060	9.99	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)
89125	6.03	Fat stain, feces, urine, or respiratory secretions
89160	5.15	Meat fibers, feces
89190	6.64	Nasal smear for eosinophils
89225	4.67	Starch granules, feces
89235	7.69	Water load test
89300	9.77	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89310	12.03	Semen analysis; motility and count (not including Huhner test)
89320	16.84	Semen analysis; volume, count, motility, and differential
89321	16.84	Semen analysis; sperm presence and motility of sperm, if performed
89322	21.65	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)
89325	14.91	Sperm antibodies
89329	29.30	Sperm evaluation; hamster penetration test
89330	13.83	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
89331	27.37	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)

(5) Dental Services.

Code	Fee	40.06(5) - Dental Service Description
D0120	30.40	Periodic oral evaluation - established patient
D0140	60.00	Limited oral evaluation - problem focused
D0150	60.00	Comprehensive oral evaluation - new or established patient
D0160	80.00	Detailed and extensive oral evaluation - problem focused, by report
D0170	53.60	Re-evaluation - limited, problem focused (established patient; not postoperative visit)
D0180	79.20	Comprehensive periodontal evaluation - new or established patient
D0210	100.00	Intraoral - complete series (including bitewings)
D0220	20.00	Intraoral - periapical, first film
D0230	16.00	Intraoral - periapical, each additional film
D0240	30.40	Intraoral - occlusal film
D0250	32.00	Extraoral - first film
D0260	28.00	Extraoral - each additional film
D0270	20.00	Bitewing - single film
D0272	32.00	Bitewings - two films
D0273	40.00	Bitewings - three films
D0274	48.00	Bitewings - four films
D0277	72.80	Vertical bitewings - seven to eight films
D0290	66.40	Posterior-anterior or lateral skull and facial bone survey film
D0310	132.00	Sialography
D0321	104.00	Other temporomandibular joint films, by report
D0322	220.00	Tomographic survey
D0330	88.00	Panoramic film
D0340	92.00	Cephalometric film
D0350	36.00	Oral/facial photographic images
D0460	40.00	Pulp vitality tests

40.06: continued

Code	Fee	40.06(5) - Dental Service Description (continued)
D0470	76.80	Diagnostic casts
D0472	112.00	Accession of tissue, gross examination, preparation, and transmission of written report
D0473	264.00	Accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474	12.00	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0480	12.00	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
D1110	69.60	Prophylaxis - adult
D1204	26.40	Topical application of fluoride (prophylaxis not included) - adult
D1206	28.80	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
D1351	41.60	Sealant - per tooth
D1510	280.00	Space maintainer - fixed-unilateral
D1515	424.00	Space maintainer - fixed-bilateral
D1520	128.00	Space maintainer - removable-unilateral
D1525	180.00	Space maintainer - removable-bilateral
D1550	80.00	Recementation of space maintainer
D1555	44.00	Removal of fixed space maintainer
D2140	88.00	Amalgam-one surface, primary or permanent
D2150	110.40	Amalgam-two surfaces, primary or permanent
D2160	132.00	Amalgam-three surfaces, primary or permanent
D2161	156.00	Amalgam-four or more surfaces, primary or permanent
D2330	104.00	Resin - one surface, anterior
D2331	129.60	Resin - two surfaces, anterior
D2332	157.60	Resin - three surfaces, anterior
D2335	200.00	Resin - four or more surfaces or involving incisal angle (anterior)
D2390	176.80	Resin-based composite crown, anterior
D2391	116.00	Resin-based composite - one surface, posterior
D2392	151.20	Resin-based composite - two surfaces, posterior
D2393	184.00	Resin-based composite - three surfaces, posterior
D2394	216.00	Resin-based composite - four or more surfaces, posterior
D2510	240.00	Inlay - metallic -one surface
D2520	680.00	Inlay - metallic - two surfaces
D2530	756.00	Inlay - metallic - three or more surfaces
D2542	720.00	Onlay - metallic - two surfaces
D2543	772.00	Onlay - metallic - three surfaces
D2544	880.00	Onlay - metallic - four or more surfaces
D2610	288.00	Inlay - porcelain/ceramic - one surface
D2620	389.60	Inlay - porcelain/ceramic - two surfaces
D2630	632.00	Inlay - porcelain/ceramic - three or more surfaces
D2642	748.00	Onlay - porcelain/ceramic - two surfaces
D2643	796.00	Onlay - porcelain/ceramic - three surfaces
D2644	912.00	Onlay - porcelain/ceramic - four or more surfaces
D2662	1,016.00	Onlay - resin-based composite - two surfaces
D2663	960.00	Onlay - resin-based composite - three surfaces
D2664	1,016.00	Onlay - resin-based composite - four or more surfaces
D2710	240.00	Crown - resin-based composite (indirect)
D2712	300.00	Crown - ¾ resin-based composite (indirect)
D2720	1,120.00	Crown - resin with high noble metal
D2721	640.00	Crown - resin with predominantly base metal
D2740	960.00	Crown - porcelain/ceramic substrate
D2750	880.00	Crown - porcelain fused to high noble metal
D2751	796.00	Crown - porcelain fused to predominantly base metal
D2752	800.00	Crown - porcelain fused to noble metal
D2780	920.00	Crown - ¾ cast high noble metal
D2782	1,100.00	Crown - ¾ cast noble metal

40.06: continued

Code	Fee	40.06(5) - Dental Service Description (continued)
D2783	1,005.60	Crown - 3/4 porcelain/ceramic
D2790	918.40	Crown - full cast high noble metal
D2791	744.00	Crown - full cast predominantly base metal
D2792	856.00	Crown - full cast noble metal
D2794	1,120.00	Crown - titanium
D2799	200.00	Provisional crown
D2910	75.20	Recement inlay, onlay or partial coverage restoration
D2915	72.00	Recement cast or prefabricated post and core
D2920	76.00	Recement crown
D2930	208.00	Prefabricated stainless steel crown - primary tooth
D2931	240.00	Prefabricated stainless steel crown - permanent tooth
D2932	200.00	Prefabricated resin crown
D2934	232.00	Stainless steel crown - primary
D2940	80.00	Sedative filling
D2950	227.20	Core buildup, including any pins
D2951	36.00	Pin retention - per tooth, in addition to restoration
D2952	316.00	Post and core in addition to crown, indirectly fabricated
D2954	256.00	Prefabricated post and core in addition to crown
D2970	224.80	Temporary crown (fractured tooth)
D2971	224.80	Additional procedures to construct new crown under existing partial denture framework
D2980	150.40	Crown repair, by report
D3110	48.00	Pulp cap - direct (excluding final restoration)
D3120	56.00	Pulp cap - indirect (excluding final restoration)
D3220	132.00	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	145.60	Pulpal debridement, primary and permanent teeth
D3310	560.00	Anterior (excluding final restoration)
D3320	660.00	Bicuspid (excluding final restoration)
D3330	840.00	Molar (excluding final restoration)
D3332	260.00	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333	312.00	Internal root repair of perforation defects
D3346	640.00	Retreatment of previous root canal therapy - anterior
D3347	760.00	Retreatment of previous root canal therapy - bicuspid
D3348	921.60	Retreatment of previous root canal therapy - molar
D3351	156.00	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, *etc.*)
D3352	169.60	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, *etc.*)
D3410	639.20	Apicoectomy/periradicular surgery - anterior
D3421	560.00	Apicoectomy/periradicular surgery - bicuspid (first root)
D3425	656.00	Apicoectomy/periradicular surgery - molar (first root)
D3430	120.00	Retrograde filling - per root
D3450	420.00	Root amputation - per root
D3920	313.60	Hemisection (including any root removal), not including root canal therapy
D4210	304.00	Gingivectomy or gingivoplasty - Four or more contiguous teeth or bounded teeth spaces per quadrant
D4211	140.00	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant
D4240	560.00	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant
D4241	240.00	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant
D4249	625.60	Clinical crown lengthening - hard tissue
D4260	880.00	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant

40.06: continued

Code	Fee	40.06(5) - Dental Service Description (continued)
D4261	760.00	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant
D4263	269.60	Bone replacement graft - first site in quadrant
D4264	180.00	Bone replacement graft - each additional site in quadrant
D4265	236.00	Biologic materials to aid in soft and osseous tissue regeneration
D4266	360.00	Guided tissue regeneration - resorbable barrier, per site
D4270	743.20	Pedicle soft tissue graft procedure
D4271	718.40	Free soft tissue graft procedure (including donor site surgery)
D4273	928.00	Subepithelial connective tissue graft procedures, per tooth
D4274	460.00	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)
D4275	780.00	Soft tissue allograft
D4341	180.00	Periodontal scaling and root planing - four or more teeth per quadrant
D4342	124.00	Periodontal scaling and root planing - one to three teeth, per quadrant
D4355	116.00	Full mouth debridement to enable comprehensive evaluation and diagnosis
D4381	29.60	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report
D4910	96.00	Periodontal maintenance
D4920	88.00	Unscheduled dressing change (by someone other than treating dentist)
D5110	960.00	Complete denture - maxillary
D5120	960.00	Complete denture - mandibular
D5130	1,040.00	Immediate denture - maxillary
D5140	1,040.00	Immediate denture - mandibular
D5211	760.00	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
D5212	780.00	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
D5213	1,040.00	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214	1,040.00	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225	1,000.00	Maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226	960.00	Mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5281	520.00	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)
D5410	60.00	Adjust complete denture - maxillary
D5411	36.00	Adjust complete denture - mandibular
D5421	68.00	Adjust partial denture - maxillary
D5422	60.00	Adjust partial denture - mandibular
D5510	132.00	Repair broken complete denture base
D5520	116.00	Replace missing or broken teeth - complete denture (each tooth)
D5610	124.00	Repair resin denture base
D5620	168.00	Repair cast framework
D5630	140.00	Repair or replace broken clasp
D5640	112.00	Replace broken teeth - per tooth
D5650	128.00	Add tooth to existing partial denture
D5660	132.80	Add clasp to existing partial denture
D5670	340.00	Replace all teeth and acrylic on cast metal framework (maxillary)
D5671	480.00	Replace all teeth and acrylic on cast metal framework (mandibular)
D5710	280.00	Rebase complete maxillary denture
D5711	378.40	Rebase complete mandibular denture
D5720	320.00	Rebase maxillary partial denture
D5721	316.00	Rebase mandibular partial denture
D5730	240.00	Reline complete maxillary denture (chairside)
D5731	211.20	Reline lower complete mandibular denture (chairside)
D5740	180.00	Reline maxillary partial denture (chairside)
D5741	200.00	Reline mandibular partial denture (chairside)
D5750	285.60	Reline complete maxillary denture (laboratory)
D5751	300.00	Reline complete mandibular denture (laboratory)

40.06: continued

Code	Fee	40.06(5) - Dental Service Description (continued)
D5760	285.60	Reline maxillary partial denture (laboratory)
D5761	267.20	Reline mandibular partial denture (laboratory)
D5820	380.00	Interim partial denture (maxillary)
D5821	428.00	Interim partial denture (mandibular)
D5850	110.40	Tissue conditioning, maxillary
D5851	134.40	Tissue conditioning, mandibular
D5862	360.00	Precision attachment, by report
D6010	1,560.00	Surgical placement of implant body: endosteal implant
D6040	1,200.00	Surgical placement: eposteal implant
D6050	360.00	Surgical placement: transosteal implant
D6055	1,040.00	Dental implant supported connecting bar
D6056	420.00	Prefabricated abutment - includes placement
D6057	560.00	Custom abutment - includes placement
D6058	1,000.00	Abutment supported porcelain/ceramic crown
D6059	1,036.00	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	960.00	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	920.00	Abutment supported porcelain fused to metal crown (noble metal)
D6062	1,050.40	Abutment supported cast metal crown (high noble metal)
D6063	360.00	Abutment supported cast metal crown (predominantly base metal)
D6064	820.00	Abutment supported cast metal crown (noble metal)
D6065	1,040.00	Implant supported porcelain/ceramic crown
D6066	1,120.00	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067	1,480.00	Implant supported metal crown (titanium, titanium alloy, high noble metal)
D6068	480.00	Abutment supported retainer for porcelain/ceramic FPD
D6069	960.00	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6071	528.80	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	1,360.00	Abutment supported retainer for cast metal FPD (high noble metal)
D6077	1,120.00	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6092	88.00	Recement implant/abutment supported crown
D6093	60.00	Recement implant/abutment supported fixed partial denture
D6205	240.00	Pontic - indirect resin based composite
D6210	880.00	Pontic - cast high noble metal
D6211	520.00	Pontic - cast predominantly base metal
D6212	704.00	Pontic - cast noble metal
D6240	872.00	Pontic - porcelain fused to high noble metal
D6241	760.00	Pontic - porcelain fused to predominantly base metal
D6242	798.40	Pontic - porcelain fused to noble metal
D6250	904.00	Pontic - resin with high noble metal
D6251	616.00	Pontic - resin with predominantly base metal
D6252	480.00	Pontic - resin with noble metal
D6253	240.00	Provisional pontic
D6545	320.00	Retainer - cast metal for resin bonded fixed prosthesis
D6602	676.00	Inlay - cast high noble metal, two surfaces
D6606	600.00	Inlay - cast noble metal, two surfaces
D6610	720.00	Onlay - cast high noble metal, two surfaces
D6611	860.00	Onlay - cast high noble metal, three or more surfaces
D6615	920.00	Onlay - cast noble metal, three or more surfaces
D6710	276.00	Crown - indirect resin based composite
D6720	764.00	Crown - resin with high noble metal
D6721	604.00	Crown - resin with predominantly base metal
D6722	640.00	Crown - resin with noble metal
D6750	877.60	Crown - porcelain fused to high noble metal
D6751	756.80	Crown - porcelain fused to predominantly base metal
D6752	800.00	Crown - porcelain fused to noble metal

40.06: continued

Code	Fee	40.06(5) - Dental Service Description (continued)
D6780	800.00	Crown - ¾ cast high noble metal
D6782	840.00	Crown - ¾ noble metal
D6790	864.00	Crown - full cast high noble metal
D6791	560.00	Crown - full cast predominantly base metal
D6792	680.00	Crown - full cast noble metal
D6793	240.00	Provisional retainer crown
D6930	100.00	Recement bridge
D6950	360.00	Precision attachment
D6970	200.00	Post and core in addition to fixed partial denture retainer, indirectly fabricated
D6972	280.00	Prefabricated post and core in addition to bridge retainer
D6973	216.00	Core build up for retainer, including any pins
D6980	168.80	Bridge repair, by report
D7111	80.00	Extraction, coronal remnants - deciduous tooth
D7140	112.00	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	200.00	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	247.20	Removal of impacted tooth - soft tissue
D7230	320.00	Removal of impacted tooth - partially bony
D7240	400.00	Removal of impacted tooth - completely bony
D7241	476.00	Removal of impacted tooth - completely bony, with unusual surgical complications
D7250	214.40	Surgical removal of residual tooth roots (cutting procedure)
D7261	460.00	Primary closure of a sinus perforation
D7280	320.00	Surgical access of an unerupted tooth
D7283	120.00	Placement of device to facilitate eruption of impacted tooth
D7285	312.00	Biopsy of oral tissue - hard (bone, tooth)
D7286	277.60	Biopsy of oral tissue - soft
D7287	72.00	Exfoliative cytological sample collection
D7288	104.00	Brush biopsy - transepithelial sample collection
D7291	171.20	Transseptal fiberotomy/supra crestal fiberotomy, by report
D7310	200.00	Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces, per quadrant
D7311	224.00	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7320	200.00	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant
D7321	160.80	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7340	357.60	Vestibuloplasty - ridge extension (second epithelialization)
D7350	1,760.00	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hytrophied and hyperplastic tissue
D7410	200.00	Excision of benign lesion up to 1.25 cm
D7411	400.80	Excision of benign lesion greater than 1.25 cm
D7465	56.00	Destruction of lesion(s) by physical or chemical method, by report
D7471	236.00	Removal of lateral exostosis (maxilla or mandible)
D7473	400.00	Removal of torus mandibularis
D7510	148.00	Incision and drainage of abscess - intraoral soft tissue
D7511	236.00	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D7520	80.00	Incision and drainage of abscess - extraoral soft tissue
D7530	60.00	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7550	244.00	Partial ostectomy/sequestrectomy for removal of nonvital bone
D7670	80.00	Alveolus-closed reduction, may include stabilization of teeth
D7740	796.00	Mandible-closed reduction
D7820	192.00	Closed reduction of dislocation
D7830	960.00	Manipulation under anesthesia
D7880	356.00	Occlusal orthotic appliance

40.06: continued

Code	Fee	40.06(5) - Dental Service Description (continued)
D7881	380.00	TMD therapy
D7911	12.00	Complicated suture - up to 5 cm
D7960	380.00	Frenulectomy (frenectomy or frenotomy) - separate procedure
D7963	557.60	Frenuloplasty
D8010	243.20	Limited orthodontic treatment of the primary dentition
D8020	353.60	Limited orthodontic treatment of the transitional dentition
D8030	200.00	Limited orthodontic treatment of the adolescent dentition
D8040	333.60	Limited orthodontic treatment of the adult dentition
D8050	333.60	Interceptive orthodontic treatment of the primary dentition
D8060	373.60	Interceptive orthodontic treatment of the transitional dentition
D8070	316.80	Comprehensive orthodontic treatment of the transitional dentition
D8080	323.20	Comprehensive orthodontic treatment of the adolescent dentition
D8090	323.20	Comprehensive orthodontic treatment of the adult dentition
D8210	280.00	Removable appliance therapy
D8220	360.00	Fixed appliance therapy
D8660	244.00	Preorthodontic treatment visit
D8670	300.00	Periodic orthodontic treatment visit (as part of contract)
D8680	308.00	Orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8690	200.00	Orthodontic treatment (alternative billing to a contract fee)
D8691	76.00	Repair of orthodontic appliance
D8692	200.00	Replacement of lost or broken retainer
D9110	75.20	Palliative (emergency) treatment of dental pain - minor procedure
D9120	120.00	Fixed partial denture sectioning
D9220	248.00	Deep sedation/general anesthesia - first 30 minutes
D9221	132.00	Deep sedation/general anesthesia - each additional 15 minutes
D9230	52.00	Analgesia, anxiolysis, inhalation of nitrous oxide
D9241	240.00	Intravenous conscious sedation/analgesia - first 30 minutes
D9242	116.00	Intravenous conscious sedation/analgesia - each additional 15 minutes
D9310	64.00	Consultation-diagnostic service provided by dentist or physician other than requesting dentist or physician
D9910	27.20	Application of desensitizing medicament
D9940	333.60	Occlusal guards, by report
D9942	100.00	Repair and/or reline of occlusal guard
D9952	220.00	Occlusal adjustment - complete

(6) Durable Medical Equipment, Prosthetics/Orthotics, and Supplies.

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description
A4216	0.45			Sterile water, saline and/or dextrose, diluent/flush, 10 ml
A4217	2.66			Sterile water/saline, 500 ml
A4221	22.64			Supplies for maintenance of drug infusion catheter, per week (list drug separately)
A4222	46.73			Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)
A4233	0.80			Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	3.63			Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	2.34			Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A4236	1.68			Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4253	36.94			Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4255	3.91			Platforms for home blood glucose monitor, 50 per box
A4256	11.44			Normal, low, and high calibrator solution/chips
A4257	12.75			Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	18.05			Spring-powered device for lancet, each
A4259	10.83			Lancets, per box of 100
A4265	3.39			Paraffin, per pound
A4280	5.45			Adhesive skin support attachment for use with external breast prosthesis, each
A4310	7.72			Insertion tray without drainage bag and without catheter (accessories only)
A4311	13.97			Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, *etc.*)
A4312	15.33			Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4313	15.74			Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4314	21.50			Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, *etc.*)
A4315	22.43			Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4316	28.40			Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4320	5.33			Irrigation tray with bulb or piston syringe, any purpose
A4321	I.C			Therapeutic agent for urinary catheter irrigation
A4322	3.04			Irrigation syringe, bulb or piston, each
A4326	10.37			Male external catheter with integral collection chamber, any type, each
A4327	42.27			Female external urinary collection device; meatal cup, each
A4328	8.88			Female external urinary collection device; pouch, each
A4330	7.15			Perianal fecal collection pouch with adhesive, each
A4331	3.18			Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4332	0.12			Lubricant, individual sterile packet, each
A4333	2.20			Urinary catheter anchoring device, adhesive skin attachment, each
A4334	4.93			Urinary catheter anchoring device, leg strap, each
A4338	12.26			Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, *etc.*), each
A4340	31.75			Indwelling catheter; specialty type, (eg, Coude, mushroom, wing, *etc.*), each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A4344	15.20			Indwelling catheter, Foley type, two-way, all silicone, each
A4346	19.59			Indwelling catheter; Foley type, three-way for continuous irrigation, each
A4349	2.02			Male external catheter, with or without adhesive, disposable, each
A4351	1.81			Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, *etc.*), each
A4352	6.42			Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, *etc.*), each
A4353	6.99			Intermittent urinary catheter, with insertion supplies
A4354	11.80			Insertion tray with drainage bag but without catheter
A4355	7.57			Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each
A4356	38.79			External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	8.25			Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	6.63			Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4361	17.83			Ostomy faceplate, each
A4362	2.94			Skin barrier; solid, 4 x 4 or equivalent; each
A4363	2.36			Ostomy clamp, any type, replacement only, each
A4364	2.89			Adhesive, liquid, or equal, any type, per oz.
A4365	11.32			Adhesive remover wipes, any type, per 50
A4366	1.30			Ostomy vent, any type, each
A4367	6.62			Ostomy belt, each
A4368	0.26			Ostomy filter, any type, each
A4369	2.42			Ostomy skin barrier, liquid (spray, brush, *etc.*), per oz.
A4371	3.65			Ostomy skin barrier, powder, per oz.
A4372	4.18			Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each
A4373	6.28			Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each
A4375	17.18			Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	47.58			Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	4.29			Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	30.75			Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	15.02			Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	37.33			Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	4.61			Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382	24.62			Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	28.19			Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	9.62			Ostomy faceplate equivalent, silicone ring, each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A4385	5.10			Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each
A4387	I.C			Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each
A4388	4.36			Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each
A4389	6.22			Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each
A4390	9.61			Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each
A4391	7.07			Ostomy pouch, urinary, with extended wear barrier attached (one piece), each
A4392	8.18			Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each
A4393	9.04			Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each
A4394	2.58			Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce
A4395	0.05			Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396	40.48			Ostomy belt with peristomal hernia support
A4397	4.07			Irrigation supply; sleeve, each
A4398	13.56			Ostomy irrigation supply; bag, each
A4399	12.26			Ostomy irrigation supply; cone/catheter, including brush
A4400	48.87			Ostomy irrigation set
A4402	1.36			Lubricant, per oz.
A4404	1.69			Ostomy ring, each
A4405	3.40			Ostomy skin barrier, nonpectin-based, paste, per oz.
A4406	5.74			Ostomy skin barrier, pectin-based, paste, per oz.
A4407	8.76			Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 in. or smaller, each
A4408	9.87			Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 in., each
A4409	6.22			Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 in. or smaller, each
A4410	9.04			Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 in., each
A4411	5.10			Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each
A4412	2.70			Ostomy pouch, drainable, high output, for use on a barrier with flange (two piece system), without filter, each
A4413	5.50			Ostomy pouch, drainable, high output, for use on a barrier with flange (two piece system), with filter, each
A4414	4.93			Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 in. or smaller, each
A4415	6.00			Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in., each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A4416	2.75			Ostomy pouch, closed, with barrier attached, with filter (one piece), each
A4417	3.72			Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each
A4418	1.81			Ostomy pouch, closed; without barrier attached, with filter (one piece), each
A4419	1.74			Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two piece), each
A4420	I.C			Ostomy pouch, closed; for use on barrier with locking flange (two piece), each
A4422	0.12			Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4423	1.86			Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each
A4424	4.75			Ostomy pouch, drainable, with barrier attached, with filter (one piece), each
A4425	3.58			Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two piece system), each
A4426	2.73			Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each
A4427	2.78			Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each
A4428	6.51			Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each
A4429	8.25			Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each
A4430	8.52			Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each
A4431	6.22			Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each
A4432	3.59			Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (two piece), each
A4433	3.34			Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each
A4434	3.76			Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each
A4455	1.43			Adhesive remover or solvent (for tape, cement or other adhesive), per oz.
A4461	3.29			Surgical dressing holder, nonreusable, each
A4463	13.31			Surgical dressing holder, reusable, each
A4481	0.37			Tracheostoma filter, any type, any size, each
A4483	I.C			Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4556	10.32			Electrodes (eg, apnea monitor), per pair
A4557	21.10			Lead wires (eg, apnea monitor), per pair
A4558	4.63			Conductive gel or paste, for use with electrical device (eg, TENS, NMES), per oz.
A4559	0.10			Coupling gel or paste, for use with ultrasound device, per oz.
A4561	19.95			Pessary, rubber, any type

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A4562	49.68			Pessary, nonrubber, any type
A4595	28.81			Electrical stimulator supplies, two lead, per month, (eg, TENS, NMES)
A4604	66.81			Tubing with integrated heating element for use with positive airway pressure device
A4605	16.40			Tracheal suction catheter, closed system, each
A4608	58.15			Transtracheal oxygen catheter, each
A4611	196.45	147.34	20.37	Battery, heavy duty; replacement for patient-owned ventilator
A4612	79.93	60.95	8.14	Battery cables; replacement for patient-owned ventilator
A4613	122.58	88.65	12.27	Battery charger; replacement for patient-owned ventilator
A4614	23.78			Peak expiratory flow rate meter, hand held
A4615	0.83			Cannula, nasal
A4616	0.08			Tubing (oxygen), per foot
A4617	3.59			Mouthpiece
A4618	8.89	6.67	1.02	Breathing circuits
A4619	1.21			Face tent
A4620	0.69			Variable concentration mask
A4623	6.55			Tracheostomy, inner cannula
A4624	2.24			Tracheal suction catheter, any type other than closed system, each
A4625	5.89			Tracheostomy care kit for new tracheostomy
A4626	3.19			Tracheostomy cleaning brush, each
A4628	3.74			Oropharyngeal suction catheter, each
A4629	4.63			Tracheostomy care kit for established tracheostomy
A4630	6.25			Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
A4633	41.04			Replacement bulb/lamp for ultraviolet light therapy system, each
A4635	5.12	3.39	0.69	Underarm pad, crutch, replacement, each
A4636	4.21	3.07	0.43	Replacement, handgrip, cane, crutch, or walker, each
A4637	2.13	1.61	0.30	Replacement, tip, cane, crutch, walker, each
A4638	I.C	I.C	I.C	Replacement battery for patient-owned ear pulse generator, each
A4639	287.21			Replacement pad for infrared heating pad system, each
A4640	63.32	44.86	6.45	Replacement pad for use with medically necessary alternating pressure pad owned by patient
A5051	2.07			Ostomy pouch, closed; with barrier attached (one piece), each
A5052	1.49			Ostomy pouch, closed; without barrier attached (one piece), each
A5053	1.49			Ostomy pouch, closed; for use on faceplate, each
A5054	1.79			Ostomy pouch, closed; for use on barrier with flange (two piece), each
A5055	1.44			Stoma cap
A5061	3.52			Ostomy pouch, drainable; with barrier attached, (one piece), each
A5062	2.22			Ostomy pouch, drainable; without barrier attached (one piece), each
A5063	2.70			Ostomy pouch, drainable; for use on barrier with flange (two piece system), each
A5071	6.01			Ostomy pouch, urinary; with barrier attached (one piece), each
A5072	3.52			Ostomy pouch, urinary; without barrier attached (one piece), each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A5073	3.18			Ostomy pouch, urinary; for use on barrier with flange (two piece), each
A5081	3.30			Continent device; plug for continent stoma
A5082	11.89			Continent device; catheter for continent stoma
A5083	I.C.			Continent device, stoma absorptive cover for continent stoma
A5093	1.95			Ostomy accessory; convex insert
A5102	22.42			Bedside drainage bottle, with or without tubing, rigid or expandable, each
A5105	34.65			Urinary suspensory with leg bag, with or without tube, each
A5112	29.93			Urinary leg bag; latex
A5113	4.47			Leg strap; latex, replacement only, per set
A5114	7.60			Leg strap; foam or fabric, replacement only, per set
A5121	7.39			Skin barrier; solid, 6 x 6 or equivalent, each
A5122	10.92			Skin barrier; solid, 8 x 8 or equivalent, each
A5126	1.32			Adhesive or nonadhesive; disk or foam pad
A5131	15.86			Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A5200	11.30			Percutaneous catheter/tube anchoring device, adhesive skin attachment
A5500	63.58			For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe
A5501	190.71			For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
A5503	28.28			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe
A5504	28.28			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe
A5505	28.28			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe
A5506	28.28			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe
A5507	28.28			For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
A5512	25.94			For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer or 3/16 inch material
A5513	38.71			For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A6010	30.96			Collagen based wound filler, dry form, per gram of collagen
A6011	2.28			Collagen based wound filler, gel/paste, per gram of collagen
A6021	21.02			Collagen dressing, pad size 16 sq. in. or less, each
A6022	21.02			Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	190.30			Collagen dressing, pad size more than 48 square inches, each
A6024	6.19			Collagen dressing wound filler, per 6 in.
A6154	14.38			Wound pouch, each
A6196	7.35			Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing
A6197	16.44			Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6199	5.29			Alginate or other fiber gelling dressing, wound filler, per 6 in.
A6203	3.35			Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	6.23			Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6207	7.34			Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6209	7.48			Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	19.92			Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	29.37			Foam dressing, wound cover, pad size more then 48 sq. in., without adhesive border, each dressing
A6212	9.70			Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6214	10.29			Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6216	0.05			Gauze, nonimpregnated, nonsterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6217	I.C.			Gauze, nonimpregnated, nonsterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6219	0.95			Gauze, nonimpregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	2.58			Gauze, nonimpregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6222	2.13			Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	2.42			Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6224	3.61			Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A6229	3.61			Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6231	4.66			Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing
A6232	6.88			Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	19.19			Gauze, impregnated, hydrogel for direct wound contact, pad size more than 48 sq. in., each dressing
A6234	6.54			Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	16.82			Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	27.25			Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	7.91			Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	22.79			Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6240	12.24			Hydrocolloid dressing, wound filler, paste, per fl. oz.
A6241	2.57			Hydrocolloid dressing, wound filler, dry form, per gm
A6242	6.07			Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	12.31			Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	39.28			Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	7.27			Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	9.92			Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	23.78			Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	16.24			Hydrogel dressing, wound filler, gel, per fl. oz.
A6251	1.99			Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	3.25			Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	6.34			Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	1.21			Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	3.03			Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A6257	1.53			Transparent film, 16 sq. in. or less, each dressing
A6258	4.30			Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	10.94			Transparent film, more than 48 sq. in., each dressing
A6266	1.92			Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yd.
A6402	0.12			Gauze, nonimpregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6403	0.43			Gauze, nonimpregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6407	1.88			Packing strips, nonimpregnated, up to two in. in width, per linear yd.
A6410	0.39			Eye pad, sterile, each
A6411	I.C.			Eye pad, non-sterile, each
A6441	0.67			Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to three in. and less than five in., per yd.
A6442	0.17			Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than three in., per yd.
A6443	0.29			Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to three in. and less than five in., per yd.
A6444	0.56			Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to five in., per yd.
A6445	0.32			Conforming bandage, nonelastic, knitted/woven, sterile, width less than three in., per yd.
A6446	0.41			Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to three in. and less than five in., per yd.
A6447	0.67			Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to five in., per yd.
A6448	1.16			Light compression bandage, elastic, knitted/woven, width less than three in., per yd.
A6449	1.75			Light compression bandage, elastic, knitted/woven, width greater than or equal to three in. and less than five in., per yd.
A6450	I.C.			Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	I.C.			Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three in. and less than five in., per yd.
A6452	5.91			High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three in. and less than five in., per yd.
A6453	0.61			Self-adherent bandage, elastic, nonknitted/nonwoven, width less than three in., per yd.
A6454	0.77			Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to three in. and less than five in., per yard
A6455	1.39			Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to five in., per yd.

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A6456	1.28			Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in. and less than 5 in., per yd.
A6457	1.14			Tubular dressing with or without elastic, any width, per linear yard
A6501	AI +20%			Compression burn garment, bodysuit (head to foot), custom fabricated
A6502	AI +20%			Compression burn garment, chin strap, custom fabricated
A6503	AI +20%			Compression burn garment, facial hood, custom fabricated
A6504	AI +20%			Compression burn garment, glove to wrist, custom fabricated
A6505	AI +20%			Compression burn garment, glove to elbow, custom fabricated
A6506	AI +20%			Compression burn garment, glove to axilla, custom fabricated
A6507	AI +20%			Compression burn garment, foot to knee length, custom fabricated
A6508	AI +20%			Compression burn garment, foot to thigh length, custom fabricated
A6509	AI +20%			Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510	AI +20%			Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
A6511	AI +20%			Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6513	AI +20%			Compression burn mask, face and/or neck, plastic or equal, custom fabricated
A6531	43.27			Gradient compression stocking, below knee, 30-40 mm Hg, each
A6532	60.96			Gradient compression stocking, below knee, 40-50 mm Hg, each
A6550	27.42			Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7000	8.75			Canister, disposable, used with suction pump, each
A7001	31.30			Canister, nondisposable, used with suction pump, each
A7002	3.63			Tubing, used with suction pump, each
A7003	2.74			Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7004	1.55			Small volume nonfiltered pneumatic nebulizer, disposable
A7005	29.20			Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable
A7006	8.54			Administration set, with small volume filtered pneumatic nebulizer
A7007	4.18			Large volume nebulizer, disposable, unfilled, used with aerosol compressor
A7008	11.00			Large volume nebulizer, disposable, prefilled, used with aerosol compressor
A7009	39.79			Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer
A7010	23.59			Corrugated tubing, disposable, used with large volume nebulizer, 100 ft.
A7012	3.76			Water collection device, used with large volume nebulizer

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A7013	0.78			Filter, disposable, used with aerosol compressor
A7014	4.24			Filter, nondisposable, used with aerosol compressor or ultrasonic generator
A7015	1.72			Aerosol mask, used with DME nebulizer
A7016	6.85			Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7017	134.04	100.52	13.40	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen
A7018	0.38			Water, distilled, used with large volume nebulizer, 1000 ml
A7025	434.94			High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each
A7026	28.75			High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
A7027	179.35			Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028	49.54			Oral cushion for combination oral/nasal mask, replacement only, each
A7029	20.24			Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030	188.64			Full face mask used with positive airway pressure device, each
A7031	69.77			Face mask interface, replacement for full face mask, each
A7032	40.53			Cushion for use on nasal mask interface, replacement only, each
A7033	28.41			Pillow for use on nasal cannula type interface, replacement only, pair
A7034	117.64			Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035	37.16			Headgear used with positive airway pressure device
A7036	18.20			Chinstrap used with positive airway pressure device
A7037	41.02			Tubing used with positive airway pressure device
A7038	4.58			Filter, disposable, used with positive airway pressure device
A7039	15.33			Filter, nondisposable, used with positive airway pressure device
A7040	39.48			One way chest drain valve
A7041	74.19			Water seal drainage container and tubing for use with implanted chest tube
A7042	177.41			Implanted pleural catheter, each
A7043	28.11			Vacuum drainage bottle and tubing for use with implanted catheter
A7044	120.91			Oral interface used with positive airway pressure device, each
A7045	19.47	14.60	1.95	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	19.51			Water chamber for humidifier, used with positive airway pressure device, replacement, each
A7501	105.03			Tracheostoma valve, including diaphragm, each
A7502	49.91			Replacement diaphragm/faceplate for tracheostoma valve, each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
A7503	11.33			Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	0.67			Filter for use in a tracheostoma heat and moisture exchange system, each
A7505	4.68			Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
A7506	0.33			Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
A7507	2.49			Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	2.87			Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	1.41			Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
A7520	47.48			Tracheostomy/laryngectomy tube, noncuffed, polyvinylchloride (PVC), silicone or equal, each
A7521	47.05			Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each
A7522	45.16			Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
A7524	77.40			Tracheostoma stent/stud/button, each
A7525	2.07			Tracheostomy mask, each
A7526	3.37			Tracheostomy tube collar/holder, each
A7527	3.58			Tracheostomy/laryngectomy tube plug/stop, each
A8000	153.35	115.03	15.33	Helmet, protective, soft, prefabricated, includes all components and accessories
A8001	153.35	115.03	15.33	Helmet, protective, hard, prefabricated, includes all components and accessories
A8002	AI +70%			Helmet, protective, soft, custom fabricated, includes all components and accessories
A8003	AI +70%			Helmet, protective, hard, custom fabricated, includes all components and accessories
A8004	I.C.	I.C.	I.C.	Soft interface for helmet, replacement only
E0100	20.29	15.20	5.31	Cane, includes canes of all materials, adjustable or fixed, with tip
E0105	48.46	36.35	7.53	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips
E0110	77.59	58.18	15.99	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips
E0111	53.26	41.10	8.43	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip
E0112	31.45	24.00	8.44	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips
E0113	21.13	15.86	5.15	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip
E0114	40.11	30.32	7.28	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E0116	27.74	20.88	4.59	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each
E0117	192.71	144.55	19.26	Crutch, underarm, articulating, spring assisted, each
E0130	64.70	48.52	14.30	Walker, rigid (pickup), adjustable or fixed height
E0135	83.84	64.32	14.67	Walker, folding (pickup), adjustable or fixed height
E0140	360.71	270.54	36.08	Walker, with trunk support, adjustable or fixed height, any type
E0141	114.09	85.57	19.01	Walker, rigid, wheeled, adjustable or fixed height
E0143	120.23	89.98	18.35	Walker, folding, wheeled, adjustable or fixed height
E0144	318.45	203.01	27.08	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
E0147	574.81	431.13	57.48	Walker, heavy duty, multiple braking system, variable wheel resistance
E0148	127.05	95.28	12.72	Walker, heavy duty, without wheels, rigid or folding, any type, each
E0149	223.20	167.39	22.32	Walker, heavy duty, wheeled, rigid or folding, any type
E0153	58.97	44.23	6.66	Platform attachment, forearm crutch, each
E0154	65.40	49.06	7.28	Platform attachment, walker, each
E0155	31.56	24.05	3.85	Wheel attachment, rigid pick-up walker, per pair
E0156	26.43	19.85	3.38	Seat attachment, walker
E0157	81.92	61.45	8.99	Crutch attachment, walker, each
E0158	32.18	24.12	3.55	Leg extensions for walker, per set of four
E0159	17.81	13.38	1.80	Brake attachment for wheeled walker, replacement, each
E0160	33.06	24.77	3.96	Sitz type bath or equipment, portable, used with or without commode
E0161	22.30	16.69	3.57	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)
E0162	145.70	113.00	15.29	Sitz bath chair
E0163	102.25	76.67	20.77	Commode chair, mobile or stationary, with fixed arms
E0165			15.79	Commode chair, mobile or stationary, with detachable arms
E0167	12.00	9.04	1.07	Pail or pan for use with commode chair, replacement only
E0168	150.92	113.18	15.17	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each
E0170			160.72	Commode chair with integrated seat lift mechanism, electric, any type
E0171			28.92	Commode chair with integrated seat lift mechanism, non-electric, any type
E0175	64.98	48.74	6.51	Foot rest, for use with commode chair, each
E0181			26.06	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
E0182			22.25	Pump for alternating pressure pad, for replacement only
E0184	194.70	149.32	23.78	Dry pressure mattress
E0185	319.86	245.48	44.94	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186			17.26	Air pressure mattress
E0187			19.73	Water pressure mattress
E0188	22.47	16.87	2.64	Synthetic sheepskin pad
E0189	51.96	38.98	5.31	Lambswool sheepskin pad, any size
E0191	9.99	7.46	1.02	Heel or elbow protector, each
E0193			903.46	Powered air flotation bed (low air loss therapy)
E0194			3,254.34	Air fluidized bed
E0196			27.62	Gel pressure mattress

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E0197	188.34	165.44	25.98	Air pressure pad for mattress, standard mattress length and width
E0198	188.34	142.92	19.51	Water pressure pad for mattress, standard mattress length and width
E0199	28.30	21.21	2.82	Dry pressure pad for mattress, standard mattress length and width
E0200	67.39	50.57	9.15	Heat lamp, without stand (table model), includes bulb, or infrared element
E0202			60.28	Phototherapy (bilirubin) light with photometer
E0205	164.95	123.71	18.14	Heat lamp, with stand, includes bulb, or infrared element
E0210	32.64	24.48	2.66	Electric heat pad, standard
E0215	60.21	45.17	6.30	Electric heat pad, moist
E0217	496.47	372.32	55.28	Water circulating heat pad with pump
E0220	7.20	5.38	0.76	Hot water bottle
E0225	330.35	247.76	32.56	Hydrocollator unit, includes pads
E0230	7.21	5.39	0.81	Ice cap or collar
E0235			15.76	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
E0236			44.25	Pump for water circulating pad
E0238	22.98	16.90	2.61	Nonelectric heat pad, moist
E0239	449.83	337.39	44.99	Hydrocollator unit, portable
E0249	99.60	74.70	10.95	Pad for water circulating heat unit
E0250			97.76	Hospital bed, fixed height, with any type side rails, with mattress
E0251			74.08	Hospital bed, fixed height, with any type side rails, without mattress
E0255			117.48	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256			83.35	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260			140.46	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261			136.94	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265			199.88	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress
E0266			177.59	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress
E0271	222.04	173.46	23.06	Mattress, innerspring
E0272	202.37	151.05	21.13	Mattress, foam rubber
E0275	14.57	10.94	1.46	Bed pan, standard, metal or plastic
E0276	11.31	8.94	1.51	Bed pan, fracture, metal or plastic
E0277			703.47	Powered pressure-reducing air mattress
E0280	36.58	27.42	3.65	Bed cradle, any type
E0290			74.74	Hospital bed, fixed height, without side rails, with mattress
E0291			54.30	Hospital bed, fixed height, without side rails, without mattress
E0292			84.04	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293			71.51	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294			130.65	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E0295			127.35	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
E0296			164.20	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress
E0297			140.67	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress
E0300	2,838.62	2,128.96	283.86	Pediatric crib, hospital grade, fully enclosed
E0301			270.72	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
E0302			715.44	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303			303.98	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
E0304			770.67	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
E0305			17.79	Bedside rails, half-length
E0310	185.02	138.77	22.76	Bedside rails, full-length
E0316			211.28	Safety enclosure frame/canopy for use with hospital bed, any type
E0325	10.11	6.69	1.51	Urinal; male, jug-type, any material
E0326	10.50	7.87	1.19	Urinal; female, jug-type, any material
E0371			444.48	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372			539.34	Powered air overlay for mattress, standard mattress length and width
E0373			614.47	Nonpowered advanced pressure reducing mattress
E0424			199.28	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0431			31.79	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0434			31.79	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0439			199.28	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
E0441	77.45			Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit
E0442	77.45			Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit
E0443	77.45			Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = 1 unit

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E0444	77.45			Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = 1 unit
E0450			954.52	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (eg, tracheostomy tube)
E0457	614.51	460.85	61.45	Chest shell (cuirass)
E0459			50.89	Chest wrap
E0460			623.53	Negative pressure ventilator; portable or stationary
E0462			247.69	Rocking bed, with or without side rails
E0463			1,406.38	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (eg, tracheostomy tube)
E0464			1,406.38	Pressure support ventilator with volume control mode, may include pressure control mode, used with noninvasive interface (eg, mask)
E0470			231.77	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, eg, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471			642.17	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, eg, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0472			642.17	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, eg, tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
E0480			43.94	Percussor, electric or pneumatic, home model
E0482			430.02	Cough stimulating device, alternating positive and negative airway pressure
E0483			1,063.13	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each
E0484	36.92	27.70	3.69	Oscillatory positive expiratory pressure device, nonelectric, any type, each
E0485	AI + 50%			Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
E0486	AI + 70%			Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
E0486	AI + 70%			Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
E0486	AI + 70%			Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
E0500			109.77	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source
E0550			42.61	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E0560	171.52	128.64	20.10	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery
E0561	107.00	80.24	10.69	Humidifier, nonheated, used with positive airway pressure device
E0562	301.22	225.91	30.11	Humidifier, heated, used with positive airway pressure device
E0565			61.01	Compressor, air power source for equipment which is not self-contained or cylinder driven
E0570			16.11	Nebulizer, with compressor
E0571			29.97	Aerosol compressor, battery powered, for use with small volume nebulizer
E0572			38.09	Aerosol compressor, adjustable pressure, light duty for intermittent use
E0574			40.26	Ultrasonic/electronic aerosol generator with small volume nebulizer
E0575			102.78	Nebulizer, ultrasonic, large volume
E0580	134.04	100.52	13.40	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter
E0585			29.81	Nebulizer, with compressor and heater
E0600			45.79	Respiratory suction pump, home model, portable or stationary, electric
E0601			96.99	Continuous airway pressure (CPAP) device
E0602	29.52	22.14	2.96	Breast pump, manual, any type
E0605	26.43	19.85	2.66	Vaporizer, room type
E0606			22.94	Postural drainage board
E0607	66.82	50.10	6.68	Home blood glucose monitor
E0610	202.18	151.66	21.33	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)
E0615	478.82	359.12	58.50	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems
E0617			304.05	External defibrillator with integrated electrocardiogram analysis
E0617			337.57	External defibrillator with integrated electrocardiogram analysis
E0618			280.35	Apnea monitor, without recording feature
E0619			I.C.	Apnea monitor, with recording feature
E0620	874.39	655.79	87.43	Skin piercing device for collection of capillary blood, laser, each
E0621	95.99	72.36	9.25	Sling or seat, patient lift, canvas or nylon
E0627	337.32	253.00	33.74	Seat lift mechanism incorporated into a combination lift-chair mechanism
E0628	337.32	253.00	33.74	Separate seat lift mechanism for use with patient owned furniture - electric
E0629	330.71	248.01	33.08	Separate seat lift mechanism for use with patient owned furniture - nonelectric
E0630			101.89	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)
E0635			122.36	Patient lift, electric, with seat or sling
E0636			1,054.56	Multipositional patient support system, with integrated lift, patient accessible controls
E0650	720.22	540.16	88.87	Pneumatic compressor, nonsegmental home model
E0651	780.66	585.50	92.49	Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652	5,301.45	3,972.53	445.36	Pneumatic compressor, segmental home model with calibrated gradient pressure

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E0655	101.75	76.30	10.78	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm
E0660	158.24	118.68	14.14	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	136.99	102.88	13.22	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	138.08	103.59	14.23	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg
E0667	275.20	206.41	36.56	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668	441.88	331.42	43.61	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0669	174.06	130.56	17.41	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0671	415.35	311.50	41.54	Segmental gradient pressure pneumatic appliance, full leg
E0672	322.73	242.06	32.28	Segmental gradient pressure pneumatic appliance, full arm
E0673	268.17	201.15	26.82	Segmental gradient pressure pneumatic appliance, half leg
E0675			384.55	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)
E0691	898.59	673.94	89.86	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection; treatment area 2 sq. ft. or less
E0692	1,128.37	846.29	112.83	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection, 4 ft. panel
E0693	1,390.98	1,043.24	139.10	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection, 6 ft. panel
E0694	4,427.34	3,320.53	442.73	Ultraviolet multidirectional light therapy system in 6 ft. cabinet, includes bulbs/lamps, timer, and eye protection
E0705	54.89	40.36	5.61	Transfer device, any type, each
E0720	367.58			Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation
E0730	370.56			Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation
E0731	303.19			Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
E0740	522.87	392.18	52.29	Incontinence treatment system, pelvic floor stimulator, monitor, sensor, and/or trainer
E0744			91.57	Neuromuscular stimulator for scoliosis
E0745			89.51	Neuromuscular stimulator, electronic shock unit
E0747	3,328.66	2,473.13	330.78	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
E0748	3,890.70	2,918.04	389.07	Osteogenesis stimulator, electrical, noninvasive, spinal applications
E0749			284.37	Osteogenesis stimulator, electrical, surgically implanted
E0760	3,233.10	2,424.83	323.32	Osteogenesis stimulator, low intensity ultrasound, noninvasive
E0762	934.63	700.95	93.47	Transcutaneous electrical joint stimulation device system, includes all accessories

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E0764	11,066.82	8,300.12	1,106.67	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program
E0765	84.13	63.12	8.43	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting
E0776	143.16	105.33	18.65	IV pole
E0779			16.73	Ambulatory infusion pump, mechanical, reusable, for infusion eight hours or greater
E0780	10.37			Ambulatory infusion pump, mechanical, reusable, for infusion less than eight hours
E0781			225.14	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0782	3,649.40	2,737.06	364.96	Infusion pump, implantable, non-programmable (includes all components, eg, pump, catheter, connectors, *etc.*)
E0783	8,186.91	6,140.19	818.70	Infusion pump system, implantable, programmable (includes all components, eg, pump, catheter, connectors, *etc.*)
E0784			417.57	External ambulatory infusion pump, insulin
E0785	472.50			Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
E0786	7,697.60	5,773.22	769.76	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
E0791			316.20	Parenteral infusion pump, stationary, single, or multi-channel
E0840	73.28	54.93	14.53	Traction frame, attached to headboard, cervical traction
E0849	515.31	386.46	51.53	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E0850	105.06	78.80	12.27	Traction stand, freestanding, cervical traction
E0855	502.63	376.96	50.26	Cervical traction equipment not requiring additional stand or frame
E0856	I.C.	I.C.	I.C.	Cervical traction device, cervical collar with inflatable air bladder
E0860	38.53	29.51	6.51	Traction equipment, overdoor, cervical
E0870	116.31	87.62	13.40	Traction frame, attached to footboard, extremity traction (eg, Buck's)
E0880	125.54	95.02	19.71	Traction stand, freestanding, extremity traction (eg, Buck's)
E0890	120.41	96.99	32.83	Traction frame, attached to footboard, pelvic traction
E0900	128.12	96.12	27.62	Traction stand, freestanding, pelvic traction (eg, Buck's)
E0910			20.00	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar
E0911			49.85	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
E0912			114.47	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
E0920			46.14	Fracture frame, attached to bed, includes weights
E0930			45.69	Fracture frame, freestanding, includes weights

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E0935			22.73	Continuous passive motion exercise device for use on knee only
E0940			34.77	Trapeze bar, freestanding, complete with grab bar
E0941			36.90	Gravity assisted traction device, any type
E0942	19.85	14.88	1.99	Cervical head harness/halter
E0944	45.88	34.40	3.97	Pelvic belt/harness/boot
E0945	44.32	34.31	3.77	Extremity belt/harness
E0946			59.16	Fracture frame, dual with cross bars, attached to bed (eg, Balken, Four Poster)
E0947	606.46	454.84	62.89	Fracture frame, attachments for complex pelvic traction
E0948	586.59	413.70	58.64	Fracture frame, attachments for complex cervical traction
E0950	88.36	66.27	8.85	Wheelchair accessory, tray, each
E0951	17.08	12.80	1.96	Heel loop/holder, any type, with or without ankle strap, each
E0952	16.89	12.66	1.96	Toe loop/holder, any type, each
E0955	202.18	151.63	20.23	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	98.58	73.93	9.87	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	137.93	103.45	13.79	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0958			37.09	Manual wheelchair accessory, one-arm drive attachment, each
E0959	44.21	33.46	3.91	Manual wheelchair accessory, adapter for amputee, each
E0960	90.98	68.24	9.10	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0961	29.74	12.63	2.64	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966	71.37	53.52	6.62	Manual wheelchair accessory, headrest extension, each
E0967	65.69	49.25	6.57	Manual wheelchair accessory, hand rim with projections, any type, each
E0968			16.94	Commode seat, wheelchair
E0969	156.63	117.48	13.22	Narrowing device, wheelchair
E0971	43.39	32.56	4.34	Manual wheelchair accessory, anti-tipping device, each
E0973	114.97	86.23	9.31	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974	74.07	55.54	7.06	Manual wheelchair accessory, anti-rollback device, each
E0978	42.70	31.66	4.28	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
E0980	33.06	24.66	3.30	Safety vest, wheelchair
E0981	47.15	35.70	4.08	Wheelchair accessory, seat upholstery, replacement only, each
E0982	51.53	38.64	4.38	Wheelchair accessory, back upholstery, replacement only, each
E0983			249.93	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	1,760.94	1,320.70	176.09	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E0985	202.85	152.12	20.30	Wheelchair accessory, seat lift mechanism
E0986	4,864.24	3,648.20	486.43	Manual wheelchair accessory, push activated power assist, each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E0990	117.43	91.75	13.22	Wheelchair accessory, elevating leg rest, complete assembly, each
E0992	95.15	71.37	7.92	Manual wheelchair accessory, solid seat insert
E0994	17.63	13.23	1.78	Armrest, each
E0995	25.84	19.36	2.66	Wheelchair accessory, calf rest/pad, each
E1002	4,053.21	3,039.90	405.32	Wheelchair accessory, power seating system, tilt only
E1003	4,391.30	3,293.48	439.14	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	4,869.05	3,651.77	486.90	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	5,270.36	3,952.78	527.03	Wheelchair accessory, power seatng System, recline only, with power shear reduction
E1006	6,455.70	4,841.78	645.55	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	8,741.27	6,555.94	874.13	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	8,742.05	6,556.55	874.20	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	AI + 35%	I.C.	I.C.	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each
E1010	1,143.79	857.86	114.38	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1011	I.C.	I.C.	I.C.	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E1014	365.14	273.85	36.52	Reclining back, addition to pediatric size wheelchair
E1015	114.70	86.02	11.46	Shock absorber for manual wheelchair, each
E1016	131.31	98.48	13.14	Shock absorber for power wheelchair, each
E1017	AI + 35%	I.C.	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each
E1018	AI + 35%	I.C.	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
E1020	243.41	182.55	24.32	Residual limb support system for wheelchair
E1028	206.54	154.89	20.65	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	369.54	277.15	36.95	Wheelchair accessory, ventilator tray, fixed
E1030	1,165.27	873.96	116.53	Wheelchair accessory, ventilator tray, gimbaled
E1031			49.09	Rollabout chair, any and all types with castors five in. or greater
E1035			613.20	Multi-positional patient transfer system, with integrated seat, operated by care giver
E1037			108.49	Transport chair, pediatric size
E1038			18.03	Transport chair, adult size, patient weight capacity up to and including 300 pounds
E1039			34.20	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds
E1050			86.56	Fully reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests
E1060			126.07	Fully reclining wheelchair; detachable arms, desk, or full-length, swing-away, detachable, elevating leg rests

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E1070			109.53	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests
E1083			72.72	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests
E1084			96.57	Hemi-wheelchair; detachable arms, desk, or full-length, swing-away, detachable, elevating leg rests
E1087			126.51	High-strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests
E1088			150.77	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests
E1092			109.23	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests
E1093			93.94	Wide, heavy-duty wheelchair; detachable arms, desk or full-length arms, swing-away, detachable footrests
E1100			103.81	Semi-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1110			101.66	Semi-reclining wheelchair; detachable arms, desk or full-length, elevating legrest
E1150			81.58	Wheelchair, detachable arms, desk or full-length swing away detachable elevating leg rests
E1160			62.50	Wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1161	2,366.09	1,774.57	236.61	Manual adult size wheelchair, includes tilt in space
E1170			89.31	Amputee wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1171			80.15	Amputee wheelchair, fixed full-length arms, without footrests or leg rest
E1172			97.95	Amputee wheelchair, detachable arms (desk or full-length) without footrests or leg rest
E1180			101.34	Amputee wheelchair, detachable arms (desk or full-length) swing away detachable foot rests
E1190			107.92	Amputee wheelchair, detachable arms (desk or full-length) swing away detachable elevating leg rests
E1195			125.63	Heavy duty wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1200			87.01	Amputee wheelchair, fixed full-length arms, swing away detachable footrest
E1221			47.51	Wheelchair with fixed arm, footrests
E1222			67.79	Wheelchair with fixed arm, elevating leg rests
E1223			74.02	Wheelchair with detachable arms, footrests
E1224			81.15	Wheelchair with detachable arms, elevating leg rests
E1225			38.42	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	463.80	347.82	47.74	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1227	235.88	176.93	23.59	Special height arms for wheelchair
E1228			28.02	Special back height for wheelchair
E1230	2,261.79	1,788.81	222.45	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number
E1240			103.02	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating leg rest

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E1270			78.94	Lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests
E1280			131.26	Heavy duty wheelchair, detachable arms (desk or full length) elevating leg rests
E1295			121.47	Heavy duty wheelchair, fixed full length arms, elevating leg rest
E1296	491.67	368.75	49.94	Special wheelchair seat height from floor
E1297	88.92	66.68	9.88	Special wheelchair seat depth, by upholstery
E1298	360.10	270.07	36.85	Special wheelchair seat depth and/or width, by construction
E1310	1,825.29	1,368.97	156.12	Whirlpool, nonportable (built-in type)
E1353	32.87			Regulator
E1355	24.75			Stand/rack
E1372	163.03	120.68	23.69	Immersion external heater for nebulizer
E1390			199.28	Oxygen concentrator, single delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate
E1391			199.28	Oxygen concentrator, dual delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate, each
E1392			51.63	Portable oxygen concentrator, rental
E1405			229.09	Oxygen and water vapor enriching system with heated delivery
E1406			215.39	Oxygen and water vapor enriching system without heated delivery
E1700	312.39	234.31	31.23	Jaw motion rehabilitation system
E1701	10.37			Replacement cushions for jaw motion rehabilitation system, package of six
E1702	22.57			Replacement measuring scales for jaw motion rehabilitation system, package of 200
E1800			104.13	Dynamic adjustable elbow extension/flexion device, includes soft interface material
E1801			129.00	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1802			326.80	Dynamic adjustable forearm pronation/supination device, includes soft interface material
E1805			126.34	Dynamic adjustable wrist extension/flexion device, includes soft interface material
E1806			105.91	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1810			105.89	Dynamic adjustable knee extension/flexion device, includes soft interface material
E1811			134.12	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1812			85.99	Dynamic knee, extension/flexion device with active resistance control
E1815			126.34	Dynamic adjustable ankle extension/flexion device, includes soft interface material
E1816			136.24	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories

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Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E1818			139.09	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories
E1820	81.74	61.31	8.17	Replacement soft interface material, dynamic adjustable extension/flexion device
E1821	105.25	78.95	10.51	Replacement soft interface material/cuffs for bi-directional static progressive stretch device
E1825			126.34	Dynamic adjustable finger extension/flexion device, includes soft interface material
E1830			126.34	Dynamic adjustable toe extension/flexion device, includes soft interface material
E1840			382.71	Dynamic adjustable shoulder flexion/abduction/ rotation device, includes soft interface material
E1841			453.00	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
E2000			51.83	Gastric suction pump, home model, portable or stationary, electric
E2100	643.19	482.40	64.32	Blood glucose monitor with integrated voice synthesizer
E2101	188.56	141.42	18.86	Blood glucose monitor with integrated lancing/blood sample
E2120			283.52	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid
E2201	373.10	279.83	37.31	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
E2202	473.98	355.50	47.40	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in.
E2203	479.05	359.28	47.89	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
E2204	813.40	610.05	81.35	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
E2205	32.67	24.52	3.25	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	40.68	30.50	4.06	Manual wheelchair accessory, wheel Lock assembly, complete, each
E2207	43.35	32.51	4.34	Wheelchair accessory, crutch and cane holder, each
E2208	118.78	89.09	11.87	Wheelchair accessory, cylinder tank carrier, each
E2209	107.16	80.38	10.74	Accessory, arm trough, with or without hand support, each
E2210	6.55	4.92	0.56	Wheelchair accessory, bearings, any type, replacement only, each
E2211	40.91	29.30	3.96	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212	5.88	4.42	0.61	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2213	30.41	22.79	3.05	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214	36.00	26.99	3.96	Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215	9.60	7.18	0.95	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E2216	AI + 30%	I.C.	I.C.	Manual wheelchair accessory, foam filled propulsion tire, any size, each
E2217	AI + 30%	I.C.	I.C.	Manual wheelchair accessory, foam filled caster tire, any size, each
E2218	AI + 30%	I.C.	I.C.	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	40.31	30.24	4.01	Manual wheelchair accessory, foam caster tire, any size, each
E2220	28.52	21.81	2.75	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each
E2221	25.55	19.18	2.58	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each
E2222	21.06	15.81	2.09	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each
E2223	5.61	4.21	0.56	Manual wheelchair accessory, valve, any type, replacement only, each
E2224	98.06	73.55	10.29	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each
E2225	17.40	13.04	1.74	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226	37.94	28.46	3.79	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2227	AI + 35%	I.C.	I.C.	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	AI + 35%	I.C.	I.C.	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2310	1,170.24	877.68	117.02	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2311	2,369.20	1,776.90	236.93	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2312	2,473.18	1,454.36	193.92	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2312	1,939.18	1,854.88	193.92	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	307.93	230.95	30.81	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	2,231.00	1,673.25	223.10	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	1,410.36	1,771.94	236.26	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	69.16	51.87	6.92	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E2323	69.16	51.87	6.92	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2323	69.16	51.87	6.92	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	43.82	32.87	4.37	Power wheelchair accessory, chin cup for chin control interface
E2324	43.82	32.87	4.37	Power wheelchair accessory, chin cup for chin control interface
E2324	43.82	32.87	4.37	Power wheelchair accessory, chin cup for chin control interface
E2325	1,346.83	1,010.13	134.70	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2325	1,346.83	1,010.13	134.70	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2325	1,346.83	1,010.13	134.70	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	347.14	260.34	34.73	Power wheelchair accessory, breath tube kit for sip and puff interface
E2326	347.14	260.34	34.73	Power wheelchair accessory, breath tube kit for sip and puff interface
E2326	347.14	260.34	34.73	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	3,420.77	2,565.57	342.08	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	4,955.32	3,716.50	495.52	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	1,766.13	1,324.60	176.61	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	3,422.09	2,566.58	342.20	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2340	358.36	268.79	35.85	Power wheelchair accessory, nonstandard seat frame width, 20-23 in.
E2341	537.58	403.19	53.76	Power wheelchair accessory, nonstandard seat frame width, 24-27 in.
E2342	447.98	335.99	44.80	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in.
E2343	716.78	537.58	71.67	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in.

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E2351	698.63	523.96	69.88	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2360	112.34	84.26	11.29	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each
E2361	139.47	104.62	13.95	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (*e.g.*, gel cell, absorbed glassmat)
E2362	91.98	68.98	9.20	Power wheelchair accessory, group 24 nonsealed lead acid battery, each
E2363	186.00	139.50	18.61	Power wheelchair accessory, group 24 sealed lead acid battery, each (*e.g.*, gel cell, absorbed glassmat)
E2364	112.34	84.26	11.29	Power wheelchair accessory, U-1 nonsealed lead acid battery, each
E2365	112.17	84.15	11.22	Power wheelchair accessory, U-1 sealed lead acid battery, each (*e.g.*, gel cell, absorbed glassmat)
E2366	263.62	197.72	26.43	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each
E2367	419.08	314.31	41.91	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each
E2368	516.57	387.44	51.67	Power wheelchair component, motor, replacement only
E2369	449.94	337.45	45.00	Power wheelchair component, gear box, replacement only
E2370	802.84	602.12	80.29	Power wheelchair component, motor and gear box combination, replacement only
E2371	150.74	113.06	15.08	Power wheelchair accessory, group 27 sealed lead acid battery, (*e.g.*, gel cell, absorbed glassmat), each
E2372	AI + 35%	I.C.	I.C.	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
E2373	1,209.93	907.47	121.00	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
E2374	534.02	400.53	53.40	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	856.56	642.40	85.65	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only
E2376	1,342.27	1,006.72	134.23	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2377	485.71	364.30	48.56	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
E2381	76.18	57.14	7.63	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	20.77	15.57	2.07	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383	151.88	113.91	15.19	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384	80.91	60.68	8.11	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E2385	49.50	37.11	4.96	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	150.51	112.87	15.05	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	67.49	50.65	6.75	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388	50.39	37.80	5.04	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389	27.36	20.51	2.74	Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390	42.79	32.07	4.28	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
E2391	20.50	15.38	2.05	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392	53.88	40.41	5.40	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2393	AI + 35%	I.C	I.C	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each
E2394	76.75	57.57	7.69	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	54.55	40.93	5.46	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396	64.07	48.07	7.13	Power wheelchair accessory, caster fork, any size, replacement only, each
E2397	AI + 35%	I.C	I.C	Power wheelchair accessory, lithium-based battery, each
E2402			1,716.46	Negative pressure wound therapy electrical pump, stationary or portable
E2500	391.06	293.29	39.11	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time
E2502	1,195.80	896.86	119.59	Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time
E2504	1,577.42	1,183.05	157.76	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	2,312.96	1,734.69	231.29	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time
E2508	3,576.61	2,682.47	357.67	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	6,768.25	5,076.18	676.82	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2511	AI + 30%	I.C	I.C	Speech generating software program, for personal computer or personal digital assistant
E2512	AI + 30%	I.C	I.C	Accessory for speech generating device, mounting system
E2601	61.16	45.87	6.13	General use wheelchair seat cushion, width less than 22 in., any depth
E2602	119.40	89.55	11.94	General use wheelchair seat cushion, width 22 in. or greater, any depth

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
E2603	151.59	113.69	15.17	Skin protection wheelchair seat cushion, width less than 22 in., any depth
E2604	188.41	141.33	18.83	Skin protection wheelchair seat cushion, width 22 in. or greater, any depth
E2605	269.17	201.91	26.93	Positioning wheelchair seat cushion, width less than 22 in., any depth
E2606	419.93	314.94	42.01	Positioning wheelchair seat cushion, width 22 in. or greater, any depth
E2607	289.85	217.39	28.99	Skin protection and positioning wheelchair seat cushion, width less than 22 in., any depth
E2608	348.09	261.07	34.80	Skin protection and positioning wheelchair seat cushion, width 22 in. or greater, any depth
E2611	312.35	234.29	31.23	General use wheelchair back cushion, width less than 22 in., any height, including any type mounting hardware
E2612	422.54	316.89	42.25	General use wheelchair back cushion, width 22 in. or greater, any height, including any type mounting hardware
E2613	393.04	294.78	39.31	Positioning wheelchair back cushion, posterior, width less than 22 in., any height, including any type mounting hardware
E2614	543.93	407.97	54.40	Positioning wheelchair back cushion, posterior, width 22 in. or greater, any height, including any type mounting hardware
E2615	452.32	339.23	45.24	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in., any height, including any type mounting hardware
E2616	608.58	456.45	60.86	Positioning wheelchair back cushion, posterior-lateral, width 22 in. or greater, any height, including any type mounting hardware
E2619	51.32	38.51	5.13	Replacement cover for wheelchair seat cushion or back cushion, each
E2620	547.70	410.79	54.77	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in., any height, including any type mounting hardware
E2621	574.76	431.08	57.47	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in. or greater, any height, including any type mounting hardware
L0112	1,178.03			Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
L0120	21.39			Cervical, flexible, nonadjustable (foam collar)
L0130	137.29			Cervical, flexible, thermoplastic collar, molded to patient
L0140	66.73			Cervical, semi-rigid, adjustable (plastic collar)
L0150	99.40			Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)
L0160	168.38			Cervical, semi-rigid, wire frame occipital/mandibular support
L0170	663.10			Cervical, collar, molded to patient model
L0172	102.37			Cervical, collar, semi-rigid thermoplastic foam, two piece
L0174	295.33			Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension
L0180	398.35			Cervical, multiple post collar, occipital/mandibular supports, adjustable

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L0190	482.75			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)
L0200	452.73			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension
L0210	39.84			Thoracic, rib belt
L0220	107.26			Thoracic, rib belt, custom fabricated
L0430	1,135.00			Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (DeWall Posture Protector only)
L0450	186.85			TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment
L0452	AI + 70%.			TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated
L0454	291.91			TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder
L0456	837.12			TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary
L0458	750.63			TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0460	844.88			TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L0462	1,050.90			TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0464	1,251.08			TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0466	347.54			TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
L0468	449.08			TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intravertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
L0470	637.80			TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in the sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on intravertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
L0472	388.61			TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L0480	1,342.86			TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0482	1,401.23			TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0484	1,910.59			TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0486	2,027.03			TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0488	844.88			TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment
L0490	238.10			TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L0491	646.42			TLSO, sagittal-coronal control, modular segmented spinal System, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0492	425.36			TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0621	87.11			Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment
L0622	277.74			Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
L0623	AI + 50%.			Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment
L0624	AI + 70%			Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
L0625	46.35			Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment
L0626	65.60			Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L0627	345.97			Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0628	70.61			Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0629	AI + 70%			Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated
L0630	136.31			Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0631	864.05			Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0632	AI + 70%.			LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
L0633	241.35			LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0634	AI + 70%.			LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L0635	788.67			LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0636	1,270.32			LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated
L0637	985.53			LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0638	1,110.09			LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
L0639	985.53			LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0640	880.72			LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
L0700	1,811.11			CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)
L0710	1,954.07			CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)
L0810	2,726.96			Halo procedure, cervical halo incorporated into jacket vest

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L0820	2,322.30			Halo procedure, cervical halo incorporated into plaster body jacket
L0830	3,020.24			Halo procedure, cervical halo incorporated into Milwaukee type orthosis
L0859	1,043.56			Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material
L0861	181.41			Addition to halo procedure, replacement liner/interface material
L0970	92.15			TLSO, corset front
L0972	82.98			LSO, corset front
L0974	181.90			TLSO, full corset
L0976	137.81			LSO, full corset
L0978	166.92			Axillary crutch extension
L0980	18.77			Peroneal straps, pair
L0982	17.50			Stocking supporter grips, set of four
L0984	55.14			Protective body sock, each
L1000	2,065.61			CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model
L1005	2,693.89			Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment
L1010	59.72			Addition to CTLSO or scoliosis orthosis, axilla sling
L1020	69.69			Addition to CTLSO or scoliosis orthosis, kyphosis pad
L1025	107.97			Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating
L1030	51.29			Addition to CTLSO or scoliosis orthosis, lumbar bolster pad
L1040	62.90			Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad
L1050	67.13			Addition to CTLSO or scoliosis orthosis, sternal pad
L1060	80.17			Addition to CTLSO or scoliosis orthosis, thoracic pad
L1070	72.55			Addition to CTLSO or scoliosis orthosis, trapezius sling
L1080	47.50			Addition to CTLSO or scoliosis orthosis, outrigger
L1085	124.11			Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions
L1090	73.91			Addition to CTLSO or scoliosis orthosis, lumbar sling
L1100	155.95			Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather
L1110	243.03			Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model
L1120	32.02			Addition to CTLSO, scoliosis orthosis, cover for upright, each
L1200	1,499.67			TLSO, inclusive of furnishing initial orthosis only
L1210	210.98			Addition to TLSO, (low profile), lateral thoracic extension
L1220	178.63			Addition to TLSO, (low profile), anterior thoracic extension
L1230	515.39			Addition to TLSO, (low profile), Milwaukee type superstructure
L1240	68.06			Addition to TLSO, (low profile), lumbar derotation pad
L1250	68.02			Addition to TLSO, (low profile), anterior ASIS pad
L1260	68.06			Addition to TLSO, (low profile), anterior thoracic derotation pad
L1270	68.06			Addition to TLSO, (low profile), abdominal pad
L1280	92.74			Addition to TLSO, (low profile), rib gusset (elastic), each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L1290	68.06			Addition to TLSO, (low profile), lateral trochanteric pad
L1300	1,432.76			Other scoliosis procedure, body jacket molded to patient model
L1310	1,542.02			Other scoliosis procedure, postoperative body jacket
L1500	2,015.56			THKAO, mobility frame (Newington, Parapodium types)
L1510	1,191.06			THKAO, standing frame, with or without tray and accessories
L1520	1,998.13			THKAO, swivel walker
L1600	124.86			HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment
L1610	38.26			HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment
L1620	127.09			HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment
L1630	182.18			HO, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated
L1640	496.08			HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated
L1650	246.94			HO, abduction control of hip joints, static, adjustable (Ilfled type), prefabricated, includes fitting and adjustment
L1652	300.03			Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type
L1660	169.65			HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment
L1680	982.44			HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated
L1685	1,278.81			HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated
L1686	810.92			HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustments
L1690	1,627.58			Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment
L1700	1,564.68			Legg Perthes orthosis, (Toronto type), custom fabricated
L1710	1,921.90			Legg Perthes orthosis, (Newington type), custom fabricated
L1720	1,086.86			Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated
L1730	1,142.67			Legg Perthes orthosis, (Scottish Rite type), custom fabricated
L1755	1,702.14			Legg Perthes orthosis, (Patten bottom type), custom fabricated
L1800	53.64			KO, elastic with stays, prefabricated, includes fitting and adjustment
L1810	83.35			KO, elastic with joints, prefabricated, includes fitting and adjustment

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L1815	104.15			KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment
L1820	122.74			Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1825	57.52			KO, elastic knee cap, prefabricated, includes fitting and adjustment
L1830	70.54			KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
L1831	247.71			Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment
L1832	640.07			Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment
L1834	834.56			KO, without knee joint, rigid, custom fabricated
L1836	112.30			Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment
L1840	786.51			KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated
L1843	755.20			Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment
L1844	1,377.12			Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L1845	702.24			Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment
L1846	1,045.16			Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L1847	484.10			KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment
L1850	285.45			KO, Swedish type, prefabricated, includes fitting and adjustment
L1860	914.78			KO, modification of supracondylar prosthetic socket, custom fabricated (SK)
L1900	256.10			AFO, spring wire, dorsiflexion assist calf band, custom fabricated
L1901	14.90			Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (*e.g.*, neoprene, Lycra)
L1902	74.14			AFO, ankle gauntlet, prefabricated, includes fitting and adjustment
L1904	505.56			AFO, molded ankle gauntlet, custom fabricated
L1906	108.58			AFO, multiligamentus ankle support, prefabricated, includes fitting and adjustment

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L1907	473.60			AFO, supramalleolar with straps, with or without interface/pads, custom fabricated
L1910	255.64			AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
L1920	374.64			AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated
L1930	220.14			AFO, plastic or other material, prefabricated, includes fitting and adjustment
L1932	751.08			AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
L1940	531.69			AFO, plastic or other material, custom-fabricated
L1945	995.21			AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated
L1950	768.97			AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated
L1951	706.87			AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment
L1960	595.91			AFO, posterior solid ankle, plastic, custom fabricated
L1970	765.00			AFO, plastic, with ankle joint, custom fabricated
L1971	394.51			AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment
L1980	382.79			AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar BK orthosis), custom fabricated
L1990	455.40			AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar BK orthosis), custom fabricated
L2000	928.46			KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthosis), custom fabricated
L2005	3,448.94			Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated
L2010	843.90			KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthosis), without knee joint, custom fabricated
L2020	1,197.45			KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar AK orthosis), custom fabricated
L2030	971.19			KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar AK orthosis), without knee joint, custom fabricated
L2034	1,684.16			Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated
L2035	148.30			Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment
L2036	1,994.65			Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L2037	1,790.67			Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2038	1,537.10			Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated
L2040	183.03			HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated
L2050	512.14			HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated
L2060	521.33			HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated
L2070	125.86			HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated
L2080	386.69			HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated
L2090	371.63			HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated
L2106	730.97			AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated
L2108	1,110.45			AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated
L2112	455.80			AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
L2114	550.54			AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2116	707.02			AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
L2126	1,157.86			KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated
L2128	1,843.50			KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated
L2132	681.12			Knee ankle foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
L2134	958.80			Knee ankle foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2136	1,071.71			KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment
L2180	111.39			Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints
L2182	98.49			Addition to lower extremity fracture orthosis, drop lock knee joint
L2184	103.39			Addition to lower extremity fracture orthosis, limited motion knee joint
L2186	124.80			Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type
L2188	302.99			Addition to lower extremity fracture orthosis, quadrilateral brim
L2190	93.89			Addition to lower extremity fracture orthosis, waist belt
L2192	347.28			Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L2200	38.34			Addition to lower extremity, limited ankle motion, each joint
L2210	54.20			Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
L2220	66.03			Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint
L2230	61.87			Addition to lower extremity, split flat caliper stirrups and plate attachment
L2232	83.76			Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
L2240	82.97			Addition to lower extremity, round caliper and plate attachment
L2250	286.51			Addition to lower extremity, foot plate, molded to patient model, stirrup attachment
L2260	161.64			Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)
L2265	126.61			Addition to lower extremity, long tongue stirrup
L2270	50.63			Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad
L2275	106.16			Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
L2280	402.85			Addition to lower extremity, molded inner boot
L2300	217.09			Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable
L2310	99.19			Addition to lower extremity, abduction bar, straight
L2320	203.36			Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only
L2330	354.30			Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2335	242.04			Addition to lower extremity, anterior swing band
L2340	360.37			Addition to lower extremity, pretibial shell, molded to patient model
L2350	718.47			Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)
L2360	41.72			Addition to lower extremity, extended steel shank
L2370	206.99			Addition to lower extremity, Patten bottom
L2375	97.58			Addition to lower extremity, torsion control, ankle joint and half solid stirrup
L2380	99.27			Addition to lower extremity, torsion control, straight knee joint, each joint
L2385	137.66			Addition to lower extremity, straight knee joint, heavy duty, each joint
L2387	177.92			Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint
L2390	117.68			Addition to lower extremity, offset knee joint, each joint
L2395	168.21			Addition to lower extremity, offset knee joint, heavy duty, each joint
L2397	99.42			Addition to lower extremity orthosis, suspension sleeve
L2405	73.38			Addition to knee joint, drop lock, each
L2415	102.22			Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L2425	120.65			Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint
L2430	120.65			Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
L2492	95.65			Addition to knee joint, lift loop for drop lock ring
L2500	339.17			Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring
L2510	652.26			Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model
L2520	480.46			Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted
L2525	1,310.53			Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model
L2526	712.20			Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted
L2530	214.87			Addition to lower extremity, thigh/weight bearing, lacer, nonmolded
L2540	454.53			Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
L2550	231.58			Addition to lower extremity, thigh/weight bearing, high roll cuff
L2570	384.06			Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each
L2580	417.55			Addition to lower extremity, pelvic control, pelvic sling
L2600	165.60			Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each
L2610	195.82			Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each
L2620	287.46			Addition to lower extremity, pelvic control, hip joint, heavy-duty, each
L2622	329.52			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each
L2624	267.01			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each
L2627	1,843.03			Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables
L2628	1,575.36			Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables
L2630	247.55			Addition to lower extremity, pelvic control, band and belt, unilateral
L2640	354.83			Addition to lower extremity, pelvic control, band and belt, bilateral
L2650	97.02			Addition to lower extremity, pelvic and thoracic control, gluteal pad, each
L2660	200.12			Addition to lower extremity, thoracic control, thoracic band
L2670	137.54			Addition to lower extremity, thoracic control, paraspinal uprights
L2680	126.18			Addition to lower extremity, thoracic control, lateral support uprights
L2750	89.86			Addition to lower extremity orthosis, plating chrome or nickel, per bar

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L2755	109.94			Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only
L2760	48.99			Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)
L2768	109.66			Orthotic side bar disconnect device, per bar
L2770	49.79			Addition to lower extremity orthosis, any material, per bar or joint
L2780	72.76			Addition to lower extremity orthosis, noncorrosive finish, per bar
L2785	27.64			Addition to lower extremity orthosis, drop lock retainer, each
L2795	91.35			Addition to lower extremity orthosis, knee control, full kneecap
L2800	114.67			Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only
L2810	83.97			Addition to lower extremity orthosis, knee control, condylar pad
L2820	92.97			Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L2830	101.01			Addition to lower extremity orthosis, soft interface for molded plastic, above knee section
L2840	35.36			Addition to lower extremity orthosis, tibial length sock, fracture or equal, each
L2850	63.93			Addition to lower extremity orthosis, femoral length sock, fracture or equal, each
L2999	A.I. + 50%			Unlisted procedure for lower extremity orthosis
L3000	264.39			Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each
L3001	111.32			Foot insert, removable, molded to patient model, Spenco, each
L3002	135.93			Foot insert, removable, molded to patient model, Plastazote or equal, each
L3003	146.67			Foot insert, removable, molded to patient model, silicone gel, each
L3010	146.67			Foot insert, removable, molded to patient model, longitudinal arch support, each
L3020	167.00			Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each
L3030	64.24			Foot insert, removable, formed to patient foot, each
L3031	130.00			Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each
L3040	39.60			Foot, arch support, removable, premolded, longitudinal, each
L3050	39.60			Foot, arch support, removable, premolded, metatarsal, each
L3060	62.09			Foot, arch support, removable, premolded, longitudinal/metatarsal, each
L3070	26.73			Foot, arch support, nonremovable, attached to shoe, longitudinal, each
L3080	26.73			Foot, arch support, nonremovable, attached to shoe, metatarsal, each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L3090	34.27			Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each
L3100	36.39			Hallus-valgus night dynamic splint
L3140	74.94			Foot, abduction rotation bar, including shoes
L3150	68.51			Foot, abduction rotation bar, without shoes
L3160	AI + 50%			Foot, adjustable shoe style positioning device
L3170	42.84			Foot, plastic, silicone, or equal, heel stabilizer, each
L3203	58.03			Orthopedic shoe, oxford wit supinator or pronator, junior
L3207	AI + 50%			Orthopedic shoe, hightop with supinator or pronator, junior
L3211	70.56			Surgical boot, each, junior
L3214	AI + 50%			Benesch boot, pair, junior
L3215	89.99			Orthopedic footwear, ladies shoes, oxford, "each"
L3216	115.06			Orthopedic footwear, ladies shoes, depth inlay "each"
L3217	AI + 50%			Orthopedic footwear, ladies shoes, hightop, depth inlay "each"
L3219	137.00			Orthopedic footwear, mens shoes, oxford, "each"
L3221	139.94			Orthopedic footwear, mens shoes, depth inlay "each"
L3222	175.00			Orthopedic footwear, mens shoes, hightop, depth inlay "each"
L3224	60.09			Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)
L3225	72.73			Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)
L3230	303.97			Orthopedic footwear, custom shoes, depth inlay "each"
L3250	399.89			Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L3251				Foot, shoe molded to patient model, silicone shoe, each
L3252	300.08			Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each
L3253	80.02			Foot, molded shoe, plastazote (or similar) custom fitted, each
L3254	28.00			Non-standard size or width
L3255	AI + 70%			Non-standard size or length
L3257	54.99			Orthopedic footware, additional charge for split size
L3260	30.00			Ambulatory surgical boot, each
L3265	24.99			Plastazote sandal, each
L3300	43.88			Lift, elevation, heel, tapered to metatarsals, per inch
L3310	68.51			Lift, elevation, heel and sole, neoprene, per inch
L3330	476.34			Lift, elevation, metal extension (skate)
L3332	62.09			Lift, elevation, inside shoe, tapered, up to one-half in.
L3334	32.11			Lift, elevation, heel, per in.
L3340	71.73			Heel wedge, SACH
L3350	19.28			Heel wedge
L3360	29.97			Sole wedge, outside sole
L3370	41.72			Sole wedge, between sole
L3380	41.72			Clubfoot wedge
L3390	41.72			Outflare wedge
L3400	34.27			Metatarsal bar wedge, rocker
L3410	78.13			Metatarsal bar wedge, between sole
L3420	46.03			Full sole and heel wedge, between sole
L3430	134.88			Heel, counter, plastic reinforced
L3440	64.24			Heel, counter, leather reinforced
L3450	88.85			Heel, SACH cushion type
L3455	34.27			Heel, new leather, standard

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L3460	28.89			Heel, new rubber, standard
L3465	49.25			Heel, Thomas with wedge
L3470	52.45			Heel, Thomas extended to ball
L3480	52.45			Heel, pad and depression for spur
L3485	28.50			Heel, pad-removeable for spur
L3500	24.62			Orthopedic shoe addition, insole, leather
L3510	24.62			Orthopedic shoe addition, insole, rubber
L3520	26.73			Orthopedic shoe addition, insole, felt covered with leather
L3530	26.73			Orthopedic shoe addition, sole, half
L3540	42.84			Orthopedic shoe addition, sole, full
L3550	7.48			Orthopedic shoe addition, toe tap, standard
L3560	19.28			Orthopedic shoe addition, toe tap, horseshoe
L3570	71.73			Orthopedic shoe addition, special extension to instep (leather with eyelets)
L3580	54.59			Orthopedic shoe addition, convert instep to Velcro closure
L3590	44.95			Orthopedic shoe addition, convert firm shoe counter to soft counter
L3595	35.32			Orthopedic shoe addition, March bar
L3600	64.24			Transfer of an orthosis from one shoe to another, caliper plate, existing
L3610	84.55			Transfer of an orthosis from one shoe to another, caliper plate, new
L3620	64.24			Transfer of an orthosis from one shoe to another, solid stirrup, existing
L3630	84.55			Transfer of an orthosis from one shoe to another, solid stirrup, new
L3640	36.39			Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes
L3649	AI + 70%			Orthopedic shoe modification, addition or transfer not otherwise specified
L3650	58.00			SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment
L3651	50.44			SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (*e.g.*, neoprene, Lycra)
L3652	152.00			SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (*e.g.*, neoprene, Lycra)
L3660	108.13			SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment
L3670	89.22			SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment
L3671	690.23			Shoulder orthosis (SO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3672	858.34			SO, abduction positioning (airplane design), thoracic component and support bar, without joints, may inlcude soft interface, straps, custom fabricated, includes fitting and adjustment
L3673	935.49			Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L3675	134.42			SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment
L3700	55.08			EO, elastic with stays, prefabricated, includes fitting and adjustment
L3701	15.60			Elbow orthosis (EO), elastic, prefabricated, includes fitting and adjustment (*e.g.*, neoprene, Lycra)
L3702	221.18			Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3710	122.49			EO, elastic with metal joints, prefabricated, includes fitting and adjustment
L3720	516.08			Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated
L3730	948.36			EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated
L3740	1,124.36			Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position Lock with active control, custom fabricated
L3760	383.07			Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type
L3762	82.37			Elbow orthosis (EO), rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment
L3763	557.35			Elbow wrist hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3764	728.30			Elbow wrist hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3765	982.19			Elbow wrist hand finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3766	1,040.07			Elbow wrist hand finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3806	347.95			WHFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment
L3807	191.54			Wrist hand finger orthosis (WHFO), without joint(s), prefabricated, includes fitting and adjustments, any type
L3808	323.61			Wrist hand finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment
L3900	1,026.53			WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated
L3901	1,267.98			WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated
L3904	2,431.38			WHFO, external powered, electric, custom fabricated

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L3905	759.66			Wrist hand finger orthosis (WHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3906	370.14			Wrist hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3908	63.03			WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment
L3909	10.80			WO, elastic, prefabricated, includes fitting and adjustment (*e.g.*, neoprene, Lycra)
L3911	18.97			Wrist hand finger orthosis (WHFO), elastic, prefabricated, includes fitting and adjustment (*e.g.*, neoprene, Lycra)
L3912	74.83			HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment
L3913	207.47			Hand finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3915	407.17			Wrist hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment
L3917	80.92			Hand orthosis (HO), metacarpal fracture orthosis, prefabricated, includes fitting and adjustment
L3919	207.47			Hand orthosis (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3921	246.06			Hand finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3923	91.52			Hand finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment
L3925	41.16			FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment
L3927	AI + 50%			FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (*e.g.*, static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment
L3929	61.68			HFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment
L3931	162.84			WHFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment
L3933	163.44			Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L3935	169.22			Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment
L3956	I.C.			Addition of joint to upper extremity orthosis, any material; per joint
L3960	688.97			SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment
L3961	1,286.96			Shoulder elbow wrist hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3962	754.83			SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment
L3964	621.11	465.80	62.10	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment
L3964	621.11	465.80	62.10	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment
L3964	621.11	465.80	62.10	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment
L3965	991.11	743.33	99.13	SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment
L3965	991.11	743.33	99.13	SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment
L3965	991.11	743.33	99.13	SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment
L3966	746.64	559.98	74.67	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment
L3966	746.64	559.98	74.67	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment
L3966	746.64	559.98	74.67	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment
L3967	1,519.48			Shoulder elbow wrist hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3968	858.96	644.22	85.89	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment
L3968	858.96	644.22	85.89	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L3968	858.96	644.22	85.89	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment
L3969	660.74	495.54	66.08	SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment
L3969	660.74	495.54	66.08	SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment
L3969	660.74	495.54	66.08	SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment
L3970	224.66	168.50	22.47	Shoulder elbow orthosis (SEO), addition to mobile arm support, elevating proximal arm
L3970	224.66	168.50	22.47	Shoulder elbow orthosis (SEO), addition to mobile arm support, elevating proximal arm
L3970	224.66	168.50	22.47	Shoulder elbow orthosis (SEO), addition to mobile arm support, elevating proximal arm
L3971	1,442.33			Shoulder elbow wrist hand orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3972	168.07	126.05	16.81	Shoulder elbow orthosis (SEO), addition to mobile arm support, offset or lateral rocker arm with elastic balance control
L3972	168.07	126.05	16.81	Shoulder elbow orthosis (SEO), addition to mobile arm support, offset or lateral rocker arm with elastic balance control
L3972	168.07	126.05	16.81	Shoulder elbow orthosis (SEO), addition to mobile arm support, offset or lateral rocker arm with elastic balance control
L3973	1,519.48			Shoulder elbow wrist hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3974	142.55	106.91	14.27	Shoulder elbow orthosis (SEO), addition to mobile arm support, supinator
L3974	142.55	106.91	14.27	Shoulder elbow orthosis (SEO), addition to mobile arm support, supinator
L3974	142.55	106.91	14.27	Shoulder elbow orthosis (SEO), addition to mobile arm support, supinator
L3975	1,286.96			Shoulder elbow wrist hand finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L3976	1,286.96			Shoulder elbow wrist hand finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3977	1,442.33			Shoulder elbow wrist hand finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3978	1,519.48			Shoulder elbow wrist hand finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, incl
L3980	325.24			Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment
L3982	342.79			Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment
L3984	341.01			Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
L3995	34.40			Addition to upper extremity orthosis, sock, fracture or equal, each
L4000	1,232.35			Replace girdle for spinal orthosis (CTLSO or SO)
L4002	AI + 70%			Replacement strap, any orthosis, includes all components, any length, any type
L4010	541.14			Replace trilateral socket brim
L4020	701.52			Replace quadrilateral socket brim, molded to patient model
L4030	407.10			Replace quadrilateral socket brim, custom fitted
L4040	360.36			Replace molded thigh lacer, for custom fabricated orthosis only
L4045	352.66			Replace non-molded thigh lacer, for custom fabricated orthosis only
L4050	405.45			Replace molded calf lacer, for custom fabricated orthosis only
L4055	287.40			Replace non-molded calf lacer, for custom fabricated orthosis only
L4060	268.36			Replace high roll cuff
L4070	254.04			Replace proximal and distal upright for KAFO
L4080	108.74			Replace metal bands KAFO, proximal thigh
L4090	84.70			Replace metal bands KAFO-AFO, calf or distal thigh
L4100	95.17			Replace leather cuff KAFO, proximal thigh
L4110	81.81			Replace leather cuff KAFO-AFO, calf or distal thigh
L4130	400.04			Replace pretibial shell
L4350	83.72			Ankle control orthosis, stirrup style, rigid, includes any type interface (*e.g.*, pneumatic, gel), prefabricated, includes fitting and adjustment
L4360	297.68			Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
L4370	202.97			Pneumatic full leg splint, prefabricated, includes fitting and adjustment
L4380	115.48			Pneumatic knee splint, prefabricated, includes fitting and adjustment

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L4386	133.45			Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
L4392	20.68			Replacement, soft interface material, static AFO
L4394	15.10			Replace soft interface material, foot drop splint
L4396	147.55			Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment
L4398	67.93			Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment
L5000	434.04			Partial foot, shoe insert with longitudinal arch, toe filler
L5010	1,052.05			Partial foot, molded socket, ankle height, with toe filler
L5020	1,789.88			Partial foot, molded socket, tibial tubercle height, with toe filler
L5050	2,340.34			Ankle, Symes, molded socket, SACH foot
L5060	2,372.67			Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot
L5100	2,399.82			Below knee, molded socket, shin, SACH foot
L5105	3,655.13			Below knee, plastic socket, joints and thigh lacer, SACH foot
L5150	3,085.81			Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot
L5160	3,618.72			Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot
L5200	3,598.61			Above knee, molded socket, single axis constant friction knee, shin, SACH foot
L5210	2,265.99			Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each
L5220	2,432.04			Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each
L5230	3,428.72			Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot
L5250	4,786.21			Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
L5270	5,138.59			Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot
L5280	5,147.34			Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
L5301	2,107.24			Below knee, molded socket, shin, SACH foot, endoskeletal system
L5311	2,833.53			Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system
L5321	2,972.75			Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
L5331	4,429.79			Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L5341	4,341.54			Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot
L5400	1,033.89			Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
L5410	394.79			Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment
L5420	1,305.75			Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation
L5430	452.26			Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, AK or knee disarticulation, each additional cast change and realignment
L5450	349.98			Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee
L5460	514.57			Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee
L5500	1,256.53			Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed
L5505	1,758.90			Initial, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot plaster socket, direct formed
L5510	1,566.55			Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5520	1,640.70			Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5530	1,787.90			Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5535	1,865.14			Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket
L5540	1,773.42			Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model
L5560	1,689.04			Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5570	2,037.01			Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5580	2,112.61			Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5585	2,364.77			Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L5590	2,382.30			Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model
L5595	4,248.26			Preparatory, hip disarticulation - hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model
L5600	5,023.42			Preparatory, hip disarticulation - hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model
L5610	2,125.16			Addition to lower extremity, endoskeletal system, above knee, hydracadence system
L5611	1,845.41			Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control
L5613	2,806.98			Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control
L5614	1,423.05			Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control
L5616	1,317.12			Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
L5617	495.65			Addition to lower extremity, quick change self-aligning unit, above or below knee, each
L5618	322.12			Addition to lower extremity, test socket, Symes
L5620	318.43			Addition to lower extremity, test socket, below knee
L5622	388.19			Addition to lower extremity, test socket, knee disarticulation
L5624	416.41			Addition to lower extremity, test socket, above knee
L5626	495.90			Addition to lower extremity, test socket, hip disarticulation
L5628	469.85			Addition to lower extremity, test socket, hemipelvectomy
L5629	364.00			Addition to lower extremity, below knee, acrylic socket
L5630	439.02			Addition to lower extremity, Symes type, expandable wall socket
L5631	503.26			Addition to lower extremity, above knee or knee disarticulation, acrylic socket
L5632	217.40			Addition to lower extremity, Symes type, PTB brim design socket
L5634	339.98			Addition to lower extremity, Symes type, posterior opening (Canadian) socket
L5636	291.85			Addition to lower extremity, Symes type, medial opening socket
L5637	285.72			Addition to lower extremity, below knee, total contact
L5638	418.06			Addition to lower extremity, below knee, leather socket
L5639	1,284.18			Addition to lower extremity, below knee, wood socket
L5640	549.30			Addition to lower extremity, knee disarticulation, leather socket
L5642	532.23			Addition to lower extremity, above knee, leather socket
L5643	1,782.72			Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
L5644	665.79			Addition to lower extremity, above knee, wood socket
L5645	763.36			Addition to lower extremity, below knee, flexible inner socket, external frame

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L5646	627.57			Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket
L5647	911.10			Addition to lower extremity, below knee, suction socket
L5648	565.57			Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket
L5649	1,635.55			Addition to lower extremity, ischial containment/narrow M-L socket
L5650	419.37			Addition to lower extremity, total contact, above knee or knee disarticulation socket
L5651	1,375.51			Addition to lower extremity, above knee, flexible inner socket, external frame
L5652	462.76			Addition to lower extremity, suction suspension, above knee or knee disarticulation socket
L5653	523.53			Addition to lower extremity, knee disarticulation, expandable wall socket
L5654	379.85			Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5655	271.16			Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5656	321.75			Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5658	363.21			Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5661	697.01			Addition to lower extremity, socket insert, multidurometer, Symes
L5665	586.46			Addition to lower extremity, socket insert, multidurometer, below knee
L5666	73.41			Addition to lower extremity, below knee, cuff suspension
L5668	106.43			Addition to lower extremity, below knee, molded distal cushion
L5670	247.58			Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)
L5671	427.29			Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert
L5672	301.18			Addition to lower extremity, below knee, removable medial brim suspension
L5673	677.72			Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L5676	407.76			Addition to lower extremity, below knee, knee joints, single axis, pair
L5677	564.74			Addition to lower extremity, below knee, knee joints, polycentric, pair
L5678	34.11			Addition to lower extremity, below knee joint covers, pair
L5679	564.73			Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L5680	296.84			Addition to lower extremity, below knee, thigh lacer, nonmolded

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L5681	1,109.28			Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
L5682	716.31			Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded
L5683	1,109.28			Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
L5684	51.79			Addition to lower extremity, below knee, fork strap
L5685	108.01			Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each
L5686	51.73			Addition to lower extremity, below knee, back check (extension control)
L5688	61.00			Addition to lower extremity, below knee, waist belt, webbing
L5690	112.08			Addition to lower extremity, below knee, waist belt, padded and lined
L5692	135.02			Addition to lower extremity, above knee, pelvic control belt, light
L5694	207.79			Addition to lower extremity, above knee, pelvic control belt, padded and lined
L5695	157.73			Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each
L5696	203.68			Addition to lower extremity, above knee or knee disarticulation, pelvic joint
L5697	91.95			Addition to lower extremity, above knee or knee disarticulation, pelvic band
L5698	103.21			Addition to lower extremity, above knee or knee disarticulation, Silesian bandage
L5699	207.21			All lower extremity prostheses, shoulder harness
L5700	2,503.15			Replacement, socket, below knee, molded to patient model
L5701	3,105.38			Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
L5702	3,913.86			Replacement, socket, hip disarticulation, including hip joint, molded to patient model
L5703	2,030.95			Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only
L5704	510.40			Custom shaped protective cover, below knee
L5705	935.70			Custom shaped protective cover, above knee
L5706	912.68			Custom shaped protective cover, knee disarticulation
L5707	1,226.17			Custom shaped protective cover, hip disarticulation
L5710	348.86			Addition, exoskeletal knee-shin system, single axis, manual lock
L5711	585.21			Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5712	464.98			Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5714	418.64			Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L5716	752.15			Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5718	903.46			Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control
L5722	847.65			Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5724	1,559.20			Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
L5726	1,936.91			Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control
L5728	2,725.43			Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5780	1,048.19			Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
L5781	3,374.24			Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
L5782	3,557.22			Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
L5785	595.08			Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5790	823.56			Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
L5795	1,229.79			Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5810	557.65			Addition, endoskeletal knee-shin system, single axis, manual lock
L5811	835.34			Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5812	631.92			Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5814	3,131.94			Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
L5816	787.77			Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5818	1,099.94			Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control
L5822	1,950.47			Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5824	1,530.65			Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
L5826	2,678.39			Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
L5828	3,234.48			Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5830	2,173.40			Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control
L5840	3,182.45			Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
L5845	1,511.53			Addition, endoskeletal knee-shin system, stance flexion feature, adjustable

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L5848	906.84			Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
L5850	109.89			Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist
L5855	265.30			Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist
L5856	20,475.22			Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
L5857	7,414.22			Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
L5858	15,673.19			Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5910	414.83			Addition, endoskeletal system, below knee, alignable system
L5920	607.73			Addition, endoskeletal system, above knee or hip disarticulation, alignable system
L5925	288.64			Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock
L5930	2,981.78			Addition, endoskeletal system, high activity knee control frame
L5940	430.90			Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5950	839.16			Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
L5960	923.06			Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5962	504.94			Addition, endoskeletal system, below knee, flexible protective outer surface covering system
L5964	914.80			Addition, endoskeletal system, above knee, flexible protective outer surface covering system
L5966	1,178.41			Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system
L5968	3,064.55			Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
L5970	232.62			All lower extremity prostheses, foot, external keel, SACH foot
L5971	232.62			All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only
L5972	352.92			All lower extremity prostheses, flexible keel foot (SAFE, STEN, Bock Dynamic or equal)
L5974	260.97			All lower extremity prostheses, foot, single axis ankle/foot
L5975	390.95			All lower extremity prosthesis, combination single axis ankle and flexible keel foot
L5976	590.25			All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)
L5978	319.08			All lower extremity prostheses, foot, multiaxial ankle/foot

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Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L5979	2,034.66			All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system
L5980	3,739.01			All lower extremity prostheses, flex-foot system
L5981	2,784.58			All lower extremity prostheses, flex-walk system or equal
L5982	659.38			All exoskeletal lower extremity prostheses, axial rotation unit
L5984	594.67			All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability
L5985	250.14			All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
L5986	557.24			All lower extremity prostheses, multiaxial rotation unit (MCP or equal)
L5987	6,066.57			All lower extremity prosthesis, shank foot system with vertical loading pylon
L5988	1,684.70			Addition to lower limb prosthesis, vertical shock reducing pylon feature
L5990	1,529.95			Addition to lower extremity prosthesis, user adjustable heel height
L5993	AI + 70%			Addition to lower extremity prosthesis, heavy duty feature, foot only, (for patient weight greater than 300 lbs)
L5994	AI + 70%			Addition to lower extremity prosthesis, heavy duty feature, knee only, (for patient weight greater than 300 lbs)
L5995	AI + 70%			Addition to lower extremity prosthesis, heavy duty feature, other than foot or knee, (for patient weight greater than 300 lbs)
L6000	1,141.39			Partial hand, Robin-Aids, thumb remaining (or equal)
L6010	1,270.18			Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)
L6020	1,184.25			Partial hand, Robin-Aids, no finger remaining (or equal)
L6025	6,748.54			Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device
L6050	1,807.84			Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
L6055	2,854.00			Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
L6100	1,819.17			Below elbow, molded socket, flexible elbow hinge, triceps pad
L6110	1,816.09			Below elbow, molded socket (Muenster or Northwestern suspension types)
L6120	2,295.01			Below elbow, molded double wall split socket, step-up hinges, half cuff
L6130	2,494.19			Below elbow, molded double wall split socket, stump activated locking hinge, half cuff
L6200	2,855.32			Elbow disarticulation, molded socket, outside locking hinge, forearm
L6205	3,958.13			Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm
L6250	2,366.60			Above elbow, molded double wall socket, internal locking elbow, forearm

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L6300	4,264.68			Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
L6310	2,606.83			Shoulder disarticulation, passive restoration (complete prosthesis)
L6320	1,474.80			Shoulder disarticulation, passive restoration (shoulder cap only)
L6350	3,364.78			Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
L6360	2,736.19			Interscapular thoracic, passive restoration (complete prosthesis)
L6370	1,799.79			Interscapular thoracic, passive restoration (shoulder cap only)
L6380	1,007.86			Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow
L6382	1,313.50			Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow
L6384	1,637.85			Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic
L6386	388.51			Immediate postsurgical or early fitting, each additional cast change and realignment
L6388	503.54			Immediate postsurgical or early fitting, application of rigid dressing only
L6400	1,993.31			Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6450	3,468.52			Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6500	2,989.76			Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6550	3,515.90			Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6570	4,775.34			Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6580	1,393.42			Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model
L6582	1,233.06			Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed
L6584	2,039.35			Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L6586	1,782.69			Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed
L6588	2,998.33			Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
L6590	2,647.08			Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed
L6600	161.14			Upper extremity additions, polycentric hinge, pair
L6605	159.10			Upper extremity additions, single pivot hinge, pair
L6610	143.02			Upper extremity additions, flexible metal hinge, pair
L6611	347.22			Addition to upper extremity prosthesis, external powered, additional switch, any type
L6615	149.23			Upper extremity addition, disconnect locking wrist unit
L6616	61.66			Upper extremity addition, additional disconnect insert for locking wrist unit, each
L6620	276.73			Upper extremity addition, flexion/extension wrist unit, with or without friction
L6621	1,928.92			Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
L6623	605.94			Upper extremity addition, spring assisted rotational wrist unit with latch release
L6624	3,176.01			Upper extremity addition, flexion/extension and rotation wrist unit
L6625	609.18			Upper extremity addition, rotation wrist unit with cable lock
L6628	488.66			Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal
L6629	129.79			Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
L6630	246.85			Upper extremity addition, stainless steel, any wrist
L6632	60.00			Upper extremity addition, latex suspension sleeve, each
L6635	154.79			Upper extremity addition, lift assist for elbow
L6637	420.57			Upper extremity addition, nudge control elbow lock
L6638	2,108.91			Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
L6639	1,286.19			Upper extremity addition, heavy duty feature, any elbow
L6640	240.63			Upper extremity additions, shoulder abduction joint, pair
L6641	163.33			Upper extremity addition, excursion amplifier, pulley type
L6642	228.47			Upper extremity addition, excursion amplifier, lever type
L6645	274.23			Upper extremity addition, shoulder flexion-abduction joint, each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L6646	2,659.81			Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system
L6647	437.88			Upper extremity addition, shoulder lock mechanism, body powered actuator
L6648	2,743.22			Upper extremity addition, shoulder lock mechanism, external powered actuator
L6650	317.09			Upper extremity addition, shoulder universal joint, each
L6655	70.61			Upper extremity addition, standard control cable, extra
L6660	100.03			Upper extremity addition, heavy duty control cable
L6665	48.10			Upper extremity addition, Teflon, or equal, cable lining
L6670	43.99			Upper extremity addition, hook to hand, cable adapter
L6672	144.85			Upper extremity addition, harness, chest or shoulder, saddle type
L6675	137.55			Upper extremity addition, harness, (*e.g.* figure of eight type), single cable design
L6676	108.97			Upper extremity addition, harness, (*e.g.* figure of eight type), dual cable design
L6677	250.16			Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
L6680	202.80			Upper extremity addition, test socket, wrist disarticulation or below elbow
L6682	246.79			Upper extremity addition, test socket, elbow disarticulation or above elbow
L6684	369.09			Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic
L6686	676.20			Upper extremity addition, suction socket
L6687	495.50			Upper extremity addition, frame type socket, below elbow or wrist disarticulation
L6688	480.92			Upper extremity addition, frame type socket, above elbow or elbow disarticulation
L6689	591.48			Upper extremity addition, frame type socket, shoulder disarticulation
L6690	620.28			Upper extremity addition, frame type socket, interscapular-thoracic
L6691	395.37			Upper extremity addition, removable insert, each
L6692	534.94			Upper extremity addition, silicone gel insert or equal, each
L6693	2,394.18			Upper extremity addition, locking elbow, forearm counterbalance
L6694	677.72			Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L6695	564.73			Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L6696	1,109.28			Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L6697	1,109.28			Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6698	427.29			Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert
L6703	332.40			Terminal device, passive hand/mitt, any material, any size
L6704	503.08			Terminal device, sport/recreational/work attachment, any material, any size
L6706	343.57			Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined
L6707	1,237.49			Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined
L6708	744.38			Terminal device, hand, mechanical, voluntary opening, any material, any size
L6709	1,040.75			Terminal device, hand, mechanical, voluntary closing, any material, any size
L6805	310.65			Addition to terminal device, modifier wrist unit
L6810	160.41			Addition to terminal device, precision pinch device
L6881	3,447.69			Automatic grasp feature, addition to upper limb electric prosthetic terminal device
L6882	2,615.22			Microprocessor control feature, addition to upper limb prosthetic terminal device
L6883	1,363.19			Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
L6884	1,934.38			Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power
L6885	2,736.19			Replacement socket, shoulder disarticulation/ interscapular thoracic, molded to patient model, for use with or without external power
L6890	161.57			Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment
L6895	639.57			Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated
L6900	1,297.54			Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining
L6905	1,261.25			Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining
L6910	1,228.71			Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining
L6915	577.34			Hand restoration (shading and measurements included), replacement glove for above
L6920	6,551.88			Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L6925	7,617.30			Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6930	6,388.01			Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6935	7,437.03			Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6940	8,153.41			Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6945	9,280.46			Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6950	8,572.50			Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6955	10,378.59			Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6960	11,439.98			Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6965	13,422.59			Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6970	14,367.62			Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6975	16,193.97			Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L7007	3,114.32			Electric hand, switch or myoelectric controlled, adult

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L7008	5,262.22			Electric hand, switch or myoelectric, controlled, pediatric
L7009	3,264.81			Electric hook, switch or myoelectric controlled, adult
L7040	2,495.91			Prehensile actuator, switch controlled
L7045	1,388.49			Electric hook, switch or myoelectric controlled, pediatric
L7170	5,085.91			Electronic elbow, Hosmer or equal, switch controlled
L7180	32,334.77			Electronic elbow, microprocessor sequential control of elbow and terminal device
L7181	33,790.06			Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L7185	5,297.57			Electronic elbow, adolescent, Variety Village or equal, switch controlled
L7186	8,360.17			Electronic elbow, child, Variety Village or equal, switch controlled
L7190	7,099.57			Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled
L7191	8,801.11			Electronic elbow, child, Variety Village or equal, myoelectronically controlled
L7260	2,245.57			Electronic wrist rotator, Otto Bock or equal
L7261	4,056.39			Electronic wrist rotator, for Utah arm
L7266	850.51			Servo control, Steeper or equal
L7272	1,891.14			Analogue control, UNB or equal
L7274	6,108.88			Proportional control, six-12 volt, Liberty, Utah or equal
L7360	231.27			Six volt battery, each
L7362	239.02			Battery charger, six volt, each
L7364	432.51			Twelve volt battery, each
L7366	588.81			Battery charger, twelve volt, each
L7367	328.32			Lithium ion battery, replacement
L7368	425.62			Lithium ion battery charger
L7400	258.47			Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)
L7401	289.35			Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)
L7402	312.48			Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)
L7403	310.56			Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material
L7404	468.72			Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
L7405	613.03			Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
L7621	I.C.			Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined
L7622	I.C.			Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined
L7900	462.85			Male vacuum erection system
L8000	31.94			Breast prosthesis, mastectomy bra
L8001	105.77			Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L8002	139.12			Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral
L8015	50.55			External breast prosthesis garment, with mastectomy form, post-mastectomy
L8020	172.33			Breast prosthesis, mastectomy form
L8030	361.35			Breast prosthesis, silicone or equal
L8035	3,089.60			Custom breast prosthesis, post mastectomy, molded to patient model
L8040	2,256.97			Nasal prosthesis, provided by a nonphysician
L8040	2,256.97			Nasal prosthesis, provided by a nonphysician
L8040	2,256.97			Nasal prosthesis, provided by a nonphysician
L8041	2,720.52			Midfacial prosthesis, provided by a nonphysician
L8041	2,720.52			Midfacial prosthesis, provided by a nonphysician
L8041	2,720.52			Midfacial prosthesis, provided by a nonphysician
L8042	3,056.77			Orbital prosthesis, provided by a nonphysician
L8042	3,056.77			Orbital prosthesis, provided by a nonphysician
L8042	3,056.77			Orbital prosthesis, provided by a nonphysician
L8043	3,423.59			Upper facial prosthesis, provided by a nonphysician
L8043	3,423.59			Upper facial prosthesis, provided by a nonphysician
L8043	3,423.59			Upper facial prosthesis, provided by a nonphysician
L8044	3,790.39			Hemi-facial prosthesis, provided by a nonphysician
L8044	3,790.39			Hemi-facial prosthesis, provided by a nonphysician
L8044	3,790.39			Hemi-facial prosthesis, provided by a nonphysician
L8045	2,382.92			Auricular prosthesis, provided by a nonphysician
L8045	2,382.92			Auricular prosthesis, provided by a nonphysician
L8045	2,382.92			Auricular prosthesis, provided by a nonphysician
L8046	2,445.42			Partial facial prosthesis, provided by a nonphysician
L8046	2,445.42			Partial facial prosthesis, provided by a nonphysician
L8046	2,445.42			Partial facial prosthesis, provided by a nonphysician
L8047	1,253.28			Nasal septal prosthesis, provided by a nonphysician
L8047	1,253.28			Nasal septal prosthesis, provided by a nonphysician
L8047	1,253.28			Nasal septal prosthesis, provided by a nonphysician
L8300	72.46			Truss, single with standard pad
L8310	114.41			Truss, double with standard pads
L8320	60.83			Truss, addition to standard pad, water pad
L8330	56.55			Truss, addition to standard pad, scrotal pad
L8400	15.39			Prosthetic sheath, below knee, each
L8410	23.73			Prosthetic sheath, above knee, each
L8415	24.55			Prosthetic sheath, upper limb, each
L8417	63.32			Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
L8420	17.87			Prosthetic sock, multiple ply, below knee, each
L8430	20.90			Prosthetic sock, multiple ply, above knee, each
L8435	23.31			Prosthetic sock, multiple ply, upper limb, each
L8440	40.40			Prosthetic shrinker, below knee, each
L8460	65.87			Prosthetic shrinker, above knee, each
L8465	44.03			Prosthetic shrinker, upper limb, each
L8470	5.74			Prosthetic sock, single ply, fitting, below knee, each
L8480	10.02			Prosthetic sock, single ply, fitting, above knee, each
L8485	10.04			Prosthetic sock, single ply, fitting, upper limb, each
L8500	638.30			Artificial larynx, any type
L8501	138.36			Tracheostomy speaking valve
L8507	35.33			Tracheo-esophageal voice prosthesis, patient inserted, any type, each
L8509	92.10			Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L8510	213.09			Voice amplifier
L8511	61.33			Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each
L8512	1.82			Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per ten
L8513	4.38			Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
L8514	79.52			Tracheoesophageal puncture dilator, replacement only, each
L8515	53.23			Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each
L8600	541.09			Implantable breast prosthesis, silicone or equal
L8603	376.16			Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
L8606	184.87			Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
L8609	5,494.58			Artificial cornea
L8610	502.81			Ocular implant
L8612	616.35			Aqueous shunt
L8613	268.38			Ossicula implant
L8614	16,447.22			Cochlear device, includes all internal and external components
L8615	380.34			Headset/headpiece for use with cochlear implant device, replacement
L8616	88.59			Microphone for use with cochlear implant device, replacement
L8617	77.37			Transmitting coil for use with cochlear implant device, replacement
L8618	22.11			Transmitter cable for use with cochlear implant device, replacement
L8619	7,060.69			Cochlear implant external speech processor, replacement
L8621	0.52			Zinc air battery for use with cochlear implant device, replacement, each
L8622	0.28			Alkaline battery for use with cochlear implant device, any size, replacement, each
L8623	54.55			Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
L8624	136.00			Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each
L8630	385.88			Metacarpophalangeal joint implant
L8631	1,881.80			Metacarpal phalangeal joint replacement, two or more pieces, metal (*e.g.*, stainless steel or cobalt chrome), ceramic-like material (*e.g.*, pyrocarbon), for surgical implantation (all sizes, includes entire system)
L8641	400.93			Metatarsal joint implant
L8642	243.90			Hallux implant
L8658	349.58			Interphalangeal joint spacer, silicone or equal, each

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L8659	1,627.34			Interphalangeal finger joint replacement, two or more pieces, metal (*e.g.*, stainless steel or cobalt chrome), ceramic-like material (*e.g.*, pyrocarbon) for surgical implantation, any size
L8670	478.18			Vascular graft material, synthetic, implant
L8680	387.36			Implantable neurostimulator electrode, each
L8681	926.72			Patient programmer (external) for use with implantable programmable neurostimulator pulse generator
L8682	5,027.57			Implantable neurostimulator radiofrequency receiver
L8683	4,425.41			Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8684	584.96			Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
L8685	11,027.88			Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8686	7,036.64			Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8687	14,351.67			Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	9,157.52			Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
L8689	1,454.68			External recharging system for battery (internal) for use with implantable neurostimulator
L8690	4,011.80			Auditory osseointegrated device, includes all internal and external components
L8691	2,248.74			Auditory osseointegrated device, external sound processor, replacement
L8695	14.04			External recharging system for battery (external) for use with implantable neurostimulator
L7614	I.C.			Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric
L7621	I.C.			Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined
L7622	I.C.			Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined
L7900	462.85			Male vacuum erection system
L8000	31.94			Breast prosthesis, mastectomy bra
L8001	105.77			Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral
L8002	139.12			Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral
L8015	50.55			External breast prosthesis garment, with mastectomy form, post-mastectomy
L8020	172.33			Breast prosthesis, mastectomy form
L8030	361.35			Breast prosthesis, silicone or equal
L8035	3,089.60			Custom breast prosthesis, post mastectomy, molded to patient model
L8040	2,256.97			Nasal prosthesis, provided by a nonphysician
L8041	2,720.52			Midfacial prosthesis, provided by a nonphysician
L8042	3,056.77			Orbital prosthesis, provided by a nonphysician
L8043	3,423.59			Upper facial prosthesis, provided by a nonphysician
L8044	3,790.39			Hemi-facial prosthesis, provided by a nonphysician

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L8045	2,382.92			Auricular prosthesis, provided by a nonphysician
L8046	2,445.42			Partial facial prosthesis, provided by a nonphysician
L8047	1,253.28			Nasal septal prosthesis, provided by a nonphysician
L8300	72.46			Truss, single with standard pad
L8310	114.41			Truss, double with standard pads
L8320	60.83			Truss, addition to standard pad, water pad
L8330	56.55			Truss, addition to standard pad, scrotal pad
L8400	15.39			Prosthetic sheath, below knee, each
L8410	23.73			Prosthetic sheath, above knee, each
L8415	24.55			Prosthetic sheath, upper limb, each
L8417	63.32			Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
L8420	17.87			Prosthetic sock, multiple ply, below knee, each
L8430	20.90			Prosthetic sock, multiple ply, above knee, each
L8435	23.31			Prosthetic sock, multiple ply, upper limb, each
L8440	40.40			Prosthetic shrinker, below knee, each
L8460	65.87			Prosthetic shrinker, above knee, each
L8465	44.03			Prosthetic shrinker, upper limb, each
L8470	5.74			Prosthetic sock, single ply, fitting, below knee, each
L8480	10.02			Prosthetic sock, single ply, fitting, above knee, each
L8485	10.04			Prosthetic sock, single ply, fitting, upper limb, each
L8500	638.30			Artificial larynx, any type
L8501	138.36			Tracheostomy speaking valve
L8507	35.33			Tracheo-esophageal voice prosthesis, patient inserted, any type, each
L8509	92.10			Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type
L8510	213.09			Voice amplifier
L8511	61.33			Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each
L8512	1.82			Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per ten
L8513	4.38			Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
L8514	79.52			Tracheoesophageal puncture dilator, replacement only, each
L8515	53.23			Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each
L8600	541.09			Implantable breast prosthesis, silicone or equal
L8603	376.16			Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
L8606	184.87			Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
L8609	5,494.58			Artificial cornea
L8610	502.81			Ocular implant
L8612	616.35			Aqueous shunt
L8613	268.38			Ossicula implant
L8614	16,447.22			Cochlear device, includes all internal and external components
L8615	380.34			Headset/headpiece for use with cochlear implant device, replacement

40.06: continued

Code	Fee Nu	Fee Ue	Fee RR	114.3 CMR 40.06(6) - DMEPOS Description (con't)
L8616	88.59			Microphone for use with cochlear implant device, replacement
L8617	77.37			Transmitting coil for use with cochlear implant device, replacement
L8618	22.11			Transmitter cable for use with cochlear implant device, replacement
L8619	7,060.69			Cochlear implant external speech processor, replacement
L8621	0.52			Zinc air battery for use with cochlear implant device, replacement, each
L8622	0.28			Alkaline battery for use with cochlear implant device, any size, replacement, each
L8623	54.55			Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
L8624	136.00			Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each
L8630	385.88			Metacarpophalangeal joint implant
L8631	1,881.80			Metacarpal phalangeal joint replacement, two or more pieces, metal (*e.g.*, stainless steel or cobalt chrome), ceramic-like material (*e.g.*, pyrocarbon), for surgical implantation (all sizes, includes entire system)
L8641	400.93			Metatarsal joint implant
L8642	243.90			Hallux implant
L8658	349.58			Interphalangeal joint spacer, silicone or equal, each
L8659	1,627.34			Interphalangeal finger joint replacement, two or more pieces, metal (*e.g.*, stainless steel or cobalt chrome), ceramic-like material (*e.g.*, pyrocarbon) for surgical implantation, any size
L8670	478.18			Vascular graft material, synthetic, implant
L8680	387.36			Implantable neurostimulator electrode, each
L8681	926.72			Patient programmer (external) for use with implantable programmable neurostimulator pulse generator
L8682	5,027.57			Implantable neurostimulator radiofrequency receiver
L8683	4,425.41			Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8684	584.96			Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
L8685	11,027.88			Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8686	7,036.64			Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8687	14,351.67			Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	9,157.52			Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
L8689	1,454.68			External recharging system for battery (internal) for use with implantable neurostimulator
L8690	4,011.80			Auditory osseointegrated device, includes all internal and external components
L8691	2,248.74			Auditory osseointegrated device, external sound processor, replacement
L8695	14.04			External recharging system for battery (external) for use with implantable neurostimulator

40.06: continued

(7) Freestanding Diagnostic Facilities/Radiology.

Code	Global	PC	TC	40.06(7) - Radiologic Service Description
70010	222.25	60.54	161.71	Myelography, posterior fossa, radiological supervision and interpretation
70015	152.67	61.90	90.77	Cisternography, positive contrast, radiological supervision and interpretation
70030	31.56	8.87	22.69	Radiologic examination, eye, for detection of foreign body
70100	35.12	9.21	25.91	Radiologic examination, mandible; partial, less than four views
70110	44.56	12.52	32.04	Radiologic examination, mandible; complete, minimum of four views
70120	39.40	9.21	30.20	Radiologic examination, mastoids; less than three views per side
70130	60.66	17.27	43.38	Radiologic examination, mastoids; complete, minimum of three views per side
70134	53.75	17.27	36.48	Radiologic examination, internal auditory meati, complete
70140	36.52	9.55	26.97	Radiologic examination, facial bones; less than three views
70150	49.80	12.86	36.94	Radiologic examination, facial bones; complete, minimum of three views
70160	36.16	8.87	27.30	Radiologic examination, nasal bones, complete, minimum of three views
70170	I.C.	15.15	I.C.	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190	41.35	10.69	30.66	Radiologic examination; optic foramina
70200	51.40	14.00	37.40	Radiologic examination; orbits, complete, minimum of four views
70210	35.84	8.41	27.44	Radiologic examination, sinuses, paranasal, less than three views
70220	47.16	12.52	34.64	Radiologic examination, sinuses, paranasal, complete, minimum of three views
70240	32.24	9.55	22.69	Radiologic examination, sella turcica
70250	41.45	11.72	29.74	Radiologic examination, skull; less than four views
70260	57.27	17.27	40.00	Radiologic examination, skull; complete, minimum of four views
70300	16.74	5.56	11.19	Radiologic examination, teeth; single view
70310	36.28	8.52	27.76	Radiologic examination, teeth; partial examination, less than full mouth
70320	53.96	11.49	42.46	Radiologic examination, teeth; complete, full mouth
70328	34.20	9.21	24.99	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	54.18	12.18	42.00	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	109.17	27.32	81.84	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	619.89	75.64	544.25	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70350	24.65	8.87	15.79	Cephalogram, orthodontic
70355	29.96	10.35	19.61	Orthopantogram
70360	30.64	8.87	21.77	Radiologic examination; neck, soft tissue
70370	83.75	15.83	67.92	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	122.31	42.31	80.00	Complex dynamic pharyngeal and speech evaluation by cine or video recording

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
70373	99.93	21.61	78.32	Laryngography, contrast, radiological supervision and interpretation
70380	43.21	8.87	34.34	Radiologic examination, salivary gland for calculus
70390	114.91	19.56	95.35	Sialography, radiological supervision and interpretation
70450	266.01	43.57	222.45	Computed tomography, head or brain; without contrast material
70460	338.13	58.03	280.10	Computed tomography, head or brain; with contrast material(s)
70470	411.13	64.95	346.18	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70480	366.45	65.29	301.15	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	428.43	70.55	357.89	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	498.74	73.86	424.88	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	321.32	57.91	263.41	Computed tomography, maxillofacial area; without contrast material
70487	387.96	66.90	321.06	Computed tomography, maxillofacial area; with contrast material(s)
70488	474.24	72.38	401.87	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	320.88	65.75	255.13	Computed tomography, soft tissue neck; without contrast material
70491	383.79	70.55	313.24	Computed tomography, soft tissue neck; with contrast material(s)
70492	466.98	73.86	393.12	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	730.37	89.77	640.61	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498	733.59	90.23	643.37	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70540	653.81	68.60	585.20	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	745.35	82.73	662.62	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	1,122.49	109.55	1,012.94	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	692.12	61.34	630.78	Magnetic resonance angiography, head; without contrast material(s)
70545	689.36	61.34	628.02	Magnetic resonance angiography, head; with contrast material(s)
70546	1,164.58	91.93	1,072.65	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	690.28	60.88	629.40	Magnetic resonance angiography, neck; without contrast material(s)

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
70548	710.53	61.34	649.19	Magnetic resonance angiography, neck; with contrast material(s)
70549	1,164.58	91.93	1,072.65	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	671.90	75.64	596.26	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	766.29	91.25	675.04	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	1,129.94	120.40	1,009.54	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70554	809.37	106.80	702.57	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	I.C.	131.45	I.C.	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
70557	I.C.	151.12	I.C.	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
70558	I.C.	166.11	I.C.	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)
70559	I.C.	167.63	I.C.	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences
71010	29.14	9.21	19.93	Radiologic examination, chest; single view, frontal
71015	34.77	10.69	24.07	Radiologic examination, chest; stereo, frontal
71020	38.01	11.03	26.97	Radiologic examination, chest, two views, frontal and lateral;
71021	46.46	13.66	32.80	Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure
71022	51.97	15.49	36.48	Radiologic examination, chest, two views, frontal and lateral; with oblique projections
71023	71.39	19.72	51.67	Radiologic examination, chest, two views, frontal and lateral; with fluoroscopy
71030	53.81	15.49	38.32	Radiologic examination, chest, complete, minimum of four views;
71034	103.86	24.59	79.26	Radiologic examination, chest, complete, minimum of four views; with fluoroscopy
71035	38.34	9.21	29.14	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)
71040	108.25	28.99	79.26	Bronchography, unilateral, radiological supervision and interpretation
71060	158.02	37.67	120.35	Bronchography, bilateral, radiological supervision and interpretation

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
71090	I.C.	30.08	I.C.	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
71100	38.01	11.03	26.97	Radiologic examination, ribs, unilateral; two views
71101	45.70	13.66	32.04	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views
71110	48.76	13.66	35.10	Radiologic examination, ribs, bilateral; three views
71111	60.43	15.83	44.60	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views
71120	39.63	10.35	29.28	Radiologic examination; sternum, minimum of two views
71130	43.99	11.03	32.96	Radiologic examination; sternoclavicular joint or joints, minimum of three views
71250	343.60	59.06	284.54	Computed tomography, thorax; without contrast material
71260	411.18	63.17	348.02	Computed tomography, thorax; with contrast material(s)
71270	508.26	70.55	437.71	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71275	650.23	98.63	551.60	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
71550	710.91	74.20	636.71	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	812.12	88.16	723.96	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	1,209.82	115.60	1,094.22	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	706.02	93.19	612.83	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72010	77.60	22.41	55.19	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	27.65	7.72	19.93	Radiologic examination, spine, single view, specify level
72040	42.15	11.03	31.12	Radiologic examination, spine, cervical; two or three views
72050	60.09	15.49	44.60	Radiologic examination, spine, cervical; minimum of four views
72052	75.45	18.41	57.03	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72069	38.79	11.49	27.30	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070	40.31	11.03	29.28	Radiologic examination, spine; thoracic, two views
72072	45.21	11.03	34.18	Radiologic examination, spine; thoracic, three views
72074	53.80	11.03	42.76	Radiologic examination, spine; thoracic, minimum of four views
72080	41.69	11.03	30.66	Radiologic examination, spine; thoracolumbar, two views
72090	52.02	14.46	37.56	Radiologic examination, spine; scoliosis study, including supine and erect studies
72100	44.45	11.03	33.42	Radiologic examination, spine, lumbosacral; two or three views

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
72110	61.93	15.49	46.45	Radiologic examination, spine, lumbosacral; minimum of four views
72114	80.51	18.41	62.10	Radiologic examination, spine, lumbosacral; complete, including bending views
72120	56.10	11.03	45.06	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72125	344.06	59.06	285.00	Computed tomography, cervical spine; without contrast material
72126	410.04	62.02	348.02	Computed tomography, cervical spine; with contrast material
72127	503.58	64.95	438.63	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128	343.60	59.06	284.54	Computed tomography, thoracic spine; without contrast material
72129	410.50	62.49	348.02	Computed tomography, thoracic spine; with contrast material
72130	502.20	64.95	437.25	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	343.14	59.06	284.08	Computed tomography, lumbar spine; without contrast material
72132	409.58	62.02	347.56	Computed tomography, lumbar spine; with contrast material
72133	503.12	64.95	438.17	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72141	631.35	81.58	549.77	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	772.75	98.17	674.58	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	661.85	81.58	580.27	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	725.80	98.17	627.63	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	655.45	75.64	579.81	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	764.91	91.25	673.66	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	1,132.34	131.09	1,001.25	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	1,095.98	131.09	964.89	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	1,121.19	120.40	1,000.79	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	718.83	89.77	629.06	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170	31.56	8.87	22.69	Radiologic examination, pelvis; one or two views
72190	45.03	10.69	34.34	Radiologic examination, pelvis; complete, minimum of three views
72191	627.76	93.19	534.57	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
72192	331.08	55.75	275.33	Computed tomography, pelvis; without contrast material
72193	392.04	59.52	332.53	Computed tomography, pelvis; with contrast material(s)
72194	493.77	62.02	431.75	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	666.26	74.20	592.06	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	757.35	88.62	668.73	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	1,134.16	115.14	1,019.02	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	700.16	91.93	608.23	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200	33.86	8.87	24.99	Radiologic examination, sacroiliac joints; less than three views
72202	40.67	9.55	31.12	Radiologic examination, sacroiliac joints; three or more views
72220	35.38	8.87	26.51	Radiologic examination, sacrum and coccyx, minimum of two views
72240	214.67	46.08	168.59	Myelography, cervical, radiological supervision and interpretation
72255	196.74	45.16	151.58	Myelography, thoracic, radiological supervision and interpretation
72265	194.01	41.97	152.04	Myelography, lumbosacral, radiological supervision and interpretation
72270	299.67	67.92	231.75	Myelography, two or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
72275	126.72	36.35	90.37	Epidurography, radiological supervision and interpretation
72285	288.88	56.89	231.98	Discography, cervical or thoracic, radiological supervision and interpretation
72291	I.C.	69.36	I.C.	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance
72292	I.C.	71.77	I.C.	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance
72295	263.06	42.10	220.96	Discography, lumbar, radiological supervision and interpretation
73000	32.14	8.06	24.07	Radiologic examination; clavicle, complete
73010	33.40	8.87	24.53	Radiologic examination; scapula, complete
73020	28.11	7.72	20.39	Radiologic examination, shoulder; one view
73030	35.26	9.21	26.05	Radiologic examination, shoulder; complete, minimum of two views
73040	127.12	27.78	99.34	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73050	41.93	10.35	31.58	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	34.92	8.87	26.05	Radiologic examination; humerus, minimum of two views

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
73070	31.80	7.72	24.07	Radiologic examination, elbow; two views
73080	39.06	8.87	30.20	Radiologic examination, elbow; complete, minimum of three views
73085	117.91	27.78	90.13	Radiologic examination, elbow, arthrography, radiological supervision and interpretation
73090	32.14	8.06	24.07	Radiologic examination; forearm, two views
73092	32.14	8.06	24.07	Radiologic examination; upper extremity, infant, minimum of two views
73100	32.60	8.06	24.53	Radiologic examination, wrist; two views
73110	38.00	8.87	29.14	Radiologic examination, wrist; complete, minimum of three views
73115	115.93	27.32	88.61	Radiologic examination, wrist, arthrography, radiological supervision and interpretation
73120	31.68	8.06	23.61	Radiologic examination, hand; two views
73130	35.70	8.87	26.84	Radiologic examination, hand; minimum of three views
73140	31.57	6.58	24.99	Radiologic examination, finger(s), minimum of two views
73200	315.93	55.75	260.19	Computed tomography, upper extremity; without contrast material
73201	377.20	59.06	318.14	Computed tomography, upper extremity; with contrast material(s)
73202	477.84	62.02	415.82	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73206	593.24	93.19	500.05	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73218	664.85	68.60	596.25	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	748.11	82.73	665.39	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	1,129.39	110.01	1,019.39	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	639.54	68.60	570.93	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	722.80	82.73	640.07	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	1,095.33	109.55	985.79	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	685.48	86.46	599.02	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73500	30.18	8.87	21.31	Radiologic examination, hip, unilateral; one view
73510	41.35	10.69	30.66	Radiologic examination, hip, unilateral; complete, minimum of two views
73520	45.82	13.32	32.50	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73525	117.75	27.62	90.13	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73530	I.C.	14.80	I.C.	Radiologic examination, hip, during operative procedure
73540	41.47	10.35	31.12	Radiologic examination, pelvis and hips, infant or child, minimum of two views

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
73542	102.89	27.95	74.94	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation
73550	34.46	8.87	25.59	Radiologic examination, femur, two views
73560	33.40	8.87	24.53	Radiologic examination, knee; one or two views
73562	38.94	9.21	29.74	Radiologic examination, knee; three views
73564	44.45	11.03	33.42	Radiologic examination, knee; complete, four or more views
73565	34.32	8.87	25.45	Radiologic examination, knee; both knees, standing, anteroposterior
73580	146.89	27.62	119.27	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590	32.48	8.87	23.61	Radiologic examination; tibia and fibula, two views
73592	32.14	8.06	24.07	Radiologic examination; lower extremity, infant, minimum of two views
73600	31.68	8.06	23.61	Radiologic examination, ankle; two views
73610	35.70	8.87	26.84	Radiologic examination, ankle; complete, minimum of three views
73615	121.43	27.62	93.81	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620	31.22	8.06	23.15	Radiologic examination, foot; two views
73630	35.70	8.87	26.84	Radiologic examination, foot; complete, minimum of three views
73650	30.76	8.06	22.69	Radiologic examination; calcaneus, minimum of two views
73660	30.65	6.58	24.07	Radiologic examination; toe(s), minimum of two views
73700	315.93	55.75	260.19	Computed tomography, lower extremity; without contrast material
73701	379.04	59.52	319.52	Computed tomography, lower extremity; with contrast material(s)
73702	481.98	62.49	419.50	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	629.92	98.11	531.81	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73718	656.11	68.60	587.50	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	748.11	82.73	665.39	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	1,127.55	109.55	1,018.01	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	646.90	68.60	578.30	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	726.94	82.73	644.21	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	1,095.33	110.01	985.33	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	702.22	93.08	609.15	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74000	30.98	9.21	21.77	Radiologic examination, abdomen; single anteroposterior view

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
74010	42.49	11.83	30.66	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views
74020	45.70	13.66	32.04	Radiologic examination, abdomen; complete, including decubitus and/or erect views
74022	54.61	16.29	38.32	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150	330.51	61.00	269.51	Computed tomography, abdomen; without contrast material
74160	426.48	65.41	361.06	Computed tomography, abdomen; with contrast material(s)
74170	549.01	71.69	477.31	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74175	652.47	97.19	555.28	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74181	620.70	74.66	546.03	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	801.54	88.62	712.91	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	1,134.63	115.14	1,019.48	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	700.16	91.93	608.23	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	I.C.	24.35	I.C.	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
74210	85.57	18.41	67.16	Radiologic examination; pharynx and/or cervical esophagus
74220	95.43	23.67	71.76	Radiologic examination; esophagus
74230	99.96	26.98	72.98	Swallowing function, with cineradiography/ videoradiography
74235	I.C.	61.92	I.C.	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240	118.91	35.50	83.41	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241	125.36	35.04	90.31	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB
74245	188.98	46.54	142.44	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films
74246	135.16	35.50	99.66	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
74247	146.05	35.50	110.54	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB
74249	202.63	46.54	156.09	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through
74250	109.42	24.01	85.41	Radiologic examination, small intestine, includes multiple serial films;

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
74251	292.60	35.50	257.09	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube
74260	249.29	25.50	223.79	Duodenography, hypotonic
74270	154.79	35.50	119.29	Radiologic examination, colon; barium enema, with or without KUB
74280	211.50	50.19	161.31	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon
74283	230.06	102.51	127.55	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290	68.42	16.29	52.13	Cholecystography, oral contrast;
74291	54.68	10.35	44.33	Cholecystography, oral contrast; additional or repeat examination or multiple day examination
74300	I.C.	18.41	I.C.	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301	I.C.	10.69	I.C.	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)
74305	I.C.	21.84	I.C.	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation
74320	149.79	27.78	122.01	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327	142.25	35.85	106.40	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation
74328	I.C.	36.31	I.C.	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329	I.C.	36.31	I.C.	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330	I.C.	46.20	I.C.	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340	I.C.	27.78	I.C.	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
74355	I.C.	38.82	I.C.	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360	I.C.	28.70	I.C.	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363	I.C.	45.05	I.C.	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation
74400	122.81	25.15	97.65	Urography (pyelography), intravenous, with or without KUB, with or without tomography
74410	131.09	25.15	105.94	Urography, infusion, drip technique and/or bolus technique;
74415	148.88	25.15	123.73	Urography, infusion, drip technique and/or bolus technique; with nephrotomography
74420	I.C.	18.87	I.C.	Urography, retrograde, with or without KUB

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
74425	I.C.	18.87	I.C.	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
74430	85.13	16.59	68.54	Cystography, minimum of thee views, radiological supervision and interpretation
74440	92.70	19.56	73.14	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445	I.C.	59.89	I.C.	Corpora cavernosography, radiological supervision and interpretation
74450	I.C.	17.39	I.C.	Urethrocystography, retrograde, radiological supervision and interpretation
74455	104.16	17.39	86.77	Urethrocystography, voiding, radiological supervision and interpretation
74470	I.C.	27.32	I.C.	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74475	172.46	27.78	144.68	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74480	172.46	27.78	144.68	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74485	153.31	28.08	125.23	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation
74710	55.43	17.27	38.16	Pelvimetry, with or without placental localization
74740	89.32	19.56	69.76	Hysterosalpingography, radiological supervision and interpretation
74742	I.C.	30.93	I.C.	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775	I.C.	31.73	I.C.	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
75557	628.05	126.50	501.55	Cardiac magnetic resonance imaging for morphology and function without contrast material;
75558	691.13	119.69	571.45	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification
75559	924.24	162.18	762.07	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75560	907.52	137.49	770.03	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification and stress
75561	856.37	139.94	716.44	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
75562	900.41	131.33	769.09	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification
75563	1,065.49	169.25	896.25	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
75564	1,058.78	153.72	905.07	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification and stress
75600	479.60	27.46	452.15	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	441.02	60.67	380.34	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	436.25	59.13	377.12	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	488.30	94.79	393.51	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635	779.07	124.36	654.70	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
75650	454.95	77.37	377.58	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation
75658	453.41	68.00	385.41	Angiography, brachial, retrograde, radiological supervision and interpretation
75660	455.87	68.16	387.71	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662	497.28	88.39	408.88	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665	461.83	68.60	393.23	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671	498.50	85.93	412.56	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676	455.71	68.00	387.71	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation
75680	486.99	86.39	400.60	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation
75685	455.87	68.16	387.71	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75705	500.56	113.31	387.25	Angiography, spinal, selective, radiological supervision and interpretation
75710	450.82	59.89	390.93	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	479.64	68.00	411.64	Angiography, extremity, bilateral, radiological supervision and interpretation
75722	447.92	60.67	387.25	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation
75724	493.01	82.29	410.72	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation
75726	445.16	58.37	386.79	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation
75731	453.29	60.97	392.31	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	492.23	71.84	420.39	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
75736	448.68	59.59	389.09	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation
75741	439.30	67.70	371.60	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	463.05	85.47	377.58	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	440.10	58.37	381.72	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	460.05	63.60	396.45	Angiography, internal mammary, radiological supervision and interpretation
75774	383.11	18.87	364.23	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75790	184.83	93.14	91.69	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation
75801	I.C.	41.56	I.C.	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	I.C.	59.40	I.C.	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	I.C.	41.58	I.C.	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	I.C.	59.40	I.C.	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	89.03	23.55	65.48	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
75810	I.C.	57.91	I.C.	Splenoportography, radiological supervision and interpretation
75820	122.80	36.77	86.03	Venography, extremity, unilateral, radiological supervision and interpretation
75822	155.16	54.26	100.90	Venography, extremity, bilateral, radiological supervision and interpretation
75825	426.89	58.51	368.38	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	426.75	57.45	369.30	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	428.89	57.75	371.14	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	459.23	76.59	382.65	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	427.81	58.05	369.76	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	460.01	76.45	383.57	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	437.04	60.37	376.66	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	435.03	58.83	376.20	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	454.76	61.99	392.77	Venography, epidural, radiological supervision and interpretation
75880	127.86	36.31	91.55	Venography, orbital, radiological supervision and interpretation

40.06: continued

Code	Global	PC	TC	**40.06(7) - Radiologic Service Description** (con't)
75885	444.66	73.52	371.14	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	450.18	74.90	375.28	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
75889	429.51	58.37	371.14	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891	429.05	58.37	370.68	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	398.92	27.78	371.14	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
75894	I.C.	67.38	I.C.	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75896	I.C.	68.32	I.C.	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation
75898	I.C.	85.59	I.C.	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
75900	I.C.	24.99	I.C.	Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
75901	171.55	25.15	146.39	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
75902	109.22	19.90	89.32	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
75940	I.C.	27.92	I.C.	Percutaneous placement of IVC filter, radiological supervision and interpretation
75945	I.C.	21.30	I.C.	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946	I.C.	21.14	I.C.	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)
75952	I.C.	230.17	I.C.	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
75953	I.C.	69.66	I.C.	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
75954	I.C.	113.54	I.C.	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
75956	I.C.	365.09	I.C.	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75957	I.C.	313.22	I.C.	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75958	I.C.	208.10	I.C.	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
75959	I.C.	182.16	I.C.	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
75960	464.53	43.30	421.22	Transcatheter introduction of intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel
75961	548.22	216.44	331.78	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation
75962	491.61	28.08	463.53	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation
75964	276.01	18.71	257.30	Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75966	540.43	70.00	470.43	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
75968	277.09	19.33	257.76	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75970	I.C.	42.89	I.C.	Transcatheter biopsy, radiological supervision and interpretation
75978	485.79	27.32	458.46	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation
75980	I.C.	73.98	I.C.	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
75982	I.C.	73.98	I.C.	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation

40.06: continued

Code	Global	PC	TC	**40.06(7) - Radiologic Service Description** (con't)
75984	131.88	36.53	95.35	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation
75989	180.71	61.00	119.71	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation
75992	I.C.	29.00	I.C.	Transluminal atherectomy, peripheral artery, radiological supervision and interpretation
75993	I.C.	18.87	I.C.	Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75994	I.C.	69.84	I.C.	Transluminal atherectomy, renal, radiological supervision and interpretation
75995	I.C.	67.86	I.C.	Transluminal atherectomy, visceral, radiological supervision and interpretation
75996	I.C.	18.41	I.C.	Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
76000	103.02	8.41	94.61	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76001	I.C.	34.96	I.C.	Fluoroscopy, physician time more than one hour, assisting a nonradiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
76010	32.82	9.21	23.61	Radiologic examination from nose to rectum for foreign body, single view, child
76080	74.23	27.78	46.45	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
76098	24.31	8.06	16.25	Radiological examination, surgical specimen
76100	137.87	29.91	107.96	Radiologic examination, single plane body section (eg, tomography), other than with urography
76101	186.04	29.45	156.59	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102	244.01	28.99	215.03	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral
76120	85.80	19.56	66.24	Cineradiography/videoradiography, except where specifically included
76125	I.C.	14.58	I.C.	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)
76140	I.C.	I.C.	I.C.	Consultation on X-ray examination made elsewhere, written report
76150	25.91	I.C.	I.C.	Xeroradiography
76350	I.C.	I.C.	I.C.	Subtraction in conjunction with contrast studies
76376	122.60	10.65	111.94	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation

40.06: continued

Code	Global	PC	TC	**40.06(7) - Radiologic Service Description** (con't)
76377	155.57	41.80	113.78	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation
76380	236.59	49.85	186.75	Computed tomography, limited or localized follow-up study
76390	549.04	68.31	480.73	Magnetic resonance spectroscopy
76496	I.C.	I.C.	I.C.	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
76497	I.C.	I.C.	I.C.	Unlisted computed tomography procedure (eg, diagnostic, interventional)
76498	I.C.	I.C.	I.C.	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499	I.C.	I.C.	I.C.	Unlisted diagnostic radiographic procedure
76506	127.43	33.43	93.99	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
76510	173.29	81.90	91.39	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
76511	122.09	49.56	72.52	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
76512	113.48	49.72	63.75	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
76513	103.00	35.10	67.90	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
76514	13.31	9.33	3.98	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516	81.13	28.40	52.73	Ophthalmic biometry by ultrasound echography, A-scan;
76519	86.20	28.86	57.33	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
76529	80.45	30.19	50.27	Ophthalmic ultrasonic foreign body localization
76536	120.62	28.00	92.61	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation
76604	97.88	28.12	69.76	Ultrasound, chest (includes mediastinum), real time with image documentation
76645	97.70	27.32	70.38	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation
76700	153.21	41.28	111.92	Ultrasound, abdominal, real time with image documentation; complete
76705	114.58	30.25	84.33	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76770	147.75	37.67	110.08	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
76775	115.62	29.91	85.71	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76776	160.40	38.82	121.59	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation

40.06: continued

Code	Global	PC	TC	**40.06(7) - Radiologic Service Description** (con't)
76800	135.92	54.35	81.57	Ultrasound, spinal canal and contents
76801	151.37	49.73	101.64	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation
76802	86.53	42.43	44.10	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76805	164.71	49.73	114.99	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	111.22	49.39	61.83	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	248.00	96.11	151.89	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	206.18	89.87	116.31	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76813	147.71	60.20	87.51	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814	92.43	48.65	43.78	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	104.66	32.76	71.90	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
76816	119.47	43.11	76.36	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76817	115.30	37.55	77.74	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	137.47	53.46	84.01	Fetal biophysical profile; with non-stress testing
76819	111.20	39.16	72.04	Fetal biophysical profile; without non-stress testing
76820	75.88	25.80	50.09	Doppler velocimetry, fetal; umbilical artery
76821	114.93	35.85	79.08	Doppler velocimetry, fetal; middle cerebral artery

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
76825	222.13	84.43	137.70	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	117.27	41.67	75.60	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	93.04	29.15	63.89	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	67.52	28.76	38.76	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
76830	131.48	35.04	96.43	Ultrasound, transvaginal
76831	132.04	36.07	95.97	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	131.94	35.04	96.89	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857	114.79	19.56	95.24	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)
76870	130.69	32.88	97.82	Ultrasound, scrotum and contents
76872	157.55	35.80	121.75	Ultrasound, transrectal;
76873	198.50	79.55	118.95	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76880	133.91	29.79	104.12	Ultrasound, extremity, nonvascular, real time with image documentation
76885	144.23	37.21	107.02	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)
76886	114.22	31.73	82.49	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)
76930	114.85	36.82	78.02	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932	I.C.	37.28	I.C.	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	383.52	103.60	279.92	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76937	39.46	15.74	23.71	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
76940	I.C.	107.50	I.C.	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
76941	I.C.	67.64	I.C.	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	206.74	34.36	172.38	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945	I.C.	33.44	I.C.	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946	64.90	19.10	45.80	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
76948	64.44	18.64	45.80	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76950	84.94	29.45	55.49	Ultrasonic guidance for placement of radiation therapy fields
76965	222.54	69.32	153.22	Ultrasonic guidance for interstitial radioelement application
76970	88.78	19.78	69.00	Ultrasound study follow-up (specify)
76975	I.C.	42.20	I.C.	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	25.60	2.93	22.67	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76998	I.C.	62.36	I.C.	Ultrasonic guidance, intraoperative
76999	I.C.	I.C.	I.C.	Unlisted ultrasound procedure (eg, diagnostic, interventional)
77001	112.01	19.26	92.75	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)
77002	83.27	26.40	56.87	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
77003	74.57	28.29	46.29	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction
77011	721.43	61.22	660.21	Computed tomography guidance for stereotactic localization
77012	306.39	59.52	246.87	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
77013	I.C.	204.22	I.C.	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation
77014	212.69	43.11	169.58	Computed tomography guidance for placement of radiation therapy fields
77021	563.36	77.39	485.97	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
77022	I.C.	218.70	I.C.	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
77031	288.09	81.38	206.71	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
77032	75.67	28.46	47.21	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
77051	17.38	3.27	14.11	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)
77052	17.38	3.27	14.11	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)
77053	108.68	18.41	90.27	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054	147.78	22.87	124.91	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
77055	93.80	35.85	57.95	Mammography; unilateral
77056	118.61	44.25	74.36	Mammography; bilateral
77057	94.10	35.85	58.25	Screening mammography, bilateral (2-view film study of each breast)
77058	1,001.75	83.07	918.68	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	1,154.49	83.07	1,071.42	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
77071	37.89	I.C.	I.C.	Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated
77072	26.72	9.55	17.17	Bone age studies
77073	46.92	14.12	32.80	Bone length studies (orthoroentgenogram, scanogram)
77074	77.60	23.33	54.27	Radiologic examination, osseous survey; limited (eg, for metastases)
77075	111.65	27.78	83.87	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
77076	97.64	35.39	62.26	Radiologic examination, osseous survey, infant
77077	55.79	15.79	40.00	Joint survey, single view, two or more joints (specify)
77078	192.22	12.52	179.70	Computed tomography, bone mineral density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)
77079	97.68	11.03	86.65	Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77080	111.18	10.81	100.37	Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	39.23	11.03	28.20	Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77082	37.98	8.41	29.58	Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment
77083	35.78	9.89	25.89	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), one or more sites
77084	656.67	80.66	576.01	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
77261	72.11	I.C.	I.C.	Therapeutic radiology treatment planning; simple
77262	108.48	I.C.	I.C.	Therapeutic radiology treatment planning; intermediate
77263	161.26	I.C.	I.C.	Therapeutic radiology treatment planning; complex

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
77280	217.83	35.69	182.14	Therapeutic radiology simulation-aided field setting; simple
77285	367.16	53.00	314.16	Therapeutic radiology simulation-aided field setting; intermediate
77290	536.56	78.68	457.88	Therapeutic radiology simulation-aided field setting; complex
77295	1,055.25	230.71	824.54	Therapeutic radiology simulation-aided field setting; 3-dimensional
77299	I.C.	I.C.	I.C.	Unlisted procedure, therapeutic radiology clinical treatment planning
77300	86.76	31.27	55.49	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician
77301	2,353.93	404.01	1,949.93	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77305	97.44	35.69	61.75	Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)
77310	131.46	53.00	78.46	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest)
77315	180.45	78.68	101.78	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
77321	175.09	48.20	126.89	Special teletherapy port plan, particles, hemibody, total body
77326	166.95	47.06	119.89	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, one to eight sources)
77327	239.53	70.27	169.26	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving five to ten sources/ribbons, remote afterloading brachytherapy, nine to 12 sources)
77328	332.54	105.96	226.59	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over ten sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77331	67.87	43.79	24.07	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	91.86	27.16	64.70	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	94.85	42.31	52.55	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77373	1,967.92			Stereotactic body radiation therapy, treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed five fractions

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
77399	I.C.			Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77401	54.85			Radiation treatment delivery, superficial and/or ortho voltage
77402	144.14			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
77403	130.80			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV
77404	140.92			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV
77406	141.84			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater
77407	184.95			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408	171.14			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 6-10 MeV
77409	184.49			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 11-19 MeV
77411	184.03			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater
77412	213.78			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV
77413	215.63			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV
77414	235.42			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV
77416	235.42			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater
77417	23.29			Therapeutic radiology port film(s)
77418	721.94			Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77421	151.78	19.90	131.88	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
77422	166.38			High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
77423	227.59			High energy neutron radiation treatment delivery; one or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
77427	187.58			Radiation treatment management, five treatments
77431	98.10			Radiation therapy management with complete course of therapy consisting of one or two fractions only
77432	409.28			Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)
77435	683.04			Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed five fractions
77470	409.01	105.96	303.06	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
77499	I.C.	I.C.	I.C.	Unlisted procedure, therapeutic radiology treatment management
77520	I.C.			Proton treatment delivery; simple, without compensation
77522	I.C.			Proton treatment delivery; simple, with compensation
77523	I.C.			Proton treatment delivery; intermediate
77525	I.C.			Proton treatment delivery; complex
77600	378.05	78.68	299.38	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	616.68	103.77	512.90	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	555.26	75.45	479.81	Hyperthermia generated by interstitial probe(s); five or fewer interstitial applicators
77615	786.40	104.57	681.83	Hyperthermia generated by interstitial probe(s); more than five interstitial applicators
77620	388.09	80.43	307.66	Hyperthermia generated by intracavitary probe(s)
77750	349.94	249.81	100.14	Infusion or instillation of radioelement solution (includes three months follow-up care)
77761	369.08	189.97	179.10	Intracavitary radiation source application; simple
77762	511.05	289.95	221.11	Intracavitary radiation source application; intermediate
77763	718.00	434.48	283.52	Intracavitary radiation source application; complex
77776	420.48	232.93	187.55	Interstitial radiation source application; simple
77777	608.18	378.35	229.83	Interstitial radiation source application; intermediate
77778	869.35	567.59	301.75	Interstitial radiation source application; complex
77781	656.36	64.88	591.48	Remote afterloading high intensity brachytherapy; one - four source positions or catheters
77782	876.75	107.15	769.60	Remote afterloading high intensity brachytherapy; five - eight source positions or catheters
77783	1,201.32	169.35	1,031.96	Remote afterloading high intensity brachytherapy; nine-12 source positions or catheters
77784	1,777.12	264.62	1,512.50	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters
77789	106.68	58.21	48.47	Surface application of radiation source
77790	90.88	53.00	37.88	Supervision, handling, loading of radiation source
77799	I.C.	I.C.	I.C.	Unlisted procedure, clinical brachytherapy
78000	74.87	9.55	65.32	Thyroid uptake; single determination
78001	96.43	13.32	83.11	Thyroid uptake; multiple determinations
78003	82.41	16.63	65.78	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
78006	222.83	24.69	198.14	Thyroid imaging, with uptake; single determination
78007	155.35	25.50	129.85	Thyroid imaging, with uptake; multiple determinations
78010	158.52	19.90	138.62	Thyroid imaging; only
78011	183.26	22.87	160.39	Thyroid imaging; with vascular flow
78015	215.77	34.36	181.40	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	317.37	41.78	275.58	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
78018	353.63	44.37	309.26	Thyroid carcinoma metastases imaging; whole body
78020	101.69	30.75	70.94	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
78070	217.53	42.08	175.44	Parathyroid imaging
78075	433.00	37.67	395.33	Adrenal imaging, cortex and/or medulla
78099	I.C.	I.C.	I.C.	Unlisted endocrine procedure, diagnostic nuclear medicine
78102	170.73	28.12	142.60	Bone marrow imaging; limited area
78103	235.97	38.47	197.49	Bone marrow imaging; multiple areas
78104	278.30	41.10	237.20	Bone marrow imaging; whole body
78110	81.31	10.01	71.30	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	122.48	11.49	110.98	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
78120	101.67	11.83	89.83	Red cell volume determination (separate procedure); single sampling
78121	136.02	16.29	119.73	Red cell volume determination (separate procedure); multiple samplings
78122	184.72	23.33	161.39	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	176.90	31.39	145.50	Red cell survival study;
78135	347.38	32.88	314.50	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)
78140	190.96	31.39	159.57	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)
78185	195.36	20.70	174.66	Spleen imaging only, with or without vascular flow
78190	381.85	54.34	327.51	Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191	287.35	31.39	255.96	Platelet survival study
78195	352.23	61.64	290.59	Lymphatics and lymph nodes imaging
78199	I.C.	I.C.	I.C.	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78201	183.38	22.07	161.31	Liver imaging; static only
78202	215.53	25.84	189.69	Liver imaging; with vascular flow
78205	297.25	36.19	261.07	Liver imaging (SPECT);
78206	378.80	49.17	329.64	Liver imaging (SPECT); with vascular flow
78215	204.26	25.15	179.10	Liver and spleen imaging; static only
78216	175.51	28.81	146.70	Liver and spleen imaging; with vascular flow
78220	183.20	24.69	158.51	Liver function study with hepatobiliary agents, with serial images
78223	322.33	43.23	279.10	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
78230	169.45	22.87	146.58	Salivary gland imaging;
78231	164.76	26.18	138.58	Salivary gland imaging; with serial images

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
78232	171.17	24.01	147.16	Salivary gland function study
78258	229.66	38.13	191.53	Esophageal motility
78261	269.02	35.50	233.51	Gastric mucosa imaging
78262	270.98	34.24	236.74	Gastroesophageal reflux study
78264	300.17	39.96	260.21	Gastric emptying study
78267	I.C.			Urea breath test, C-14 (isotopic); acquisition for analysis
78268	I.C.			Urea breath test, C-14 (isotopic); analysis
78270	92.06	10.35	81.71	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271	92.98	9.89	83.09	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor
78272	116.52	13.20	103.32	Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278	360.55	50.65	309.90	Acute gastrointestinal blood loss imaging
78282	I.C.	19.56	I.C.	Gastrointestinal protein loss
78290	300.94	35.16	265.78	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291	255.13	45.05	210.08	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
78299	I.C.	I.C.	I.C.	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78300	185.52	31.73	153.79	Bone and/or joint imaging; limited area
78305	252.03	42.43	209.60	Bone and/or joint imaging; multiple areas
78306	282.03	44.37	237.66	Bone and/or joint imaging; whole body
78315	359.27	52.13	307.14	Bone and/or joint imaging; three phase study
78320	313.88	53.28	260.61	Bone and/or joint imaging; tomographic (SPECT)
78350	40.15	10.57	29.58	Bone density (bone mineral content) study, one or more sites; single photon absorptiometry
78351	14.69			Bone density (bone mineral content) study, one or more sites; dual photon absorptiometry, one or more sites
78399	I.C.	I.C.	I.C.	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78414	I.C.	23.79	I.C.	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
78428	210.94	42.26	168.68	Cardiac shunt detection
78445	170.68	25.15	145.52	Non-cardiac vascular flow imaging (ie, angiography, venography)
78456	346.44	51.91	294.53	Acute venous thrombosis imaging, peptide
78457	205.83	38.70	167.14	Venous thrombosis imaging, venogram; unilateral
78458	242.13	46.20	195.93	Venous thrombosis imaging, venogram; bilateral
78459	I.C.	79.87	I.C.	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78460	202.46	44.37	158.09	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
78461	263.18	63.75	199.43	Myocardial perfusion imaging; multiple studies (planar), at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
78464	356.05	58.67	297.39	Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification
78465	616.75	79.42	537.32	Myocardial perfusion imaging; tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
78466	199.88	36.43	163.45	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	259.45	43.40	216.04	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	313.19	49.80	263.39	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78472	317.06	51.69	265.37	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473	445.23	78.69	366.55	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78478	80.51	28.72	51.79	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)
78480	70.91	19.13	51.79	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)
78481	288.08	54.15	233.93	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78483	415.63	82.07	333.57	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/ or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78491	I.C.	81.09	I.C.	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	I.C.	103.69	I.C.	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	366.87	64.22	302.65	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	213.54	26.88	186.66	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
78499	I.C.	I.C.	I.C.	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78580	234.54	38.13	196.41	Pulmonary perfusion imaging, particulate
78584	191.07	50.65	140.42	Pulmonary perfusion imaging, particulate, with ventilation; single breath

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
78585	384.63	55.75	328.89	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath
78586	176.79	20.24	156.55	Pulmonary ventilation imaging, aerosol; single projection
78587	215.30	25.15	190.15	Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views)
78588	325.34	55.75	269.60	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections
78591	183.23	20.70	162.53	Pulmonary ventilation imaging, gaseous, single breath, single projection
78593	216.50	24.69	191.81	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection
78594	266.92	26.98	239.94	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views)
78596	428.32	63.73	364.59	Pulmonary quantitative differential function (ventilation/perfusion) study
78599	I.C.	I.C.	I.C.	Unlisted respiratory procedure, diagnostic nuclear medicine
78600	190.58	22.53	168.06	Brain imaging, less than four static views;
78601	229.15	25.84	203.32	Brain imaging, less than four static views; with vascular flow
78605	218.33	27.44	190.89	Brain imaging, minimum four static views;
78606	319.48	32.42	287.07	Brain imaging, minimum four static views; with vascular flow
78607	413.47	62.83	350.64	Brain imaging, tomographic (SPECT)
78608	I.C.	76.03	I.C.	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	75.57	75.57	I.C.	Brain imaging, positron emission tomography (PET); perfusion evaluation
78610	208.70	16.53	192.17	Brain imaging, vascular flow only
78630	352.57	34.70	317.86	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	292.13	31.55	260.57	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
78645	303.93	28.81	275.12	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
78647	380.91	45.74	335.17	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78650	337.77	31.39	306.38	Cerebrospinal fluid leakage detection and localization
78660	173.26	26.98	146.28	Radiopharmaceutical dacryocystography
78699	I.C.	I.C.	I.C.	Unlisted nervous system procedure, diagnostic nuclear medicine
78700	195.67	23.33	172.34	Kidney imaging morphology;
78701	232.61	25.15	207.46	Kidney imaging morphology; with vascular flow
78707	277.46	49.17	228.29	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention
78708	242.10	62.14	179.96	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
78709	374.89	72.03	302.86	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78710	295.55	33.56	261.99	Kidney imaging morphology; tomographic (SPECT)
78725	115.37	19.56	95.81	Kidney function study, non-imaging radioisotopic study
78730	90.05	9.86	80.19	Urinary bladder residual study (List separately in addition to code for primary procedure)
78740	207.15	29.11	178.04	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78761	225.40	36.19	189.21	Testicular imaging with vascular flow
78799	I.C.	I.C.	I.C.	Unlisted genitourinary procedure, diagnostic nuclear medicine
78800	212.78	33.86	178.92	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801	277.63	40.90	236.74	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas
78802	360.83	43.91	316.92	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging
78803	405.46	56.21	349.26	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)
78804	651.53	54.76	596.77	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging
78805	212.57	37.33	175.24	Radiopharmaceutical localization of inflammatory process; limited area
78806	388.11	43.91	344.20	Radiopharmaceutical localization of inflammatory process; whole body
78807	404.70	55.91	348.80	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78811	I.C.	80.27	I.C.	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
78812	I.C.	99.57	I.C.	Positron emission tomography (PET) imaging; skull base to mid-thigh
78813	I.C.	103.34	I.C.	Positron emission tomography (PET) imaging; whole body
78814	I.C.	112.93	I.C.	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
78815	I.C.	125.27	I.C.	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
78816	I.C.	128.24	I.C.	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
78890	43.39	2.93	40.46	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes

40.06: continued

Code	Global	PC	TC	40.06(7) - Radiologic Service Description (con't)
78891	89.08	5.09	83.99	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; complex manipulations and interpretation, exceeding 30 minutes
78999	I.C.	I.C.	I.C.	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79005	184.96	91.01	93.95	Radiopharmaceutical therapy, by oral administration
79101	199.17	101.54	97.63	Radiopharmaceutical therapy, by intravenous administration
79200	202.34	101.48	100.86	Radiopharmaceutical therapy, by intracavitary administration
79300	I.C.	83.84	I.C.	Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79403	269.97	117.56	152.41	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79440	193.75	102.56	91.19	Radiopharmaceutical therapy, by intra-articular administration
79445	I.C.	123.74	I.C.	Radiopharmaceutical therapy, by intra-arterial particulate administration
79999	I.C.	I.C.	I.C.	Radiopharmaceutical therapy, unlisted procedure

(8) Freestanding Ambulatory Surgical Services / Surgery.

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description
10021	49.59		146.24			Fine needle aspiration; without imaging guidance
10022	193.36		153.93			Fine needle aspiration; with imaging guidance
10040	35.44		95.98			Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	49.64		106.83			Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	62.85		180.17			Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10080	62.85		176.95			Incision and drainage of pilonidal cyst; simple
10081	138.64		265.51			Incision and drainage of pilonidal cyst; complicated
10120	62.85		140.41			Incision and removal of foreign body, subcutaneous tissues; simple
10121	719.48		263.98			Incision and removal of foreign body, subcutaneous tissues; complicated
10140	73.92		151.59			Incision and drainage of hematoma, seroma or fluid collection
10160	63.25		125.02			Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	818.67		231.60			Incision and drainage, complex, postoperative wound infection
11000	23.90		52.50			Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	8.46		22.03			Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
11004			552.23			Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
11005			729.92			Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
11006			688.17			Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure
11008			265.41			Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)
11010	192.34		477.68			Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
11011	192.34		540.66			Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle
11012	192.34		755.39			Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11040	22.06		46.49			Debridement; skin, partial thickness
11041	25.38		55.24			Debridement; skin, full thickness
11042	118.89		75.40			Debridement; skin, and subcutaneous tissue
11043	118.89		271.72			Debridement; skin, subcutaneous tissue, and muscle
11044	307.53		367.25			Debridement; skin, subcutaneous tissue, muscle, and bone
11055	25.01		47.48			Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	27.95		57.91			Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions
11057	31.63		69.55			Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions
11100	35.44		100.36			Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
11101	13.61		31.63			Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)
11200	35.44		80.18			Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	5.88		17.87			Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)
11300	35.44		68.48			Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	35.44		90.52			Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	35.44		107.77			Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
11303	66.19		127.75			Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	35.31		69.16			Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	35.44		93.90			Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	35.44		109.60			Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	35.44		124.76			Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	35.44		83.66			Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	35.44		103.17			Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	35.44		119.64			Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	35.44		150.37			Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	71.34		120.80			Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	77.95		143.26			Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	84.95		158.70			Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	90.83		181.04			Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	719.48		205.27			Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	719.48		279.96			Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	65.82		119.69			Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	78.70		151.56			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	86.05		169.30			Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
11423	96.35		196.36			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	719.48		224.17			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	943.36		314.07			Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	77.22		133.88			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	86.42		163.74			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	95.25		183.42			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	106.64		218.95			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	388.12		273.38			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	943.36		362.40			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	943.36		351.22			Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	943.36		463.13			Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	943.36		349.56			Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	943.36		472.18			Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	943.36		379.52			Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	943.36		485.86			Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11600	98.92		180.76			Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	112.89		213.87			Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	122.46		233.13			Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
11603	130.91		263.23			Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	388.12		290.19			Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	719.48		400.50			Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11620	100.03		182.18			Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	114.00		215.59			Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	126.13		242.65			Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	136.79		282.16			Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	719.48		318.24			Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	943.36		390.12			Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11640	104.80		190.25			Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	122.46		230.45			Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	136.79		264.67			Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	148.57		308.81			Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	719.48		382.18			Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	943.36		498.66			Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
11719	11.40		20.67			Trimming of nondystrophic nails, any number
11720	14.71		30.54			Debridement of nail(s) by any method(s); one to five
11721	18.02		43.09			Debridement of nail(s) by any method(s); six or more
11730	35.44		96.07			Avulsion of nail plate, partial or complete, simple; single
11732	18.02		44.11			Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11740	13.24		44.67			Evacuation of subungual hematoma
11750	94.13		206.37			Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
11752	129.44		291.79			Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx
11755	65.82		131.77			Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	94.07		199.47			Repair of nail bed
11762	120.98		261.58			Reconstruction of nail bed with graft
11765	65.22		129.28			Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	943.36		259.41			Excision of pilonidal cyst or sinus; simple
11771	943.36		508.97			Excision of pilonidal cyst or sinus; extensive
11772	943.36		631.17			Excision of pilonidal cyst or sinus; complicated
11900	28.68		54.26			Injection, intralesional; up to and including seven lesions
11901	30.53		66.42			Injection, intralesional; more than seven lesions
11920	94.07		201.17			Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	94.07		226.94			Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	37.88		66.24			Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm (List separately in addition to code for primary procedure)
11950	37.14		76.97			Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	43.76		99.16			Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	57.17		142.59			Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	57.17		168.24			Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	903.02		898.02			Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	1,920.92		582.91			Replacement of tissue expander with permanent prosthesis
11971	943.36		499.38			Removal of tissue expander(s) without insertion of prosthesis
11980	28.19		104.14			Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
11981	28.19		136.98			Insertion, non-biodegradable drug delivery implant
11982	28.19		157.01			Removal, non-biodegradable drug delivery implant
11983	28.19		232.80			Removal with reinsertion, non-biodegradable drug delivery implant
12001	57.17		148.83			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	57.17		157.66			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

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
12004	57.17		184.72			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	57.17		229.32			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	57.17		284.81			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	57.17		319.74			Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12011	57.17		158.55			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	57.17		173.90			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	57.17		203.42			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	57.17		254.54			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	57.17		300.27			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	57.17		253.95			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	57.17		304.54			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12020	202.27		272.20			Treatment of superficial wound dehiscence; simple closure
12021	202.27		155.39			Treatment of superficial wound dehiscence; with packing
12031	94.07		221.41			Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	94.07		298.32			Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	94.07		287.38			Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	94.07		370.79			Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036	94.07		407.34			Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	94.07		457.58			Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041	94.07		235.05			Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
12042	94.07		277.92			Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	94.07		314.37			Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	94.07		373.96			Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	94.07		441.49			Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	94.07		471.99			Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12051	94.07		260.86			Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	94.07		286.99			Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	94.07		312.95			Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	94.07		334.60			Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	94.07		406.73			Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	94.07		503.48			Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	94.07		540.52			Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	202.27		310.16			Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	202.27		385.92			Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	202.27		104.23			Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	94.07		321.83			Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	202.27		422.40			Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	94.07		119.94			Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	202.27		353.41			Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	202.27		548.43			Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	202.27		161.64			Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13150	202.27		361.55			Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	202.27		399.08			Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	202.27		540.99			Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	94.07		180.05			Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160	903.02		776.75			Secondary closure of surgical wound or dehiscence, extensive or complicated

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
14000	672.37		637.52			Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	672.37		822.76			Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	672.37		709.70			Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	672.37		922.90			Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	672.37		744.02			Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	672.37		1,010.95			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	672.37		755.36			Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	672.37		1,098.01			Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14300	903.02		1,055.04			Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
14350	903.02		732.71			Filleted finger or toe flap, including preparation of recipient site
15040	94.07		271.10			Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
15050	202.27		535.06			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
15150	202.27		708.42			Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less
15151	202.27		126.85			Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15155	202.27		730.87			Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	202.27		166.82			Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15200	672.37		780.27			Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	672.37		156.17			Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm (List separately in addition to code for primary procedure)
15220	672.37		749.07			Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	202.27		144.85			Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm (List separately in addition to code for primary procedure)
15240	672.37		885.96			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

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
15241	202.27		185.01			Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm (List separately in addition to code for primary procedure)
15260	672.37		944.42			Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	672.37		213.15			Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm (List separately in addition to code for primary procedure)
15340	94.07		317.42			Tissue cultured allogeneic skin substitute; first 25 sq cm or less
15341	94.07		47.41			Tissue cultured allogeneic skin substitute; each additional 25 sq cm
15570	903.02		874.10			Formation of direct or tubed pedicle, with or without transfer; trunk
15572	903.02		819.06			Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	903.02		883.97			Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	903.02		788.95			Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	903.02		372.01			Delay of flap or sectioning of flap (division and inset); at trunk
15610	903.02		330.61			Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	903.02		462.27			Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	903.02		470.02			Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	903.02		502.88			Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15731	903.02		1,068.20			Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
15732	903.02		1,485.59			Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)
15734	903.02		1,526.76			Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	903.02		1,379.60			Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	903.02		1,456.65			Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	672.37		959.81			Flap; island pedicle
15750	903.02		889.16			Flap; neurovascular pedicle
15756			2,293.67			Free muscle or myocutaneous flap with microvascular anastomosis
15757			2,287.08			Free skin flap with microvascular anastomosis
15758			2,281.38			Free fascial flap with microvascular anastomosis
15760	903.02		826.85			Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770	903.02		636.09			Graft; derma-fat-fascia

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
15775	903.02		314.31			Punch graft for hair transplant; one to 15 punch grafts
15776	903.02		445.60			Punch graft for hair transplant; more than 15 punch grafts
15780	903.02		834.10			Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	903.02		536.85			Dermabrasion; segmental, face
15782	903.02		586.66			Dermabrasion; regional, other than face
15783	903.02		496.84			Dermabrasion; superficial, any site (eg, tattoo removal)
15786	903.02		240.37			Abrasion; single lesion (eg, keratosis, scar)
15787	903.02		56.65			Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)
15788	903.02		447.02			Chemical peel, facial; epidermal
15789	903.02		576.84			Chemical peel, facial; dermal
15792	903.02		437.47			Chemical peel, nonfacial; epidermal
15793	903.02		467.52			Chemical peel, nonfacial; dermal
15819	903.02		704.85			Cervicoplasty
15820	903.02		527.39			Blepharoplasty, lower eyelid;
15821	903.02		561.24			Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	903.02		419.61			Blepharoplasty, upper eyelid;
15823	903.02		642.96			Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	903.02		I.C.			Rhytidectomy; forehead
15825	903.02		I.C.			Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	903.02		I.C.			Rhytidectomy; glabellar frown lines
15828	903.02		I.C.			Rhytidectomy; cheek, chin, and neck
15829	903.02		I.C.			Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	903.02		1,116.84			Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	903.02		864.16			Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	903.02		805.92			Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	57.17		821.96			Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	57.17		839.07			Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	418.12		709.05			Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	192.34		752.05			Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	192.34		558.04			Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	118.89		816.99			Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15840	35.44		978.48			Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	35.31		1,610.39			Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	35.44		2,545.49			Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	65.22		910.54			Graft for facial nerve paralysis; regional muscle transfer

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
15847	65.22		I.C.			Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15850	35.44		91.65			Removal of sutures under anesthesia (other than local), same surgeon
15851	94.07		100.66			Removal of sutures under anesthesia (other than local), other surgeon
15852	903.02		45.41			Dressing change (for other than burns) under anesthesia (other than local)
15860	903.02		107.35			Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15876	903.02		I.C.			Suction assisted lipectomy; head and neck
15877	903.02		I.C.			Suction assisted lipectomy; trunk
15878	903.02		I.C.			Suction assisted lipectomy; upper extremity
15879	903.02		I.C.			Suction assisted lipectomy; lower extremity
15920	903.02		560.29			Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922	903.02		722.79			Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931	903.02		636.67			Excision, sacral pressure ulcer, with primary suture;
15933	943.36		790.51			Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	943.36		878.65			Excision, sacral pressure ulcer, with skin flap closure;
15935	943.36		1,043.67			Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936	943.36		858.22			Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937	943.36		1,005.94			Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940	719.48		660.16			Excision, ischial pressure ulcer, with primary suture;
15941	719.48		879.16			Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944	719.48		853.65			Excision, ischial pressure ulcer, with skin flap closure;
15945	719.48		943.61			Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946	903.02		1,553.86			Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
15950	903.02		550.26			Excision, trochanteric pressure ulcer, with primary suture;
15951	903.02		784.05			Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952	903.02		812.73			Excision, trochanteric pressure ulcer, with skin flap closure;
15953	943.36		907.89			Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15956	118.89		1,100.62			Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958	55.16		1,127.15			Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15999			I.C.			Unlisted procedure, excision pressure ulcer

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
16000	28.19		69.15			Initial treatment, first degree burn, when no more than local treatment is required
16020	903.02		84.95			Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
16025	903.02		145.73			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	903.02		176.25			Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than one extremity, or greater than 10% total body surface area)
16035	903.02		205.92			Escharotomy; initial incision
16036			81.60			Escharotomy; each additional incision (List separately in addition to code for primary procedure)
17000	35.44		76.84			Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	4.05		7.75			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	87.15		174.52			Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17106	118.89		382.26			Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	118.89		659.00			Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	118.89		885.03			Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110	35.44		102.62			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	65.22		123.81			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	46.71		77.33			Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17260	49.27		94.63			Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
17261	65.22		136.49			Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
17262	65.22		165.05			Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
17263	65.22		181.73			Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm
17264	65.22		195.90			Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm
17266	110.31		221.36			Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm
17270	65.22		142.53			Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	65.22		155.54			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	65.22		177.82			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	99.65		197.81			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	113.26		234.34			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	118.89		272.15			Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
17280	65.22		133.73			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	85.32		168.29			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	97.08		194.71			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

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
17283	112.16		234.50			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	118.89		272.98			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	118.89		345.71			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	162.31		711.84			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 five tissue blocks
17312	162.31		433.70			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 five tissue blocks (List separately in addition to code for primary procedure)
17313	162.31		651.19			Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to five tissue blocks
17314	162.31		401.27			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 five tissue blocks (List separately in addition to code for primary procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
17315	41.92		83.08			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 five tissue blocks, any stage (List separately in addition to code for primary procedure)
17340	13.23		44.02			Cryotherapy (CO2 slush, liquid N2) for acne
17360	35.44		126.91			Chemical exfoliation for acne (eg, acne paste, acid)
17380	35.44		I.C.			Electrolysis epilation, each 30 minutes
17999			I.C.			Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19000	71.70		120.83			Puncture aspiration of cyst of breast;
19001	71.70		27.05			Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)
19020	71.70		439.45			Mastotomy with exploration or drainage of abscess, deep
19030			182.43			Injection procedure only for mammary ductogram or galactogram
19100	193.36		143.90			Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101	922.44		325.31			Biopsy of breast; open, incisional
19102	317.95		240.49			Biopsy of breast; percutaneous, needle core, using imaging guidance
19103	606.71		632.08			Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
19105	1,417.22			2,275.75		Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
19110	922.44		438.55			Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	922.44		424.47			Excision of lactiferous duct fistula
19120	922.44		442.67			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, one or more lesions
19125	922.44		486.95			Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126	922.44		151.47			Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19260			1,155.26			Excision of chest wall tumor including ribs
19271			1,603.08			Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy
19272			1,763.56			Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
19290			177.56			Preoperative placement of needle localization wire, breast;
19291			76.56			Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)
19295			114.91			Image guided placement, metallic localization clip, percutaneous, during breast biopsy (List separately in addition to code for primary procedure)
19296	2,528.34			5,002.21		Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297	2,528.34			88.68		Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19298	2,528.34			1,695.25		Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
19300	2,528.34			548.04		Mastectomy for gynecomastia
19301	2,528.34			550.14		Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302	2,528.34			815.08		Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19303	2,528.34			847.02		Mastectomy, simple, complete
19304	2,528.34			521.07		Mastectomy, subcutaneous
19305			1,016.20			Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306			1,062.12			Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19307			1,067.49			Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19316	1,417.22			756.83		Mastopexy
19318	1,779.44			1,116.18		Reduction mammaplasty
19324	1,779.44			467.64		Mammaplasty, augmentation; without prosthetic implant
19325	2,528.34			628.57		Mammaplasty, augmentation; with prosthetic implant
19328	1,417.22			474.69		Removal of intact mammary implant
19330	1,417.22			600.40		Removal of mammary implant material
19340	1,779.44			383.80		Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	2,528.34			889.56		Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	922.44		895.56			Nipple/areola reconstruction
19357	2,528.34			1,504.35		Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
19361		1,551.85			Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364		2,687.37			Breast reconstruction with free flap
19366	1,417.22		1,333.13		Breast reconstruction with other technique
19367		1,763.11			Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368		2,164.21			Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369		1,993.81			Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	1,417.22		660.91		Open periprosthetic capsulotomy, breast
19371	1,417.22		761.51		Periprosthetic capsulectomy, breast
19380	1,779.44		744.34		Revision of reconstructed breast
19396	1,417.22		212.42		Preparation of moulage for custom breast implant
19499		I.C.			Unlisted procedure, breast
20000	62.85	206.68			Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial
20005	950.47	299.78			Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated
20100		574.00			Exploration of penetrating wound (separate procedure); neck
20101		411.27			Exploration of penetrating wound (separate procedure); chest
20102		481.42			Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	430.53	581.21			Exploration of penetrating wound (separate procedure); extremity
20150	1,920.92		897.48		Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
20200	719.48	197.59			Biopsy, muscle; superficial
20205	719.48	267.80			Biopsy, muscle; deep
20206	317.95	305.62			Biopsy, muscle, percutaneous needle
20220	388.12	212.84			Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	388.12	909.54			Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240	943.36	229.56			Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245	943.36	622.24			Biopsy, bone, open; deep (eg, humerus, ischium, femur)
20250	950.47	371.07			Biopsy, vertebral body, open; thoracic
20251	950.47	412.86			Biopsy, vertebral body, open; lumbar or cervical
20500	66.19	129.13			Injection of sinus tract; therapeutic (separate procedure)
20501		148.66			Injection of sinus tract; diagnostic (sinogram)
20520	101.50	197.18			Removal of foreign body in muscle or tendon sheath; simple
20525	943.36	509.34			Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	32.73	76.96			Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
20550	24.64		59.14			Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20551	24.28		58.38			Injection(s); single tendon origin/insertion
20552	23.90		53.95			Injection(s); single or multiple trigger point(s), one or two muscle(s)
20553	26.84		60.41			Injection(s); single or multiple trigger point(s), three or more muscle(s)
20555	1,304.45			318.09		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	24.28		55.31			Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605	27.58		60.14			Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	37.14		76.76			Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20612	25.74		59.12			Aspiration and/or injection of ganglion cyst(s) any location
20615	114.36		227.67			Aspiration and injection for treatment of bone cyst
20650	950.47		197.04			Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20660			259.20			Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661			461.90			Application of halo, including removal; cranial
20662	950.47		468.49			Application of halo, including removal; pelvic
20663	950.47		442.84			Application of halo, including removal; femoral
20664			731.10			Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta), requiring general anesthesia
20665	28.19		132.12			Removal of tongs or halo applied by another physician
20670	719.48		486.42			Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
20680	943.36		608.09			Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690	1,304.45			483.79		Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
20692	1,304.45			890.29		Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693	950.47		461.97			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	950.47		451.44			Removal, under anesthesia, of external fixation system
20802			2,345.84			Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
20805			3,095.55			Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
20808			4,019.75			Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
20816		2,466.39			Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
20822	1,175.77		2,170.99		Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20824		2,436.87			Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20827		2,219.31			Replantation, thumb (includes distal tip to MP joint), complete amputation
20838		2,322.57			Replantation, foot, complete amputation
20900	1,304.45		631.61		Bone graft, any donor area; minor or small (eg, dowel or button)
20902	1,304.45		607.39		Bone graft, any donor area; major or large
20910	903.02	430.61			Cartilage graft; costochondral
20912	903.02	487.05			Cartilage graft; nasal septum
20920	672.37	401.84			Fascia lata graft; by stripper
20922	672.37	602.03			Fascia lata graft; by incision and area exposure, complex or sheet
20924	1,304.45		506.11		Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20926	202.27	433.34			Tissue grafts, other (eg, paratenon, fat, dermis)
20930		I.C.			Allograft for spine surgery only; morselized (List separately in addition to code for primary procedure)
20931		111.51			Allograft for spine surgery only; structural (List separately in addition to code for primary procedure)
20936		I.C.			Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937		169.44			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		184.43			Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20950	62.85	304.01			Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20955		2,499.21			Bone graft with microvascular anastomosis; fibula
20956		2,646.13			Bone graft with microvascular anastomosis; iliac crest
20957		2,459.01			Bone graft with microvascular anastomosis; metatarsal
20962		2,637.14			Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
20969		2,783.23			Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970		2,775.62			Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	1,978.29		2,485.71		Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973	1,978.29		2,675.05		Free osteocutaneous flap with microvascular anastomosis; great toe with web space

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
20974		62.67			Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975		176.78			Electrical stimulation to aid bone healing; invasive (operative)
20979	26.11	56.55			Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
20982	1,920.92		4,634.67		Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance
20985		145.31			Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (List separately in addition to code for primary procedure)
20986		I.C.			Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on intraoperatively obtained images (eg, fluoroscopy, ultrasound) (List separately in addition to code for primary procedure)
20987		I.C.			Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on preoperative images (List separately in addition to code for primary procedure)
20999		I.C.			Unlisted procedure, musculoskeletal system, general
21010	1,071.47		713.36		Arthrotomy, temporomandibular joint
21015	729.71	426.33			Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
21025	1,782.06		988.28		Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	1,782.06		591.47		Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	1,782.06		746.08		Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	248.59	491.22			Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	203.73	380.69			Excision of torus mandibularis
21032	209.24	388.44			Excision of maxillary torus palatinus
21034	1,782.06		1,325.45		Excision of malignant tumor of maxilla or zygoma
21040	1,071.47		493.06		Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	1,782.06		866.40		Excision of malignant tumor of mandible;
21045		1,197.58			Excision of malignant tumor of mandible; radical resection
21046	1,782.06		1,071.26		Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047	1,782.06		1,285.42		Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
21048	1,782.06		1,088.86		Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21049		1,235.80			Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
21050	1,782.06		844.50		Condylectomy, temporomandibular joint (separate procedure)
21060	1,782.06		777.49		Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	1,782.06		636.21		Coronoidectomy (separate procedure)
21073	202.26	379.74			Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21076	374.35	986.49			Impression and custom preparation; surgical obturator prosthesis
21077	914.19	2,432.95			Impression and custom preparation; orbital prosthesis
21079	651.62	1,672.99			Impression and custom preparation; interim obturator prosthesis
21080	746.87	1,903.78			Impression and custom preparation; definitive obturator prosthesis
21081	685.82	1,735.73			Impression and custom preparation; mandibular resection prosthesis
21082	629.19	1,593.53			Impression and custom preparation; palatal augmentation prosthesis
21083	618.90	1,520.60			Impression and custom preparation; palatal lift prosthesis
21084	721.86	1,737.63			Impression and custom preparation; speech aid prosthesis
21085	279.48	695.29			Impression and custom preparation; oral surgical splint
21086	673.32	1,805.14			Impression and custom preparation; auricular prosthesis
21087	667.44	1,789.22			Impression and custom preparation; nasal prosthesis
21088	1,782.06		I.C.		Impression and custom preparation; facial prosthesis
21089		I.C.			Unlisted maxillofacial prosthetic procedure
21100	1,782.06		773.46		Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	332.81	740.19			Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116		186.87			Injection procedure for temporomandibular joint arthrography
21120	1,071.47		654.16		Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	1,071.47		758.91		Genioplasty; sliding osteotomy, single piece
21122	1,071.47		718.44		Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	1,071.47		835.62		Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	1,071.47		3,132.99		Augmentation, mandibular body or angle; prosthetic material
21127	1,782.06		3,406.05		Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	1,071.47		734.45		Reduction forehead; contouring only
21138	1,782.06		885.70		Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	1,782.06		959.74		Reduction forehead; contouring and setback of anterior frontal sinus wall

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
21141			1,316.00			Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142			1,281.30			Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft
21143			1,359.35			Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft
21145			1,511.19			Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146			1,495.10			Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147			1,623.65			Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	1,782.06			1,732.52		Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151			1,849.76			Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154			2,079.28			Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155			2,362.39			Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159			2,728.67			Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160			2,894.85			Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172			1,697.99			Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175			2,007.74			Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179			1,437.11			Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180			1,627.03			Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	1,071.47			716.24		Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
21182			1,983.86			Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183			2,270.70			Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184			2,350.49			Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21188			1,630.13			Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193			1,221.27			Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194			1,392.36			Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195			1,335.87			Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196			1,446.59			Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	1,782.06			1,137.84		Osteotomy, mandible, segmental;
21199	1,782.06			993.46		Osteotomy, mandible, segmental; with genioglossus advancement
21206	1,782.06			1,106.06		Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	1,782.06			1,691.11		Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	1,782.06			815.11		Osteoplasty, facial bones; reduction
21210	1,782.06			2,001.90		Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	1,782.06			3,400.25		Graft, bone; mandible (includes obtaining graft)
21230	1,782.06			762.88		Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	1,071.47			727.23		Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	1,782.06			1,100.68		Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	1,782.06			1,015.29		Arthroplasty, temporomandibular joint, with allograft
21243	1,782.06			1,645.42		Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	1,782.06			1,036.87		Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	1,782.06			1,134.10		Reconstruction of mandible or maxilla, subperiosteal implant; partial

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
21246	1,782.06		856.09		Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247		1,598.07			Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	1,782.06		1,044.44		Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	1,782.06		1,456.17		Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255		1,386.02			Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256		1,132.24			Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	1,782.06		1,227.16		Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261		2,153.72			Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263		1,890.40			Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	1,782.06		1,574.31		Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268		1,791.81			Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	1,782.06		905.95		Malar augmentation, prosthetic material
21275	1,782.06		789.01		Secondary revision of orbitocraniofacial reconstruction
21280	1,782.06		515.36		Medial canthopexy (separate procedure)
21282	729.71	346.96			Lateral canthopexy
21295	332.81	176.48			Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	1,071.47		407.61		Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21299		I.C.			Unlisted craniofacial and maxillofacial procedure
21310	111.73	119.80			Closed treatment of nasal bone fracture without manipulation
21315	111.73	271.18			Closed treatment of nasal bone fracture; without stabilization
21320	729.71	258.08			Closed treatment of nasal bone fracture; with stabilization
21325	1,071.47		507.27		Open treatment of nasal fracture; uncomplicated
21330	1,071.47		609.78		Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	1,071.47		742.95		Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	1,169.01		661.16		Open treatment of nasal septal fracture, with or without stabilization
21337	729.71	402.31			Closed treatment of nasal septal fracture, with or without stabilization
21338	1,071.47		806.80		Open treatment of nasoethmoid fracture; without external fixation

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
21339	1,071.47		861.59		Open treatment of nasoethmoid fracture; with external fixation
21340	1,782.06		781.71		Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343		1,176.66			Open treatment of depressed frontal sinus fracture
21344		1,483.19			Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	1,071.47		798.53		Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346		951.99			Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347		1,143.57			Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348		1,176.43			Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	1,782.06		437.08		Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	1,071.47		498.76		Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	1,071.47		523.19		Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365		1,073.90			Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366		1,207.16			Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21385		706.95			Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386		653.09			Open treatment of orbital floor blowout fracture; periorbital approach
21387		751.69			Open treatment of orbital floor blowout fracture; combined approach
21390	1,782.06		746.01		Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21395		942.32			Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21400	332.81	176.10			Closed treatment of fracture of orbit, except blowout; without manipulation
21401	729.71	479.41			Closed treatment of fracture of orbit, except blowout; with manipulation
21406	1,782.06		533.37		Open treatment of fracture of orbit, except blowout; without implant
21407	1,782.06		626.51		Open treatment of fracture of orbit, except blowout; with implant

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
21408		851.81			Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21421	1,071.47		721.62		Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422		671.96			Open treatment of palatal or maxillary fracture (LeFort I type);
21423		789.00			Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431		754.28			Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432		665.82			Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433		1,633.07			Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435		1,290.93			Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436		1,839.74			Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	315.52	518.76			Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	1,071.47		736.83		Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	111.73	543.05			Closed treatment of mandibular fracture; without manipulation
21451	332.81	719.44			Closed treatment of mandibular fracture; with manipulation
21452	729.71	663.47			Percutaneous treatment of mandibular fracture, with external fixation
21453	1,782.06		828.94		Closed treatment of mandibular fracture with interdental fixation
21454	1,071.47		545.55		Open treatment of mandibular fracture with external fixation
21461	1,782.06		1,862.58		Open treatment of mandibular fracture; without interdental fixation
21462	1,782.06		2,031.50		Open treatment of mandibular fracture; with interdental fixation
21465	1,782.06		897.60		Open treatment of mandibular condylar fracture
21470		1,158.59			Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	111.73	98.57			Closed treatment of temporomandibular dislocation; initial or subsequent
21485	729.71	639.31			Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
21490	1,782.06			903.12		Open treatment of temporomandibular dislocation
21495	729.71		672.39			Open treatment of hyoid fracture
21497	729.71		642.86			Interdental wiring, for condition other than fracture
21499			I.C.			Unlisted musculoskeletal procedure, head
21501	818.67		443.75			Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502	950.47		517.50			Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21510			472.07			Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21550	388.12		258.55			Biopsy, soft tissue of neck or thorax
21555	943.36		427.07			Excision tumor, soft tissue of neck or thorax; subcutaneous
21556	943.36		401.35			Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular
21557	943.36		563.97			Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax
21600	1,304.45			542.72		Excision of rib, partial
21610	1,304.45			1,039.61		Costotransversectomy (separate procedure)
21615			668.43			Excision first and/or cervical rib;
21616			818.83			Excision first and/or cervical rib; with sympathectomy
21620			521.01			Ostectomy of sternum, partial
21627			548.67			Sternal debridement
21630			1,237.61			Radical resection of sternum;
21632			1,218.57			Radical resection of sternum; with mediastinal lymphadenectomy
21685	332.81		971.45			Hyoid myotomy and suspension
21700	950.47		425.75			Division of scalenus anticus; without resection of cervical rib
21705			607.25			Division of scalenus anticus; with resection of cervical rib
21720	950.47		374.01			Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	62.85		522.63			Division of sternocleidomastoid for torticollis, open operation; with cast application
21740			1,052.32			Reconstructive repair of pectus excavatum or carinatum; open
21742			I.C.			Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743			I.C.			Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
21750			699.66			Closure of median sternotomy separation with or without debridement (separate procedure)
21800	79.02		98.30			Closed treatment of rib fracture, uncomplicated, each
21805	1,169.01			256.12		Open treatment of rib fracture without fixation, each
21810			502.41			Treatment of rib fracture requiring external fixation (flail chest)
21820	79.02		133.75			Closed treatment of sternum fracture
21825			565.57			Open treatment of sternum fracture with or without skeletal fixation
21899			I.C.			Unlisted procedure, neck or thorax
21920	141.94		252.88			Biopsy, soft tissue of back or flank; superficial
21925	943.36		415.10			Biopsy, soft tissue of back or flank; deep

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
21930	943.36		463.19			Excision, tumor, soft tissue of back or flank
21935	943.36		1,117.98			Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank
22010			878.10			Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
22015			872.36			Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral
22100			795.13			Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
22101			794.19			Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22102	2,090.17			796.97		Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103	2,090.17			141.41		Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
22110			975.36			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112			971.02			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114			973.39			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116			141.61			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22206			2,266.12			Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22207			2,238.72			Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
22208			563.55			Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
22210			1,711.64			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical
22212			1,417.71			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic
22214			1,433.30			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar

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Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
22216			370.21			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220			1,548.36			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22222			1,400.73			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224			1,530.02			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226			368.37			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22305	79.02		185.35			Closed treatment of vertebral process fracture(s)
22310	79.02		274.46			Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22315	79.02		844.73			Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction
22318			1,542.01			Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
22319			1,688.58			Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
22325			1,344.05			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; lumbar
22326			1,406.87			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; cervical
22327			1,389.12			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; thoracic
22328			277.75			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)
22505	659.86		121.59			Manipulation of spine requiring anesthesia, any region
22520	1,304.45			2,793.55		Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic
22521	1,304.45			2,666.47		Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar
22522	1,304.45			244.58		Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

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Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
22523	3,549.34			609.50		Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic
22524	3,549.34			583.96		Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar
22525	3,549.34			268.33		Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
22526	1,304.45			2,392.91		Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
22527	1,304.45			1,980.38		Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (List separately in addition to code for primary procedure)
22532			1,670.29			Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22533			1,560.50			Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22534			364.42			Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
22548			1,793.15			Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22554			1,261.88			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22556			1,604.39			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22558			1,460.65			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585		I	1,259.20			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22590			1,487.74			Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595			1,416.93			Arthrodesis, posterior technique, atlas-axis (C1-C2)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
22600			1,214.58			Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
22610			1,200.81			Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)
22612		I	3,883.08			Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22614			394.39			Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22630			1,491.22			Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632			320.24			Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22800			1,322.62			Arthrodesis, posterior, for spinal deformity, with or without cast; up to six vertebral segments
22802			2,093.75			Arthrodesis, posterior, for spinal deformity, with or without cast; seven to 12 vertebral segments
22804			2,423.25			Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808			1,779.39			Arthrodesis, anterior, for spinal deformity, with or without cast; two to three vertebral segments
22810			1,988.96			Arthrodesis, anterior, for spinal deformity, with or without cast; four to seven vertebral segments
22812			2,181.84			Arthrodesis, anterior, for spinal deformity, with or without cast; eight or more vertebral segments
22818			2,177.95			Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or two segments
22819			2,463.80			Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); three or more segments
22830			794.63			Exploration of spinal fusion
22840		I	2,245.41			Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22841			I.C.			Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
22842		I	2,856.09			Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); three to six vertebral segments (List separately in addition to code for primary procedure)
22843			815.26			Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); seven to 12 vertebral segments (List separately in addition to code for primary procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
22844			1,005.14			Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
22845		I	1,844.78			Anterior instrumentation; two to three vertebral segments (List separately in addition to code for primary procedure)
22846			765.25			Anterior instrumentation; four to seven vertebral segments (List separately in addition to code for primary procedure)
22847			841.65			Anterior instrumentation; eight or more vertebral segments (List separately in addition to code for primary procedure)
22848			366.03			Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
22849			1,272.36			Reinsertion of spinal fixation device
22850			702.39			Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22851		I	1,827.17			Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)
22852			672.86			Removal of posterior segmental instrumentation
22855			1,077.99			Removal of anterior instrumentation
22857			1,708.32			Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace
22862			2,008.52			Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace
22865			1,956.97			Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace
22899			I.C.			Unlisted procedure, spine
22900	943.36		387.99			Excision, abdominal wall tumor, subfascial (eg, desmoid)
22999			I.C.			Unlisted procedure, abdomen, musculoskeletal system
23000	719.48		548.50			Removal of subdeltoid calcareous deposits, open
23020	1,920.92			684.76		Capsular contracture release (eg, Sever type procedure)
23030	818.67		449.37			Incision and drainage, shoulder area; deep abscess or hematoma
23031	818.67		438.97			Incision and drainage, shoulder area; infected bursa
23035	950.47		691.48			Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040	1,304.45			713.22		Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044	1,304.45			567.81		Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23065	100.03		209.04			Biopsy, soft tissue of shoulder area; superficial

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
23066	943.36		517.96			Biopsy, soft tissue of shoulder area; deep
23075	719.48		261.86			Excision, soft tissue tumor, shoulder area; subcutaneous
23076	943.36		549.56			Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular
23077	943.36		1,144.05			Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
23100	950.47		484.44			Arthrotomy, glenohumeral joint, including biopsy
23101	1,304.45			448.38		Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105	1,304.45			632.25		Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106	1,304.45			476.86		Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107	1,304.45			657.79		Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	1,304.45			558.51		Claviculectomy; partial
23125	1,304.45			694.88		Claviculectomy; total
23130	1,920.92			603.72		Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	950.47		505.08			Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145	1,304.45			682.33		Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	1,304.45			612.35		Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	1,304.45			643.01		Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	1,304.45			778.83		Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	1,304.45			666.74		Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170	1,304.45			529.60		Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	1,304.45			547.67		Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	1,304.45			745.11		Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	1,304.45			701.11		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	1,304.45			675.01		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	1,304.45			755.84		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190	1,304.45			550.57		Ostectomy of scapula, partial (eg, superior medial angle)
23195	1,304.45			738.27		Resection, humeral head
23200			855.97			Radical resection for tumor; clavicle
23210			897.27			Radical resection for tumor; scapula
23220			1,058.90			Radical resection of bone tumor, proximal humerus;

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
23221			1,234.43			Radical resection of bone tumor, proximal humerus; with autograft (includes obtaining graft)
23222			1,657.63			Radical resection of bone tumor, proximal humerus; with prosthetic replacement
23330	388.12		233.06			Removal of foreign body, shoulder; subcutaneous
23331	943.36		585.38			Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)
23332			876.56			Removal of foreign body, shoulder; complicated (eg, total shoulder)
23350			178.63			Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23395	1,920.92			1,266.78		Muscle transfer, any type, shoulder or upper arm; single
23397	3,549.34			1,131.50		Muscle transfer, any type, shoulder or upper arm; multiple
23400	1,304.45			966.25		Scapulopexy (eg, Sprengels deformity or for paralysis)
23405	1,304.45			626.79		Tenotomy, shoulder area; single tendon
23406	1,304.45			779.71		Tenotomy, shoulder area; multiple tendons through same incision
23410	1,920.92			892.11		Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	1,920.92		I	2,271.64		Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	1,920.92			732.20		Coracoacromial ligament release, with or without acromioplasty
23420	1,920.92		I	2,118.74		Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	1,920.92			737.74		Tenodesis of long tendon of biceps
23440	1,920.92			760.51		Resection or transplantation of long tendon of biceps
23450	3,549.34			948.68		Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	3,549.34			1,008.99		Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	3,549.34			1,092.71		Capsulorrhaphy, anterior, any type; with bone block
23462	1,920.92			1,067.17		Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	3,549.34			1,110.71		Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	1,920.92			1,097.00		Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470			1,210.72			Arthroplasty, glenohumeral joint; hemiarthroplasty
23472			1,488.46			Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23480	1,920.92			818.43		Osteotomy, clavicle, with or without internal fixation;
23485	3,549.34			957.53		Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	1,920.92			810.94		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	3,549.34			1,013.09		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23500	79.02		208.75			Closed treatment of clavicular fracture; without manipulation

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
23505	79.02	339.76			Closed treatment of clavicular fracture; with manipulation
23515	2,646.58		675.82		Open treatment of clavicular fracture, includes internal fixation, when performed
23520	79.02	214.99			Closed treatment of sternoclavicular dislocation; without manipulation
23525	79.02	339.32			Closed treatment of sternoclavicular dislocation; with manipulation
23530	1,837.10		546.28		Open treatment of sternoclavicular dislocation, acute or chronic;
23532	1,169.01		616.42		Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23540	79.02	214.04			Closed treatment of acromioclavicular dislocation; without manipulation
23545	79.02	306.58			Closed treatment of acromioclavicular dislocation; with manipulation
23550	1,837.10		567.19		Open treatment of acromioclavicular dislocation, acute or chronic;
23552	1,837.10		653.34		Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	79.02	222.12			Closed treatment of scapular fracture; without manipulation
23575	79.02	376.53			Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23585	2,646.58		898.46		Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation
23600	79.02	315.20			Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	79.02	459.43			Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23615	2,646.58		851.31		Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;
23616	2,646.58		1,298.12		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	79.02	257.54			Closed treatment of greater humeral tuberosity fracture; without manipulation
23625	79.02	372.19			Closed treatment of greater humeral tuberosity fracture; with manipulation
23630	2,646.58		715.01		Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23650	79.02	288.92			Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	659.86	370.58			Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660	1,837.10		574.46		Open treatment of acute shoulder dislocation

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
23665	79.02	410.57			Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23670	2,646.58		794.27		Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
23675	79.02	537.83			Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23680	1,837.10		872.32		Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed
23700	659.86	193.81			Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23800	3,549.34		1,012.60		Arthrodesis, glenohumeral joint;
23802	1,920.92		1,194.11		Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23900		1,307.47			Interthoracoscapular amputation (forequarter)
23920		1,062.30			Disarticulation of shoulder;
23921	672.37	443.68			Disarticulation of shoulder; secondary closure or scar revision
23929		I.C.			Unlisted procedure, shoulder
23930	818.67	374.01			Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	818.67	306.78			Incision and drainage, upper arm or elbow area; bursa
23935	950.47	499.17			Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000	1,304.45		467.42		Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	1,304.45		703.90		Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24065	135.32	246.18			Biopsy, soft tissue of upper arm or elbow area; superficial
24066	719.48	599.87			Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24075	719.48	486.62			Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous
24076	943.36	462.88			Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24077	943.36	795.87			Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area
24100	950.47	393.89			Arthrotomy, elbow; with synovial biopsy only
24101	1,304.45		494.91		Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	1,304.45		609.95		Arthrotomy, elbow; with synovectomy
24105	950.47	337.37			Excision, olecranon bursa
24110	950.47	576.61			Excision or curettage of bone cyst or benign tumor, humerus;
24115	1,304.45		657.37		Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	1,304.45		860.94		Excision or curettage of bone cyst or benign tumor, humerus; with allograft

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
24120	950.47	517.53			Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125	1,304.45		585.45		Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126	1,304.45		625.09		Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130	1,304.45		503.45		Excision, radial head
24134	1,304.45		756.71		Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	1,304.45		623.59		Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	1,304.45		653.22		Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	1,304.45		728.09		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145	1,304.45		615.66		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147	1,304.45		643.98		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
24149	1,304.45		1,129.51		Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24150		963.36			Radical resection for tumor, shaft or distal humerus;
24151		1,115.31			Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft)
24152	1,920.92		713.88		Radical resection for tumor, radial head or neck;
24153	3,549.34		662.95		Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft)
24155	1,920.92		830.63		Resection of elbow joint (arthrectomy)
24160	1,304.45		601.10		Implant removal; elbow joint
24164	1,304.45		493.13		Implant removal; radial head
24200	112.89	208.54			Removal of foreign body, upper arm or elbow area; subcutaneous
24201	719.48	584.49			Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24220		192.11			Injection procedure for elbow arthrography
24300	659.86	401.67			Manipulation, elbow, under anesthesia
24301	1,304.45		745.74		Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	1,304.45		575.80		Tendon lengthening, upper arm or elbow, each tendon
24310	950.47	472.16			Tenotomy, open, elbow to shoulder, each tendon
24320	1,920.92		753.94		Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	3,549.34		712.29		Flexor-plasty, elbow (eg, Steindler type advancement);
24331	1,920.92		783.06		Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332	950.47	594.44			Tenolysis, triceps
24340	1,920.92		610.35		Tenodesis of biceps tendon at elbow (separate procedure)

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
24341	1,920.92		711.58		Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	1,920.92		781.01		Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343	1,304.45		698.24		Repair lateral collateral ligament, elbow, with local tissue
24344	3,549.34		1,076.50		Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345	1,304.45		694.40		Repair medial collateral ligament, elbow, with local tissue
24346	1,920.92		1,073.30		Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24357	1,304.45		444.76		Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358	1,304.45		519.11		Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24359	1,304.45		630.15		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	1,604.48		888.16		Arthroplasty, elbow; with membrane (eg, fascial)
24361	5,461.16		997.96		Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	2,274.08		959.69		Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	5,461.16		1,453.78		Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365	1,604.48		636.15		Arthroplasty, radial head;
24366	5,461.16		680.36		Arthroplasty, radial head; with implant
24400	1,304.45		816.42		Osteotomy, humerus, with or without internal fixation
24410	1,304.45		1,038.27		Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	1,920.92		967.66		Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	3,549.34		1,017.89		Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	3,549.34		1,048.00		Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24470	1,920.92		653.09		Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495	1,304.45		667.65		Decompression fasciotomy, forearm, with brachial artery exploration
24498	3,549.34		867.09		Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
24500	79.02	341.35			Closed treatment of humeral shaft fracture; without manipulation
24505	79.02	492.22			Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24515	2,646.58		870.91		Open treatment of humeral shaft fracture with plate/screws, with or without cerclage

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
24516	2,646.58		858.67		Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	79.02	367.74			Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535	79.02	610.39			Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24538	1,169.01		743.88		Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545	2,646.58		883.63		Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
24546	2,646.58		1,055.47		Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
24560	79.02	309.10			Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	79.02	509.50			Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	1,169.01		685.77		Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	2,646.58		735.39		Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed
24576	79.02	325.44			Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	79.02	527.62			Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579	2,646.58		826.87		Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
24582	1,169.01		780.18		Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	2,646.58		1,086.60		Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
24587	2,646.58		1,078.28		Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty
24600	79.02	361.80			Treatment of closed elbow dislocation; without anesthesia
24605	659.86	451.05			Treatment of closed elbow dislocation; requiring anesthesia
24615	2,646.58		710.77		Open treatment of acute or chronic elbow dislocation
24620	79.02	543.65			Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24635	2,646.58		838.19		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

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
24640	61.77		123.04			Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24650	79.02		251.99			Closed treatment of radial head or neck fracture; without manipulation
24655	79.02		430.32			Closed treatment of radial head or neck fracture; with manipulation
24665	1,837.10			645.58		Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;
24666	2,646.58			726.78		Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
24670	79.02		281.49			Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation
24675	79.02		449.72			Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
24685	1,837.10			648.99		Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed
24800	1,920.92			793.59		Arthrodesis, elbow joint; local
24802	1,920.92			979.41		Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24900			698.89			Amputation, arm through humerus; with primary closure
24920			689.10			Amputation, arm through humerus; open, circular (guillotine)
24925	950.47		533.74			Amputation, arm through humerus; secondary closure or scar revision
24930			725.68			Amputation, arm through humerus; re-amputation
24931			760.29			Amputation, arm through humerus; with implant
24935			1,046.44			Stump elongation, upper extremity
24940			I.C.			Cineplasty, upper extremity, complete procedure
24999			I.C.			Unlisted procedure, humerus or elbow
25000	950.47		383.87			Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25001	950.47		330.39			Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25020	950.47		611.90			Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023	1,304.45			1,133.38		Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024	1,304.45			738.45		Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
25025	1,304.45			1,114.49		Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25028	950.47		535.72			Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031	950.47		424.42			Incision and drainage, forearm and/or wrist; bursa

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
25035	950.47		736.94			Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040	1,304.45			579.75		Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25065	138.64		247.11			Biopsy, soft tissue of forearm and/or wrist; superficial
25066	943.36		412.76			Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25075	719.48		357.28			Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
25076	943.36		506.24			Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)
25077	943.36		801.28			Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area
25085	950.47		485.16			Capsulotomy, wrist (eg, contracture)
25100	950.47		360.72			Arthrotomy, wrist joint; with biopsy
25101	1,304.45			419.98		Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	1,304.45			511.98		Arthrotomy, wrist joint; with synovectomy
25107	1,304.45			621.29		Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25109	950.47		502.48			Excision of tendon, forearm and/or wrist, flexor or extensor, each
25110	950.47		399.58			Excision, lesion of tendon sheath, forearm and/or wrist
25111	735.73		324.82			Excision of ganglion, wrist (dorsal or volar); primary
25112	735.73		392.31			Excision of ganglion, wrist (dorsal or volar); recurrent
25115	950.47		868.98			Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	950.47		730.34			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	1,304.45			399.13		Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	1,304.45			528.41		Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	1,304.45			636.14		Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125	1,304.45			716.23		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	1,304.45			732.74		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	1,304.45			462.46		Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	1,304.45			570.61		Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136	1,304.45			506.02		Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145	1,304.45			647.50		Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
25150	1,304.45		598.60		Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	1,304.45		716.83		Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25170		958.81			Radical resection for tumor, radius or ulna
25210	1,175.77		504.06		Carpectomy; one bone
25215	1,175.77		650.11		Carpectomy; all bones of proximal row
25230	1,304.45		448.83		Radial styloidectomy (separate procedure)
25240	1,304.45		465.33		Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25246		194.43			Injection procedure for wrist arthrography
25248	950.47	488.64			Exploration with removal of deep foreign body, forearm or wrist
25250	1,304.45		519.57		Removal of wrist prosthesis; (separate procedure)
25251	1,304.45		706.34		Removal of wrist prosthesis; complicated, including total wrist
25259	79.02	400.77			Manipulation, wrist, under anesthesia
25260	1,304.45		758.44		Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	1,304.45		750.65		Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265	1,304.45		877.09		Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	1,304.45		626.62		Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	1,304.45		696.39		Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274	1,304.45		802.19		Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275	1,304.45		663.99		Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280	1,304.45		699.79		Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	1,304.45		655.68		Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	950.47	657.49			Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	1,304.45		688.93		Tenodesis at wrist; flexors of fingers
25301	1,304.45		656.04		Tenodesis at wrist; extensors of fingers
25310	1,920.92		755.10		Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	1,920.92		848.92		Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	1,920.92		903.17		Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	3,549.34		1,041.84		Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
25320	1,920.92			960.23		Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332	1,604.48			837.85		Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335	1,920.92			968.23		Centralization of wrist on ulna (eg, radial club hand)
25337	1,920.92			892.69		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	3,549.34			818.13		Osteotomy, radius; distal third
25355	1,920.92			899.17		Osteotomy, radius; middle or proximal third
25360	1,304.45			799.62		Osteotomy; ulna
25365	1,304.45			1,049.41		Osteotomy; radius AND ulna
25370	1,920.92			1,121.91		Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	1,920.92			1,096.65		Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	1,304.45			909.18		Osteoplasty, radius OR ulna; shortening
25391	1,920.92			1,130.20		Osteoplasty, radius OR ulna; lengthening with autograft
25392	1,304.45			1,128.86		Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	1,920.92			1,268.72		Osteoplasty, radius AND ulna; lengthening with autograft
25394	735.73		759.00			Osteoplasty, carpal bone, shortening
25400	3,549.34			952.79		Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	3,549.34			1,180.98		Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415	3,549.34			1,114.46		Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	3,549.34			1,304.67		Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425	1,920.92			1,213.97		Repair of defect with autograft; radius OR ulna
25426	1,920.92			1,226.15		Repair of defect with autograft; radius AND ulna
25430	1,175.77			695.76		Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25431	1,175.77			782.39		Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
25440	3,549.34			784.54		Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	5,461.16			928.34		Arthroplasty with prosthetic replacement; distal radius
25442	5,461.16			798.18		Arthroplasty with prosthetic replacement; distal ulna
25443	2,274.08			768.48		Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	2,274.08			815.96		Arthroplasty with prosthetic replacement; lunate
25445	2,274.08			718.00		Arthroplasty with prosthetic replacement; trapezium

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
25446	5,461.16		1,164.70		Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	1,604.48		802.78		Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	1,604.48		1,023.86		Revision of arthroplasty, including removal of implant, wrist joint
25450	1,920.92		634.98		Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	1,920.92		763.33		Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490	1,920.92		838.62		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491	1,920.92		879.69		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna
25492	1,920.92		1,035.97		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
25500	79.02	254.53			Closed treatment of radial shaft fracture; without manipulation
25505	79.02	492.85			Closed treatment of radial shaft fracture; with manipulation
25515	1,837.10		663.47		Open treatment of radial shaft fracture, includes internal fixation, when performed
25520	79.02	538.24			Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525	1,837.10		818.81		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	1,837.10		1,019.35		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	79.02	250.22			Closed treatment of ulnar shaft fracture; without manipulation
25535	79.02	471.41			Closed treatment of ulnar shaft fracture; with manipulation
25545	1,837.10		631.39		Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25560	79.02	258.33			Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	79.02	513.27			Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	2,646.58		647.94		Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna
25575	2,646.58		879.18		Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
25600	79.02		283.48			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	79.02		594.16			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	1,169.01			674.73		Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25607	2,646.58			691.41		Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	2,646.58			784.97		Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	2,646.58			998.07		Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25622	79.02		292.05			Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25624	79.02		455.31			Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628	1,837.10			703.61		Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
25630	79.02		296.60			Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone
25635	79.02		429.34			Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone
25645	1,837.10			566.33		Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone
25650	79.02		307.81			Closed treatment of ulnar styloid fracture
25651	1,169.01			464.58		Percutaneous skeletal fixation of ulnar styloid fracture
25652	1,837.10			609.55		Open treatment of ulnar styloid fracture
25660	79.02		390.69			Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25670	1,169.01			605.87		Open treatment of radiocarpal or intercarpal dislocation, one or more bones
25671	1,169.01			515.02		Percutaneous skeletal fixation of distal radioulnar dislocation
25675	79.02		419.65			Closed treatment of distal radioulnar dislocation with manipulation
25676	1,169.01			628.42		Open treatment of distal radioulnar dislocation, acute or chronic
25680	79.02		440.86			Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685	1,169.01			720.23		Open treatment of trans-scaphoperilunar type of fracture dislocation
25690	79.02		455.32			Closed treatment of lunate dislocation, with manipulation
25695	1,169.01			627.85		Open treatment of lunate dislocation
25800	3,549.34			752.71		Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
25805	1,920.92			862.84		Arthrodesis, wrist; with sliding graft
25810	3,549.34			864.87		Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820	735.73		621.51			Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825	3,549.34			756.93		Arthrodesis, wrist; with autograft (includes obtaining graft)
25830	3,549.34			986.80		Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25900			806.59			Amputation, forearm, through radius and ulna;
25905			788.64			Amputation, forearm, through radius and ulna; open, circular (guillotine)
25907	950.47		709.10			Amputation, forearm, through radius and ulna; secondary closure or scar revision
25909			785.80			Amputation, forearm, through radius and ulna; re-amputation
25915			1,253.66			Krukenberg procedure
25920			677.35			Disarticulation through wrist;
25922	950.47		598.02			Disarticulation through wrist; secondary closure or scar revision
25924			663.87			Disarticulation through wrist; re-amputation
25927			812.78			Transmetacarpal amputation;
25929	672.37		563.00			Transmetacarpal amputation; secondary closure or scar revision
25931	950.47		760.90			Transmetacarpal amputation; re-amputation
25999			I.C.			Unlisted procedure, forearm or wrist
26010	62.85		280.05			Drainage of finger abscess; simple
26011	516.57		432.40			Drainage of finger abscess; complicated (eg, felon)
26020	735.73		424.01			Drainage of tendon sheath, digit and/or palm, each
26025	735.73		413.63			Drainage of palmar bursa; single, bursa
26030	735.73		484.61			Drainage of palmar bursa; multiple bursa
26034	735.73		526.65			Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035	735.73		792.64			Decompression fingers and/or hand, injection injury (eg, grease gun)
26037			561.29			Decompressive fasciotomy, hand (excludes 26035)
26040	1,175.77			307.58		Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045	1,175.77			462.33		Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	735.73		653.85			Tendon sheath incision (eg, for trigger finger)
26060	735.73		261.77			Tenotomy, percutaneous, single, each digit
26070	735.73		289.49			Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075	735.73		311.44			Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	735.73		379.92			Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100	735.73		322.37			Arthrotomy with biopsy; carpometacarpal joint, each
26105	735.73		327.99			Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	735.73		314.07			Arthrotomy with biopsy; interphalangeal joint, each

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
26115	943.36		679.47			Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous
26116	943.36		477.24			Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)
26117	943.36		637.25			Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger
26121	1,175.77			591.78		Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	1,175.77			798.89		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	735.73		277.46			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	735.73		450.94			Synovectomy, carpometacarpal joint
26135	1,175.77			546.55		Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140	735.73		498.51			Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	735.73		505.59			Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	735.73		625.78			Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	735.73		399.74			Excision of tendon, palm, flexor or extensor, single, each tendon
26180	735.73		435.19			Excision of tendon, finger, flexor or extensor, each tendon
26185	735.73		511.17			Sesamoidectomy, thumb or finger (separate procedure)
26200	735.73		444.51			Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	1,175.77			596.17		Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210	735.73		435.39			Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215	735.73		546.79			Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
26230	735.73		498.04			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26235	735.73		489.16			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236	735.73		435.47			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250	735.73		571.75			Radical resection, metacarpal (eg, tumor);

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
26255	1,175.77		894.12		Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft)
26260	735.73	540.69			Radical resection, proximal or middle phalanx of finger (eg, tumor);
26261	735.73	647.90			Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft (includes obtaining graft)
26262	735.73	453.66			Radical resection, distal phalanx of finger (eg, tumor)
26320	719.48	341.35			Removal of implant from finger or hand
26340	79.02	319.32			Manipulation, finger joint, under anesthesia, each joint
26350	1,175.77		791.14		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	1,175.77		883.96		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	1,175.77		1,123.96		Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
26357	1,175.77		933.57		Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
26358	1,175.77		991.81		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	1,175.77		844.98		Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	1,175.77		968.72		Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
26373	1,175.77		923.34		Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
26390	1,175.77		877.65		Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26392	1,175.77		1,043.56		Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410	735.73	632.29			Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	1,175.77		750.58		Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415	1,175.77		759.43		Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26416	1,175.77		890.50		Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
26418	735.73	639.25			Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	1,175.77		781.71		Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
26426	1,175.77		661.20		Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428	1,175.77		813.78		Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432	735.73	550.77			Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
26433	735.73	589.09			Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26434	1,175.77		686.17		Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437	735.73	673.45			Realignment of extensor tendon, hand, each tendon
26440	735.73	700.52			Tenolysis, flexor tendon; palm OR finger, each tendon
26442	1,175.77		999.66		Tenolysis, flexor tendon; palm AND finger, each tendon
26445	735.73	660.39			Tenolysis, extensor tendon, hand OR finger, each tendon
26449	1,175.77		847.23		Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	735.73	432.49			Tenotomy, flexor, palm, open, each tendon
26455	735.73	429.33			Tenotomy, flexor, finger, open, each tendon
26460	735.73	418.14			Tenotomy, extensor, hand or finger, open, each tendon
26471	735.73	662.25			Tenodesis; of proximal interphalangeal joint, each joint
26474	735.73	643.74			Tenodesis; of distal joint, each joint
26476	735.73	623.75			Lengthening of tendon, extensor, hand or finger, each tendon
26477	735.73	631.15			Shortening of tendon, extensor, hand or finger, each tendon
26478	735.73	678.59			Lengthening of tendon, flexor, hand or finger, each tendon
26479	735.73	669.78			Shortening of tendon, flexor, hand or finger, each tendon
26480	1,175.77		830.29		Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	1,175.77		915.59		Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	1,175.77		885.70		Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	1,175.77		897.34		Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490	1,175.77		825.67		Opponensplasty; superficialis tendon transfer type, each tendon
26492	1,175.77		912.60		Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494	1,175.77		841.32		Opponensplasty; hypothenar muscle transfer
26496	1,175.77		898.47		Opponensplasty; other methods
26497	1,175.77		903.49		Transfer of tendon to restore intrinsic function; ring and small finger
26498	1,175.77		1,184.35		Transfer of tendon to restore intrinsic function; all four fingers
26499	1,175.77		853.47		Correction claw finger, other methods

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
26500	735.73	674.39			Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	1,175.77		748.27		Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26508	735.73	684.94			Release of thenar muscle(s) (eg, thumb contracture)
26510	1,175.77		647.93		Cross intrinsic transfer, each tendon
26516	1,175.77		752.31		Capsulodesis, metacarpophalangeal joint; single digit
26517	1,175.77		866.46		Capsulodesis, metacarpophalangeal joint; two digits
26518	1,175.77		867.47		Capsulodesis, metacarpophalangeal joint; three or four digits
26520	735.73	731.25			Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	735.73	734.87			Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	1,604.48		528.02		Arthroplasty, metacarpophalangeal joint; each joint
26531	2,274.08		613.96		Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535	1,604.48		382.67		Arthroplasty, interphalangeal joint; each joint
26536	2,274.08		683.62		Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	735.73	710.16			Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	1,175.77		853.35		Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	735.73	729.92			Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
26545	1,175.77		744.22		Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546	1,175.77		1,012.10		Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)
26548	1,175.77		811.01		Repair and reconstruction, finger, volar plate, interphalangeal joint
26550	1,175.77		1,548.85		Pollicization of a digit
26551		3,028.34			Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553		2,861.22			Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26554		3,908.67			Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26555	1,175.77		1,394.07		Transfer, finger to another position without microvascular anastomosis
26556		2,947.95			Transfer, free toe joint, with microvascular anastomosis
26560	735.73	589.69			Repair of syndactyly (web finger) each web space; with skin flaps
26561	1,175.77		921.44		Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562	1,175.77		1,223.61		Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26565	1,175.77		726.11		Osteotomy; metacarpal, each
26567	1,175.77		728.20		Osteotomy; phalanx of finger, each

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
26568	1,175.77			958.66		Osteoplasty, lengthening, metacarpal or phalanx
26580	735.73		1,272.96			Repair cleft hand
26587	735.73		932.92			Reconstruction of polydactylous digit, soft tissue and bone
26590	735.73		1,322.43			Repair macrodactylia, each digit
26591	1,175.77			491.60		Repair, intrinsic muscles of hand, each muscle
26593	735.73		642.96			Release, intrinsic muscles of hand, each muscle
26596	735.73		726.42			Excision of constricting ring of finger, with multiple Z-plasties
26600	79.02		265.35			Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	79.02		313.23			Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607	79.02		467.29			Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608	1,169.01			475.98		Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	1,837.10			522.23		Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26641	79.02		346.52			Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	79.02		397.78			Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650	1,169.01			471.88		Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26665	1,837.10			590.41		Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
26670	79.02		320.74			Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675	79.02		431.07			Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676	1,169.01			500.63		Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685	1,169.01			547.53		Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint
26686	2,646.58			611.08		Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction
26700	79.02		300.67			Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	79.02		397.21			Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	79.02		427.02			Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	1,169.01			526.96		Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
26720	79.02		188.59			Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
26725	79.02		335.54			Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727	1,169.01			468.96		Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	1,169.01			545.16		Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26740	79.02		218.54			Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26742	79.02		363.65			Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	1,169.01			648.37		Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26750	79.02		175.09			Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	79.02		307.93			Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26756	1,169.01			417.05		Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	1,169.01			441.32		Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
26770	79.02		259.28			Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	180.18		371.25			Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia
26776	1,169.01			442.51		Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	1,169.01			477.31		Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
26820	1,175.77			834.75		Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841	1,175.77			787.85		Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842	1,175.77			840.86		Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843	1,175.77			777.80		Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844	1,175.77			861.11		Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850	1,175.77			743.13		Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852	1,175.77			837.09		Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860	1,175.77			615.69		Arthrodesis, interphalangeal joint, with or without internal fixation;

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
26861	1,175.77		105.25		Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862	1,175.77		770.75		Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863	1,175.77		234.75		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	1,175.77		745.42		Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	735.73	648.16			Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	735.73	696.58			Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26989		I.C.			Unlisted procedure, hands or fingers
26990	950.47	613.10			Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26991	950.47	726.47			Incision and drainage, pelvis or hip joint area; infected bursa
26992		954.20			Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000	950.47	448.16			Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	1,304.45		538.40		Tenotomy, adductor of hip, open
27003	1,304.45		577.71		Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005		721.02			Tenotomy, hip flexor(s), open (separate procedure)
27006		731.27			Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025		873.42			Fasciotomy, hip or thigh, any type
27030		937.23			Arthrotomy, hip, with drainage (eg, infection)
27033	1,920.92		969.12		Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	1,920.92		1,107.79		Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036		988.08			Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)
27040	388.12	347.03			Biopsy, soft tissue of pelvis and hip area; superficial
27041	388.12	669.20			Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27047	943.36	612.71			Excision, tumor, pelvis and hip area; subcutaneous tissue
27048	943.36	463.79			Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular
27049	943.36	962.60			Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
27050	950.47		347.97			Arthrotomy, with biopsy; sacroiliac joint
27052	950.47		546.18			Arthrotomy, with biopsy; hip joint
27054			672.94			Arthrotomy with synovectomy, hip joint
27060	950.47		422.47			Excision; ischial bursa
27062	950.47		446.66			Excision; trochanteric bursa or calcification
27065	950.47		490.42			Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft
27066	1,304.45			797.04		Excision of bone cyst or benign tumor; deep, with or without autograft
27067	1,304.45			1,002.15		Excision of bone cyst or benign tumor; with autograft requiring separate incision
27070			838.43			Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)
27071			904.63			Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075			2,238.88			Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis
27076			1,568.84			Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077			2,617.35			Radical resection of tumor or infection; innominate bone, total
27078			995.03			Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur
27079			971.65			Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, with skin flaps
27080	1,304.45			476.84		Coccygectomy, primary
27086	388.12		261.20			Removal of foreign body, pelvis or hip; subcutaneous tissue
27087	950.47		621.73			Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27090			826.31			Removal of hip prosthesis; (separate procedure)
27091			1,559.50			Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27093			223.65			Injection procedure for hip arthrography; without anesthesia
27095			272.66			Injection procedure for hip arthrography; with anesthesia
27096			208.54			Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
27097	1,304.45			653.47		Release or recession, hamstring, proximal
27098	1,304.45			617.38		Transfer, adductor to ischium
27100	1,920.92			808.56		Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105	1,920.92			838.35		Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	1,920.92			931.46		Transfer iliopsoas; to greater trochanter of femur
27111	1,920.92			880.18		Transfer iliopsoas; to femoral neck

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
27120			1,266.25			Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122			1,094.44			Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125			1,103.78			Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130			1,420.24			Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132			1,660.95			Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134			1,925.06			Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137			1,471.23			Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138			1,529.81			Revision of total hip arthroplasty; femoral component only, with or without allograft
27140			893.94			Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146			1,253.82			Osteotomy, iliac, acetabular or innominate bone;
27147			1,435.81			Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151			1,413.82			Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156			1,701.06			Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27158			1,326.09			Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161			1,211.48			Osteotomy, femoral neck (separate procedure)
27165			1,341.98			Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170			1,165.34			Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175			633.44			Treatment of slipped femoral epiphysis; by traction, without reduction
27176			899.03			Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177			1,095.48			Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178			876.43			Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
27179			967.54			Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27181			1,052.03			Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185			727.98			Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187			990.14			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27193	79.02		456.65			Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
27194	659.86	721.80			Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia
27200	79.07	171.20			Closed treatment of coccygeal fracture
27202	1,837.10		780.56		Open treatment of coccygeal fracture
27215		730.06			Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s) (eg, pelvic fracture(s) which do not disrupt the pelvic ring), with internal fixation
27216		1,047.49			Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)
27217		1,004.94			Open treatment of anterior ring fracture and/or dislocation with internal fixation (includes pubic symphysis and/or rami)
27218		1,342.57			Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum)
27220	79.02	514.21			Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27222		968.68			Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
27226		987.40			Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227		1,644.79			Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation
27228		1,882.07			Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation
27230	79.02	463.48			Closed treatment of femoral fracture, proximal end, neck; without manipulation
27232		759.49			Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction
27235		904.67			Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27236		1,164.54			Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27238	79.02	444.78			Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation
27240		938.33			Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27244		1,147.95			Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
27245			1,403.54			Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
27246	79.02		378.86			Closed treatment of greater trochanteric fracture, without manipulation
27248			753.84			Open treatment of greater trochanteric fracture, includes internal fixation, when performed
27250	79.02		470.04			Closed treatment of hip dislocation, traumatic; without anesthesia
27252	659.86		742.96			Closed treatment of hip dislocation, traumatic; requiring anesthesia
27253			940.34			Open treatment of hip dislocation, traumatic, without internal fixation
27254			1,256.41			Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27256	79.02		297.90			Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
27257	659.86		326.70			Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27258			1,095.65			Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);
27259			1,517.80			Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
27265	79.02		394.84			Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	659.86		573.49			Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27267	79.02		412.89			Closed treatment of femoral fracture, proximal end, head; without manipulation
27268			504.83			Closed treatment of femoral fracture, proximal end, head; with manipulation
27269			1,183.23			Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed
27275	659.86		181.01			Manipulation, hip joint, requiring general anesthesia
27280			1,011.82			Arthrodesis, sacroiliac joint (including obtaining graft)
27282			819.03			Arthrodesis, symphysis pubis (including obtaining graft)
27284			1,584.62			Arthrodesis, hip joint (including obtaining graft);
27286			1,600.43			Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290			1,538.03			Interpelviabdominal amputation (hindquarter amputation)
27295			1,236.88			Disarticulation of hip
27299			I.C.			Unlisted procedure, pelvis or hip joint
27301	818.67		679.61			Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
27303			632.49			Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27305	950.47		465.12			Fasciotomy, iliotibial (tenotomy), open
27306	950.47		387.11			Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307	950.47		467.91			Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310	1,304.45			716.07		Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27323	388.12		263.39			Biopsy, soft tissue of thigh or knee area; superficial
27324	943.36		375.60			Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27325	806.70		503.51			Neurectomy, hamstring muscle
27326	806.70		487.35			Neurectomy, popliteal (gastrocnemius)
27327	943.36		450.60			Excision, tumor, thigh or knee area; subcutaneous
27328	943.36		411.30			Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular
27329	943.36		1,002.56			Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area
27330	1,304.45			400.62		Arthrotomy, knee; with synovial biopsy only
27331	1,304.45			470.55		Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	1,304.45			632.32		Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	1,304.45			575.91		Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	1,304.45			673.45		Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	1,304.45			759.30		Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27340	950.47		363.93			Excision, prepatellar bursa
27345	950.47		476.26			Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27347	950.47		499.83			Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350	1,304.45			644.54		Patellectomy or hemipatellectomy
27355	1,304.45			598.47		Excision or curettage of bone cyst or benign tumor of femur;
27356	1,304.45			727.71		Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357	1,304.45			807.37		Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358	1,304.45			285.96		Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360	1,304.45			847.84		Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27365			1,204.73			Radical resection of tumor, bone, femur or knee
27370			189.83			Injection procedure for knee arthrography
27372	943.36		622.53			Removal of foreign body, deep, thigh region or knee area
27380	950.47		594.79			Suture of infrapatellar tendon; primary
27381	950.47		800.65			Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
27385	950.47		634.73			Suture of quadriceps or hamstring muscle rupture; primary
27386	950.47		832.35			Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390	950.47		433.79			Tenotomy, open, hamstring, knee to hip; single tendon
27391	950.47		567.78			Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg
27392	950.47		699.94			Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393	1,304.45			503.45		Lengthening of hamstring tendon; single tendon
27394	1,304.45			648.35		Lengthening of hamstring tendon; multiple tendons, one leg
27395	1,920.92			871.80		Lengthening of hamstring tendon; multiple tendons, bilateral
27396	1,304.45			610.18		Transplant, hamstring tendon to patella; single tendon
27397	1,920.92			880.72		Transplant, hamstring tendon to patella; multiple tendons
27400	1,920.92			670.40		Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403	1,304.45			637.97		Arthrotomy with meniscus repair, knee
27405	1,920.92			670.62		Repair, primary, torn ligament and/or capsule, knee; collateral
27407	3,549.34			768.22		Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	1,920.92			950.08		Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27412			1,623.20			Autologous chondrocyte implantation, knee
27415			1,366.54			Osteochondral allograft, knee, open
27416	1,920.92			933.72		Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
27418	1,920.92			827.20		Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420	1,920.92			743.44		Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	1,920.92			740.97		Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	1,920.92			742.00		Reconstruction of dislocating patella; with patellectomy
27425	1,304.45			442.92		Lateral retinacular release, open
27427	1,920.92			712.73		Ligamentous reconstruction (augmentation), knee; extra-articular
27428	3,549.34			1,086.45		Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	3,549.34			1,214.83		Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430	1,920.92			735.28		Quadricepsplasty (eg, Bennett or Thompson type)
27435	1,920.92			785.67		Capsulotomy, posterior capsular release, knee
27437	1,604.48			655.11		Arthroplasty, patella; without prosthesis
27438	2,274.08			829.76		Arthroplasty, patella; with prosthesis
27440	1,604.48			728.29		Arthroplasty, knee, tibial plateau;
27441	1,604.48			770.60		Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy

40.06: continued
etc.

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
27442	1,604.48		862.31		Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	1,604.48		812.79		Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445		1,249.21			Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446	12,274.58		1,112.56		Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447		1,526.08			Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27448		816.80			Osteotomy, femur, shaft or supracondylar; without fixation
27450		1,013.82			Osteotomy, femur, shaft or supracondylar; with fixation
27454		1,276.36			Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)
27455		938.35			Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure
27457		963.65			Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal closure
27465		1,176.18			Osteoplasty, femur; shortening (excluding 64876)
27466		1,172.21			Osteoplasty, femur; lengthening
27468		1,317.68			Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
27470		1,168.73			Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472		1,263.51			Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
27475		650.76			Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477		724.63			Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27479		954.62			Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27485		667.28			Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486		1,393.86			Revision of total knee arthroplasty, with or without allograft; one component
27487		1,753.53			Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488		1,181.91			Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27495		1,125.23			Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur
27496	950.47	500.56			Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
27497	950.47		537.18			Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
27498	950.47		585.13			Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	950.47		656.52			Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27500	79.02		507.26			Closed treatment of femoral shaft fracture, without manipulation
27501	79.02		495.89			Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502	79.02		782.17			Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503	79.02		792.18			Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27506			1,310.20			Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws
27507			977.95			Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27508	79.02		516.52			Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509	1,169.01			647.70		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	79.02		689.36			Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27511			1,027.09			Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed
27513			1,290.35			Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed
27514			1,072.75			Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed
27516	79.02		488.37			Closed treatment of distal femoral epiphyseal separation; without manipulation
27517	79.02		662.61			Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
27519			961.16			Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
27520	79.02		312.97			Closed treatment of patellar fracture, without manipulation
27524			751.78			Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
27530	79.02		388.39			Closed treatment of tibial fracture, proximal (plateau); without manipulation
27532	79.02		608.12			Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27535			917.45			Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
27536			1,171.22			Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27538	79.02		462.53			Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27540			838.32			Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed
27550	79.02		480.85			Closed treatment of knee dislocation; without anesthesia
27552	659.86		615.38			Closed treatment of knee dislocation; requiring anesthesia
27556			949.74			Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction
27557			1,124.06			Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair
27558			1,229.87			Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction
27560	79.02		353.43			Closed treatment of patellar dislocation; without anesthesia
27562	659.86		444.13			Closed treatment of patellar dislocation; requiring anesthesia
27566	1,837.10			890.01		Open treatment of patellar dislocation, with or without partial or total patellectomy
27570	659.86		147.33			Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27580			1,436.28			Arthrodesis, knee, any technique
27590			800.54			Amputation, thigh, through femur, any level;
27591			900.93			Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592			681.68			Amputation, thigh, through femur, any level; open, circular (guillotine)
27594	950.47		503.22			Amputation, thigh, through femur, any level; secondary closure or scar revision
27596			722.34			Amputation, thigh, through femur, any level; re-amputation
27598			732.01			Disarticulation at knee
27599			I.C.			Unlisted procedure, femur or knee
27600	950.47		420.07			Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601	950.47		434.38			Decompression fasciotomy, leg; posterior compartment(s) only
27602	950.47		513.01			Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
27603	818.67		531.62			Incision and drainage, leg or ankle; deep abscess or hematoma
27604	950.47		464.18			Incision and drainage, leg or ankle; infected bursa
27605	930.79		406.46			Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	950.47		300.00			Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607	950.47		603.23			Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610	1,304.45			651.54		Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	1,304.45			566.96		Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27613	131.28		245.09			Biopsy, soft tissue of leg or ankle area; superficial
27614	943.36		561.25			Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615	1,304.45			880.50		Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area
27618	719.48		483.83			Excision, tumor, leg or ankle area; subcutaneous tissue
27619	943.36		775.89			Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)
27620	1,304.45			466.36		Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	1,304.45			599.39		Arthrotomy, with synovectomy, ankle;
27626	1,304.45			643.25		Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	950.47		545.41			Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27635	1,304.45			594.25		Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637	1,304.45			746.81		Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
27638	1,304.45			779.62		Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	1,920.92			878.97		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia
27641	1,304.45			708.30		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula
27645			1,055.87			Radical resection of tumor, bone; tibia
27646			942.68			Radical resection of tumor, bone; fibula
27647	1,920.92			817.37		Radical resection of tumor, bone; talus or calcaneus
27648			182.47			Injection procedure for ankle arthrography
27650	1,920.92			701.87		Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	3,549.34			748.08		Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	1,920.92			702.12		Repair, secondary, Achilles tendon, with or without graft
27656	950.47		558.16			Repair, fascial defect of leg
27658	950.47		389.66			Repair, flexor tendon, leg; primary, without graft, each tendon

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
27659	950.47	508.84			Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	950.47	375.44			Repair, extensor tendon, leg; primary, without graft, each tendon
27665	1,304.45		427.13		Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	950.47	520.27			Repair, dislocating peroneal tendons; without fibular osteotomy
27676	1,304.45		622.25		Repair, dislocating peroneal tendons; with fibular osteotomy
27680	1,304.45		439.14		Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	1,304.45		525.04		Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))
27685	1,304.45		623.46		Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	1,304.45		569.13		Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	1,304.45		470.61		Gastrocnemius recession (eg, Strayer procedure)
27690	1,920.92		615.51		Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	1,920.92		732.01		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	1,920.92		111.18		Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
27695	1,304.45		503.77		Repair, primary, disrupted ligament, ankle; collateral
27696	1,304.45		596.48		Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	1,304.45		663.12		Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	1,604.48		615.55		Arthroplasty, ankle;
27702		998.93			Arthroplasty, ankle; with implant (total ankle)
27703		1,140.05			Arthroplasty, ankle; revision, total ankle
27704	950.47	558.85			Removal of ankle implant
27705	1,920.92		769.38		Osteotomy; tibia
27707	950.47	399.02			Osteotomy; fibula
27709	1,304.45		1,060.07		Osteotomy; tibia and fibula
27712		1,074.24			Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715		1,055.51			Osteoplasty, tibia and fibula, lengthening or shortening
27720		877.74			Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722		873.75			Repair of nonunion or malunion, tibia; with sliding graft
27724		1,271.38			Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725		1,184.90			Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27726	1,169.01		881.19		Repair of fibula nonunion and/or malunion with internal fixation

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
27727		1,021.63			Repair of congenital pseudarthrosis, tibia
27730	1,304.45		581.19		Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732	1,304.45		415.86		Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734	1,304.45		624.95		Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740	1,304.45		708.58		Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742	1,920.92		645.94		Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
27745	3,549.34		755.71		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27750	79.02	336.76			Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27752	79.02	530.23			Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27756	1,169.01		566.57		Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758	1,837.10		880.82		Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage
27759	2,646.58		997.49		Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27760	79.02	326.10			Closed treatment of medial malleolus fracture; without manipulation
27762	79.02	479.49			Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27766	1,837.10		614.56		Open treatment of medial malleolus fracture, includes internal fixation, when performed
27767	79.02	260.97			Closed treatment of posterior malleolus fracture; without manipulation
27768	79.02	392.32			Closed treatment of posterior malleolus fracture; with manipulation
27769	1,837.10		664.75		Open treatment of posterior malleolus fracture, includes internal fixation, when performed
27780	79.02	290.19			Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	79.02	413.39			Closed treatment of proximal fibula or shaft fracture; with manipulation
27784	1,837.10		668.12		Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
27786	79.02	309.22			Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	79.02	420.92			Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792	1,837.10		682.77		Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27808	79.02	324.87			Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
27810	79.02	470.47			Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
27814	1,837.10		776.51		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	79.02	306.81			Closed treatment of trimalleolar ankle fracture; without manipulation
27818	79.02	485.86			Closed treatment of trimalleolar ankle fracture; with manipulation
27822	1,837.10		868.19		Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823	2,646.58		980.87		Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27824	79.02	300.42			Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	79.02	540.83			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	1,837.10		809.07		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	2,646.58		1,098.66		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	2,646.58		1,293.25		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	1,837.10		640.15		Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
27830	79.02	342.80			Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	79.02	375.70			Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27832	1,837.10		671.83		Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula
27840	79.02	343.32			Closed treatment of ankle dislocation; without anesthesia
27842	659.86	475.66			Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
27846	1,837.10		736.46		Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848	1,837.10		845.30		Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
27860	659.86	176.96			Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
27870	3,549.34		1,041.89		Arthrodesis, ankle, open
27871	3,549.34		694.25		Arthrodesis, tibiofibular joint, proximal or distal
27880	950.47	890.23			Amputation, leg, through tibia and fibula;
27881		888.18			Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
27882		631.19			Amputation, leg, through tibia and fibula; open, circular (guillotine)
27884	950.47	581.50			Amputation, leg, through tibia and fibula; secondary closure or scar revision
27886		659.15			Amputation, leg, through tibia and fibula; re-amputation
27888		705.70			Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
27889	1,304.45		684.10		Ankle disarticulation
27892	950.47	546.22			Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893	950.47	542.55			Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894	950.47	821.49			Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
27899		I.C.			Unlisted procedure, leg or ankle
28001	128.34	264.42			Incision and drainage, bursa, foot
28002	950.47	483.98			Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	950.47	661.81			Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28005	930.79	618.80			Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28008	930.79	417.44			Fasciotomy, foot and/or toe
28010	96.35	230.06			Tenotomy, percutaneous, toe; single tendon
28011	930.79	324.14			Tenotomy, percutaneous, toe; multiple tendons
28020	930.79	502.27			Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	930.79	458.67			Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	930.79	439.74			Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28035	806.70	498.88			Release, tarsal tunnel (posterior tibial nerve decompression)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
28043	943.36		333.94			Excision, tumor, foot; subcutaneous tissue
28045	930.79		467.12			Excision, tumor, foot; deep, subfascial, intramuscular
28046	930.79		841.46			Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot
28050	930.79		437.29			Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052	930.79		409.99			Arthrotomy with biopsy; metatarsophalangeal joint
28054	930.79		385.64			Arthrotomy with biopsy; interphalangeal joint
28055	806.70		397.27			Neurectomy, intrinsic musculature of foot
28060	930.79		490.66			Fasciectomy, plantar fascia; partial (separate procedure)
28062	930.79		579.56			Fasciectomy, plantar fascia; radical (separate procedure)
28070	930.79		487.24			Synovectomy; intertarsal or tarsometatarsal joint, each
28072	930.79		479.95			Synovectomy; metatarsophalangeal joint, each
28080	930.79		466.97			Excision, interdigital (Morton) neuroma, single, each
28086	930.79		552.70			Synovectomy, tendon sheath, foot; flexor
28088	930.79		445.10			Synovectomy, tendon sheath, foot; extensor
28090	930.79		444.29			Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
28092	930.79		409.48			Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
28100	930.79		589.48			Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102	1,978.29			549.04		Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103	1,978.29			450.10		Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	930.79		490.24			Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	1,978.29			475.23		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	1,978.29			541.33		Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28108	930.79		411.40			Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	930.79		436.59			Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	930.79		500.78			Ostectomy, complete excision; first metatarsal head
28112	930.79		472.48			Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	930.79		551.51			Ostectomy, complete excision; fifth metatarsal head
28114	930.79		1,014.78			Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116	930.79		709.86			Ostectomy, excision of tarsal coalition
28118	930.79		557.06			Ostectomy, calcaneus;
28119	930.79		497.96			Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	930.79		569.60			Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
28122	930.79		639.61			Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	216.23		455.25			Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	930.79		369.32			Resection, partial or complete, phalangeal base, each toe
28130	930.79		651.72			Talectomy (astragalectomy)
28140	930.79		613.73			Metatarsectomy
28150	930.79		415.00			Phalangectomy, toe, each toe
28153	930.79		382.87			Resection, condyle(s), distal end of phalanx, each toe
28160	930.79		394.48			Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171	930.79		621.97			Radical resection of tumor, bone; tarsal (except talus or calcaneus)
28173	930.79		718.16			Radical resection of tumor, bone; metatarsal
28175	930.79		528.51			Radical resection of tumor, bone; phalanx of toe
28190	136.06		244.50			Removal of foreign body, foot; subcutaneous
28192	719.48		459.19			Removal of foreign body, foot; deep
28193	388.12		517.37			Removal of foreign body, foot; complicated
28200	930.79		452.76			Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	930.79		609.66			Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	930.79		432.96			Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	1,978.29			561.65		Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28220	203.73		428.46			Tenolysis, flexor, foot; single tendon
28222	930.79		494.59			Tenolysis, flexor, foot; multiple tendons
28225	930.79		377.16			Tenolysis, extensor, foot; single tendon
28226	930.79		442.57			Tenolysis, extensor, foot; multiple tendons
28230	200.78		414.39			Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	191.96		371.03			Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	930.79		382.53			Tenotomy, open, extensor, foot or toe, each tendon
28238	1,978.29			659.74		Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	930.79		420.31			Tenotomy, lengthening, or release, abductor hallucis muscle
28250	930.79		531.74			Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
28260	930.79		650.20			Capsulotomy, midfoot; medial release only (separate procedure)
28261	930.79		931.56			Capsulotomy, midfoot; with tendon lengthening
28262	930.79		1,328.42			Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	1,978.29			821.32		Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	930.79		454.72			Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
28272	183.86		375.50			Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	930.79		512.40			Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	930.79		442.95			Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	930.79		435.00			Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	930.79		552.48			Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	930.79		708.38			Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint
28290	1,314.58			552.20		Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)
28292	1,314.58			735.12		Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
28293	1,314.58			993.27		Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
28294	1,314.58			716.27		Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)
28296	1,314.58			761.81		Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	1,314.58			804.37		Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure
28298	1,314.58			685.15		Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
28299	1,314.58			874.59		Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28300	1,978.29			675.30		Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302	930.79		672.50			Osteotomy; talus
28304	1,978.29			758.00		Osteotomy, tarsal bones, other than calcaneus or talus;
28305	1,978.29			689.15		Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	930.79		578.16			Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	930.79		712.34			Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	930.79		518.36			Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	1,978.29			898.03		Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	930.79		514.17			Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
28312	930.79		470.98			Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	930.79		483.70			Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	930.79		453.03			Sesamoidectomy, first toe (separate procedure)
28320	1,978.29			644.06		Repair, nonunion or malunion; tarsal bones
28322	1,978.29			760.64		Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	930.79		600.17			Reconstruction, toe, macrodactyly; soft tissue resection
28341	930.79		681.54			Reconstruction, toe, macrodactyly; requiring bone resection
28344	930.79		442.29			Reconstruction, toe(s); polydactyly
28345	930.79		546.21			Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28360			957.08			Reconstruction, cleft foot
28400	79.02		247.39			Closed treatment of calcaneal fracture; without manipulation
28405	79.02		393.07			Closed treatment of calcaneal fracture; with manipulation
28406	1,169.01			537.61		Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415	2,646.58			1,166.71		Open treatment of calcaneal fracture, includes internal fixation, when performed;
28420	1,837.10			1,208.49		Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
28430	79.02		232.41			Closed treatment of talus fracture; without manipulation
28435	79.02		315.17			Closed treatment of talus fracture; with manipulation
28436	1,169.01			432.81		Percutaneous skeletal fixation of talus fracture, with manipulation
28445	1,837.10			1,080.13		Open treatment of talus fracture, includes internal fixation, when performed
28446	1,978.29			1,147.79		Open osteochondral autograft, talus (includes obtaining graft[s])
28450	79.02		213.98			Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	79.02		285.52			Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456	1,169.01			288.43		Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465	1,837.10			612.88		Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
28470	79.02		213.18			Closed treatment of metatarsal fracture; without manipulation, each
28475	79.02		263.26			Closed treatment of metatarsal fracture; with manipulation, each
28476	1,169.01			348.35		Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	1,837.10			527.06		Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28490	75.39		136.79			Closed treatment of fracture great toe, phalanx or phalanges; without manipulation

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
28495	79.02	168.09			Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	1,169.01		452.79		Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	1,169.01		646.46		Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
28510	58.84	116.54			Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	75.75	151.43			Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	1,169.01		561.05		Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28530	56.26	111.49			Closed treatment of sesamoid fracture
28531	1,169.01		413.94		Open treatment of sesamoid fracture, with or without internal fixation
28540	79.02	198.25			Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	1,169.01		229.81		Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	1,169.01		472.33		Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555	1,837.10		832.04		Open treatment of tarsal bone dislocation, includes internal fixation, when performed
28570	79.02	178.17			Closed treatment of talotarsal joint dislocation; without anesthesia
28575	79.02	319.52			Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576	1,169.01		363.28		Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	1,169.01		845.28		Open treatment of talotarsal joint dislocation, includes internal fixation, when performed
28600	79.02	208.73			Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	79.02	268.47			Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606	1,169.01		396.79		Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28615	1,837.10		768.47		Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed
28630	62.52	143.43			Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635	659.86	172.65			Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	1,169.01		297.56		Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	1,169.01		571.73		Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
28660	47.07	105.49			Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	659.86	149.06			Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666	1,169.01		205.43		Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
28675	1,169.01			553.87		Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
28705	1,978.29			1,311.21		Arthrodesis; pantalar
28715	3,549.34			976.48		Arthrodesis; triple
28725	1,978.29			811.34		Arthrodesis; subtalar
28730	1,978.29			841.89		Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	1,978.29			802.01		Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	1,978.29			710.25		Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740	1,978.29			847.26		Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	1,978.29			841.61		Arthrodesis, great toe; metatarsophalangeal joint
28755	930.79		490.50			Arthrodesis, great toe; interphalangeal joint
28760	1,978.29			747.28		Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
28800			578.36			Amputation, foot; midtarsal (eg, Chopart type procedure)
28805			729.45			Amputation, foot; transmetatarsal
28810	930.79		444.93			Amputation, metatarsal, with toe, single
28820	930.79		535.06			Amputation, toe; metatarsophalangeal joint
28825	930.79		466.62			Amputation, toe; interphalangeal joint
28890	189.01		363.60			Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
28899			I.C.			Unlisted procedure, foot or toes
29000	48.85		249.75			Application of halo type body cast (see 20661-20663 for insertion)
29010	102.38		260.11			Application of Risser jacket, localizer, body; only
29015	102.38		242.11			Application of Risser jacket, localizer, body; including head
29020	48.85		241.53			Application of turnbuckle jacket, body; only
29025	48.85		260.37			Application of turnbuckle jacket, body; including head
29035	102.38		237.29			Application of body cast, shoulder to hips;
29040	48.85		218.69			Application of body cast, shoulder to hips; including head, Minerva type
29044	102.38		256.40			Application of body cast, shoulder to hips; including one thigh
29046	102.38		272.54			Application of body cast, shoulder to hips; including both thighs
29049	44.49		89.98			Application, cast; figure-of-eight
29055	102.38		203.25			Application, cast; shoulder spica
29058	48.85		114.72			Application, cast; plaster Velpeau
29065	47.81		94.04			Application, cast; shoulder to hand (long arm)
29075	45.59		87.72			Application, cast; elbow to finger (short arm)
29085	46.71		92.36			Application, cast; hand and lower forearm (gauntlet)
29086	37.51		70.22			Application, cast; finger (eg, contracture)
29105	42.66		86.69			Application of long arm splint (shoulder to hand)
29125	36.41		67.81			Application of short arm splint (forearm to hand); static
29126	40.82		79.48			Application of short arm splint (forearm to hand); dynamic
29130	16.55		39.58			Application of finger splint; static

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
29131	24.28		50.06			Application of finger splint; dynamic
29200	24.28		53.77			Strapping; thorax
29220	25.01		54.81			Strapping; low back
29240	27.95		61.02			Strapping; shoulder (eg, Velpeau)
29260	25.74		52.96			Strapping; elbow or wrist
29280	26.84		51.91			Strapping; hand or finger
29305	102.38		232.15			Application of hip spica cast; one leg
29325	102.38		249.08			Application of hip spica cast; one and one-half spica or both legs
29345	62.89		134.16			Application of long leg cast (thigh to toes);
29355	61.04		136.44			Application of long leg cast (thigh to toes); walker or ambulatory type
29358	74.65		150.22			Application of long leg cast brace
29365	59.57		120.85			Application of cylinder cast (thigh to ankle)
29405	44.13		89.25			Application of short leg cast (below knee to toes);
29425	44.86		95.60			Application of short leg cast (below knee to toes); walking or ambulatory type
29435	56.64		117.17			Application of patellar tendon bearing (PTB) cast
29440	24.64		52.70			Adding walker to previously applied cast
29445	61.77		146.20			Application of rigid total contact leg cast
29450	48.85		149.53			Application of clubfoot cast with molding or manipulation, long or short leg
29505	41.19		77.97			Application of long leg splint (thigh to ankle or toes)
29515	33.46		69.51			Application of short leg splint (calf to foot)
29520	27.58		53.86			Strapping; hip
29530	26.48		54.10			Strapping; knee
29540	17.65		41.30			Strapping; ankle and/or foot
29550	18.02		40.40			Strapping; toes
29580	25.01		52.18			Strapping; Unna boot
29590	20.23		53.96			Denis-Browne splint strapping
29700	33.83		64.21			Removal or bivalving; gauntlet, boot or body cast
29705	29.05		66.21			Removal or bivalving; full arm or full leg cast
29710	52.22		117.57			Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, *etc.*
29715	43.39		89.57			Removal or bivalving; turnbuckle jacket
29720	42.66		80.21			Repair of spica, body cast or jacket
29730	28.31		64.65			Windowing of cast
29740	40.08		93.81			Wedging of cast (except clubfoot casts)
29750	38.98		98.10			Wedging of clubfoot cast
29799			I.C.			Unlisted procedure, casting or strapping
29800	1,286.14			526.42		Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	1,286.14			645.30		Arthroscopy, temporomandibular joint, surgical
29805	1,286.14			472.27		Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	2,042.57		I	2,070.03		Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	2,042.57		I	2,267.25		Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	2,042.57			587.62		Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	2,042.57			542.03		Arthroscopy, shoulder, surgical; synovectomy, partial
29821	2,042.57			592.25		Arthroscopy, shoulder, surgical; synovectomy, complete
29822	1,286.14			576.71		Arthroscopy, shoulder, surgical; debridement, limited
29823	2,042.57		I	1,997.99		Arthroscopy, shoulder, surgical; debridement, extensive

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
29824	1,286.14			667.28		Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
29825	2,042.57			587.16		Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	2,042.57		I	2,131.39		Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29827	2,042.57		I	3,673.44		Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	2,042.57			885.42		Arthroscopy, shoulder, surgical; biceps tenodesis
29830	1,286.14			454.16		Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	1,286.14			494.75		Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	1,286.14			506.76		Arthroscopy, elbow, surgical; synovectomy, partial
29836	1,286.14			580.39		Arthroscopy, elbow, surgical; synovectomy, complete
29837	1,286.14			529.70		Arthroscopy, elbow, surgical; debridement, limited
29838	1,286.14			593.32		Arthroscopy, elbow, surgical; debridement, extensive
29840	1,286.14			445.26		Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843	1,286.14			474.75		Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	1,286.14			496.62		Arthroscopy, wrist, surgical; synovectomy, partial
29845	1,286.14			566.49		Arthroscopy, wrist, surgical; synovectomy, complete
29846	1,286.14			521.54		Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	2,042.57			540.01		Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	1,286.14			489.22		Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850	1,286.14			541.38		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	2,042.57			931.75		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	2,042.57			786.98		Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29856	2,042.57			1,000.05		Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
29860	2,042.57			646.72		Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	2,042.57			7 03.60		Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	2,042.57			794.56		Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	2,042.57			785.34		Arthroscopy, hip, surgical; with synovectomy

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
29866	2,042.57			1,045.48		Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
29867			1,262.67			Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868			1,684.74			Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29870	1,286.14			408.46		Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	1,286.14			511.29		Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	1,286.14			519.42		Arthroscopy, knee, surgical; with lateral release
29874	1,286.14			532.52		Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	1,286.14			496.99		Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	1,286.14			643.04		Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)
29877	1,286.14		I	1,859.32		Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	1,286.14			650.96		Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	1,286.14		I	1,736.57		Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	1,286.14		I	1,826.52		Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	1,286.14			682.91		Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	1,286.14			837.67		Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	1,286.14			607.01		Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	2,042.57			735.03		Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	1,286.14			620.60		Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	1,286.14			730.72		Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	2,042.57		I	2,900.23		Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	2,042.57			1,199.89		Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	2,042.57			690.88		Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	2,042.57			711.50		Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	930.79		574.45			Endoscopic plantar fasciotomy

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
29894	1,286.14			517.09		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	1,286.14			503.78		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	1,286.14			528.18		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	1,286.14			587.77		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	2,042.57			1,046.31		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29900	1,286.14			466.73		Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	1,286.14			513.44		Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902	1,286.14			532.39		Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
29904	1,286.14			598.79		Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
29905	1,286.14			646.96		Arthroscopy, subtalar joint, surgical; with synovectomy
29906	1,286.14			681.67		Arthroscopy, subtalar joint, surgical; with debridement
29907	2,042.57			828.91		Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis
29999			I.C.			Unlisted procedure, arthroscopy
30000	111.73		239.06			Drainage abscess or hematoma, nasal, internal approach
30020	111.73		224.33			Drainage abscess or hematoma, nasal septum
30100	83.85		139.14			Biopsy, intranasal
30110	131.28		224.85			Excision, nasal polyp(s), simple
30115	729.71		432.48			Excision, nasal polyp(s), extensive
30117	729.71		837.85			Excision or destruction (eg, laser), intranasal lesion; internal approach
30118	1,071.47			767.05		Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
30120	729.71		509.42			Excision or surgical planing of skin of nose for rhinophyma
30124	332.81		282.71			Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	1,782.06			627.30		Excision dermoid cyst, nose; complex, under bone or cartilage
30130	729.71		384.40			Excision inferior turbinate, partial or complete, any method
30140	1,071.47			435.40		Submucous resection inferior turbinate, partial or complete, any method
30150	1,782.06			811.85		Rhinectomy; partial
30160	1,782.06			803.28		Rhinectomy; total
30200	66.92		112.20			Injection into turbinate(s), therapeutic
30210	84.58		146.58			Displacement therapy (Proetz type)
30220	332.81		288.38			Insertion, nasal septal prosthesis (button)
30300	28.19		243.88			Removal foreign body, intranasal; office type procedure
30310	729.71		210.94			Removal foreign body, intranasal; requiring general anesthesia
30320	729.71		475.77			Removal foreign body, intranasal; by lateral rhinotomy

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
30400	1,782.06		1,069.48		Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	1,782.06		1,287.04		Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	1,782.06		1,388.18		Rhinoplasty, primary; including major septal repair
30430	1,071.47		968.71		Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	1,782.06		1,262.54		Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	1,782.06		1,613.69		Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	1,782.06		781.86		Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	1,782.06		1,566.75		Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	1,782.06		979.02		Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520	1,782.06		586.44		Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540	1,071.47		697.31		Repair choanal atresia; intranasal
30545	1,782.06		973.23		Repair choanal atresia; transpalatine
30560	1,782.06		278.22		Lysis intranasal synechia
30580	111.73	623.87			Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	1,782.06		578.04		Repair fistula; oronasal
30620	1,782.06		626.52		Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	1,782.06		624.29		Repair nasal septal perforations
30801	1,071.47		234.84		Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; superficial
30802	332.81	295.26			Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; intramural
30901	332.81	105.37			Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903	48.17	194.56			Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905	50.28	244.04			Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30906	50.28	277.90			Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
30915	50.28	571.54			Ligation arteries; ethmoidal
30920	1,154.79		813.45		Ligation arteries; internal maxillary artery, transantral
30930	1,154.79		122.33		Fracture nasal inferior turbinate(s), therapeutic
30999	729.71	I.C.			Unlisted procedure, nose
31000	111.43	182.11			Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31002	332.81	207.10			Lavage by cannulation; sphenoid sinus
31020	1,071.47		505.24		Sinusotomy, maxillary (antrotomy); intranasal
31030	1,782.06		725.60		Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
31032	1,782.06		571.09		Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31040	1,071.47		751.74		Pterygomaxillary fossa surgery, any approach
31050	1,782.06		491.95		Sinusotomy, sphenoid, with or without biopsy;
31051	1,782.06		645.54		Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
31070	1,071.47		437.82		Sinusotomy frontal; external, simple (trephine operation)
31075	1,782.06		782.07		Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
31080	1,782.06		1,021.04		Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)
31081	1,782.06		1,227.85		Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084	1,782.06		1,146.85		Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision
31085	1,782.06		1,232.63		Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision
31086	1,782.06		1,115.75		Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision
31087	1,782.06		1,091.42		Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
31090	1,782.06		997.56		Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
31200	1,782.06		563.85		Ethmoidectomy; intranasal, anterior
31201	1,782.06		732.85		Ethmoidectomy; intranasal, total
31205	1,782.06		870.06		Ethmoidectomy; extranasal, total
31225		1,772.93			Maxillectomy; without orbital exenteration
31230		1,991.56			Maxillectomy; with orbital exenteration (en bloc)
31231	72.02	200.89			Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31233	72.02	277.43			Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	760.42	317.95			Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31237	760.42	342.58			Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	760.42	350.92			Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239	1,015.27		665.59		Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240	760.42	165.35			Nasal/sinus endoscopy, surgical; with concha bullosa resection
31254	1,015.27		281.92		Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255	1,015.27		415.67		Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)
31256	1,015.27		205.07		Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31267	1,015.27		329.14		Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
31276	1,015.27		523.18		Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
31287	1,015.27		240.47		Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	1,015.27		278.45		Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31290		1,159.21			Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291		1,221.51			Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
31292		1,005.29			Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31293		1,093.21			Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression
31294		1,254.75			Nasal/sinus endoscopy, surgical; with optic nerve decompression
31299		I.C.			Unlisted procedure, accessory sinuses
31300	1,071.47		1,252.21		Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31320	1,782.06		676.54		Laryngotomy (thyrotomy, laryngofissure); diagnostic
31360		1,898.35			Laryngectomy; total, without radical neck dissection
31365		2,371.19			Laryngectomy; total, with radical neck dissection
31367		2,108.09			Laryngectomy; subtotal supraglottic, without radical neck dissection
31368		2,375.45			Laryngectomy; subtotal supraglottic, with radical neck dissection
31370		2,004.92			Partial laryngectomy (hemilaryngectomy); horizontal
31375		1,883.83			Partial laryngectomy (hemilaryngectomy); lateroverticaI
31380		1,865.93			Partial laryngectomy (hemilaryngectomy); anteroverticaI
31382		2,034.66			Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31390		2,666.41			Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395		2,866.62			Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31400	1,782.06		1,021.65		Arytenoidectomy or arytenoidopexy, external approach
31420	1,782.06		828.85		Epiglottidectomy
31500	109.89	106.74			Intubation, endotracheal, emergency procedure
31502	59.71	35.20			Tracheotomy tube change prior to establishment of fistula tract
31505	36.75	88.61			Laryngoscopy, indirect; diagnostic (separate procedure)
31510	760.42	220.40			Laryngoscopy, indirect; with biopsy
31511	72.02	218.91			Laryngoscopy, indirect; with removal of foreign body
31512	760.42	218.30			Laryngoscopy, indirect; with removal of lesion
31513	72.02	135.25			Laryngoscopy, indirect; with vocal cord injection
31515	760.42	220.77			Laryngoscopy direct, with or without tracheoscopy; for aspiration
31525	760.42	259.49			Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526	1,015.27		162.16		Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31527	1,015.27		194.93		Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
31528	760.42		145.07			Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	760.42		166.22			Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31530	1,015.27			202.34		Laryngoscopy, direct, operative, with foreign body removal;
31531	1,015.27			219.76		Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope
31535	1,015.27			194.85		Laryngoscopy, direct, operative, with biopsy;
31536	1,015.27			217.81		Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31540	1,015.27			249.52		Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541	1,015.27			273.12		Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31545	1,015.27			363.82		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	1,015.27			548.91		Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)
31560	1,015.27			320.94		Laryngoscopy, direct, operative, with arytenoidectomy;
31561	1,015.27			350.38		Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope
31570	760.42		369.84			Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571	1,015.27			257.66		Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31575	66.19		123.11			Laryngoscopy, flexible fiberoptic; diagnostic
31576	1,015.27			236.70		Laryngoscopy, flexible fiberoptic; with biopsy
31577	178.49		254.95			Laryngoscopy, flexible fiberoptic; with removal of foreign body
31578	1,015.27			294.42		Laryngoscopy, flexible fiberoptic; with removal of lesion
31579	122.09		235.37			Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
31580	1,782.06			1,208.58		Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal
31582	1,782.06			1,947.03		Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy
31584			1,515.96			Laryngoplasty; with open reduction of fracture
31587			957.73			Laryngoplasty, cricoid split
31588	1,782.06			1,132.53		Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
31590	1,782.06			937.91		Laryngeal reinnervation by neuromuscular pedicle
31595	1,782.06			784.02		Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral
31599			I.C.			Unlisted procedure, larynx
31600			394.90			Tracheostomy, planned (separate procedure);

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
31603	332.81		221.28			Tracheostomy, emergency procedure; transtracheal
31605	332.81		179.91			Tracheostomy, emergency procedure; cricothyroid membrane
31610			709.09			Tracheostomy, fenestration procedure with skin flaps
31611	1,071.47			541.33		Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
31612	1,071.47			83.64		Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31613	1,071.47			450.06		Tracheostoma revision; simple, without flap rotation
31614	1,782.06			727.73		Tracheostoma revision; complex, with flap rotation
31615	444.98		190.77			Tracheobronchoscopy through established tracheostomy incision
31620			319.44			Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure(s))
31622	444.98		351.17			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)
31623	444.98		387.60			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings
31624	444.98		358.15			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage
31625	444.98		380.18			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites
31628	444.98		456.88			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe
31629	444.98		749.25			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
31630	1,075.44			208.26		Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal/bronchial dilation or closed reduction of fracture
31631	1,075.44			232.24		Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
31632	444.98		78.77			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31633	444.98		93.59			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31635	444.98		393.02			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with removal of foreign body

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
31636	1,075.44		227.45		Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus
31637	444.98	79.94			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each additional major bronchus stented (List separately in addition to code for primary procedure)
31638	1,075.44		254.22		Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
31640	1,075.44		264.96		Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor
31641	1,075.44		259.68		Bronchoscopy (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
31643	444.98	177.17			Bronchoscopy (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application
31645	444.98	339.61			Bronchoscopy (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
31646	444.98	310.64			Bronchoscopy (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent
31656	444.98	377.31			Bronchoscopy (rigid or flexible); with injection of contrast material for segmental bronchography (fiberscope only)
31715		53.81			Transtracheal injection for bronchography
31717	178.49	401.08			Catheterization with bronchial brush biopsy
31720	17.32	52.10			Catheter aspiration (separate procedure); nasotracheal
31725		93.67			Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside
31730	178.49	746.62			Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
31750	1,782.06		1,356.06		Tracheoplasty; cervical
31755	1,782.06		1,742.69		Tracheoplasty; tracheopharyngeal fistulization, each stage
31760		1,357.80			Tracheoplasty; intrathoracic
31766		1,797.66			Carinal reconstruction
31770		1,319.01			Bronchoplasty; graft repair
31775		1,418.03			Bronchoplasty; excision stenosis and anastomosis
31780		1,179.14			Excision tracheal stenosis and anastomosis; cervical
31781		1,414.87			Excision tracheal stenosis and anastomosis; cervicothoracic
31785		1,083.17			Excision of tracheal tumor or carcinoma; cervical
31786		1,486.98			Excision of tracheal tumor or carcinoma; thoracic
31800		713.11			Suture of tracheal wound or injury; cervical
31805		819.63			Suture of tracheal wound or injury; intrathoracic
31820	729.71	432.89			Surgical closure tracheostomy or fistula; without plastic repair
31825	1,071.47		602.18		Surgical closure tracheostomy or fistula; with plastic repair
31830	1,071.47		437.46		Revision of tracheostomy scar
31899		I.C.			Unlisted procedure, trachea, bronchi

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
32035			694.96			Thoracostomy; with rib resection for empyema
32036			752.95			Thoracostomy; with open flap drainage for empyema
32095			621.24			Thoracotomy, limited, for biopsy of lung or pleura
32100			957.69			Thoracotomy, major; with exploration and biopsy
32110			1,429.77			Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear
32120			855.06			Thoracotomy, major; for postoperative complications
32124			906.71			Thoracotomy, major; with open intrapleural pneumonolysis
32140			970.83			Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure
32141			1,393.80			Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure
32150			978.41			Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit
32151			1,001.82			Thoracotomy, major; with removal of intrapulmonary foreign body
32160			739.73			Thoracotomy, major; with cardiac massage
32200			1,095.09			Pneumonostomy; with open drainage of abscess or cyst
32201			1,077.34			Pneumonostomy; with percutaneous drainage of abscess or cyst
32215			794.53			Pleural scarification for repeat pneumothorax
32220			1,581.32			Decortication, pulmonary (separate procedure); total
32225			977.82			Decortication, pulmonary (separate procedure); partial
32310			907.12			Pleurectomy, parietal (separate procedure)
32320			1,572.33			Decortication and parietal pleurectomy
32400	417.18		161.59			Biopsy, pleura; percutaneous needle
32402			561.14			Biopsy, pleura; open
32405	417.18		100.49			Biopsy, lung or mediastinum, percutaneous needle
32420	232.48		110.25			Pneumocentesis, puncture of lung for aspiration
32421	232.48		180.64			Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32422	232.48		218.76			Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)
32440			1,586.47			Removal of lung, total pneumonectomy;
32442			2,811.02			Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445			3,131.31			Removal of lung, total pneumonectomy; extrapleural
32480			1,495.02			Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
32482			1,594.23			Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)
32484			1,437.32			Removal of lung, other than total pneumonectomy; single segment (segmentectomy)
32486			2,208.47			Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
32488			2,252.25			Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
32491			1,476.98			Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure
32500			1,454.58			Removal of lung, other than total pneumonectomy; wedge resection, single or multiple
32501			245.55			Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)
32503			1,835.61			Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)
32504			2,089.83			Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction
32540			1,580.21			Extrapleural enucleation of empyema (empyemectomy)
32550	1,372.36			959.08		Insertion of indwelling tunneled pleural catheter with cuff
32551			178.61			Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)
32560			346.79			Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)
32601			311.78			Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy
32602			338.32			Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy
32603			433.51			Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy
32604			486.49			Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32605			392.36			Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy
32606			468.02			Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy
32650			691.25			Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32651			1,038.36			Thoracoscopy, surgical; with partial pulmonary decortication
32652			1,561.72			Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32653			1,006.62			Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32654			1,103.46			Thoracoscopy, surgical; with control of traumatic hemorrhage
32655			931.27			Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure
32656			826.85			Thoracoscopy, surgical; with parietal pleurectomy
32657			813.06			Thoracoscopy, surgical; with wedge resection of lung, single or multiple

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
32658			744.68			Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
32659			758.66			Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage
32660			1,059.72			Thoracoscopy, surgical; with total pericardiectomy
32661			829.44			Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
32662			930.68			Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
32663			1,384.35			Thoracoscopy, surgical; with lobectomy, total or segmental
32664			860.06			Thoracoscopy, surgical; with thoracic sympathectomy
32665			1,181.45			Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32800			921.96			Repair lung hernia through chest wall
32810			898.20			Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815			2,479.06			Open closure of major bronchial fistula
32820			1,361.59			Major reconstruction, chest wall (posttraumatic)
32850			I.C.			Donor pneumonectomy(s) (including cold preservation), from cadaver donor
32851			2,666.99			Lung transplant, single; without cardiopulmonary bypass
32852			2,988.20			Lung transplant, single; with cardiopulmonary bypass
32853			3,178.94			Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854			3,449.32			Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass
32855			I.C.			Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral
32856			I.C.			Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral
32900			1,344.83			Resection of ribs, extrapleural, all stages
32905			1,338.73			Thoracoplasty, Schede type or extrapleural (all stages);
32906			1,647.22			Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
32940			1,224.94			Pneumonolysis, extraperiosteal, including filling or packing procedures
32960	232.48		144.95			Pneumothorax, therapeutic, intrapleural injection of air
32997			352.61			Total lung lavage (unilateral)
32998	1,921.50			3,438.66		Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral
32999			I.C.			Unlisted procedure, lungs and pleura
33010	232.48		122.56			Pericardiocentesis; initial
33011	232.48		125.62			Pericardiocentesis; subsequent
33015			540.09			Tube pericardiostomy

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
33020			864.53			Pericardiotomy for removal of clot or foreign body (primary procedure)
33025			801.08			Creation of pericardial window or partial resection for drainage
33030			1,274.94			Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031			1,409.48			Pericardiectomy, subtotal or complete; with cardiopulmonary bypass
33050			990.03			Excision of pericardial cyst or tumor
33120			1,554.03			Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130			1,360.14			Resection of external cardiac tumor
33140			1,538.51			Transmyocardial laser revascularization, by thoracotomy; (separate procedure)
33141			161.72			Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)
33202			780.09			Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
33203			799.09			Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)
33206	7,572.99			485.65		Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	7,572.99			518.21		Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	8,772.15			554.32		Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33210	4,047.81			185.27		Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33211	4,047.81			188.78		Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33212	6,350.39			363.50		Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular
33213	6,912.08			413.37		Insertion or replacement of pacemaker pulse generator only; dual chamber
33214	8,772.15			519.14		Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
33215	1,071.63			331.32		Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode
33216	4,047.81			410.31		Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator
33217	4,047.81			408.34		Insertion of a transvenous electrode; dual chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator
33218	1,071.63			424.81		Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
33220	1,071.63		426.16		Repair of two transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator
33222	672.37	381.57			Revision or relocation of skin pocket for pacemaker
33223	672.37	453.25			Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator
33224	16,765.50		529.67		Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of generator)
33225	16,765.50		472.81		Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) (List separately in addition to code for primary procedure)
33226	1,071.63		511.05		Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)
33233	1,071.63		270.80		Removal of permanent pacemaker pulse generator
33234	1,071.63		524.16		Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
33235	1,071.63		684.50		Removal of transvenous pacemaker electrode(s); dual lead system
33236		800.28			Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
33237		880.75			Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
33238		956.76			Removal of permanent transvenous electrode(s) by thoracotomy
33240	22,075.11		498.58		Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator
33241	1,071.63		253.87		Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator
33243		1,378.09			Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy
33244		924.29			Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction
33249	26,786.01		962.13		Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator
33250		1,480.30			Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
33251		1,612.27			Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
33254			1,355.20			Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
33255			1,628.52			Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
33256			1,939.42			Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass
33257			607.25			Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)
33258			683.96			Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)
33259			895.16			Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)
33261			1,626.94			Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
33265			1,355.20			Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
33266			1,846.10			Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
33282	4,398.16			357.46		Implantation of patient-activated cardiac event recorder
33284	388.12		266.79			Removal of an implantable, patient-activated cardiac event recorder
33300			2,171.66			Repair of cardiac wound; without bypass
33305			3,540.70			Repair of cardiac wound; with cardiopulmonary bypass
33310			1,180.88			Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass
33315			1,476.56			Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass
33320			1,065.92			Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33321			1,212.27			Suture repair of aorta or great vessels; with shunt bypass
33322			1,373.85			Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330			1,399.13			Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33332			1,385.78			Insertion of graft, aorta or great vessels; with shunt bypass
33335			1,876.67			Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
33400			2,232.10			Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
33401			1,487.72			Valvuloplasty, aortic valve; open, with inflow occlusion

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
33403			1,591.00			Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass
33404			1,808.02			Construction of apical-aortic conduit
33405			2,335.25			Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33406			2,821.07			Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
33410			2,482.95			Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
33411			3,196.43			Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp
33412			2,529.22			Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413			3,256.81			Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
33414			2,132.53			Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415			1,973.37			Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416			1,996.67			Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33417			1,701.57			Aortoplasty (gusset) for supravalvular stenosis
33420			1,369.66			Valvotomy, mitral valve; closed heart
33422			1,704.89			Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
33425			2,529.42			Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426			2,381.21			Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427			2,516.08			Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33430			2,710.92			Replacement, mitral valve, with cardiopulmonary bypass
33460			2,225.70			Valvectomy, tricuspid valve, with cardiopulmonary bypass
33463			2,812.09			Valvuloplasty, tricuspid valve; without ring insertion
33464			2,319.57			Valvuloplasty, tricuspid valve; with ring insertion
33465			2,563.58			Replacement, tricuspid valve, with cardiopulmonary bypass
33468			1,907.68			Tricuspid valve repositioning and plication for Ebstein anomaly
33470			1,187.33			Valvotomy, pulmonary valve, closed heart; transventricular
33471			1,372.68			Valvotomy, pulmonary valve, closed heart; via pulmonary artery
33472			1,363.76			Valvotomy, pulmonary valve, open heart; with inflow occlusion
33474			1,985.97			Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass
33475			2,291.55			Replacement, pulmonary valve
33476			1,488.39			Right ventricular resection for infundibular stenosis, with or without commissurotomy

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
33478			1,605.62			Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
33496			1,687.30			Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
33500			1,583.68			Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
33501			1,095.32			Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass
33502			1,300.44			Repair of anomalous coronary artery from pulmonary artery origin; by ligation
33503			1,322.10			Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass
33504			1,480.05			Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass
33505			2,020.81			Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)
33506			2,058.11			Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta
33507			1,761.45			Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation
33508			16.39			Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)
33510			1,996.15			Coronary artery bypass, vein only; single coronary venous graft
33511			2,164.69			Coronary artery bypass, vein only; two coronary venous grafts
33512			2,410.19			Coronary artery bypass, vein only; three coronary venous grafts
33513			2,478.21			Coronary artery bypass, vein only; four coronary venous grafts
33514			2,595.98			Coronary artery bypass, vein only; five coronary venous grafts
33516			2,695.43			Coronary artery bypass, vein only; six or more coronary venous grafts
33517			179.13			Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)
33518			383.31			Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for primary procedure)
33519			514.99			Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for primary procedure)
33521			628.34			Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for primary procedure)
33522			721.17			Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for primary procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
33523			827.36			Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for primary procedure)
33530			484.10			Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (List separately in addition to code for primary procedure)
33533			1,953.59			Coronary artery bypass, using arterial graft(s); single arterial graft
33534			2,246.25			Coronary artery bypass, using arterial graft(s); two coronary arterial grafts
33535			2,467.53			Coronary artery bypass, using arterial graft(s); three coronary arterial grafts
33536			2,633.08			Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts
33542			2,461.01			Myocardial resection (eg, ventricular aneurysmectomy)
33545			2,923.84			Repair of postinfarction ventricular septal defect, with or without myocardial resection
33548			2,897.85			Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)
33572			234.60			Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
33600			1,729.89			Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
33602			1,654.39			Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606			1,792.42			Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
33608			1,846.02			Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
33610			1,828.38			Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
33611			1,953.06			Repair of double outlet right ventricle with intraventricular tunnel repair;
33612			2,083.20			Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
33615			1,970.91			Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)
33617			2,189.37			Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619			2,745.94			Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
33641			1,575.37			Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
33645			1,585.82			Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647			1,712.17			Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660			1,801.35			Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
33665			1,905.88			Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
33670			2,051.60			Repair of complete atrioventricular canal, with or without prosthetic valve
33675			2,098.49			Closure of multiple ventricular septal defects;
33676			2,161.13			Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)
33677			2,245.77			Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset
33681			1,866.16			Closure of single ventricular septal defect, with or without patch;
33684			1,891.92			Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)
33688			1,834.13			Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset
33690			1,181.41			Banding of pulmonary artery
33692			1,980.13			Complete repair tetralogy of Fallot without pulmonary atresia;
33694			1,928.79			Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
33697			2,134.93			Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect
33702			1,567.55			Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710			1,747.52			Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect
33720			1,570.27			Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass
33722			1,594.21			Closure of aortico-left ventricular tunnel
33724			1,538.31			Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)
33726			2,024.39			Repair of pulmonary venous stenosis
33730			2,001.65			Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)
33732			1,693.37			Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane
33735			1,270.35			Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
33736			1,468.02			Atrial septectomy or septostomy; open heart with cardiopulmonary bypass

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
33737			1,321.84			Atrial septectomy or septostomy; open heart, with inflow occlusion
33750			1,239.96			Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
33755			1,245.92			Shunt; ascending aorta to pulmonary artery (Waterston type operation)
33762			1,294.34			Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
33764			1,297.80			Shunt; central, with prosthetic graft
33766			1,374.16			Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)
33767			1,438.67			Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
33768			412.38			Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)
33770			2,116.49			Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
33771			2,142.18			Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect
33774			1,839.67			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;
33775			1,848.14			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band
33776			1,931.28			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect
33777			1,911.96			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction
33778			2,373.79			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33779			2,201.51			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band
33780			2,349.46			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect
33781			2,215.49			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction
33786			2,305.58			Total repair, truncus arteriosus (Rastelli type operation)
33788			1,516.42			Reimplantation of an anomalous pulmonary artery
33800			1,005.85			Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33802			1,086.19			Division of aberrant vessel (vascular ring);

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
33803			1,156.83			Division of aberrant vessel (vascular ring); with reanastomosis
33813			1,272.98			Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
33814			1,547.83			Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass
33820			990.13			Repair of patent ductus arteriosus; by ligation
33822			1,025.18			Repair of patent ductus arteriosus; by division, younger than 18 years
33824			1,197.28			Repair of patent ductus arteriosus; by division, 18 years and older
33840			1,240.92			Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33845			1,351.27			Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
33851			1,291.50			Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement
33852			1,495.33			Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
33853			1,862.04			Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass
33860			3,042.52			Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension;
33861			2,460.32			Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction
33863			3,083.51			Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary reconstruction
33864			3,175.94			Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic annulus remodeling (eg, David Procedure, Yacoub Procedure)
33870			2,564.75			Transverse arch graft, with cardiopulmonary bypass
33875			1,986.64			Descending thoracic aorta graft, with or without bypass
33877			3,388.61			Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass
33880			1,821.23			Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
33881			1,574.40			Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33883			1,157.80			Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
33884			413.00			Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)
33886			1,003.73			Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
33889			819.71			Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
33891			1,058.81			Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
33910			1,645.46			Pulmonary artery embolectomy; with cardiopulmonary bypass
33915			1,322.68			Pulmonary artery embolectomy; without cardiopulmonary bypass
33916			1,586.71			Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
33917			1,481.10			Repair of pulmonary artery stenosis by reconstruction with patch or graft
33920			1,779.90			Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
33922			1,402.41			Transection of pulmonary artery with cardiopulmonary bypass
33924			291.19			Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)
33925			1,921.35			Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
33926			2,459.91			Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
33930			I.C.			Donor cardiectomy-pneumonectomy (including cold preservation)
33933			I.C.			Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
33935			3,568.26			Heart-lung transplant with recipient cardiectomy-pneumonectomy
33940			I.C.			Donor cardiectomy (including cold preservation)
33944			I.C.			Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
33945			4,421.24			Heart transplant, with or without recipient cardiectomy
33960			973.84			Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours
33961			550.77			Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in addition to code for primary procedure)
33967			273.78			Insertion of intra-aortic balloon assist device, percutaneous
33968			35.00			Removal of intra-aortic balloon assist device, percutaneous
33970			365.63			Insertion of intra-aortic balloon assist device through the femoral artery, open approach
33971			720.74			Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
33973			537.75			Insertion of intra-aortic balloon assist device through the ascending aorta
33974			921.39			Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft
33975			1,097.52			Insertion of ventricular assist device; extracorporeal, single ventricle
33976			1,232.26			Insertion of ventricular assist device; extracorporeal, biventricular
33977			1,241.27			Removal of ventricular assist device; extracorporeal, single ventricle
33978			1,378.23			Removal of ventricular assist device; extracorporeal, biventricular
33979			2,426.57			Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33980			3,584.50			Removal of ventricular assist device, implantable intracorporeal, single ventricle
33999			I.C.			Unlisted procedure, cardiac surgery
34001			963.54			Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
34051			993.88			Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision
34101			635.03			Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision
34111			634.27			Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
34151			1,447.08			Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision
34201			980.40			Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision
34203			1,008.42			Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision
34401			1,453.54			Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
34421			764.88			Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
34451			1,564.72			Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
34471			1,055.70			Thrombectomy, direct or with catheter; subclavian vein, by neck incision
34490			637.11			Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
34501			985.37			Valvuloplasty, femoral vein
34502			1,584.30			Reconstruction of vena cava, any method
34510			1,135.73			Venous valve transposition, any vein donor
34520			1,075.33			Cross-over vein graft to venous system
34530			1,012.84			Saphenopopliteal vein anastomosis
34800			1,184.34			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis
34802			1,293.17			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (one docking limb)
34803			1,324.73			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)
34804			1,289.97			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis
34805			1,220.94			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis
34806			102.80			Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data
34808			214.05			Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
34812			355.25			Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral
34813			246.23			Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
34820			508.24			Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral
34825			732.73			Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
34826			211.39			Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)
34830			1,888.07			Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis
34831			1,968.68			Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis
34832			2,046.19			Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis
34833			637.66			Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral
34834			291.64			Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral
34900			946.44			Endovascular graft placement for repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma)
35001			1,188.21			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision
35002			1,241.47			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision
35005			1,107.90			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery
35011			1,036.72			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
35013			1,282.99			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision
35021			1,251.74			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision
35022			1,440.17			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision
35045			1,003.10			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
35081			1,770.01			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta
35082			2,240.92			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta
35091			1,903.70			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35092			2,666.78			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35102			1,920.58			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)
35103			2,313.44			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)
35111			1,434.34			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery
35112			1,737.13			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
35121			1,715.46			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery
35122			2,014.34			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery
35131			1,457.54			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)
35132			1,758.45			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)
35141			1,163.13			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)
35142			1,383.84			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)
35151			1,309.20			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery
35152			1,519.96			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery
35180			846.25			Repair, congenital arteriovenous fistula; head and neck
35182			1,752.98			Repair, congenital arteriovenous fistula; thorax and abdomen
35184			1,055.60			Repair, congenital arteriovenous fistula; extremities
35188	1,732.44			898.95		Repair, acquired or traumatic arteriovenous fistula; head and neck
35189			1,660.41			Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35190			778.81			Repair, acquired or traumatic arteriovenous fistula; extremities
35201			974.67			Repair blood vessel, direct; neck
35206			798.81			Repair blood vessel, direct; upper extremity
35207	1,732.44			737.01		Repair blood vessel, direct; hand, finger
35211			1,400.53			Repair blood vessel, direct; intrathoracic, with bypass
35216			1,843.83			Repair blood vessel, direct; intrathoracic, without bypass
35221			1,427.87			Repair blood vessel, direct; intra-abdominal
35226			884.91			Repair blood vessel, direct; lower extremity
35231			1,209.11			Repair blood vessel with vein graft; neck

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
35236			1,011.71			Repair blood vessel with vein graft; upper extremity
35241			1,463.44			Repair blood vessel with vein graft; intrathoracic, with bypass
35246			1,572.55			Repair blood vessel with vein graft; intrathoracic, without bypass
35251			1,699.85			Repair blood vessel with vein graft; intra-abdominal
35256			1,065.64			Repair blood vessel with vein graft; lower extremity
35261			1,068.07			Repair blood vessel with graft other than vein; neck
35266			887.92			Repair blood vessel with graft other than vein; upper extremity
35271			1,396.11			Repair blood vessel with graft other than vein; intrathoracic, with bypass
35276			1,466.07			Repair blood vessel with graft other than vein; intrathoracic, without bypass
35281			1,624.20			Repair blood vessel with graft other than vein; intra-abdominal
35286			983.40			Repair blood vessel with graft other than vein; lower extremity
35301			1,095.12			Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
35302			1,133.60			Thromboendarterectomy, including patch graft, if performed; superficial femoral artery
35303			1,244.13			Thromboendarterectomy, including patch graft, if performed; popliteal artery
35304			1,294.28			Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery
35305			1,244.13			Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel
35306			460.93			Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
35311			1,568.32			Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision
35321			934.01			Thromboendarterectomy, including patch graft, if performed; axillary-brachial
35331			1,519.16			Thromboendarterectomy, including patch graft, if performed; abdominal aorta
35341			1,444.47			Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal
35351			1,334.71			Thromboendarterectomy, including patch graft, if performed; iliac
35355			1,087.71			Thromboendarterectomy, including patch graft, if performed; iliofemoral
35361			1,642.64			Thromboendarterectomy, including patch graft, if performed; combined aortoiliac
35363			1,760.12			Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral
35371			866.76			Thromboendarterectomy, including patch graft, if performed; common femoral
35372			1,036.82			Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
35390			165.97			Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure)
35400			157.20			Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)
35450			531.12			Transluminal balloon angioplasty, open; renal or other visceral artery
35452			371.01			Transluminal balloon angioplasty, open; aortic
35454			325.86			Transluminal balloon angioplasty, open; iliac
35456			394.09			Transluminal balloon angioplasty, open; femoral-popliteal
35458			505.97			Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel
35459			464.52			Transluminal balloon angioplasty, open; tibioperoneal trunk and branches
35460			323.28			Transluminal balloon angioplasty, open; venous
35470			3,769.87			Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel
35471			4,192.30			Transluminal balloon angioplasty, percutaneous; renal or visceral artery
35472			2,829.17			Transluminal balloon angioplasty, percutaneous; aortic
35473	2,028.15			2,670.79		Transluminal balloon angioplasty, percutaneous; iliac
35474			3,679.18			Transluminal balloon angioplasty, percutaneous; femoral-popliteal
35475			2,754.60			Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel
35476	2,028.15			2,101.39		Transluminal balloon angioplasty, percutaneous; venous
35480			601.94			Transluminal peripheral atherectomy, open; renal or other visceral artery
35481			418.56			Transluminal peripheral atherectomy, open; aortic
35482			358.79			Transluminal peripheral atherectomy, open; iliac
35483			439.11			Transluminal peripheral atherectomy, open; femoral-popliteal
35484			547.57			Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel
35485			511.43			Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches
35490			626.28			Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery
35491			445.99			Transluminal peripheral atherectomy, percutaneous; aortic
35492	3,910.83			393.33		Transluminal peripheral atherectomy, percutaneous; iliac
35493			471.59			Transluminal peripheral atherectomy, percutaneous; femoral-popliteal
35494			594.85			Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel
35495			547.80			Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches
35500			331.07			Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
35501			1,562.40			Bypass graft, with vein; common carotid-ipsilateral internal carotid
35506			1,356.65			Bypass graft, with vein; carotid-subclavian or subclavian-carotid
35508			1,390.03			Bypass graft, with vein; carotid-vertebral
35509			1,523.32			Bypass graft, with vein; carotid-contralateral carotid
35510			1,304.37			Bypass graft, with vein; carotid-brachial
35511			1,234.17			Bypass graft, with vein; subclavian-subclavian
35512			1,278.10			Bypass graft, with vein; subclavian-brachial
35515			1,393.71			Bypass graft, with vein; subclavian-vertebral
35516			1,221.51			Bypass graft, with vein; subclavian-axillary
35518			1,236.56			Bypass graft, with vein; axillary-axillary
35521			1,322.45			Bypass graft, with vein; axillary-femoral
35522			1,245.47			Bypass graft, with vein; axillary-brachial
35523			1,307.96			Bypass graft, with vein; brachial-ulnar or -radial
35525			1,178.59			Bypass graft, with vein; brachial-brachial
35526			1,794.55			Bypass graft, with vein; aortosubclavian or carotid
35531			2,083.61			Bypass graft, with vein; aortoceliac or aortomesenteric
35533			1,620.88			Bypass graft, with vein; axillary-femoral-femoral
35536			1,802.59			Bypass graft, with vein; splenorenal
35537			2,199.90			Bypass graft, with vein; aortoiliac
35538			2,455.22			Bypass graft, with vein; aortobi-iliac
35539			2,302.06			Bypass graft, with vein; aortofemoral
35540			2,564.61			Bypass graft, with vein; aortobifemoral
35548			1,254.86			Bypass graft, with vein; aortoiliofemoral, unilateral
35549			1,369.99			Bypass graft, with vein; aortoiliofemoral, bilateral
35551			1,539.39			Bypass graft, with vein; aortofemoral-popliteal
35556			1,424.35			Bypass graft, with vein; femoral-popliteal
35558			1,276.12			Bypass graft, with vein; femoral-femoral
35560			1,850.79			Bypass graft, with vein; aortorenal
35563			1,439.36			Bypass graft, with vein; ilioiliac
35565			1,373.65			Bypass graft, with vein; iliofemoral
35566			1,703.71			Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35571			1,405.59			Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35572			357.93			Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)
35583			1,470.72			In-situ vein bypass; femoral-popliteal
35585			1,734.72			In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587			1,455.32			In-situ vein bypass; popliteal-tibial, peroneal
35600			262.81			Harvest of upper extremity artery, one segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)
35601			1,471.68			Bypass graft, with other than vein; common carotid-ipsilateral internal carotid
35606			1,219.96			Bypass graft, with other than vein; carotid-subclavian
35612			959.98			Bypass graft, with other than vein; subclavian-subclavian
35616			1,158.95			Bypass graft, with other than vein; subclavian-axillary
35621			1,158.62			Bypass graft, with other than vein; axillary-femoral

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
35623			1,420.15			Bypass graft, with other than vein; axillary-popliteal or -tibial
35626			1,626.79			Bypass graft, with other than vein; aortosubclavian or carotid
35631			1,935.95			Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
35636			1,709.27			Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
35637			1,747.28			Bypass graft, with other than vein; aortoiliac
35638			1,774.90			Bypass graft, with other than vein; aortobi-iliac
35642			1,054.85			Bypass graft, with other than vein; carotid-vertebral
35645			1,075.33			Bypass graft, with other than vein; subclavian-vertebral
35646			1,796.56			Bypass graft, with other than vein; aortobifemoral
35647			1,624.34			Bypass graft, with other than vein; aortofemoral
35650			1,119.24			Bypass graft, with other than vein; axillary-axillary
35651			1,434.80			Bypass graft, with other than vein; aortofemoral-popliteal
35654			1,437.06			Bypass graft, with other than vein; axillary-femoral-femoral
35656			1,135.44			Bypass graft, with other than vein; femoral-popliteal
35661			1,139.67			Bypass graft, with other than vein; femoral-femoral
35663			1,317.32			Bypass graft, with other than vein; ilioiliac
35665			1,235.98			Bypass graft, with other than vein; iliofemoral
35666			1,339.06			Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671			1,179.28			Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
35681			83.16			Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)
35682			370.26			Bypass graft; autogenous composite, two segments of veins from two locations (List separately in addition to code for primary procedure)
35683			435.85			Bypass graft; autogenous composite, three or more segments of vein from two or more locations (List separately in addition to code for primary procedure)
35685			208.26			Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)
35686			173.69			Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)
35691			1,033.62			Transposition and/or reimplantation; vertebral to carotid artery
35693			919.06			Transposition and/or reimplantation; vertebral to subclavian artery
35694			1,079.51			Transposition and/or reimplantation; subclavian to carotid artery
35695			1,115.16			Transposition and/or reimplantation; carotid to subclavian artery
35697			155.22			Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
35700		159.31			Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than one month after original operation (List separately in addition to code for primary procedure)
35701		562.33			Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35721		482.51			Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery
35741		523.62			Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery
35761	1,327.08		393.10		Exploration (not followed by surgical repair), with or without lysis of artery; other vessels
35800		499.20			Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820		1,778.30			Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840		643.74			Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
35860		423.59			Exploration for postoperative hemorrhage, thrombosis or infection; extremity
35870		1,330.32			Repair of graft-enteric fistula
35875	1,732.44		623.72		Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
35876	1,732.44		987.41		Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
35879		972.71			Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35881		1,081.40			Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition
35883		1,274.54			Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)
35884		1,352.60			Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
35901		536.05			Excision of infected graft; neck
35903		608.91			Excision of infected graft; extremity
35905		1,821.78			Excision of infected graft; thorax
35907		1,992.28			Excision of infected graft; abdomen
36000		29.92			Introduction of needle or intracatheter, vein
36002	106.32	189.39			Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm
36005		404.92			Injection procedure for extremity venography (including introduction of needle or intracatheter)
36010		789.05			Introduction of catheter, superior or inferior vena cava
36011		1,207.55			Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012		1,029.35			Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36013		1,017.78			Introduction of catheter, right heart or main pulmonary artery

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
36014			1,008.66			Selective catheter placement, left or right pulmonary artery
36015			1,098.25			Selective catheter placement, segmental or subsegmental pulmonary artery
36100			647.59			Introduction of needle or intracatheter, carotid or vertebral artery
36120			531.26			Introduction of needle or intracatheter; retrograde brachial artery
36140			608.73			Introduction of needle or intracatheter; extremity artery
36145			598.03			Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)
36160			670.11			Introduction of needle or intracatheter, aortic, translumbar
36200			805.33			Introduction of catheter, aorta
36215			1,387.75			Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216			1,504.71			Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family
36217			2,561.12			Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family
36218			240.49			Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36245			1,570.76			Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246			1,513.25			Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247			2,409.20			Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36248			202.74			Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36260	1,290.34			593.05		Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	1,071.63			365.13		Revision of implanted intra-arterial infusion pump
36262	1,071.63			280.12		Removal of implanted intra-arterial infusion pump
36299			I.C.			Unlisted procedure, vascular injection
36410			20.25			Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415			I.C.			Collection of venous blood by venipuncture
36416			I.C.			Collection of capillary blood specimen (eg, finger, heel, ear stick)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
36425	9.57		37.41			Venipuncture, cutdown; age one or over
36455	35.44		126.13			Exchange transfusion, blood; other than newborn
36460			341.78			Transfusion, intrauterine, fetal
36468	35.44		I.C.			Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36469	35.44		I.C.			Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
36470	35.44		158.18			Injection of sclerosing solution; single vein
36471	35.44		190.12			Injection of sclerosing solution; multiple veins, same leg
36475	1,904.22			2,247.36		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	1,154.79			443.46		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	1,154.79			1,938.97		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	1,154.79			451.28		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36481			368.95			Percutaneous portal vein catheterization by any method
36500			186.13			Venous catheterization for selective organ blood sampling
36511	514.17		91.73			Therapeutic apheresis; for white blood cells
36512	514.17		92.65			Therapeutic apheresis; for red blood cells
36513	514.17		93.96			Therapeutic apheresis; for platelets
36514	514.17		694.23			Therapeutic apheresis; for plasma pheresis
36515	1,367.62			2,636.16		Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion
36516	1,367.62			3,121.03		Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522	1,367.62			1,668.22		Photopheresis, extracorporeal
36556	487.51		286.21			Insertion of non-tunneled centrally inserted central venous catheter; age five years or older
36558	1,077.30			1,007.52		Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age five years or older
36561	1,290.34			1,416.26		Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age five years or older
36563	1,290.34			1,385.15		Insertion of tunneled centrally inserted central venous access device with subcutaneous pump

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
36565	1,290.34		1,194.40		Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)
36566	4,811.43		3,402.87		Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)
36569	487.51	339.86			Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age five years or older
36571	1,077.30		1,528.60		Insertion of peripherally inserted central venous access device, with subcutaneous port; age five years or older
36575	253.00	198.25			Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site
36576	487.51	411.26			Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36578	1,077.30		593.18		Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580	487.51	301.28			Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581	1,077.30		929.44		Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36582	1,290.34		1,278.59		Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
36583	1,290.34		1,281.68		Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access
36584	487.51	298.44			Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access
36585	1,077.30		1,329.83		Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36589	253.00	179.06			Removal of tunneled central venous catheter, without subcutaneous port or pump
36590	487.51	287.64			Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36591		25.15			Collection of blood specimen from a completely implantable venous access device
36592		31.14			Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36593	22.06	38.71			Declotting by thrombolytic agent of implanted vascular access device or catheter
36595	1,077.30		775.56		Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
36596	487.51	171.17			Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen
36597	487.51	145.59			Repositioning of previously placed central venous catheter under fluoroscopic guidance
36598	89.36	138.61			Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
36600		34.08			Arterial puncture, withdrawal of blood for diagnosis
36620		50.11			Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625		103.77			Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
36640	1,290.34		122.64		Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
36660		71.33			Catheterization, umbilical artery, newborn, for diagnosis or therapy
36680	49.59	62.22			Placement of needle for intraosseous infusion
36800	1,327.08		167.33		Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810	1,327.08		217.74		Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)
36815	1,327.08		150.58		Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
36818	1,732.44		702.29		Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
36819	1,732.44		814.73		Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36820	1,732.44		817.65		Arteriovenous anastomosis, open; by forearm vein transposition
36821	1,732.44		547.20		Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36822		398.68			Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)
36823		1,280.49			Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites
36825	1,732.44		595.47		Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
36830	1,732.44		674.89		Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
36831	1,732.44		470.48		Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
36832	1,732.44		596.37		Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36833	1,732.44		671.96		Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36834	1,732.44		627.52		Plastic repair of arteriovenous aneurysm (separate procedure)
36835	1,327.08		468.55		Insertion of Thomas shunt (separate procedure)
36838		1,206.02			Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
36860	110.93	190.22			External cannula declotting (separate procedure); without balloon catheter
36861	1,327.08		156.27		External cannula declotting (separate procedure); with balloon catheter
36870	1,808.38		2,345.77		Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)
37140		1,365.16			Venous anastomosis, open; portocaval
37145		1,480.54			Venous anastomosis, open; renoportal
37160		1,270.10			Venous anastomosis, open; caval-mesenteric
37180		1,443.19			Venous anastomosis, open; splenorenal, proximal
37181		1,523.70			Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)
37182		894.76			Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)
37183		427.28			Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)
37184	1,732.44		3,113.44		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
37185	1,732.44		1,022.74		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
37186	1,732.44		2,119.04		Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
37187	1,732.44		3,016.62		Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	1,732.44		2,605.95		Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy
37195		I.C.			Thrombolysis, cerebral, by intravenous infusion
37200	1,290.34		236.17		Transcatheter biopsy
37201		292.57			Transcatheter therapy, infusion for thrombolysis other than coronary
37202		353.31			Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)
37203	1,290.34		1,630.90		Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)
37204		942.08			Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck
37205		2,889.89			Transcatheter placement of an intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel
37206		1,714.00			Transcatheter placement of an intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous; each additional vessel (List separately in addition to code for primary procedure)
37207		444.93			Transcatheter placement of an intravascular stent(s) (non-coronary vessel), open; initial vessel
37208		213.13			Transcatheter placement of an intravascular stent(s) (non-coronary vessel), open; each additional vessel (List separately in addition to code for primary procedure)
37209		116.52			Exchange of a previously placed intravascular catheter during thrombolytic therapy
37210		4,214.51			Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure
37215		1,139.38			Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
37216			1,010.32			Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection
37250			112.98			Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)
37251			84.26			Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)
37500	1,904.22			720.94		Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37501			I.C.			Unlisted vascular endoscopy procedure
37565			696.19			Ligation, internal jugular vein
37600			729.63			Ligation; external carotid artery
37605			828.94			Ligation; internal or common carotid artery
37606			551.39			Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37607	1,154.79			388.26		Ligation or banding of angioaccess arteriovenous fistula
37609	719.48		314.13			Ligation or biopsy, temporal artery
37615			472.68			Ligation, major artery (eg, post-traumatic, rupture); neck
37616			1,083.49			Ligation, major artery (eg, post-traumatic, rupture); chest
37617			1,291.48			Ligation, major artery (eg, post-traumatic, rupture); abdomen
37618			383.87			Ligation, major artery (eg, post-traumatic, rupture); extremity
37620			676.42			Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)
37650	1,154.79			522.70		Ligation of femoral vein
37660			1,216.03			Ligation of common iliac vein
37700	1,154.79			263.48		Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	1,154.79			418.43		Ligation, division, and stripping, short saphenous vein
37722	1,904.22			488.07		Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	1,904.22			648.19		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	1,154.79			634.15		Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open
37765	1,154.79			463.15		Stab phlebectomy of varicose veins, one extremity; ten - 20 stab incisions
37766	1,154.79			559.19		Stab phlebectomy of varicose veins, one extremity; more than 20 incisions
37780	1,154.79			268.61		Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	1,154.79			381.22		Ligation, division, and/or excision of varicose vein cluster(s), one leg

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
37788			1,346.72			Penile revascularization, artery, with or without vein graft
37790	1,516.30			522.56		Penile venous occlusive procedure
37799			I.C.			Unlisted procedure, vascular surgery
38100			1,021.96			Splenectomy; total (separate procedure)
38101			1,035.52			Splenectomy; partial (separate procedure)
38102			248.25			plenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
38115			1,131.00			Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
38120			976.41			Laparoscopy, surgical, splenectomy
38129			I.C.			Unlisted laparoscopy procedure, spleen
38200			139.90			Injection procedure for splenoportography
38204			91.26			Management of recipient hematopoietic progenitor cell donor search and cell acquisition
38205	514.17		80.93			Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic
38206	514.17		81.39			Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
38207			49.10			Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208			31.23			Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing
38209			13.56			Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing
38210			87.18			Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
38211			78.54			Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38212			52.03			Transplant preparation of hematopoietic progenitor cells; red blood cell removal
38213			13.56			Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214			44.53			Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215			52.03			Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer
38220	117.68		185.66			Bone marrow; aspiration only
38221	123.56		203.53			Bone marrow; biopsy, needle or trocar
38230	1,367.62			324.64		Bone marrow harvesting for transplantation
38240	1,367.62			124.89		Bone marrow or blood-derived peripheral stem cell transplantation; allogenic
38241	514.17		125.35			Bone marrow or blood-derived peripheral stem cell transplantation; autologous
38242	516.57		94.38			Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
38300	818.67	281.42			Drainage of lymph node abscess or lymphadenitis; simple
38305	1,025.97		448.86		Drainage of lymph node abscess or lymphadenitis; extensive
38308	1,025.97		422.80		Lymphangiotomy or other operations on lymphatic channels
38380		554.11			Suture and/or ligation of thoracic duct; cervical approach
38381		808.50			Suture and/or ligation of thoracic duct; thoracic approach
38382		657.67			Suture and/or ligation of thoracic duct; abdominal approach
38500	1,025.97		314.29		Biopsy or excision of lymph node(s); open, superficial
38505	317.95	137.36			Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38510	1,025.97		501.77		Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	1,025.97		441.98		Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525	1,025.97		396.36		Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530	1,025.97		511.67		Biopsy or excision of lymph node(s); open, internal mammary node(s)
38542	1,980.76		419.81		Dissection, deep jugular node(s)
38550	1,025.97		453.75		Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555	1,025.97		947.01		Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38562		674.39			Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564		665.77			Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
38570	2,034.73		534.83		Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571	3,113.22		822.67		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572	2,034.73		932.55		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
38589		I.C.			Unlisted laparoscopy procedure, lymphatic system
38700	1,025.97		748.18		Suprahyoid lymphadenectomy
38720		1,227.25			Cervical lymphadenectomy (complete)
38724		1,326.01			Cervical lymphadenectomy (modified radical neck dissection)
38740	1,980.76		629.22		Axillary lymphadenectomy; superficial
38745	1,980.76		799.19		Axillary lymphadenectomy; complete
38746		257.70			Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure)
38747		253.46			Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)
38760	1,025.97		789.24		Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
38765			1,212.90			Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38770			806.04			Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38780			1,028.57			Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)
38790			82.46			Injection procedure; lymphangiography
38792			40.73			Injection procedure; for identification of sentinel node
38794			315.93			Cannulation, thoracic duct
38999			I.C.			Unlisted procedure, hemic or lymphatic system
39000			487.69			Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39010			819.81			Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy
39200			890.57			Excision of mediastinal cyst
39220			1,138.03			Excision of mediastinal tumor
39400			504.85			Mediastinoscopy, with or without biopsy
39499			I.C.			Unlisted procedure, mediastinum
39501			810.22			Repair, laceration of diaphragm, any approach
39502			964.76			Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal
39503			5,438.71			Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
39520			976.47			Repair, diaphragmatic hernia (esophageal hiatal); transthoracic
39530			924.52			Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal
39531			976.11			Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)
39540			823.70			Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
39541			884.23			Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39545			886.20			Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
39560			762.06			Resection, diaphragm; with simple repair (eg, primary suture)
39561			1,177.21			Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
39599			I.C.			Unlisted procedure, diaphragm
40490	68.03		128.31			Biopsy of lip
40500	729.71		500.52			Vermilionectomy (lip shave), with mucosal advancement
40510	1,071.47			483.99		Excision of lip; transverse wedge excision with primary closure
40520	729.71		511.03			Excision of lip; V-excision with primary direct linear closure

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
40525	1,071.47		553.19		Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	1,071.47		653.88		Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	1,071.47		556.98		Resection of lip, more than one-fourth, without reconstruction
40650	332.81	431.50			Repair lip, full thickness; vermilion only
40652	332.81	508.30			Repair lip, full thickness; up to half vertical height
40654	332.81	585.67			Repair lip, full thickness; over one-half vertical height, or complex
40700	1,782.06		913.72		Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	1,782.06		1,071.86		Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure
40702	1,782.06		841.52		Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages
40720	1,782.06		997.33		Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761	1,782.06		1,044.47		Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
40799		I.C.			Unlisted procedure, lips
40800	62.85	201.02			Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	332.81	301.87			Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40804	28.19	211.56			Removal of embedded foreign body, vestibule of mouth; simple
40805	176.51	324.20			Removal of embedded foreign body, vestibule of mouth; complicated
40806	78.33	109.82			Incision of labial frenum (frenotomy)
40808	111.73	180.53			Biopsy, vestibule of mouth
40810	120.61	200.74			Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	151.87	278.04			Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	729.71	374.95			Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	1,071.47		393.32		Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	111.73	352.32			Excision of mucosa of vestibule of mouth as donor graft
40819	332.81	299.93			Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	169.52	260.33			Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40830	111.73	245.06			Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	332.81	322.19			Closure of laceration, vestibule of mouth; over 2.5 cm or complex
40840	1,071.47		796.82		Vestibuloplasty; anterior
40842	1,071.47		807.41		Vestibuloplasty; posterior, unilateral
40843	1,071.47		1,008.78		Vestibuloplasty; posterior, bilateral
40844	1,782.06		1,339.14		Vestibuloplasty; entire arch

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
40845	1,782.06		1,475.17		Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899		I.C.			Unlisted procedure, vestibule of mouth
41000	89.36	160.97			Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	111.73	223.59			Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41006	1,071.47		357.68		Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007	729.71	357.69			Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	729.71	363.42			Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	111.73	386.58			Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	332.81	207.44			Incision of lingual frenum (frenotomy)
41015	111.73	419.63			Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	332.81	428.70			Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	332.81	432.84			Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	332.81	492.76			Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41019	1,071.47		470.48		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	93.77	169.33			Biopsy of tongue; anterior two-thirds
41105	91.57	167.67			Biopsy of tongue; posterior one-third
41108	84.58	145.40			Biopsy of floor of mouth
41110	122.09	208.95			Excision of lesion of tongue without closure
41112	729.71	327.13			Excision of lesion of tongue with closure; anterior two-thirds
41113	729.71	356.60			Excision of lesion of tongue with closure; posterior one-third
41114	1,071.47		632.96		Excision of lesion of tongue with closure; with local tongue flap
41115	137.54	237.63			Excision of lingual frenum (frenectomy)
41116	729.71	319.53			Excision, lesion of floor of mouth
41120	1,071.47		1,078.78		Glossectomy; less than one-half tongue
41130		1,296.19			Glossectomy; hemiglossectomy
41135		2,113.08			Glossectomy; partial, with unilateral radical neck dissection
41140		2,208.85			Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection
41145		2,726.91			Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
41150			2,165.97			Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153			2,323.76			Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155			2,823.96			Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
41250	111.73		223.18			Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	111.73		240.36			Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	332.81		305.94			Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41500	1,071.47			481.44		Fixation of tongue, mechanical, other than suture (eg, K-wire)
41510	729.71		455.65			Suture of tongue to lip for micrognathia (Douglas type procedure)
41520	332.81		342.94			Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41599			I.C.			Unlisted procedure, tongue, floor of mouth
41800	62.85		215.21			Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	134.22		216.06			Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	172.83		321.09			Removal of embedded foreign body from dentoalveolar structures; bone
41820	332.81		I.C.			Gingivectomy, excision gingiva, each quadrant
41821	332.81		I.C.			Operculectomy, excision pericoronal tissues
41822	159.60		289.75			Excision of fibrous tuberosities, dentoalveolar structures
41823	221.01		414.66			Excision of osseous tuberosities, dentoalveolar structures
41825	123.93		206.16			Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	138.27		262.29			Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	1,071.47			417.35		Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	144.89		301.19			Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	201.15		380.37			Alveolectomy, including curettage of osteitis or sequestrectomy
41850	729.71		I.C.			Destruction of lesion (except excision), dentoalveolar structures
41870	1,071.47			I.C.		Periodontal mucosal grafting
41872	203.36		362.54			Gingivoplasty, each quadrant (specify)
41874	193.06		362.00			Alveoloplasty, each quadrant (specify)
41899			I.C.			Unlisted procedure, dentoalveolar structures
42000	111.73		162.27			Drainage of abscess of palate, uvula
42100	80.17		149.65			Biopsy of palate, uvula
42104	112.53		202.32			Excision, lesion of palate, uvula; without closure
42106	140.84		256.63			Excision, lesion of palate, uvula; with simple primary closure
42107	1,071.47			448.30		Excision, lesion of palate, uvula; with local flap closure

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
42120	1,782.06		968.78		Resection of palate or extensive resection of lesion
42140	332.81	251.25			Uvulectomy, excision of uvula
42145	1,071.47		693.03		Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	147.46	251.81			Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42180	111.73	240.55			Repair, laceration of palate; up to 2 cm
42182	1,782.06		323.99		Repair, laceration of palate; over 2 cm or complex
42200	1,782.06		895.37		Palatoplasty for cleft palate, soft and/or hard palate only
42205	1,782.06		912.05		Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	1,782.06		1,073.98		Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215	1,782.06		722.19		Palatoplasty for cleft palate; major revision
42220	1,782.06		585.47		Palatoplasty for cleft palate; secondary lengthening procedure
42225		1,030.37			Palatoplasty for cleft palate; attachment pharyngeal flap
42226	1,782.06		992.53		Lengthening of palate, and pharyngeal flap
42227		980.64			Lengthening of palate, with island flap
42235	729.71	803.37			Repair of anterior palate, including vomer flap
42260	1,071.47		841.51		Repair of nasolabial fistula
42280	77.22	155.62			Maxillary impression for palatal prosthesis
42281	729.71	201.93			Insertion of pin-retained palatal prosthesis
42299		I.C.			Unlisted procedure, palate, uvula
42300	729.71	208.54			Drainage of abscess; parotid, simple
42305	729.71	428.68			Drainage of abscess; parotid, complicated
42310	111.73	162.79			Drainage of abscess; submaxillary or sublingual, intraoral
42320	111.73	248.77			Drainage of abscess; submaxillary, external
42330	120.25	232.81			Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	196.00	368.86			Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	729.71	464.67			Sialolithotomy; parotid, extraoral or complicated intraoral
42400	66.92	112.20			Biopsy of salivary gland; needle
42405	729.71	304.60			Biopsy of salivary gland; incisional
42408	729.71	453.86			Excision of sublingual salivary cyst (ranula)
42409	729.71	331.86			Marsupialization of sublingual salivary cyst (ranula)
42410	1,782.06		617.23		Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	1,782.06		1,105.87		Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	1,782.06		1,267.41		Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	1,782.06		841.26		Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42426		1,354.08			Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
42440	1,782.06		457.70		Excision of submandibular (submaxillary) gland
42450	1,071.47		454.31		Excision of sublingual gland
42500	1,071.47		432.04		Plastic repair of salivary duct, sialodochoplasty; primary or simple

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
42505	1,782.06		560.60		Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	1,782.06		521.43		Parotid duct diversion, bilateral (Wilke type procedure);
42508	1,782.06		723.86		Parotid duct diversion, bilateral (Wilke type procedure); with excision of one submandibular gland
42509	1,782.06		865.67		Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	1,782.06		640.11		Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42550		171.35			Injection procedure for sialography
42600	729.71	481.69			Closure salivary fistula
42650	43.76	83.16			Dilation salivary duct
42660	51.49	105.72			Dilation and catheterization of salivary duct, with or without injection
42665	1,071.47		305.91		Ligation salivary duct, intraoral
42699		I.C.			Unlisted procedure, salivary glands or ducts
42700	111.73	189.23			Incision and drainage abscess; peritonsillar
42720	729.71	447.73			Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725	1,782.06		798.67		Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42800	85.32	158.68			Biopsy; oropharynx
42802	729.71	261.69			Biopsy; hypopharynx
42804	729.71	214.48			Biopsy; nasopharynx, visible lesion, simple
42806	1,071.47		240.34		Biopsy; nasopharynx, survey for unknown primary lesion
42808	729.71	230.36			Excision or destruction of lesion of pharynx, any method
42809	28.19	172.22			Removal of foreign body from pharynx
42810	1,071.47		396.15		Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	1,782.06		556.96		Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42821	994.57	307.24			Tonsillectomy and adenoidectomy; age 12 or over
42826	994.57	255.82			Tonsillectomy, primary or secondary; age 12 or over
42831	994.57	227.07			Adenoidectomy, primary; age 12 or over
42836	994.57	246.73			Adenoidectomy, secondary; age 12 or over
42842		961.93			Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844		1,364.67			Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
42845		2,185.08			Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
42860	994.57	190.38			Excision of tonsil tags
42870	994.57	596.61			Excision or destruction lingual tonsil, any method (separate procedure)
42890	994.57	1,354.53			Limited pharyngectomy
42892	994.57	1,755.95			Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
42894		2,252.58			Resection of pharyngeal wall requiring closure with myocutaneous flap
42900	332.81	346.93			Suture pharynx for wound or injury
42950	1,071.47		828.13		Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953		1,061.13			Pharyngoesophageal repair
42955	1,071.47		772.63		Pharyngostomy (fistulization of pharynx, external for feeding)
42960	50.28	170.62			Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42961		425.02			Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
42962	1,782.06		522.43		Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention
42970	50.28	386.94			Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
42971		459.98			Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization
42972	729.71	521.93			Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
42999		I.C.			Unlisted procedure, pharynx, adenoids, or tonsils
43020		534.14			Esophagotomy, cervical approach, with removal of foreign body
43030	729.71	521.66			Cricopharyngeal myotomy
43045		1,279.28			Esophagotomy, thoracic approach, with removal of foreign body
43100		617.22			Excision of lesion, esophagus, with primary repair; cervical approach
43101		996.22			Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
43107		2,453.25			Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)
43108		3,835.21			Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)
43112		2,625.81			Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty
43113		3,790.72			Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43116		4,342.10			Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
43117			2,388.05			Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)
43118			3,218.86			Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43121			2,601.54			Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty
43122			2,423.66			Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty
43123			3,873.76			Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43124			3,324.28			Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
43130			779.30			Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135			1,375.65			Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
43200	379.98		239.07			Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43201	379.98		311.98			Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
43202	379.98		315.74			Esophagoscopy, rigid or flexible; with biopsy, single or multiple
43204	379.98		218.38			Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices
43205	379.98		219.84			Esophagoscopy, rigid or flexible; with band ligation of esophageal varices
43215	379.98		152.44			Esophagoscopy, rigid or flexible; with removal of foreign body
43216	379.98		183.22			Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43217	379.98		418.42			Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43219	1,116.37			169.54		Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent
43220	379.98		125.13			Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
43226	379.98		138.98			Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire
43227	379.98		205.07			Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
43228	1,131.65			217.74		Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43231	379.98		186.23			Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
43232	379.98		259.47			Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43234	379.98		311.23			Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)
43235	379.98		328.02			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43236	379.98		407.94			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance
43237	379.98		235.31			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus
43238	379.98		288.77			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)
43239	379.98		375.69			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
43240	379.98		386.45			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst
43241	379.98		152.26			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
43242	379.98		412.88			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)
43243	379.98		261.32			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices
43244	379.98		289.50			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices
43245	379.98		183.57			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)
43246	379.98		245.14			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube
43247	379.98		196.22			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body
43248	379.98		185.33			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire
43249	379.98		170.51			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)
43250	379.98		184.25			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43251	379.98		212.93			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255	379.98		276.44			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method
43256	1,116.37			248.91		Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
43257	1,131.65		298.46		Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
43258	379.98	260.64			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43259	379.98	295.40			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate
43260	936.26	338.94			Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43261	936.26	356.40			Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262	936.26	418.21			Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263	936.26	412.04			Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)
43264	936.26	501.60			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts
43265	936.26	563.07			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method
43267	936.26	410.39			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube
43268	1,116.37		424.20		Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct
43269	1,116.37		463.20		Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent
43271	936.26	417.75			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)
43272	936.26	419.13			Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43280		1,003.27			Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43289		I.C.			Unlisted laparoscopy procedure, esophagus

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
43300			619.60			Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305			1,098.24			Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula
43310			1,482.61			Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43312			1,628.65			Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula
43313			2,644.05			Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula
43314			2,803.42			Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula
43320			1,283.68			Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
43324			1,257.24			Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)
43325			1,240.51			Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)
43326			1,267.46			Esophagogastric fundoplasty; with gastroplasty (eg, Collis)
43330			1,214.98			Esophagomyotomy (Heller type); abdominal approach
43331			1,322.56			Esophagomyotomy (Heller type); thoracic approach
43340			1,274.49			Esophagojejunostomy (without total gastrectomy); abdominal approach
43341			1,363.29			Esophagojejunostomy (without total gastrectomy); thoracic approach
43350			1,097.71			Esophagostomy, fistulization of esophagus, external; abdominal approach
43351			1,296.22			Esophagostomy, fistulization of esophagus, external; thoracic approach
43352			1,041.45			Esophagostomy, fistulization of esophagus, external; cervical approach
43360			2,201.25			Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty
43361			2,494.81			Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43400			1,458.62			Ligation, direct, esophageal varices
43401			1,429.62			Transection of esophagus with repair, for esophageal varices
43405			1,389.61			Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
43410			959.52			Suture of esophageal wound or injury; cervical approach

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
43415			1,628.39			Suture of esophageal wound or injury; transthoracic or transabdominal approach
43420			953.80			Closure of esophagostomy or fistula; cervical approach
43425			1,411.74			Closure of esophagostomy or fistula; transthoracic or transabdominal approach
43450	261.12		172.85			Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	261.12		339.77			Dilation of esophagus, over guide wire
43456	261.12		710.06			Dilation of esophagus, by balloon or dilator, retrograde
43458	379.98		424.20			Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia
43460			213.26			Esophagogastric tamponade, with balloon (Sengstaaken type)
43496			I.C.			Free jejunum transfer with microvascular anastomosis
43499			I.C.			Unlisted procedure, esophagus
43500			713.55			Gastrotomy; with exploration or foreign body removal
43501			1,224.06			Gastrotomy; with suture repair of bleeding ulcer
43502			1,390.00			Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43510			918.63			Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
43520			655.49			Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
43600	379.98		102.09			Biopsy of stomach; by capsule, tube, peroral (one or more specimens)
43605			757.94			Biopsy of stomach; by laparotomy
43610			893.63			Excision, local; ulcer or benign tumor of stomach
43611			1,108.73			Excision, local; malignant tumor of stomach
43620			1,803.51			Gastrectomy, total; with esophagoenterostomy
43621			2,027.42			Gastrectomy, total; with Roux-en-Y reconstruction
43622			2,068.85			Gastrectomy, total; with formation of intestinal pouch, any type
43631			1,330.76			Gastrectomy, partial, distal; with gastroduodenostomy
43632			1,755.38			Gastrectomy, partial, distal; with gastrojejunostomy
43633			1,680.91			Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634			1,849.93			Gastrectomy, partial, distal; with formation of intestinal pouch
43635			106.51			Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure)
43640			1,067.15			Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43641			1,084.59			Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)
43644			1,583.72			Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645			1,695.00			Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43647			I.C.			Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
43648			I.C.			Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
43651			601.61			Laparoscopy, surgical; transection of vagus nerves, truncal
43652			713.31			Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43653	2,034.73			515.24		Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43659			I.C.			Unlisted laparoscopy procedure, stomach
43752			40.22			Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
43760	144.72		219.38			Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance
43761	379.98		123.16			Repositioning of the gastric feeding tube, through the duodenum for enteric nutrition
43770			1,023.07			Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771			1,165.94			Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772			877.00			Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773			1,165.78			Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774			883.33			Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43800			848.38			Pyloroplasty
43810			915.29			Gastroduodenostomy
43820			1,159.20			Gastrojejunostomy; without vagotomy
43825			1,181.03			Gastrojejunostomy; with vagotomy, any type
43830			635.11			Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43831			534.25			Gastrostomy, open; neonatal, for feeding
43832			969.02			Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
43840			1,180.17			Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43842			1,121.65			Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843			1,152.49			Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845			1,797.03			Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
43846			1,486.08			Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847			1,627.38			Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848			1,760.43			Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43850			1,480.18			Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43855			1,540.34			Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
43860			1,494.88			Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865			1,558.43			Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
43870	379.98		643.65			Closure of gastrostomy, surgical
43880			1,463.00			Closure of gastrocolic fistula
43881			I.C.			Implantation or replacement of gastric neurostimulator electrodes, antrum, open
43882			I.C.			Revision or removal of gastric neurostimulator electrodes, antrum, open
43886	903.02		313.94			Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	202.27		294.00			Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	903.02		416.50			Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
43999			I.C.			Unlisted procedure, stomach
44005			998.08			Enterolysis (freeing of intestinal adhesion) (separate procedure)
44010			786.00			Duodenotomy, for exploration, biopsy(s), or foreign body removal
44015			135.85			Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)
44020			881.61			Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44021			889.13			Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)
44025			895.93			Colotomy, for exploration, biopsy(s), or foreign body removal
44050			854.03			Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055			1,355.20			Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
44100	379.98		111.01			Biopsy of intestine by capsule, tube, peroral (one or more specimens)
44110			770.27			Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111			898.14			Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies
44120			1,102.83			Enterectomy, resection of small intestine; single resection and anastomosis
44121			229.74			Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44125			1,077.16			Enterectomy, resection of small intestine; with enterostomy
44126			2,213.22			Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
44127			2,571.22			Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering
44128			232.94			Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44130			1,133.62			Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44132			I.C.			Donor enterectomy (including cold preservation), open; from cadaver donor
44133			I.C.			Donor enterectomy (including cold preservation), open; partial, from living donor
44135			I.C.			Intestinal allotransplantation; from cadaver donor
44136			I.C.			Intestinal allotransplantation; from living donor
44137			I.C.			Removal of transplanted intestinal allograft, complete
44139			114.91			Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44140			1,232.88			Colectomy, partial; with anastomosis
44141			1,595.60			Colectomy, partial; with skin level cecostomy or colostomy
44143			1,517.63			Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144			1,567.29			Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145			1,537.17			Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146			1,905.89			Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44147			1,670.89			Colectomy, partial; abdominal and transanal approach
44150			1,682.14			Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151			1,919.61			Colectomy, total, abdominal, without proctectomy; with continent ileostomy

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
44155			1,882.89			Colectomy, total, abdominal, with proctectomy; with ileostomy
44156			2,068.92			Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44157			2,116.62			Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed
44158			2,170.31			Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
44160			1,131.73			Colectomy, partial, with removal of terminal ileum with ileocolostomy
44180			851.48			Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44186			605.61			Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44187			1,025.83			Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44188			1,125.90			Laparoscopy, surgical, colostomy or skin level cecostomy
44202			1,276.36			Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44203			228.98			Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)
44204			1,424.43			Laparoscopy, surgical; colectomy, partial, with anastomosis
44205			1,246.36			Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy
44206			1,615.70			Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
44207			1,692.52			Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)
44208			1,851.42			Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy
44210			1,653.41			Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211			2,034.69			Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed
44212			1,902.20			Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy
44213			180.56			Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44227			1,537.09			Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
44238			I.C.			Unlisted laparoscopy procedure, intestine (except rectum)
44300			768.09			Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)
44310			958.30			Ileostomy or jejunostomy, non-tube
44312	903.02		544.97			Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314			926.58			Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44316			1,273.24			Continent ileostomy (Kock procedure) (separate procedure)
44320			1,093.26			Colostomy or skin level cecostomy;
44322			902.03			Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44340	903.02		552.79			Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345			959.13			Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346			1,071.98			Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44360	425.84		153.96			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44361	425.84		169.19			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363	425.84		201.36			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body
44364	425.84		215.08			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	425.84		191.55			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	425.84		254.18			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	425.84		258.23			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	1,116.37			279.12		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
44372	425.84		249.56			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373	425.84		200.44			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44376	425.84		295.40			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377	425.84		313.23			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378	425.84		403.21			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	1,116.37			430.71		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)
44380	425.84		68.17			Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44382	425.84		80.56			Ileoscopy, through stoma; with biopsy, single or multiple
44383	1,116.37			172.96		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
44385	395.43		256.73			Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44386	395.43		384.47			Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple
44388	395.43		361.83			Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44389	395.43		431.17			Colonoscopy through stoma; with biopsy, single or multiple
44390	395.43		495.82			Colonoscopy through stoma; with removal of foreign body
44391	395.43		564.24			Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44392	395.43		461.55			Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44393	395.43		521.33			Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44394	395.43		537.89			Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
44397	1,116.37		263.30		Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
44500	144.72	25.45			Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
44602		1,227.49			Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44603		1,403.32			Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44604		968.31			Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605		1,199.97			Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
44615		983.60			Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
44620		784.69			Closure of enterostomy, large or small intestine;
44625		929.77			Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal
44626		1,478.24			Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)
44640		1,288.89			Closure of intestinal cutaneous fistula
44650		1,338.61			Closure of enteroenteric or enterocolic fistula
44660		1,294.33			Closure of enterovesical fistula; without intestinal or bladder resection
44661		1,451.66			Closure of enterovesical fistula; with intestine and/or bladder resection
44680		972.83			Intestinal plication (separate procedure)
44700		944.28			Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)
44701		158.82			Intraoperative colonic lavage (List separately in addition to code for primary procedure)
44715		I.C.			Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
44720		250.39			Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
44721		364.28			Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
44799		I.C.			Unlisted procedure, intestine
44800		702.12			Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44820		767.57			Excision of lesion of mesentery (separate procedure)
44850		683.01			Suture of mesentery (separate procedure)
44899		I.C.			Unlisted procedure, Meckel's diverticulum and the mesentery
44900		688.30			Incision and drainage of appendiceal abscess; open

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
44901			1,219.89			Incision and drainage of appendiceal abscess; percutaneous
44950			590.85			Appendectomy;
44955			79.87			Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
44960			787.35			Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970			543.97			Laparoscopy, surgical, appendectomy
44979			I.C.			Unlisted laparoscopy procedure, appendix
45000	487.69		377.79			Transrectal drainage of pelvic abscess
45005	487.69		260.81			Incision and drainage of submucosal abscess, rectum
45020	487.69		484.28			Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess
45100	1,016.44			267.61		Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108	1,016.44			325.09		Anorectal myomectomy
45110			1,702.79			Proctectomy; complete, combined abdominoperineal, with colostomy
45111			998.75			Proctectomy; partial resection of rectum, transabdominal approach
45112			1,739.39			Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
45113			1,790.89			Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45114			1,633.96			Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45116			1,480.23			Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)
45119			1,791.72			Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed
45120			1,429.66			Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
45121			1,571.69			Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
45123			1,011.82			Proctectomy, partial, without anastomosis, perineal approach
45126			2,652.87			Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof
45130			990.47			Excision of rectal procidentia, with anastomosis; perineal approach
45135			1,218.71			Excision of rectal procidentia, with anastomosis; abdominal and perineal approach
45136			1,693.72			Excision of ileoanal reservoir with ileostomy

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
45150	1,016.44			360.28		Division of stricture of rectum
45160	1,016.44			903.48		Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45170	1,016.44			710.52		Excision of rectal tumor, transanal approach
45190	1,016.44			618.57		Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45300	63.99		108.60			Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45303	388.93		941.52			Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	388.93		179.92			Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	959.15		205.87			Proctosigmoidoscopy, rigid; with removal of foreign body
45308	388.93		174.77			Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	388.93		203.72			Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	388.93		219.69			Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	388.93		206.26			Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	959.15		211.02			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	959.15		96.33			Proctosigmoidoscopy, rigid; with decompression of volvulus
45327	1,116.37			109.90		Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
45330	88.25		145.64			Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45331	227.79		188.33			Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	227.79		308.48			Sigmoidoscopy, flexible; with removal of foreign body
45333	388.93		308.18			Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	388.93		160.88			Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45335	227.79		250.15			Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	227.79		138.42			Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	388.93		341.97			Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
45339	388.93		326.73			Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45340	388.93		447.38			Sigmoidoscopy, flexible; with dilation by balloon, one or more strictures
45341	388.93		152.92			Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	388.93		232.42			Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45345	1,116.37			167.81		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
45355	395.43		198.75			Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	395.43		423.58			Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	395.43		533.72			Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380	395.43		506.04			Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381	395.43		493.58			Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
45382	395.43		673.41			Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45383	395.43		593.74			Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	395.43		493.72			Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	395.43		565.92			Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	395.43		738.01			Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, one or more strictures
45387	1,116.37			334.12		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
45391	395.43		291.78			Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination
45392	395.43		367.07			Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45395			1,841.46			Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
45397		1,985.63			Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed
45400		1,063.52			Laparoscopy, surgical; proctopexy (for prolapse)
45402		1,416.51			Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45499		I.C.			Unlisted laparoscopy procedure, rectum
45500	1,016.44		467.45		Proctoplasty; for stenosis
45505	1,347.83		510.58		Proctoplasty; for prolapse of mucous membrane
45520	35.44	123.84			Perirectal injection of sclerosing solution for prolapse
45540		961.61			Proctopexy (eg, for prolapse); abdominal approach
45541		837.64			Proctopexy (eg, for prolapse); perineal approach
45550		1,339.24			Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach
45560	1,347.83		667.27		Repair of rectocele (separate procedure)
45562		1,011.10			Exploration, repair, and presacral drainage for rectal injury;
45563		1,478.19			Exploration, repair, and presacral drainage for rectal injury; with colostomy
45800		1,126.33			Closure of rectovesical fistula;
45805		1,300.02			Closure of rectovesical fistula; with colostomy
45820		1,123.21			Closure of rectourethral fistula;
45825		1,333.03			Closure of rectourethral fistula; with colostomy
45900	214.22	182.78			Reduction of procidentia (separate procedure) under anesthesia
45905	1,016.44		156.81		Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	1,016.44		185.83		Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	487.69	312.96			Removal of fecal impaction or foreign body (separate procedure) under anesthesia
45990	1,016.44		101.53		Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
45999		I.C.			Unlisted procedure, rectum
46020	1,016.44		238.55		Placement of seton
46030	214.22	121.10			Removal of anal seton, other marker
46040	1,016.44		475.27		Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	1,016.44		371.29		Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	487.69	177.61			Incision and drainage, perianal abscess, superficial
46060	1,016.44		409.42		Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46070	487.69	200.54			Incision, anal septum (infant)
46080	1,016.44		219.55		Sphincterotomy, anal, division of sphincter (separate procedure)
46083	89.73	165.29			Incision of thrombosed hemorrhoid, external
46200	1,016.44		363.87		Fissurectomy, with or without sphincterotomy
46210	1,016.44		354.28		Cryptectomy; single
46211	1,016.44		466.71		Cryptectomy; multiple (separate procedure)
46220	1,016.44		181.48		Papillectomy or excision of single tag, anus (separate procedure)

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
46221	117.31	232.59			Hemorrhoidectomy, by simple ligature (eg, rubber band)
46230	1,016.44		248.86		Excision of external hemorrhoid tags and/or multiple papillae
46250	1,016.44		415.90		Hemorrhoidectomy, external, complete
46255	1,016.44		464.31		Hemorrhoidectomy, internal and external, simple;
46257	1,016.44		367.77		Hemorrhoidectomy, internal and external, simple; with fissurectomy
46258	1,016.44		400.96		Hemorrhoidectomy, internal and external, simple; with fistulectomy, with or without fissurectomy
46260	1,016.44		416.91		Hemorrhoidectomy, internal and external, complex or extensive;
46261	1,016.44		466.00		Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy
46262	1,016.44		484.51		Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy
46270	1,016.44		439.92		Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	1,016.44		456.03		Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular
46280	1,016.44		407.27		Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, with or without placement of seton
46285	1,016.44		431.53		Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288	1,016.44		477.84		Closure of anal fistula with rectal advancement flap
46320	83.10	165.19			Enucleation or excision of external thrombotic hemorrhoid
46500	105.18	192.43			Injection of sclerosing solution, hemorrhoids
46505	214.22	256.51			Chemodenervation of internal anal sphincter
46600	28.19	87.94			Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
46604	388.93	537.25			Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606	140.47	219.96			Anoscopy; with biopsy, single or multiple
46608	388.93	236.98			Anoscopy; with removal of foreign body
46610	959.15	228.17			Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611	388.93	184.94			Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612	959.15	286.99			Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46614	78.33	138.18			Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
46615	959.15	158.23			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	1,016.44		574.09		Anoplasty, plastic operation for stricture; adult
46705		455.33			Anoplasty, plastic operation for stricture; infant
46706	1,347.83		153.74		Repair of anal fistula with fibrin glue

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
46710			974.25			Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
46712			2,018.87			Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach
46715			453.48			Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716			1,037.16			Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730			1,668.44			Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735			1,971.04			Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
46740			1,869.96			Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742			2,167.15			Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
46744			3,091.84			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746			3,479.67			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748			3,550.83			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps
46750	1,347.83			692.38		Sphincteroplasty, anal, for incontinence or prolapse; adult
46751			582.22			Sphincteroplasty, anal, for incontinence or prolapse; child
46753	1,016.44			523.22		Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	1,016.44			270.19		Removal of Thiersch wire or suture, anal canal
46760	1,347.83			983.70		Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	1,347.83			847.69		Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46762	1,347.83			827.68		Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter
46900	114.73		213.92			Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46910	124.66		225.92			Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46916	65.22		226.74			Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46917	889.48		482.90			Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
46922	889.48		241.55			Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	889.48		523.41			Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
46934	195.26		383.86			Destruction of hemorrhoids, any method; internal
46935	134.59		258.67			Destruction of hemorrhoids, any method; external
46936	204.09		392.44			Destruction of hemorrhoids, any method; internal and external
46937	1,016.44			238.61		Cryosurgery of rectal tumor; benign
46938	1,347.83			399.25		Cryosurgery of rectal tumor; malignant
46940	89.00		197.84			Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	85.32		182.47			Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
46945	148.19		263.91			Ligation of internal hemorrhoids; single procedure
46946	487.69		289.26			Ligation of internal hemorrhoids; multiple procedures
46947	1,347.83			343.87		Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
46999			I.C.			Unlisted procedure, anus
47000	417.18		315.64			Biopsy of liver, needle; percutaneous
47001			98.60			Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47010			1,096.99			Hepatotomy; for open drainage of abscess or cyst, one or two stages
47011			190.58			Hepatotomy; for percutaneous drainage of abscess or cyst, one or two stages
47015			1,042.76			Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)
47100			766.66			Biopsy of liver, wedge
47120			2,137.59			Hepatectomy, resection of liver; partial lobectomy
47122			3,168.14			Hepatectomy, resection of liver; trisegmentectomy
47125			2,845.06			Hepatectomy, resection of liver; total left lobectomy
47130			3,056.68			Hepatectomy, resection of liver; total right lobectomy
47133			I.C.			Donor hepatectomy (including cold preservation), from cadaver donor
47135			4,506.60			Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47136			3,843.84			Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age
47140			3,187.84			Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
47141			3,792.12			Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
47142			4,168.62			Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
47143			I.C.			Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144			I.C.			Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into two partial liver grafts (ie, left lateral segment (segments II and III) and right trisegment (segments I and IV through VIII))
47145			I.C.			Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into two partial liver grafts (ie, left lobe (segments II, III, and IV) and right lobe (segments I and V through VIII))
47146			312.13			Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
47147			363.82			Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each
47300			1,019.32			Marsupialization of cyst or abscess of liver
47350			1,247.04			Management of liver hemorrhage; simple suture of liver wound or injury
47360			1,691.08			Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
47361			2,794.11			Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver
47362			1,289.24			Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing
47370			1,146.56			Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency
47371			1,153.12			Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical
47379			I.C.			Unlisted laparoscopic procedure, liver
47380			1,333.48			Ablation, open, of one or more liver tumor(s); radiofrequency
47381			1,364.87			Ablation, open, of one or more liver tumor(s); cryosurgical
47382	1,921.50			830.02		Ablation, one or more liver tumor(s), percutaneous, radiofrequency
47399			I.C.			Unlisted procedure, liver

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
47400			1,938.28			Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
47420			1,225.85			Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty
47425			1,238.34			Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty
47460			1,165.85			Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)
47480			779.58			Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure)
47490			537.67			Percutaneous cholecystostomy
47500			101.36			Injection procedure for percutaneous transhepatic cholangiography
47505			39.12			Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)
47510	1,282.04			506.74		Introduction of percutaneous transhepatic catheter for biliary drainage
47511	1,282.04			618.18		Introduction of percutaneous transhepatic stent for internal and external biliary drainage
47525	686.16		888.89			Change of percutaneous biliary drainage catheter
47530	686.16		1,696.69			Revision and/or reinsertion of transhepatic tube
47550			156.53			Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
47552	1,282.04			330.32		Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)
47553	1,282.04			326.98		Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554	1,282.04			490.58		Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
47555	1,282.04			391.40		Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
47556	1,282.04			442.23		Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent
47560	1,537.09			252.84		Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy
47561	1,537.09			276.85		Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy
47562	2,034.73			676.97		Laparoscopy, surgical; cholecystectomy
47563	2,034.73			696.53		Laparoscopy, surgical; cholecystectomy with cholangiography
47564	2,034.73			803.27		Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570			716.26			Laparoscopy, surgical; cholecystoenterostomy
47579			I.C.			Unlisted laparoscopy procedure, biliary tract

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
47600			953.81			Cholecystectomy;
47605			897.75			Cholecystectomy; with cholangiography
47610			1,144.74			Cholecystectomy with exploration of common duct;
47612			1,153.88			Cholecystectomy with exploration of common duct; with choledochoenterostomy
47620			1,250.96			Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
47630	1,282.04			567.63		Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)
47700			960.42			Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
47701			1,596.55			Portoenterostomy (eg, Kasai procedure)
47711			1,421.45			Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
47712			1,818.85			Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic
47715			1,198.14			Excision of choledochal cyst
47720			1,034.35			Cholecystoenterostomy; direct
47721			1,215.74			Cholecystoenterostomy; with gastroenterostomy
47740			1,177.29			Cholecystoenterostomy; Roux-en-Y
47741			1,333.67			Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
47760			1,954.31			Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765			2,513.11			Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780			2,126.42			Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
47785			2,743.16			Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
47800			1,437.55			Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
47801			1,012.82			Placement of choledochal stent
47802			1,378.03			U-tube hepaticoenterostomy
47900			1,248.97			Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)
47999			I.C.			Unlisted procedure, biliary tract
48000			1,705.34			Placement of drains, peripancreatic, for acute pancreatitis;
48001			2,104.38			Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy
48020			1,054.11			Removal of pancreatic calculus
48100			805.12			Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48102	417.18		572.31			Biopsy of pancreas, percutaneous needle
48105			2,585.65			Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
48120			1,004.08			Excision of lesion of pancreas (eg, cyst, adenoma)
48140			1,420.46			Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48145			1,472.07			Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
48146			1,694.04			Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48148			1,124.30			Excision of ampulla of Vater
48150			2,850.34			Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy
48152			2,635.18			Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy
48153			2,847.52			Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy
48154			2,649.76			Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy
48155			1,640.98			Pancreatectomy, total
48160			I.C.			Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
48400			100.99			Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)
48500			1,021.66			Marsupialization of pancreatic cyst
48510			983.47			External drainage, pseudocyst of pancreas; open
48511			1,089.30			External drainage, pseudocyst of pancreas; percutaneous
48520			989.86			Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
48540			1,190.53			Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
48545			1,203.33			Pancreatorrhaphy for injury
48547			1,613.11			Duodenal exclusion with gastrojejunostomy for pancreatic injury
48548			1,514.16			Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)
48550			I.C.			Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
48551			I.C.			Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
48552			215.94			Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
48554			2,282.86			Transplantation of pancreatic allograft
48556			1,117.40			Removal of transplanted pancreatic allograft
48999			I.C.			Unlisted procedure, pancreas
49000			713.79			Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
49002			902.64			Reopening of recent laparotomy
49010			869.34			Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49020			1,450.98			Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open
49021			1,058.19			Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous
49040			909.05			Drainage of subdiaphragmatic or subphrenic abscess; open
49041			1,051.56			Drainage of subdiaphragmatic or subphrenic abscess; percutaneous
49060			1,019.22			Drainage of retroperitoneal abscess; open
49061			1,039.34			Drainage of retroperitoneal abscess; percutaneous
49062			698.05			Drainage of extraperitoneal lymphocele to peritoneal cavity, open
49080	232.48		203.15			Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
49081	232.48		172.76			Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent
49180	417.18		190.48			Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49203			1,103.48			Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, one or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor five cm diameter or less
49204			1,402.53			Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, one or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
49205			1,602.60			Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, one or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
49215			2,032.51			Excision of presacral or sacrococcygeal tumor
49220			893.72			Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)
49250	1,148.25			535.19		Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49255			725.26			Omentectomy, epiploectomy, resection of omentum (separate procedure)
49320	1,537.09			310.18		Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	1,537.09			324.69		Laparoscopy, surgical; with biopsy (single or multiple)
49322	1,537.09			354.11		Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49323			593.11			Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49324			364.38			Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
49325			390.87			Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
49326			175.04			Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)
49329			I.C.			Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49400			196.18			Injection of air or contrast into peritoneal cavity (separate procedure)
49402	1,148.25			780.52		Removal of peritoneal foreign body from peritoneal cavity
49419	1,327.08			425.40		Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (ie, totally implantable)
49420	1,372.36			134.10		Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary
49421	1,372.36			367.13		Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent
49422	1,071.63			365.19		Removal of permanent intraperitoneal cannula or catheter
49423	686.16		678.07			Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)
49424			183.64			Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49425			710.71			Insertion of peritoneal-venous shunt
49426	1,148.25			605.56		Revision of peritoneal-venous shunt
49427			46.75			Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
49428			415.07			Ligation of peritoneal-venous shunt
49429	1,071.63			431.32		Removal of peritoneal-venous shunt
49435			113.75			Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
49436			176.64			Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
49440	379.98		1,310.87			Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49441	379.98		1,558.38			Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49442			1,269.61			Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49446	379.98		1,305.01			Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
49450	144.72		921.99			Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49451	144.72		973.34			Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49452	144.72		1,185.17			Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49460	144.72		982.00			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	1,370.98			201.12		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
49505	1,370.98		I	758.85		Repair initial inguinal hernia, age five years or older; reducible
49507	1,370.98			583.30		Repair initial inguinal hernia, age five years or older; incarcerated or strangulated
49520	1,370.98			579.25		Repair recurrent inguinal hernia, any age; reducible
49521	1,370.98			704.87		Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	1,370.98			524.75		Repair inguinal hernia, sliding, any age
49540	1,370.98			619.52		Repair lumbar hernia
49550	1,370.98			528.02		Repair initial femoral hernia, any age; reducible
49553	1,370.98			576.12		Repair initial femoral hernia, any age; incarcerated or strangulated
49555	1,370.98			548.54		Repair recurrent femoral hernia; reducible
49557	1,370.98			664.07		Repair recurrent femoral hernia; incarcerated or strangulated
49560	1,370.98			680.42		Repair initial incisional or ventral hernia; reducible
49561	1,370.98			851.99		Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	1,370.98			702.23		Repair recurrent incisional or ventral hernia; reducible
49566	1,370.98			860.47		Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49568	1,370.98			252.54		Implantation of mesh or other prosthesis for incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
49570	1,370.98			376.83		Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572	1,370.98			459.89		Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
49585	1,370.98			403.35		Repair umbilical hernia, age five years or older; reducible
49587	1,370.98			476.36		Repair umbilical hernia, age five years or older; incarcerated or strangulated
49590	1,370.98			522.81		Repair spigelian hernia

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
49600	1,370.98			677.44		Repair of small omphalocele, with primary closure
49605			4,537.88			Repair of large omphalocele or gastroschisis; with or without prosthesis
49606			1,052.51			Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610			643.03			Repair of omphalocele (Gross type operation); first stage
49611			596.84			Repair of omphalocele (Gross type operation); second stage
49650	2,034.73	I	789.44			Laparoscopy, surgical; repair initial inguinal hernia
49651	2,034.73		507.31			Laparoscopy, surgical; repair recurrent inguinal hernia
49659			I.C.			Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49900			755.29			Suture, secondary, of abdominal wall for evisceration or dehiscence
49904			1,461.22			Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
49905			337.37			Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
49906			I.C.			Free omental flap with microvascular anastomosis
49999			I.C.			Unlisted procedure, abdomen, peritoneum and omentum
50010			717.28			Renal exploration, not necessitating other specific procedures
50020			1,024.39			Drainage of perirenal or renal abscess; open
50021			1,105.60			Drainage of perirenal or renal abscess; percutaneous
50040			953.49			Nephrostomy, nephrotomy with drainage
50045			945.56			Nephrotomy, with exploration
50060			1,180.38			Nephrolithotomy; removal of calculus
50065			1,209.66			Nephrolithotomy; secondary surgical operation for calculus
50070			1,233.76			Nephrolithotomy; complicated by congenital kidney abnormality
50075			1,511.57			Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)
50080			905.68			Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081			1,324.29			Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50100			981.82			Transection or repositioning of aberrant renal vessels (separate procedure)
50120			984.21			Pyelotomy; with exploration
50125			1,030.05			Pyelotomy; with drainage, pyelostomy
50130			1,070.32			Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)
50135			1,163.05			Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
50200	417.18		151.67			Renal biopsy; percutaneous, by trocar or needle
50205			697.28			Renal biopsy; by surgical exposure of kidney

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
50220			1,058.85			Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50225			1,227.84			Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
50230			1,320.31			Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy
50234			1,344.21			Nephrectomy with total ureterectomy and bladder cuff; through same incision
50236			1,522.06			Nephrectomy with total ureterectomy and bladder cuff; through separate incision
50240			1,363.80			Nephrectomy, partial
50250			1,270.33			Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed
50280			976.76			Excision or unroofing of cyst(s) of kidney
50290			915.35			Excision of perinephric cyst
50300			I.C.			Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50320			1,359.85			Donor nephrectomy (including cold preservation); open, from living donor
50323			I.C.			Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50325			I.C.			Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50327			201.42			Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
50328			177.00			Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
50329			171.70			Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
50340			851.78			Recipient nephrectomy (separate procedure)
50360			2,281.75			Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365			2,558.23			Renal allotransplantation, implantation of graft; with recipient nephrectomy
50370			1,064.20			Removal of transplanted renal allograft
50380			1,737.84			Renal autotransplantation, reimplantation of kidney

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
50382	1,107.15			1,636.82		Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50384	801.80		1,466.95			Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50385	801.80		1,569.99			Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50386	266.95		1,010.69			Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50387	686.16		781.64			Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
50389	266.95		487.05			Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
50390	417.18		101.36			Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50391	46.27		139.24			Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)
50392	801.80		191.02			Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous
50393	1,107.15			232.04		Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous
50394			132.39			Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50395	801.80		191.78			Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous
50396	89.72		124.97			Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50398	686.16		700.62			Change of nephrostomy or pyelostomy tube
50400			1,195.59			Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
50405			1,435.38			Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty)
50500			1,173.02			Nephrorrhaphy, suture of kidney wound or injury
50520			1,068.04			Closure of nephrocutaneous or pyelocutaneous fistula

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
50525			1,360.45			Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
50526			1,365.92			Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
50540			1,191.95			Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)
50541			955.46			Laparoscopy, surgical; ablation of renal cysts
50542			1,209.45			Laparoscopy, surgical; ablation of renal mass lesion(s)
50543			1,541.51			Laparoscopy, surgical; partial nephrectomy
50544			1,301.23			Laparoscopy, surgical; pyeloplasty
50545			1,393.56			Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
50546			1,240.08			Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50547			1,521.62			Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
50548			1,404.51			Laparoscopy, surgical; nephrectomy with total ureterectomy
50549			I.C.			Unlisted laparoscopy procedure, renal
50551	266.95		403.99			Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50553	1,107.15			419.77		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	266.95		463.94			Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50557	1,107.15			466.23		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	1,107.15			525.84		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	266.95		616.82			Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor
50570	266.95		515.15			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50572	266.95		558.15			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

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
50574	266.95	595.19			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50575	1,612.24		749.80		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	801.80	592.17			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	801.80	637.64			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	1,855.90		1,027.54		Lithotripsy, extracorporeal shock wave
50592	1,921.50		5,413.46		Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency
50593		5,603.15			Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
50600		965.02			Ureterotomy with exploration or drainage (separate procedure)
50605		948.75			Ureterotomy for insertion of indwelling stent, all types
50610		994.24			Ureterolithotomy; upper one-third of ureter
50620		938.88			Ureterolithotomy; middle one-third of ureter
50630		914.94			Ureterolithotomy; lower one-third of ureter
50650		1,069.70			Ureterectomy, with bladder cuff (separate procedure)
50660		1,183.83			Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach
50684		233.19			Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter
50686	46.27	186.95			Manometric studies through ureterostomy or indwelling ureteral catheter
50688	686.16	88.88			Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
50690		117.19			Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service
50700		968.26			Ureteroplasty, plastic operation on ureter (eg, stricture)
50715		1,161.42			Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722		1,012.05			Ureterolysis for ovarian vein syndrome
50725		1,118.15			Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
50727		527.37			Revision of urinary-cutaneous anastomosis (any type urostomy);
50728		722.76			Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
50740			1,123.52			Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750			1,199.41			Ureterocalycostomy, anastomosis of ureter to renal calyx
50760			1,130.72			Ureteroureterostomy
50770			1,196.90			Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780			1,128.64			Ureteroneocystostomy; anastomosis of single ureter to bladder
50782			1,143.83			Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783			1,182.34			Ureteroneocystostomy; with extensive ureteral tailoring
50785			1,245.66			Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800			949.75			Ureteroenterostomy, direct anastomosis of ureter to intestine
50810			1,286.12			Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
50815			1,257.34			Ureterocolon conduit, including intestine anastomosis
50820			1,344.42			Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
50825			1,702.32			Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)
50830			1,857.31			Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50840			1,270.26			Replacement of all or part of ureter by intestine segment, including intestine anastomosis
50845			1,287.75			Cutaneous appendico-vesicostomy
50860			981.25			Ureterostomy, transplantation of ureter to skin
50900			867.52			Ureterorrhaphy, suture of ureter (separate procedure)
50920			912.01			Closure of ureterocutaneous fistula
50930			1,124.42			Closure of ureterovisceral fistula (including visceral repair)
50940			902.89			Deligation of ureter
50945			1,026.49			Laparoscopy, surgical; ureterolithotomy
50947	2,034.73			1,445.98		Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
50948	2,034.73			1,317.63		Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
50949			I.C.			Unlisted laparoscopy procedure, ureter
50951	266.95		421.23			Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50953	266.95		440.55			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	1,107.15			510.56		Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
50957	1,107.15		474.64		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	1,107.15		427.94		Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50970	266.95	390.21			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50972	266.95	376.63			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	801.80	490.27			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50976	801.80	487.35			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	1,107.15		374.50		Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
51020	1,107.15		484.86		Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030	1,107.15		483.51		Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
51040	1,107.15		309.22		Cystostomy, cystotomy with drainage
51045	266.95	486.77			Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
51050	1,107.15		489.60		Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51060		605.18			Transvesical ureterolithotomy
51065	1,107.15		598.12		Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
51080	818.67	425.91			Drainage of perivesical or prevesical space abscess
51100	33.83	70.48			Aspiration of bladder; by needle
51101	46.27	148.75			Aspiration of bladder; by trocar or intracatheter
51102	864.33	372.82			Aspiration of bladder; with insertion of suprapubic catheter
51500	1,370.98		651.35		Excision of urachal cyst or sinus, with or without umbilical hernia repair
51520	1,107.15		617.54		Cystotomy; for simple excision of vesical neck (separate procedure)
51525		887.73			Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)
51530		797.54			Cystotomy; for excision of bladder tumor
51535		817.25			Cystotomy for excision, incision, or repair of ureterocele
51550		978.45			Cystectomy, partial; simple

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
51555			1,298.01			Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
51565			1,336.36			Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570			1,518.85			Cystectomy, complete; (separate procedure)
51575			1,881.35			Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51580			1,959.50			Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
51585			2,178.76			Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51590			1,989.82			Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
51595			2,257.47			Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51596			2,424.14			Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
51597			2,345.32			Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
51600			245.41			Injection procedure for cystography or voiding urethrocystography
51605			41.00			Injection procedure and placement of chain for contrast and/or chain urethrocystography
51610			134.61			Injection procedure for retrograde urethrocystography
51700	57.00		103.19			Bladder irrigation, simple, lavage and/or instillation
51701	28.19		78.57			Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51702	28.19		101.58			Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51703	46.27		168.26			Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51705	79.07		136.23			Change of cystostomy tube; simple
51710	686.16		193.98			Change of cystostomy tube; complicated
51715	1,331.11			327.52		Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	61.77		132.74			Bladder instillation of anticarcinogenic agent (including retention time)
51725	136.16		282.35	79.09	203.26	Simple cystometrogram (CMG) (eg, spinal manometer)
51726	136.16		400.25	89.90	310.35	Complex cystometrogram (eg, calibrated electronic equipment)
51736	19.86		57.61	32.45	25.15	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
51741	22.80		89.63	60.49	29.14	Complex uroflowmetry (eg, calibrated electronic equipment)
51772	89.72		305.84	84.78	221.05	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique
51784	46.27		243.45	80.23	163.22	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785	89.72		263.86	79.93	183.93	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
51792	46.27		297.63	58.07	239.56	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)
51795	89.72		381.03	80.23	300.80	Voiding pressure studies (VP); bladder voiding pressure, any technique
51797	89.72		221.59	49.78	171.80	Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)
51798	17.28		24.03			Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51800			1,077.09			Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck
51820			1,130.35			Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
51840			677.43			Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple
51841			806.22			Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)
51845			611.91			Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
51860			748.89			Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51865			917.79			Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
51880	1,107.15			488.00		Closure of cystostomy (separate procedure)
51900			853.78			Closure of vesicovaginal fistula, abdominal approach
51920			802.94			Closure of vesicouterine fistula;
51925			1,137.29			Closure of vesicouterine fistula; with hysterectomy
51940			1,653.32			Closure, exstrophy of bladder
51960			1,428.00			Enterocystoplasty, including intestinal anastomosis
51980			736.81			Cutaneous vesicostomy
51990			772.41			Laparoscopy, surgical; urethral suspension for stress incontinence
51992	2,034.73			839.30		Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)
51999			I.C.			Unlisted laparoscopy procedure, bladder
52000	266.95		240.51			Cystourethroscopy (separate procedure)
52001	801.80		430.33			Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	801.80		346.07			Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
52007	1,107.15		734.77		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	266.95	542.99			Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
52204	801.80	618.71			Cystourethroscopy, with biopsy(s)
52214	1,107.15		1,469.40		Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	1,107.15		1,392.01		Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234	1,107.15		257.85		Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	1,107.15		302.83		Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	1,107.15		528.04		Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s)
52250	1,107.15		253.57		Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
52260	801.80	218.76			Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52265	266.95	586.59			Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52270	801.80	537.55			Cystourethroscopy, with internal urethrotomy; female
52275	1,107.15		742.15		Cystourethroscopy, with internal urethrotomy; male
52276	1,107.15		277.98		Cystourethroscopy with direct vision internal urethrotomy
52277	1,107.15		341.34		Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	801.80	386.51			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	1,612.24		351.34		Cystourethroscopy, with insertion of urethral stent
52283	1,107.15		319.26		Cystourethroscopy, with steroid injection into stricture
52285	801.80	322.65			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
52290	801.80	255.72			Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300	1,107.15		294.99		Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52301	1,107.15		308.82		Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
52305	1,107.15		292.23		Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
52310	801.80	302.16			Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	1,107.15		540.75		Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	1,107.15		1,302.60		Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	1,107.15		497.24		Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52320	1,107.15		258.40		Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325	1,107.15		335.94		Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52327	1,107.15		967.67		Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	1,107.15		1,546.34		Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52332	1,107.15		520.86		Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334	1,107.15		268.50		Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
52341	1,107.15		342.56		Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52342	1,107.15		368.35		Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52343	1,107.15		404.80		Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344	1,107.15		437.34		Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345	1,107.15		463.59		Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52346	1,107.15		517.89		Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52351	1,107.15		329.40		Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	1,107.15		386.41		Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	1,612.24		444.44		Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
52354	1,107.15		411.30		Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355	1,107.15		489.53		Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52400	1,107.15		573.75		Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
52402	1,107.15		280.30		Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
52450	1,107.15		487.51		Transurethral incision of prostate
52500	1,107.15		571.03		Transurethral resection of bladder neck (separate procedure)
52601	1,612.24		853.81		Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52606	1,107.15		526.96		Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time
52612	1,612.24		547.86		Transurethral resection of prostate; first stage of two-stage resection (partial resection)
52614	1,612.24		481.73		Transurethral resection of prostate; second stage of two-stage resection (resection completed)
52620	1,612.24		434.48		Transurethral resection; of residual obstructive tissue after 90 days postoperative
52630	1,612.24		460.13		Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative
52640	1,107.15		419.18		Transurethral resection; of postoperative bladder neck contracture
52647	2,020.10		3,070.83		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	2,020.10		3,114.08		Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52649		1,048.15			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	1,107.15		452.66		Transurethral drainage of prostatic abscess
53000	855.80	159.73			Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	855.80	310.83			Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020	855.80	101.61			Meatotomy, cutting of meatus (separate procedure); except infant
53040	855.80	415.51			Drainage of deep periurethral abscess

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
53060	76.85		195.07			Drainage of Skene's gland abscess or cyst
53080	855.80		499.76			Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085	855.80		676.88			Drainage of perineal urinary extravasation; complicated
53200	855.80		163.93			Biopsy of urethra
53210	1,331.11			803.67		Urethrectomy, total, including cystostomy; female
53215	855.80		966.55			Urethrectomy, total, including cystostomy; male
53220	1,331.11			472.01		Excision or fulguration of carcinoma of urethra
53230	1,331.11			628.89		Excision of urethral diverticulum (separate procedure); female
53235	855.80		664.40			Excision of urethral diverticulum (separate procedure); male
53240	1,331.11			447.22		Marsupialization of urethral diverticulum, male or female
53250	855.80		410.63			Excision of bulbourethral gland (Cowper's gland)
53260	855.80		218.09			Excision or fulguration; urethral polyp(s), distal urethra
53265	855.80		244.20			Excision or fulguration; urethral caruncle
53270	855.80		222.42			Excision or fulguration; Skene's glands
53275	855.80		280.13			Excision or fulguration; urethral prolapse
53400	1,331.11			833.50		Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
53405	1,331.11			907.74		Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	1,331.11			1,018.09		Urethroplasty, one-stage reconstruction of male anterior urethra
53415			1,157.42			Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra
53420	1,331.11			850.68		Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	1,331.11			977.72		Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	1,331.11			988.77		Urethroplasty, reconstruction of female urethra
53431	1,331.11			1,198.48		Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
53440	4,775.24			901.42		Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442	1,331.11			795.94		Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53444	4,775.24			828.12		Insertion of tandem cuff (dual cuff)
53445	8,643.94			913.53		Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	1,331.11			674.63		Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	8,643.94			852.21		Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53448			1,331.17			Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
53449	1,331.11			637.01		Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
53450	1,331.11		425.66		Urethromeatoplasty, with mucosal advancement
53460	855.80	477.33			Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
53500		779.85			Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
53502	855.80	506.16			Urethrorrhaphy, suture of urethral wound or injury, female
53505	1,331.11		507.44		Urethrorrhaphy, suture of urethral wound or injury; penile
53510	855.80	668.12			Urethrorrhaphy, suture of urethral wound or injury; perineal
53515	1,331.11		832.45		Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous
53520	1,331.11		583.31		Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53600	41.92	96.48			Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
53601	46.27	96.32			Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent
53605	801.80	67.57			Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53620	67.67	143.76			Dilation of urethral stricture by passage of filiform and follower, male; initial
53621	71.34	138.39			Dilation of urethral stricture by passage of filiform and follower, male; subsequent
53660	46.27	86.04			Dilation of female urethra including suppository and/or instillation; initial
53661	46.27	85.92			Dilation of female urethra including suppository and/or instillation; subsequent
53665	855.80	39.71			Dilation of female urethra, general or conduction (spinal) anesthesia
53850	2,020.10		3,660.13		Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	2,020.10		3,497.13		Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53853	1,107.15		2,144.47		Transurethral destruction of prostate tissue; by water-induced thermotherapy
53899		I.C.			Unlisted procedure, urinary system
54000	855.80	185.44			Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	855.80	223.56			Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54015	818.67	325.93			Incision and drainage of penis, deep
54050	65.22	131.95			Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	65.09	125.86			Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
54056	35.44	138.26			Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
54057	889.48		157.11			Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	889.48		213.16			Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	889.48		223.91			Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
54100	719.48		209.64			Biopsy of penis; (separate procedure)
54105	943.36		317.43			Biopsy of penis; deep structures
54110	1,516.30			654.19		Excision of penile plaque (Peyronie disease);
54111	1,516.30			834.27		Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
54112	1,516.30			978.43		Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54115	818.67		479.11			Removal foreign body from deep penile tissue (eg, plastic implant)
54120	1,516.30			654.22		Amputation of penis; partial
54125			841.06			Amputation of penis; complete
54130			1,239.40			Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
54135			1,570.80			Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
54150	997.67		213.74			Circumcision, using clamp or other device with regional dorsal penile or ring block
54161	997.67		205.76			Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54162	997.67		317.24			Lysis or excision of penile post-circumcision adhesions
54163	997.67		229.79			Repair incomplete circumcision
54164	997.67		203.54			Frenulotomy of penis
54200	69.87		127.19			Injection procedure for Peyronie disease;
54205	1,516.30			565.78		Injection procedure for Peyronie disease; with surgical exposure of plaque
54220	89.72		252.50			Irrigation of corpora cavernosa for priapism
54230			105.52			Injection procedure for corpora cavernosography
54231	61.41		151.31			Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)
54235	43.02		96.88			Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54240	29.79		107.82	68.74	39.08	Penile plethysmography
54250	10.30		129.98	116.50	13.49	Nocturnal penile tumescence and/or rigidity test
54300	1,516.30			683.36		Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	1,516.30			800.32		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	1,516.30			698.34		Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	1,516.30			892.47		Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
54316	1,516.30		1,058.92		Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318	1,516.30		705.35		Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322	1,516.30		831.86		One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	1,516.30		1,035.61		One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)
54326	1,516.30		999.12		One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328	1,516.30		985.73		One stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54332		1,068.01			One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54336		1,203.32			One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54340	1,516.30		608.34		Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	1,516.30		1,021.20		Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	1,516.30		1,082.09		Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352	1,516.30		1,532.95		Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
54360	1,516.30		767.32		Plastic operation on penis to correct angulation
54380	1,516.30		843.83		Plastic operation on penis for epispadias distal to external sphincter;
54385	1,516.30		1,035.20		Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54390		1,205.01			Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54400	4,775.24		561.99		Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	8,643.94		691.63		Insertion of penile prosthesis; inflatable (self-contained)

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
54405	8,643.94		842.91		Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	1,516.30		761.09		Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	1,516.30		817.50		Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	8,643.94		962.96		Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411		1,054.59			Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	1,516.30		550.88		Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	8,643.94		733.99		Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417		925.41			Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54420	1,516.30		741.14		Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54430		672.32			Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral
54435	1,516.30		439.91		Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440	1,516.30		I.C.		Plastic operation of penis for injury
54450	136.16	82.06			Foreskin manipulation including lysis of preputial adhesions and stretching
54500	606.71	78.10			Biopsy of testis, needle (separate procedure)
54505	997.67	226.91			Biopsy of testis, incisional (separate procedure)
54512	997.67	560.76			Excision of extraparenchymal lesion of testis
54520	997.67	343.83			Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522	997.67	613.50			Orchiectomy, partial
54530	1,370.98		574.70		Orchiectomy, radical, for tumor; inguinal approach
54535		760.68			Orchiectomy, radical, for tumor; with abdominal exploration
54550	1,370.98		509.00		Exploration for undescended testis (inguinal or scrotal area)
54560	997.67	712.30			Exploration for undescended testis with abdominal exploration
54600	997.67	472.03			Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	997.67	317.53			Fixation of contralateral testis (separate procedure)
54640	1,370.98		486.02		Orchiopexy, inguinal approach, with or without hernia repair

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
54650			707.22			Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
54660	997.67		374.68			Insertion of testicular prosthesis (separate procedure)
54670	997.67		429.89			Suture or repair of testicular injury
54680	997.67		828.22			Transplantation of testis(es) to thigh (because of scrotal destruction)
54690	2,034.73			668.74		Laparoscopy, surgical; orchiectomy
54692	3,113.22			803.40		Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54699			I.C.			Unlisted laparoscopy procedure, testis
54700	997.67		225.27			Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54800	193.36		135.24			Biopsy of epididymis, needle
54830	997.67		385.30			Excision of local lesion of epididymis
54840	997.67		340.75			Excision of spermatocele, with or without epididymectomy
54860	997.67		435.62			Epididymectomy; unilateral
54861	997.67		588.66			Epididymectomy; bilateral
54865	997.67		371.28			Exploration of epididymis, with or without biopsy
54900	997.67		761.66			Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	997.67		1,115.55			Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55000	72.07		142.34			Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
55040	1,370.98			354.34		Excision of hydrocele; unilateral
55041	1,370.98			526.98		Excision of hydrocele; bilateral
55060	997.67		393.42			Repair of tunica vaginalis hydrocele (Bottle type)
55100	516.57		251.82			Drainage of scrotal wall abscess
55110	997.67		400.51			Scrotal exploration
55120	997.67		368.36			Removal of foreign body in scrotum
55150	997.67		503.84			Resection of scrotum
55175	997.67		377.02			Scrotoplasty; simple
55180	997.67		714.96			Scrotoplasty; complicated
55200	997.67		631.64			Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	997.67		565.02			Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55300			197.42			Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55400	997.67		528.14			Vasovasostomy, vasovasorrhaphy
55450	228.72		444.99			Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
55500	997.67		392.98			Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520	997.67		408.94			Excision of lesion of spermatic cord (separate procedure)
55530	997.67		371.16			Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	1,370.98			445.34		Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	1,370.98			493.18		Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
55550	2,034.73		439.93		Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55559		I.C.			Unlisted laparoscopy procedure, spermatic cord
55600	997.67	443.69			Vesiculotomy;
55605		518.66			Vesiculotomy; complicated
55650		746.41			Vesiculectomy, any approach
55680	997.67	363.75			Excision of Mullerian duct cyst
55700	493.08	273.20			Biopsy, prostate; needle or punch, single or multiple, any approach
55705	493.08	284.26			Biopsy, prostate; incisional, any approach
55720	1,107.15		490.58		Prostatotomy, external drainage of prostatic abscess, any approach; simple
55725	1,107.15		606.63		Prostatotomy, external drainage of prostatic abscess, any approach; complicated
55801		1,122.93			Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55810		1,361.91			Prostatectomy, perineal radical;
55812		1,654.65			Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815		1,829.01			Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55821		905.92			Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages
55831		980.92			Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
55840		1,388.45			Prostatectomy, retropubic radical, with or without nerve sparing;
55842		1,486.39			Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55845		1,696.20			Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55860	864.33	910.79			Exposure of prostate, any approach, for insertion of radioactive substance;
55862		1,150.45			Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865		1,380.09			Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55866		1,802.73			Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing
55870	73.92	185.40			Electroejaculation

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
55873	7,263.53			1,198.11		Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement)
55875	1,612.24			795.95		Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55876	76.12		162.74			Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
55899			I.C.			Unlisted procedure, male genital system
55920	1,148.25			445.64		Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
56405	45.97		112.48			Incision and drainage of vulva or perineal abscess
56420	60.41		140.39			Incision and drainage of Bartholin's gland abscess
56440	849.98		182.87			Marsupialization of Bartholin's gland cyst
56441	849.98		154.95			Lysis of labial adhesions
56442	849.98		49.09			Hymenotomy, simple incision
56501	62.89		137.03			Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	889.48		227.03			Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	36.78		87.48			Biopsy of vulva or perineum (separate procedure); one lesion
56606	15.45		40.67			Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
56620	849.98		526.41			Vulvectomy simple; partial
56625	849.98		589.54			Vulvectomy simple; complete
56630			847.49			Vulvectomy, radical, partial;
56631			1,083.02			Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy
56632			1,242.60			Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy
56633			1,101.55			Vulvectomy, radical, complete;
56634			1,169.80			Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy
56637			1,386.16			Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy
56640			1,376.11			Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy
56700	849.98		187.10			Partial hymenectomy or revision of hymenal ring
56740	849.98		294.47			Excision of Bartholin's gland or cyst
56800	849.98		242.09			Plastic repair of introitus
56805	849.98		1,132.31			Clitoroplasty for intersex state
56810	849.98		260.02			Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
56820	45.97		114.15			Colposcopy of the vulva;
56821	60.31		153.43			Colposcopy of the vulva; with biopsy(s)
57000	849.98		191.01			Colpotomy; with exploration
57010	849.98		426.31			Colpotomy; with drainage of pelvic abscess
57020	271.63		96.19			Colpocentesis (separate procedure)
57022	516.57		167.18			Incision and drainage of vaginal hematoma; obstetrical/postpartum

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
57023	818.67		306.23			Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57061	58.10		121.04			Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	849.98		198.51			Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	37.14		92.12			Biopsy of vaginal mucosa; simple (separate procedure)
57105	849.98		142.17			Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57106			467.53			Vaginectomy, partial removal of vaginal wall;
57107			1,364.88			Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57109			1,555.86			Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57110			887.05			Vaginectomy, complete removal of vaginal wall;
57111			1,590.57			Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57112			1,652.13			Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57120			508.49			Colpocleisis (Le Fort type)
57130	849.98		186.82			Excision of vaginal septum
57135	849.98		199.76			Excision of vaginal cyst or tumor
57150	30.89		59.54			Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
57155	271.63		430.21			Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy
57160	37.88		80.79			Fitting and insertion of pessary or other intravaginal support device
57170	5.85		81.32			Diaphragm or cervical cap fitting with instructions
57180	60.41		152.84			Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)
57200	849.98		297.29			Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210	849.98		365.00			Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220	1,908.63			319.00		Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230	1,448.95			390.58		Plastic repair of urethrocele
57240	1,448.95			622.53		Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250	1,448.95			607.78		Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	1,448.95			765.16		Combined anteroposterior colporrhaphy;
57265	1,908.63			865.53		Combined anteroposterior colporrhaphy; with enterocele repair
57267	1,448.95			265.89		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)

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
57268	1,448.95		474.81		Repair of enterocele, vaginal approach (separate procedure)
57270		783.90			Repair of enterocele, abdominal approach (separate procedure)
57280		947.84			Colpopexy, abdominal approach
57282		505.38			Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283		680.03			Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57284		831.21			Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
57285		649.72			Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
57287	1,448.95		691.77		Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
57288	1,908.63		809.26		Sling operation for stress incontinence (eg, fascia or synthetic)
57289	1,448.95		762.74		Pereyra procedure, including anterior colporrhaphy
57291	1,448.95		545.46		Construction of artificial vagina; without graft
57292		817.79			Construction of artificial vagina; with graft
57295		487.62			Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296		919.36			Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57300	1,448.95		519.71		Closure of rectovaginal fistula; vaginal or transanal approach
57305		858.95			Closure of rectovaginal fistula; abdominal approach
57307		961.56			Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy
57308		623.51			Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication
57310		477.87			Closure of urethrovaginal fistula;
57311		541.68			Closure of urethrovaginal fistula; with bulbocavernosus transplant
57320	1,448.95		542.31		Closure of vesicovaginal fistula; vaginal approach
57330		776.73			Closure of vesicovaginal fistula; transvesical and vaginal approach
57335		1,123.99			Vaginoplasty for intersex state
57400	849.98	133.63			Dilation of vagina under anesthesia
57410	849.98	106.57			Pelvic examination under anesthesia
57415	849.98	157.70			Removal of impacted vaginal foreign body (separate procedure) under anesthesia
57420	47.44	119.70			Colposcopy of the entire vagina, with cervix if present;
57421	63.25	162.38			Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
57423		895.85			Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
57425		942.41			Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57452	45.23	113.22			Colposcopy of the cervix including upper/adjacent vagina;

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
57454	55.52		157.91			Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455	59.21		149.24			Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	57.00		141.10			Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57460	186.08		339.72			Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
57461	196.00		375.19			Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57500	83.85		149.51			Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	51.11		107.78			Endocervical curettage (not done as part of a dilation and curettage)
57510	52.59		137.59			Cautery of cervix; electro or thermal
57511	60.41		151.16			Cautery of cervix; cryocautery, initial or repeat
57513	849.98		147.94			Cautery of cervix; laser ablation
57520	849.98		321.77			Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	849.98		272.13			Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57530	1,448.95			343.72		Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57531			1,670.11			Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)
57540			763.81			Excision of cervical stump, abdominal approach;
57545			808.94			Excision of cervical stump, abdominal approach; with pelvic floor repair
57550	1,448.95			404.36		Excision of cervical stump, vaginal approach;
57555			595.10			Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
57556	1,908.63			561.45		Excision of cervical stump, vaginal approach; with repair of enterocele
57558	849.98		128.60			Dilation and curettage of cervical stump
57700	849.98		303.20			Cerclage of uterine cervix, nonobstetrical
57720	849.98		308.36			Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	27.21		63.05			Dilation of cervical canal, instrumental (separate procedure)
58100	45.23		114.25			Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110			50.62			Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
58120	849.98		247.63			Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
58140			895.89			Myomectomy, excision of fibroid tumor(s) of uterus, one to four intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach
58145	1,448.95			537.46		Myomectomy, excision of fibroid tumor(s) of uterus, one to four intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach
58146			1,137.41			Myomectomy, excision of fibroid tumor(s) of uterus, five or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach
58150			966.17			Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152			1,228.22			Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
58180			929.65			Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58200			1,279.20			Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)
58210			1,702.05			Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
58240			2,611.96			Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
58260			812.96			Vaginal hysterectomy, for uterus 250 g or less;
58262			907.21			Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263			976.46			Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267			1,037.51			Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270			870.31			Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275			965.51			Vaginal hysterectomy, with total or partial vaginectomy;
58280			1,033.27			Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285			1,288.26			Vaginal hysterectomy, radical (Schauta type operation)
58290			1,136.88			Vaginal hysterectomy, for uterus greater than 250 g;

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
58291			1,232.97			Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292			1,301.76			Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58293			1,352.33			Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294			1,196.93			Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58300			85.49			Insertion of intrauterine device (IUD)
58301	43.39		102.17			Removal of intrauterine device (IUD)
58340			155.18			Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345	849.98		276.22			Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58346	849.98		448.46			Insertion of Heyman capsules for clinical brachytherapy
58350	1,448.95			104.12		Chromotubation of oviduct, including materials
58353	1,448.95			1,481.5		Endometrial ablation, thermal, without hysteroscopic guidance
58356	1,925.44			2,654.98		Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58400			443.04			Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58410			786.93			Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy
58520			766.02			Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
58540			888.11			Hysteroplasty, repair of uterine anomaly (Strassman type)
58541			829.97			Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542			917.26			Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543			932.26			Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544			1,006.68			Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58545	1,537.09			880.97		Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58546	2,034.73			1,114.41		Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
58548			1,753.28			Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

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Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
58550	3,113.22		871.83		Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	2,034.73		960.32		Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553		1,118.96			Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554		1,281.93			Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58555	967.84	239.84			Hysteroscopy, diagnostic (separate procedure)
58558	967.84	312.41			Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	967.84	342.51			Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560	1,528.55		388.11		Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	1,528.55		547.66		Hysteroscopy, surgical; with removal of leiomyomata
58562	967.84	331.75			Hysteroscopy, surgical; with removal of impacted foreign body
58563	1,528.55		2,383.86		Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58565	1,908.63		2,384.35		Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58570		889.65			Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571		973.70			Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572		1,100.55			Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573		1,240.51			Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58578		I.C.			Unlisted laparoscopy procedure, uterus
58579		I.C.			Unlisted hysteroscopy procedure, uterus
58600	1,448.95		363.93		Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58660	2,034.73		660.59		Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661	2,034.73		635.41		Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	2,034.73		697.88		Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	2,034.73		363.31		Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	2,034.73		363.61		Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672	2,034.73		739.96		Laparoscopy, surgical; with fimbrioplasty

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
58673	2,034.73			797.88		Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58679			I.C.			Unlisted laparoscopy procedure, oviduct, ovary
58700			747.86			Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720			704.05			Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58740			859.86			Lysis of adhesions (salpingolysis, ovariolysis)
58750			895.57			Tubotubal anastomosis
58752			883.32			Tubouterine implantation
58760			809.91			Fimbrioplasty
58770			845.08			Salpingostomy (salpingoneostomy)
58800	849.98		325.78			Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
58805	1,448.95			398.25		Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58820	1,448.95			316.02		Drainage of ovarian abscess; vaginal approach, open
58822			673.47			Drainage of ovarian abscess; abdominal approach
58823			1,073.66			Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)
58825			683.91			Transposition, ovary(s)
58900	849.98		406.81			Biopsy of ovary, unilateral or bilateral (separate procedure)
58920			692.55			Wedge resection or bisection of ovary, unilateral or bilateral
58925			715.02			Ovarian cystectomy, unilateral or bilateral
58940			491.85			Oophorectomy, partial or total, unilateral or bilateral;
58943			1,093.99			Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
58950			1,044.16			Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951			1,341.88			Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
58952			1,514.45			Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
58953			1,877.45			Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
58954			2,037.48			Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy

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Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
58956			1,328.51			Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
58957			1,418.68			Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;
58958			1,567.67			Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
58960			902.31			Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy
58970	123.27		228.81			Follicle puncture for oocyte retrieval, any method
58974	123.27		I.C.			Embryo transfer, intrauterine
58976	123.27		250.84			Gamete, zygote, or embryo intrafallopian transfer, any method
58999			I.C.			Unlisted procedure, female genital system (nonobstetrical)
59000	70.24		141.59			Amniocentesis; diagnostic
59001	271.63		180.79			Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
59012	123.27		203.71			Cordocentesis (intrauterine), any method
59015	54.42		158.82			Chorionic villus sampling, any method
59020	25.74		72.67	37.46	35.22	Fetal contraction stress test
59025	13.23		47.45	30.28	17.17	Fetal non-stress test
59030			110.11			Fetal scalp blood sampling
59050			50.95			Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
59051			41.87			Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only
59070	123.27		406.86			Transabdominal amnioinfusion, including ultrasound guidance
59072	123.27		438.78			Fetal umbilical cord occlusion, including ultrasound guidance
59074			375.56			Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
59076	123.27		438.78			Fetal shunt placement, including ultrasound guidance
59100	1,448.95			817.33		Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
59121			784.00			Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
59160	849.98		233.91			Curettage, postpartum
59200	38.98		81.46			Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
59300	80.17		199.71			Episiotomy or vaginal repair, by other than attending physician
59320	849.98		153.91			Cerclage of cervix, during pregnancy; vaginal
59325			241.87			Cerclage of cervix, during pregnancy; abdominal
59350			274.62			Hysterorrhaphy of ruptured uterus
59400			1,756.97			Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409			764.35			Vaginal delivery only (with or without episiotomy and/or forceps);
59410			885.78			Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59412	849.98		103.51			External cephalic version, with or without tocolysis
59414	849.98		91.22			Delivery of placenta (separate procedure)
59510			1,988.69			Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514			903.36			Cesarean delivery only;
59515			1,068.52			Cesarean delivery only; including postpartum care
59525			477.65			Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
59610			1,848.42			Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612			857.25			Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59614			960.12			Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618			2,079.49			Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620			985.32			Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59622			1,160.54			Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59812	849.98		308.16			Treatment of incomplete abortion, any trimester, completed surgically
59820	849.98		383.89			Treatment of missed abortion, completed surgically; first trimester
59821	849.98		389.72			Treatment of missed abortion, completed surgically; second trimester
59830			436.20			Treatment of septic abortion, completed surgically
59840	849.98		218.87			Induced abortion, by dilation and curettage
59841	849.98		379.24			Induced abortion, by dilation and evacuation
59850			371.45			Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;

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Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
59851			402.05			Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852			539.16			Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855			413.65			Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;
59856			487.77			Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857			570.48			Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
59866	123.27		237.33			Multifetal pregnancy reduction(s) (MPR)
59870	849.98		464.98			Uterine evacuation and curettage for hydatidiform mole
59871	849.98		134.66			Removal of cerclage suture under anesthesia (other than local)
59897			I.C.			Unlisted fetal invasive procedure, including ultrasound guidance
59898			I.C.			Unlisted laparoscopy procedure, maternity care and delivery
59899			I.C.			Unlisted procedure, maternity care and delivery
60000	332.81		157.79			Incision and drainage of thyroglossal duct cyst, infected
60100	49.64		118.86			Biopsy thyroid, percutaneous core needle
60200	1,980.76			632.83		Excision of cyst or adenoma of thyroid, or transection of isthmus
60210			667.50			Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212			952.13			Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60220			731.21			Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225			879.60			Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60240			929.92			Thyroidectomy, total or complete
60252			1,251.42			Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254			1,628.24			Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60260			1,048.48			Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid

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Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
60270			1,312.74			Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271			1,013.57			Thyroidectomy, including substernal thyroid; cervical approach
60280	1,980.76			433.10		Excision of thyroglossal duct cyst or sinus;
60281	1,980.76			576.10		Excision of thyroglossal duct cyst or sinus; recurrent
60300	61.41		112.08			Aspiration and/or injection, thyroid cyst
60500			958.28			Parathyroidectomy or exploration of parathyroid(s);
60502			1,207.28			Parathyroidectomy or exploration of parathyroid(s); re-exploration
60505			1,329.30			Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach
60512			232.38			Parathyroid autotransplantation (List separately in addition to code for primary procedure)
60520			1,000.88			Thymectomy, partial or total; transcervical approach (separate procedure)
60521			1,143.89			Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
60522			1,376.48			Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)
60540			1,028.50			Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);
60545			1,175.49			Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor
60600			1,374.86			Excision of carotid body tumor; without excision of carotid artery
60605			1,724.28			Excision of carotid body tumor; with excision of carotid artery
60650			1,143.08			Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
60659			I.C.			Unlisted laparoscopy procedure, endocrine system
60699			I.C.			Unlisted procedure, endocrine system
61020	381.03		129.87			Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026	381.03		129.27			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	381.03		110.55			Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055	381.03		139.85			Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)
61070	144.72		85.19			Puncture of shunt tubing or reservoir for aspiration or injection procedure
61105			427.38			Twist drill hole for subdural or ventricular puncture

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Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
61107			309.38			Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device
61108			828.84			Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma
61120			682.11			Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
61140			1,174.53			Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61150			1,256.06			Burr hole(s) or trephine; with drainage of brain abscess or cyst
61151			922.29			Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst
61154			1,171.54			Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61156			1,170.01			Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210			360.47			Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)
61215	1,621.15			452.03		Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61250			800.32			Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
61253			886.67			Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61304			1,548.73			Craniectomy or craniotomy, exploratory; supratentorial
61305			1,852.83			Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)
61312			1,914.19			Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313			1,841.86			Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
61314			1,694.09			Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315			1,948.39			Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar
61316			83.73			Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
61320			1,798.63			Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
61321			1,993.02			Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial
61322			2,155.45			Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy

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Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
61323		2,201.98			Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy
61330	1,782.06		1,510.26		Decompression of orbit only, transcranial approach
61332		1,775.14			Exploration of orbit (transcranial approach); with biopsy
61333		1,768.90			Exploration of orbit (transcranial approach); with removal of lesion
61334	1,782.06		1,170.70		Exploration of orbit (transcranial approach); with removal of foreign body
61340		1,353.00			Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
61343		2,065.85			Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)
61345		1,900.99			Other cranial decompression, posterior fossa
61440		1,858.46			Craniotomy for section of tentorium cerebelli (separate procedure)
61450		1,768.24			Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61458		1,890.60			Craniectomy, suboccipital; for exploration or decompression of cranial nerves
61460		1,922.53			Craniectomy, suboccipital; for section of one or more cranial nerves
61470		1,759.02			Craniectomy, suboccipital; for medullary tractotomy
61480		1,695.02			Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy
61490		1,790.67			Craniotomy for lobotomy, including cingulotomy
61500		1,268.42			Craniectomy; with excision of tumor or other bone lesion of skull
61501		1,079.76			Craniectomy; for osteomyelitis
61510		2,040.77			Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
61512		2,413.34			Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
61514		1,785.50			Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
61516		1,745.18			Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial
61517		84.30			Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)
61518		2,597.64			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61519		2,793.31			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
61520		3,574.11			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
61521			3,008.07			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
61522			2,041.89			Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524			1,952.90			Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst
61526			3,249.89			Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;
61530			2,760.97			Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy
61531			1,120.53			Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long-term seizure monitoring
61533			1,419.45			Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring
61534			1,524.67			Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery
61535			910.30			Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536			2,441.86			Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)
61537			2,180.51			Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery
61538			2,326.67			Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery
61539			2,211.66			Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery
61540			2,090.42			Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery
61541			1,993.14			Craniotomy with elevation of bone flap; for transection of corpus callosum
61542			2,165.19			Craniotomy with elevation of bone flap; for total hemispherectomy
61543			1,987.60			Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61544			1,756.84			Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
61545			2,980.11			Craniotomy with elevation of bone flap; for excision of craniopharyngioma
61546			2,155.21			Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
61548			1,458.87			Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic
61550			846.06			Craniectomy for craniosynostosis; single cranial suture
61552			1,213.59			Craniectomy for craniosynostosis; multiple cranial sutures
61556			1,526.34			Craniotomy for craniosynostosis; frontal or parietal bone flap
61557			1,591.97			Craniotomy for craniosynostosis; bifrontal bone flap
61558			1,605.54			Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559			2,277.43			Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
61563			1,775.14			Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564			2,277.30			Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression
61566			2,103.67			Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy
61567			2,368.91			Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery
61570			1,719.96			Craniectomy or craniotomy; with excision of foreign body from brain
61571			1,854.79			Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575			2,226.42			Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;
61576			3,495.09			Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)
61580			2,388.29			Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581			2,625.61			Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582			2,738.95			Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
61583			2,761.68			Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
61584			2,693.37			Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
61585			2,848.88			Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration
61586			2,103.57			Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61590			2,989.78			Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591			3,015.93			Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592			2,996.42			Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61595			2,266.60			Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
61596			2,488.92			Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery
61597			2,720.71			Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization
61598			2,458.84			Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
61600			2,042.41			Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601			2,245.38			Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
61605			2,145.67			Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606			2,827.14			Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
61607			2,631.58			Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608			3,091.93			Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
61609			600.48			Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)
61610			1,799.27			Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61611			436.69			Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
61612			1,533.57			Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61613			3,022.15			Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61615			2,371.84			Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
61616			3,125.61			Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft
61618			1,226.42			Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
61619			1,420.39			Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
61623			550.71			Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
61624			1,072.05			Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)
61626			868.61			Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
61630			1,249.97			Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
61635			1,367.03			Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
61640			572.18			Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641			201.36			Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)
61642			402.26			Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)
61680			2,131.16			Surgery of intracranial arteriovenous malformation; supratentorial, simple
61682			4,013.98			Surgery of intracranial arteriovenous malformation; supratentorial, complex
61684			2,700.97			Surgery of intracranial arteriovenous malformation; infratentorial, simple
61686			4,300.37			Surgery of intracranial arteriovenous malformation; infratentorial, complex
61690			2,038.05			Surgery of intracranial arteriovenous malformation; dural, simple
61692			3,454.02			Surgery of intracranial arteriovenous malformation; dural, complex
61697			3,847.68			Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61698			4,065.83			Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61700			3,305.50			Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61702			3,599.87			Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
61703			1,232.88			Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)
61705			2,427.16			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
61708			2,032.26			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis
61710			1,831.91			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter
61711			2,467.41			Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
61720			1,092.85			Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
61735			1,331.61			Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus
61750			1,311.77			Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751			1,284.02			Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
61760			1,400.04			Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring
61770			1,404.77			Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
61790	806.70		790.63			Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791	647.43		1,019.11			Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
61793			1,192.64			Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions
61795			240.91			Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)
61850			907.35			Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
61860			1,449.50			Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
61863			1,421.68			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
61864			407.20			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
61867			2,077.07			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
61868			593.01			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
61870			1,116.96			Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical
61875			966.90			Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical
61880	1,004.30			508.48		Revision or removal of intracranial neurostimulator electrodes
61885	1,004.30			584.21		Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	1,004.30			733.71		Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays
61888	1,004.30			381.73		Revision or removal of cranial neurostimulator pulse generator or receiver
62000			806.38			Elevation of depressed skull fracture; simple, extradural
62005			1,137.99			Elevation of depressed skull fracture; compound or comminuted, extradural
62010			1,422.61			Elevation of depressed skull fracture; with repair of dura and/or debridement of brain
62100			1,516.62			Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea
62115			1,528.33			Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty
62116			1,648.24			Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty
62117			1,747.82			Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)
62120			1,747.04			Repair of encephalocele, skull vault, including cranioplasty
62121			1,591.41			Craniotomy for repair of encephalocele, skull base
62140			987.70			Cranioplasty for skull defect; up to 5 cm diameter

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
62141			1,080.97			Cranioplasty for skull defect; larger than 5 cm diameter
62142			822.48			Removal of bone flap or prosthetic plate of skull
62143			966.90			Replacement of bone flap or prosthetic plate of skull
62145			1,304.38			Cranioplasty for skull defect with reparative brain surgery
62146			1,136.04			Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter
62147			1,345.03			Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter
62148			119.50			Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)
62160			186.27			Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)
62161			1,434.31			Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)
62162			1,766.66			Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage
62163			1,121.55			Neuroendoscopy, intracranial; with retrieval of foreign body
62164			1,871.31			Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage
62165			1,457.96			Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach
62180			1,483.31			Ventriculocisternostomy (Torkildsen type operation)
62190			828.82			Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
62192			902.86			Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus
62194	381.03		349.93			Replacement or irrigation, subarachnoid/subdural catheter
62200			1,290.31			Ventriculocisternostomy, third ventricle;
62201			1,108.52			Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method
62220			960.45			Creation of shunt; ventriculo-atrial, -jugular, -auricular
62223			973.76			Creation of shunt; ventriculo-peritoneal, -pleural, other terminus
62225			470.75			Replacement or irrigation, ventricular catheter
62230	1,621.15			784.05		Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
62252	47.81		106.13	45.69	60.44	Reprogramming of programmable cerebrospinal shunt
62256			544.75			Removal of complete cerebrospinal fluid shunt system; without replacement
62258			1,057.40			Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
62263	647.43		741.14			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	647.43		466.47			Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62268	381.03		594.16			Percutaneous aspiration, spinal cord cyst or syrinx
62269	417.18		664.06			Biopsy of spinal cord, percutaneous needle
62270	183.07		172.99			Spinal puncture, lumbar, diagnostic
62272	183.07		206.60			Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	183.07		178.11			Injection, epidural, of blood or clot patch
62280	315.26		364.83			Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	315.26		320.67			Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	315.26		370.94			Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62284			258.08			Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
62287	1,486.81			547.49		Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)
62290			377.21			Injection procedure for discography, each level; lumbar
62291			341.43			Injection procedure for discography, each level; cervical or thoracic
62292	381.03		505.57			Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
62294	381.03		751.19			Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
62310	315.26		248.32			Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
62311	315.26		229.72			Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62318	315.26		276.23			Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62319	315.26		246.19			Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62350	1,621.15			487.36		Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351			801.60			Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
62355	647.43		400.36			Removal of previously implanted intrathecal or epidural catheter
62360	1,621.15			270.70		Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	11,790.17			432.64		Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
62362	11,790.17			535.90		Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365	1,486.81			418.10		Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	19.13		41.22			Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming
62368	23.16		56.40			Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
63001			1,154.56			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			1,165.17			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			1,110.10			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
63011			1,037.78			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral
63012			1,133.46			Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63015			1,395.33			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical
63016			1,424.77			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic
63017			1,173.00			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
63020			1,109.66			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; one interspace, cervical
63030		I	2,974.28			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; one interspace, lumbar (including open or endoscopically-assisted approach)
63035			195.21			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
63040			1,348.03			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
63042			1,268.02			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63043			I.C.			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
63044			I.C.			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
63045			1,204.42			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			1,151.06			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		I	3,399.04			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
63048			208.64			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63050			1,431.55			Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;
63051			1,617.79			Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)
63055			1,547.36			Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
63056			1,436.03			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)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
63057			322.15			Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63064			1,698.06			Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
63066			197.81			Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)
63075		I	3,880.72			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63076			249.10			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
63077			1,445.93			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace
63078			197.59			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)
63081			1,693.61			Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63082			268.73			Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
63085			1,804.21			Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086			190.12			Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)
63087			2,293.98			Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment
63088			258.61			Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
63090			1,877.97			Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
63091			177.68			Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)
63101			2,165.16			Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment
63102			2,160.56			Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment
63103			282.83			Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)
63170			1,413.07			Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172			1,305.70			Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173			1,603.55			Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
63180			1,320.15			Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments
63182			1,351.65			Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than two segments
63185			1,054.46			Laminectomy with rhizotomy; one or two segments
63190			1,192.24			Laminectomy with rhizotomy; more than two segments
63191			1,167.73			Laminectomy with section of spinal accessory nerve
63194			1,375.62			Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; cervical
63195			1,414.26			Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; thoracic
63196			1,657.13			Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; cervical
63197			1,431.91			Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; thoracic
63198			1,608.62			Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; cervical
63199			1,671.03			Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; thoracic

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
63200			1,415.09			Laminectomy, with release of tethered spinal cord, lumbar
63250			2,703.94			Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251			2,847.80			Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252			2,830.88			Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265			1,565.05			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266			1,611.52			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267			1,301.85			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268			1,287.58			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270			1,927.35			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271			1,935.68			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272			1,787.29			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63273			1,726.04			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275			1,686.30			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276			1,674.03			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277			1,477.86			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278			1,447.19			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280			1,988.64			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281			1,971.72			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63282			1,857.48			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283			1,772.02			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63285			2,445.54			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286			2,445.11			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63287			2,567.18			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63290			2,577.67			Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
63295			304.48			Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
63300			1,736.84			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301			1,919.84			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach
63302			1,906.93			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach
63303			2,016.25			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63304			2,145.63			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63305			2,210.39			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
63306			2,251.56			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach
63307			2,050.67			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63308			322.52			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)
63600	806.70		775.64			Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	806.70		2,018.72			Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63615	806.70		1,083.02			Stereotactic biopsy, aspiration, or excision of lesion, spinal cord
63650	3,714.19			414.74		Percutaneous implantation of neurostimulator electrode array, epidural
63655	4,911.13			797.56		Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63660	1,004.30			419.96		Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)
63685	15,677.98			479.69		Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	1,538.02			397.89		Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63700			1,163.43			Repair of meningocele; less than 5 cm diameter
63702			1,265.15			Repair of meningocele; larger than 5 cm diameter
63704			1,461.97			Repair of myelomeningocele; less than 5 cm diameter

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
63706			1,687.67			Repair of myelomeningocele; larger than 5 cm diameter
63707			860.65			Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
63709			1,045.82			Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
63710			1,043.36			Dural graft, spinal
63740			874.39			Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy
63741			580.50			Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
63744	1,621.15			613.07		Replacement, irrigation or revision of lumbosubarachnoid shunt
63746	253.00		511.11			Removal of entire lumbosubarachnoid shunt system without replacement
64400	60.67		116.40			Injection, anesthetic agent; trigeminal nerve, any division or branch
64402	55.52		114.88			Injection, anesthetic agent; facial nerve
64405	48.17		107.76			Injection, anesthetic agent; greater occipital nerve
64408	55.52		120.64			Injection, anesthetic agent; vagus nerve
64410	315.26		153.24			Injection, anesthetic agent; phrenic nerve
64412	87.88		152.69			Injection, anesthetic agent; spinal accessory nerve
64413	57.74		122.92			Injection, anesthetic agent; cervical plexus
64415	183.07		150.35			Injection, anesthetic agent; brachial plexus, single
64416	315.26		169.74			Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration
64417	183.07		155.11			Injection, anesthetic agent; axillary nerve
64418	83.10		151.19			Injection, anesthetic agent; suprascapular nerve
64420	183.07		187.22			Injection, anesthetic agent; intercostal nerve, single
64421	183.07		282.51			Injection, anesthetic agent; intercostal nerves, multiple, regional block
64425	54.06		131.31			Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	315.26		165.62			Injection, anesthetic agent; pudendal nerve
64435	83.10		158.33			Injection, anesthetic agent; paracervical (uterine) nerve
64445	79.07		152.49			Injection, anesthetic agent; sciatic nerve, single
64446	647.43		163.31			Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement), including daily management for anesthetic agent administration
64447	183.07		67.72			Injection, anesthetic agent; femoral nerve, single
64448			147.73			Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration
64449			146.88			Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration
64450	45.97		105.25			Injection, anesthetic agent; other peripheral nerve or branch

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
64470	315.26		321.00			Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64472	183.07		128.37			Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64475	315.26		293.25			Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level
64476	103.73		109.66			Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64479	315.26		337.39			Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
64480	183.07		156.84			Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	315.26		337.89			Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
64484	183.07		160.58			Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64505	43.39		103.75			Injection, anesthetic agent; sphenopalatine ganglion
64508	98.55		163.69			Injection, anesthetic agent; carotid sinus (separate procedure)
64510	315.26		167.11			Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	315.26		180.59			Injection, anesthetic agent; superior hypogastric plexus
64520	315.26		226.16			Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	315.26		223.57			Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64550			17.49			Application of surface (transcutaneous) neurostimulator
64553	14,145.64			211.07		Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	3,714.19			219.21		Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64560	3,714.19			203.85		Percutaneous implantation of neurostimulator electrodes; autonomic nerve
64561	3,714.19			1,400.02		Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64565	3,714.19			197.23		Percutaneous implantation of neurostimulator electrodes; neuromuscular
64573	14,145.64			566.03		Incision for implantation of neurostimulator electrodes; cranial nerve
64575	4,911.13			276.58		Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64577	4,911.13			375.09		Incision for implantation of neurostimulator electrodes; autonomic nerve

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
64580	4,911.13		296.21		Incision for implantation of neurostimulator electrodes; neuromuscular
64581	4,911.13		790.31		Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64585	1,004.30		472.85		Revision or removal of peripheral neurostimulator electrodes
64590	12,045.40		399.93		Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	1,538.02		453.00		Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
64600	647.43	468.47			Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	647.43	601.74			Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	647.43	707.34			Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64612	74.65	164.34			Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
64613	79.07	169.86			Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)
64614	89.00	189.50			Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)
64620	315.26	296.04			Destruction by neurolytic agent, intercostal nerve
64622	647.43	380.53			Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
64623	315.26	142.39			Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64626	647.43	424.56			Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level
64627	103.73	200.50			Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64630	315.26	236.28			Destruction by neurolytic agent; pudendal nerve
64640	121.36	255.50			Destruction by neurolytic agent; other peripheral nerve or branch
64650	29.05	62.06			Chemodenervation of eccrine glands; both axillae
64653	30.53	70.65			Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
64680	647.43	347.77			Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64681	647.43	462.41			Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
64702	806.70	435.06			Neuroplasty; digital, one or both, same digit
64704	806.70	327.58			Neuroplasty; nerve of hand or foot
64708	806.70	449.65			Neuroplasty, major peripheral nerve, arm or leg; other than specified

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
64712	806.70		515.89			Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve
64713	806.70		714.66			Neuroplasty, major peripheral nerve, arm or leg; brachial plexus
64714	806.70		589.58			Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus
64716	806.70		516.39			Neuroplasty and/or transposition; cranial nerve (specify)
64718	806.70	I	1,425.12			Neuroplasty and/or transposition; ulnar nerve at elbow
64719	806.70		389.34			Neuroplasty and/or transposition; ulnar nerve at wrist
64721	806.70	I	1,033.44			Neuroplasty and/or transposition; median nerve at carpal tunnel
64722	806.70		315.23			Decompression; unspecified nerve(s) (specify)
64726	806.70		288.81			Decompression; plantar digital nerve
64727	806.70		181.91			Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64732	806.70		358.38			Transection or avulsion of; supraorbital nerve
64734	806.70		407.92			Transection or avulsion of; infraorbital nerve
64736	806.70		368.87			Transection or avulsion of; mental nerve
64738	806.70		459.22			Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	806.70		462.08			Transection or avulsion of; lingual nerve
64742	806.70		459.01			Transection or avulsion of; facial nerve, differential or complete
64744	806.70		407.31			Transection or avulsion of; greater occipital nerve
64746	806.70		437.54			Transection or avulsion of; phrenic nerve
64752			472.98			Transection or avulsion of; vagus nerve (vagotomy), transthoracic
64755			822.65			Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)
64760			446.63			Transection or avulsion of; vagus nerve (vagotomy), abdominal
64761	806.70		433.27			Transection or avulsion of; pudendal nerve
64763	806.70		492.31			Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766	1,486.81			580.35		Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771	806.70		568.45			Transection or avulsion of other cranial nerve, extradural
64772	806.70		537.29			Transection or avulsion of other spinal nerve, extradural
64774	806.70		397.69			Excision of neuroma; cutaneous nerve, surgically identifiable
64776	806.70		381.55			Excision of neuroma; digital nerve, one or both, same digit
64778	806.70		182.11			Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782	806.70		440.70			Excision of neuroma; hand or foot, except digital nerve
64783	806.70		215.60			Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
64784	806.70	698.71			Excision of neuroma; major peripheral nerve, except sciatic
64786	1,486.81		1,049.32		Excision of neuroma; sciatic nerve
64787	806.70	250.39			Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788	806.70	370.44			Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	806.70	798.28			Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	1,486.81		1,005.49		Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795	806.70	186.94			Biopsy of nerve
64802	806.70	587.13			Sympathectomy, cervical
64804		905.63			Sympathectomy, cervicothoracic
64809		838.37			Sympathectomy, thoracolumbar
64818		644.57			Sympathectomy, lumbar
64820	806.70	731.52			Sympathectomy; digital arteries, each digit
64821	1,175.77		670.38		Sympathectomy; radial artery
64822	1,175.77		667.11		Sympathectomy; ulnar artery
64823	1,175.77		751.81		Sympathectomy; superficial palmar arch
64831	1,486.81		706.84		Suture of digital nerve, hand or foot; one nerve
64832	1,486.81		338.98		Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64834	1,486.81		723.44		Suture of one nerve; hand or foot, common sensory nerve
64835	1,486.81		784.22		Suture of one nerve; median motor thenar
64836	1,486.81		785.64		Suture of one nerve; ulnar motor
64837	1,486.81		375.95		Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
64840	1,486.81		877.79		Suture of posterior tibial nerve
64856	1,486.81		980.83		Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	1,486.81		1,025.71		Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	1,486.81		1,172.21		Suture of sciatic nerve
64859	1,486.81		255.87		Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861	1,486.81		1,331.97		Suture of brachial plexus
64862	1,486.81		1,352.14		Suture of lumbar plexus
64864	1,486.81		865.96		Suture of facial nerve; extracranial
64865	1,486.81		1,166.62		Suture of facial nerve; infratemporal, with or without grafting
64866		1,190.42			Anastomosis; facial-spinal accessory
64868		1,036.54			Anastomosis; facial-hypoglossal
64870	1,486.81		1,004.33		Anastomosis; facial-phrenic
64872	1,486.81		119.44		Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)
64874	1,486.81		178.31		Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876	1,486.81		202.34		Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
64885	1,486.81			1,119.53		Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886	1,486.81			1,320.59		Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890	1,486.81			1,055.79		Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	1,486.81			1,033.57		Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892	1,486.81			1,021.56		Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893	1,486.81			1,098.86		Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895	1,486.81			1,245.47		Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	1,486.81			1,361.18		Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897	1,486.81			1,221.59		Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	1,486.81			1,329.50		Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901	1,486.81			594.15		Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64902	1,486.81			694.10		Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905	1,486.81			928.43		Nerve pedicle transfer; first stage
64907	1,486.81			1,208.97		Nerve pedicle transfer; second stage
64910	806.70		649.39			Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
64911			787.29			Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
64999			I.C.			Unlisted procedure, nervous system
65091	1,685.83			600.08		Evisceration of ocular contents; without implant
65093	1,685.83			603.98		Evisceration of ocular contents; with implant
65101	1,685.83			689.80		Enucleation of eye; without implant
65103	1,685.83			717.12		Enucleation of eye; with implant, muscles not attached to implant
65105	1,685.83			786.57		Enucleation of eye; with implant, muscles attached to implant
65110	1,685.83			1,128.42		Exenteration of orbit (does not include skin graft), removal of orbital contents; only
65112	1,685.83			1,337.22		Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
65114	1,685.83			1,378.80		Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap
65125	837.04		471.45			Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
65130	1,086.26			678.70		Insertion of ocular implant secondary; after evisceration, in scleral shell
65135	1,086.26			690.21		Insertion of ocular implant secondary; after enucleation, muscles not attached to implant

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
65140	1,685.83		747.37		Insertion of ocular implant secondary; after enucleation, muscles attached to implant
65150	1,086.26		553.26		Reinsertion of ocular implant; with or without conjunctival graft
65155	1,685.83		795.23		Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
65175	837.04	612.98			Removal of ocular implant
65205	22.06	52.76			Removal of foreign body, external eye; conjunctival superficial
65210	27.95	64.86			Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	38.86	54.28			Removal of foreign body, external eye; corneal, without slit lamp
65222	30.53	71.16			Removal of foreign body, external eye; corneal, with slit lamp
65235	722.66	622.02			Removal of foreign body, intraocular; from anterior chamber of eye or lens
65260	814.89	860.16			Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
65265	1,244.34		963.98		Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
65270	837.04	276.30			Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65272	1,035.68		481.19		Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
65273		338.05			Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization
65275	1,035.68		507.87		Repair of laceration; cornea, nonperforating, with or without removal foreign body
65280	814.89	591.79			Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
65285	1,662.75		916.92		Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65286	228.66	684.92			Repair of laceration; application of tissue glue, wounds of cornea and/or sclera
65290	1,078.29		437.37		Repair of wound, extraocular muscle, tendon and/or Tenon's capsule
65400	722.66	619.91			Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410	722.66	139.28			Biopsy of cornea
65420	722.66	512.84			Excision or transposition of pterygium; without graft
65426	1,035.68		630.20		Excision or transposition of pterygium; with graft
65430	38.86	107.06			Scraping of cornea, diagnostic, for smear and/or culture
65435	34.20	75.42			Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	722.66	347.88			Removal of corneal epithelium; with application of chelating agent (eg, EDTA)
65450	97.37	297.30			Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
65600	173.20	361.31			Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
65710	1,675.35		990.48		Keratoplasty (corneal transplant); lamellar

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
65730	1,675.35		1,095.79		Keratoplasty (corneal transplant); penetrating (except in aphakia)
65750	1,675.35		1,108.61		Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	1,675.35		1,102.26		Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65760		I.C.			Keratomileusis
65765		I.C.			Keratophakia
65767		I.C.			Epikeratoplasty
65770	3,789.74		1,260.93		Keratoprosthesis
65771		I.C.			Radial keratotomy
65772	722.66	414.53			Corneal relaxing incision for correction of surgically induced astigmatism
65775	722.66	497.31			Corneal wedge resection for correction of surgically induced astigmatism
65780	1,675.35		811.63		Ocular surface reconstruction; amniotic membrane transplantation
65781	1,675.35		1,203.64		Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
65782	1,675.35		1,041.25		Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
65800	722.66	141.56			Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous
65805	722.66	157.21			Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous
65810	1,035.68		416.20		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	1,035.68		619.64		Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
65820	228.66	690.83			Goniotomy
65850	1,035.68		762.06		Trabeculotomy ab externo
65855	143.05	318.36			Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)
65860	133.86	294.95			Severing adhesions of anterior segment, laser technique (separate procedure)
65865	722.66	439.15			Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
65870	1,035.68		534.39		Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae
65875	1,035.68		566.76		Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
65880	722.66	596.11			Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions
65900	722.66	875.73			Removal of epithelial downgrowth, anterior chamber of eye

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
65920	1,035.68		704.78		Removal of implanted material, anterior segment of eye
65930	1,035.68		582.41		Removal of blood clot, anterior segment of eye
66020	722.66	184.87			Injection, anterior chamber of eye (separate procedure); air or liquid
66030	228.66	166.21			Injection, anterior chamber of eye (separate procedure); medication
66130	1,035.68		670.12		Excision of lesion, sclera
66150	1,035.68		780.68		Fistulization of sclera for glaucoma; trephination with iridectomy
66155	1,035.68		777.46		Fistulization of sclera for glaucoma; thermocauterization with iridectomy
66160	1,035.68		878.53		Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
66165	1,035.68		764.38		Fistulization of sclera for glaucoma; iridencleisis or iridotasis
66170	1,035.68		1,062.72		Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66172	1,035.68		1,332.37		Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66180	1,774.58		1,039.12		Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)
66185	1,774.58		663.09		Revision of aqueous shunt to extraocular reservoir
66220	1,662.75		646.78		Repair of scleral staphyloma; without graft
66225	1,774.58		827.20		Repair of scleral staphyloma; with graft
66250	722.66	727.18			Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
66500	228.66	330.89			Iridotomy by stab incision (separate procedure); except transfixion
66505	228.66	361.04			Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66600	1,035.68		729.84		Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605	1,035.68		949.06		Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625	228.66	390.74			Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
66630	1,035.68		506.24		Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
66635	1,035.68		510.70		Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
66680	1,035.68		459.11		Repair of iris, ciliary body (as for iridodialysis)
66682	1,035.68		559.96		Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
66700	722.66	410.56			Ciliary body destruction; diathermy
66710	722.66	404.28			Ciliary body destruction; cyclophotocoagulation, transscleral
66711	722.66	565.55			Ciliary body destruction; cyclophotocoagulation, endoscopic
66720	722.66	430.57			Ciliary body destruction; cryotherapy
66740	1,035.68		401.05		Ciliary body destruction; cyclodialysis

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
66761	194.90		416.68			Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions)
66762	197.48		433.78			Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
66770	213.29		479.39			Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
66820	228.66		380.14			Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	232.38		298.92			Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)
66825	1,035.68			700.69		Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
66830	228.66		633.84			Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	666.62		621.16			Removal of lens material; aspiration technique, one or more stages
66850	1,282.70			704.15		Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	1,282.70			752.67		Removal of lens material; pars plana approach, with or without vitrectomy
66920	1,282.70			673.05		Removal of lens material; intracapsular
66930	1,282.70			762.26		Removal of lens material; intracapsular, for dislocated lens
66940	666.62		695.11			Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982	1,066.48			958.35		Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
66983	1,066.48			642.89		Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
66984	1,066.48			684.39		Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
66985	1,066.48			678.55		Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	1,066.48			833.34		Exchange of intraocular lens
66990			81.73			Use of ophthalmic endoscope (List separately in addition to code for primary procedure)
66999			I.C.			Unlisted procedure, anterior segment of eye

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
67005	1,244.34		422.65		Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010	1,244.34		486.95		Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
67015	1,244.34		529.04		Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
67025	1,244.34		673.34		Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)
67027	1,662.75		759.94		Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
67028	89.00	201.49			Intravitreal injection of a pharmacologic agent (separate procedure)
67030	814.89	472.72			Discission of vitreous strands (without removal), pars plana approach
67031	232.38	353.80			Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)
67036	1,662.75		859.70		Vitrectomy, mechanical, pars plana approach;
67039	1,662.75		1,107.45		Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	1,662.75		1,273.05		Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041	1,662.75		1,151.81		Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)
67042	1,662.75		1,314.43		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	1,662.75		1,382.86		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	323.60	710.23			Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid
67105	232.38	652.90			Repair of retinal detachment, one or more sessions; photocoagulation, with or without drainage of subretinal fluid
67107	1,662.75		1,078.61		Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid
67108	1,662.75		1,428.12		Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
67110	351.92	796.25			Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
67112	1,662.75		1,176.32		Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques
67113	1,662.75		1,520.34		Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
67115	814.89	440.10			Release of encircling material (posterior segment)
67120	814.89	611.81			Removal of implanted material, posterior segment; extraocular
67121	1,244.34		804.88		Removal of implanted material, posterior segment; intraocular
67141	184.70	471.79			Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy
67145	203.36	473.29			Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; photocoagulation (laser or xenon arc)
67208	216.23	537.07			Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; cryotherapy, diathermy
67210	229.47	619.64			Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; photocoagulation
67218	814.89	1,242.21			Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source)
67220	184.70	955.97			Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions
67221	133.12	290.41			Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67225	8.83	27.69			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	1,244.34		551.38		Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions, cryotherapy, diathermy
67228	232.38	1,062.81			Treatment of extensive or progressive retinopathy, one or more sessions; (eg, diabetic retinopathy), photocoagulation
67250	837.04	724.64			Scleral reinforcement (separate procedure); without graft
67255	1,244.34		775.21		Scleral reinforcement (separate procedure); with graft
67299		I.C.			Unlisted procedure, posterior segment

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
67311	1,078.29		535.36		Strabismus surgery, recession or resection procedure; one horizontal muscle
67312	1,078.29		634.37		Strabismus surgery, recession or resection procedure; two horizontal muscles
67314	1,078.29		597.26		Strabismus surgery, recession or resection procedure; one vertical muscle (excluding superior oblique)
67316	1,078.29		712.91		Strabismus surgery, recession or resection procedure; two or more vertical muscles (excluding superior oblique)
67318	1,078.29		626.16		Strabismus surgery, any procedure, superior oblique muscle
67320	1,078.29		280.26		Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
67331	1,078.29		265.22		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	1,078.29		288.79		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	1,078.29		261.27		Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)
67335	1,078.29		134.94		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	1,078.29		312.23		Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)
67343	1,078.29		583.65		Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
67345	87.52	216.39			Chemodenervation of extraocular muscle
67346	614.25	183.04			Biopsy of extraocular muscle
67399		I.C.			Unlisted procedure, ocular muscle
67400	1,086.26		867.27		Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	1,086.26		737.49		Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
67412	1,086.26		809.48		Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67413	1,086.26		807.81		Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
67414	1,685.83		1,171.52		Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
67415	837.04	94.55			Fine needle aspiration of orbital contents
67420	1,685.83		1,500.81		Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
67430	1,685.83		1,153.44		Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body
67440	1,685.83		1,119.69		Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage
67445	1,685.83		1,274.08		Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression
67450	1,685.83		1,157.67		Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
67500	97.37	79.20			Retrobulbar injection; medication (separate procedure, does not include supply of medication)
67505	129.69	75.70			Retrobulbar injection; alcohol
67515	25.01	80.00			Injection of medication or other substance into Tenon's capsule
67550	1,685.83		901.43		Orbital implant (implant outside muscle cone); insertion
67560	1,086.26		912.29		Orbital implant (implant outside muscle cone); removal or revision
67570	1,685.83		1,071.70		Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
67599		I.C.			Unlisted procedure, orbit
67700	129.69	286.84			Blepharotomy, drainage of abscess, eyelid
67710	166.58	245.98			Severing of tarsorrhaphy
67715	837.04	256.33			Canthotomy (separate procedure)
67800	55.16	118.60			Excision of chalazion; single
67801	66.92	151.00			Excision of chalazion; multiple, same lid
67805	86.42	187.94			Excision of chalazion; multiple, different lids
67808	837.04	328.16			Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67810	129.69	219.87			Biopsy of eyelid
67820	19.13	49.38			Correction of trichiasis; epilation, by forceps only
67825	57.74	122.16			Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
67830	325.54	280.22			Correction of trichiasis; incision of lid margin
67835	837.04	401.08			Correction of trichiasis; incision of lid margin, with free mucous membrane graft
67840	172.47	289.20			Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67850	122.46	213.76			Destruction of lesion of lid margin (up to 1 cm)
67875	325.54	178.91			Temporary closure of eyelids by suture (eg, Frost suture)
67880	722.66	435.86			Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
67882	837.04	529.65			Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
67900	837.04	618.16			Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	837.04	602.64			Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	837.04	620.06			Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
67903	837.04		606.11			Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	837.04		689.28			Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	837.04		465.96			Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	837.04		465.91			Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	837.04		522.97			Reduction of overcorrection of ptosis
67911	837.04		487.27			Correction of lid retraction
67912	837.04		959.40			Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	837.04		387.48			Repair of ectropion; suture
67915	189.38		351.44			Repair of ectropion; thermocauterization
67916	837.04		523.60			Repair of ectropion; excision tarsal wedge
67917	837.04		567.73			Repair of ectropion; extensive (eg, tarsal strip operations)
67921	837.04		370.88			Repair of entropion; suture
67922	184.97		341.98			Repair of entropion; thermocauterization
67923	837.04		546.89			Repair of entropion; excision tarsal wedge
67924	837.04		572.93			Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	185.33		361.28			Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	837.04		577.42			Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67938	97.37		260.08			Removal of embedded foreign body, eyelid
67950	837.04		563.67			Canthoplasty (reconstruction of canthus)
67961	837.04		562.93			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	837.04		707.96			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	1,086.26			662.65		Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage
67973	1,086.26			857.14		Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage
67974	1,086.26			853.35		Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage
67975	837.04		626.33			Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
67999			I.C.			Unlisted procedure, eyelids
68020	48.54		110.01			Incision of conjunctiva, drainage of cyst
68040	23.90		60.60			Expression of conjunctival follicles (eg, for trachoma)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
68100	102.96		177.53			Biopsy of conjunctiva
68110	131.64		229.05			Excision of lesion, conjunctiva; up to 1 cm
68115	837.04		321.90			Excision of lesion, conjunctiva; over 1 cm
68130	722.66		531.06			Excision of lesion, conjunctiva; with adjacent sclera
68135	62.52		144.45			Destruction of lesion, conjunctiva
68200	18.02		39.88			Subconjunctival injection
68320	837.04		698.38			Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325	1,086.26			591.91		Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
68326	1,086.26			575.14		Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328	1,086.26			646.84		Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
68330	1,035.68			586.98		Repair of symblepharon; conjunctivoplasty, without graft
68335	1,086.26			575.89		Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	837.04		534.25			Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens
68360	1,035.68			511.92		Conjunctival flap; bridge or partial (separate procedure)
68362	1,035.68			582.85		Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
68371	722.66		384.94			Harvesting conjunctival allograft, living donor
68399			I.C.			Unlisted procedure, conjunctiva
68400	129.69		298.29			Incision, drainage of lacrimal gland
68420	198.21		330.60			Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
68440	61.41		111.14			Snip incision of lacrimal punctum
68500	1,086.26			886.18		Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505	1,086.26			890.82		Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68510	837.04		452.55			Biopsy of lacrimal gland
68520	1,086.26			624.39		Excision of lacrimal sac (dacryocystectomy)
68525	837.04		240.36			Biopsy of lacrimal sac
68530	253.00		447.83			Removal of foreign body or dacryolith, lacrimal passages
68540	1,086.26			834.41		Excision of lacrimal gland tumor; frontal approach
68550	1,086.26			1,015.56		Excision of lacrimal gland tumor; involving osteotomy
68700	1,086.26			537.05		Plastic repair of canaliculi
68705	129.69		239.72			Correction of everted punctum, cautery
68720	1,086.26			686.34		Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745	1,086.26			688.30		Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750	1,086.26			711.20		Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68760	97.37		203.29			Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	75.39		143.27			Closure of the lacrimal punctum; by plug, each
68770	837.04		492.45			Closure of lacrimal fistula (separate procedure)

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
68801	38.86		119.89			Dilation of lacrimal punctum, with or without irrigation
68810	97.37		255.27			Probing of nasolacrimal duct, with or without irrigation;
68811	837.04		189.98			Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	837.04		453.11			Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
68816	468.12		694.08			Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
68840	57.00		116.50			Probing of lacrimal canaliculi, with or without irrigation
68850			65.34			Injection of contrast medium for dacryocystography
68899			I.C.			Unlisted procedure, lacrimal system
69000	62.85		186.35			Drainage external ear, abscess or hematoma; simple
69005	108.85		214.06			Drainage external ear, abscess or hematoma; complicated
69020	62.85		240.77			Drainage external auditory canal, abscess
69100	65.45		110.49			Biopsy external ear
69105	91.57		145.73			Biopsy external auditory canal
69110	719.48		463.01			Excision external ear; partial, simple repair
69120	1,071.47			416.28		Excision external ear; complete amputation
69140	1,071.47			903.99		Excision exostosis(es), external auditory canal
69145	719.48		391.81			Excision soft tissue lesion, external auditory canal
69150	332.81		1,069.75			Radical excision external auditory canal lesion; without neck dissection
69155			1,686.59			Radical excision external auditory canal lesion; with neck dissection
69200	28.19		132.57			Removal foreign body from external auditory canal; without general anesthesia
69205	943.36		103.81			Removal foreign body from external auditory canal; with general anesthesia
69210	22.06		49.94			Removal impacted cerumen (separate procedure), one or both ears
69220	35.44		143.67			Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
69222	143.79		232.05			Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)
69310	1,782.06			1,127.78		Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
69399			I.C.			Unlisted procedure, external ear
69400	91.57		145.05			Eustachian tube inflation, transnasal; with catheterization
69401	50.74		86.53			Eustachian tube inflation, transnasal; without catheterization
69405	131.64		261.55			Eustachian tube catheterization, transtympanic
69420	111.73		198.52			Myringotomy including aspiration and/or eustachian tube inflation
69421	729.71		156.76			Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	83.10		135.14			Ventilating tube removal requiring general anesthesia
69433	117.68		204.23			Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	729.71		169.96			Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440	1,071.47			690.41		Middle ear exploration through postauricular or ear canal incision

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
69450	1,782.06		542.42		Tympanolysis, transcanal
69501	1,782.06		740.16		Transmastoid antrotomy (simple mastoidectomy)
69502	1,071.47		975.75		Mastoidectomy; complete
69505	1,782.06		1,244.79		Mastoidectomy; modified radical
69511	1,782.06		1,274.67		Mastoidectomy; radical
69530	1,782.06		1,688.16		Petrous apicectomy including radical mastoidectomy
69535	140.47	2,712.65			Resection temporal bone, external approach
69540	1,782.06		220.48		Excision aural polyp
69550	1,782.06		1,074.71		Excision aural glomus tumor; transcanal
69552	1,782.06		1,614.72		Excision aural glomus tumor; transmastoid
69554		2,557.82			Excision aural glomus tumor; extended (extratemporal)
69601	1,782.06		1,053.12		Revision mastoidectomy; resulting in complete mastoidectomy
69602	1,782.06		1,098.43		Revision mastoidectomy; resulting in modified radical mastoidectomy
69603	1,782.06		1,316.26		Revision mastoidectomy; resulting in radical mastoidectomy
69604	1,782.06		1,124.32		Revision mastoidectomy; resulting in tympanoplasty
69605	1,782.06		1,604.86		Revision mastoidectomy; with apicectomy
69610	192.33	403.57			Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
69620	1,071.47		724.43		Myringoplasty (surgery confined to drumhead and donor area)
69631	1,782.06		886.36		Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	1,782.06		1,085.37		Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)
69633	1,782.06		1,046.94		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	1,782.06		1,250.39		Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636	1,782.06		1,422.40		Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69637	1,782.06		1,414.67		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
69641	1,782.06		1,048.68		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	**40.06(8) - Surgical Services Description** (con't)
69642	1,782.06		1,350.89		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643	1,782.06		1,232.09		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644	1,782.06		1,525.80		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	1,782.06		1,494.88		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646	1,782.06		1,584.45		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69650	1,071.47		802.76		Stapes mobilization
69660	1,782.06		935.85		Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
69661	1,782.06		1,226.07		Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662	1,782.06		1,170.69		Revision of stapedectomy or stapedotomy
69666	1,782.06		813.50		Repair oval window fistula
69667	1,782.06		815.22		Repair round window fistula
69670	1,782.06		953.02		Mastoid obliteration (separate procedure)
69676	1,782.06		843.41		Tympanic neurectomy
69700	1,782.06		715.66		Closure postauricular fistula, mastoid (separate procedure)
69710		I.C.			Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	1,782.06		871.74		Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	1,782.06		1,085.38		Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715	1,782.06		1,339.39		Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69717	1,782.06		1,157.52		Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69718	1,782.06		1,407.91		Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69720	1,782.06		1,189.52		Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69725		1,889.00			Decompression facial nerve, intratemporal; including medial to geniculate ganglion

40.06: continued

Code	ASC Incl Rate	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
69740	1,782.06		1,166.32		Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745	1,782.06		1,185.04		Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
69799		I.C.			Unlisted procedure, middle ear
69801	1,782.06		754.22		Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal
69802	1,782.06		1,045.89		Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); with mastoidectomy
69805	1,782.06		1,054.61		Endolymphatic sac operation; without shunt
69806	1,782.06		950.87		Endolymphatic sac operation; with shunt
69820	1,782.06		876.41		Fenestration semicircular canal
69840	1,782.06		941.26		Revision fenestration operation
69905	1,782.06		923.19		Labyrinthectomy; transcanal
69910	1,782.06		1,028.43		Labyrinthectomy; with mastoidectomy
69915	1,782.06		1,544.64		Vestibular nerve section, translabyrinthine approach
69930	25,420.43		1,283.32		Cochlear device implantation, with or without mastoidectomy
69949		I.C.			Unlisted procedure, inner ear
69950		1,828.97			Vestibular nerve section, transcranial approach
69955		2,011.27			Total facial nerve decompression and/or repair (may include graft)
69960		1,937.08			Decompression internal auditory canal
69970		2,157.75			Removal of tumor, temporal bone
69979		I.C.			Unlisted procedure, temporal bone, middle fossa approach
69990		215.24			Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
88000		I.C.			Necropsy (autopsy), gross examination only; without CNS
88005		I.C.			Necropsy (autopsy), gross examination only; with brain
88007		I.C.			Necropsy (autopsy), gross examination only; with brain and spinal cord
88020		I.C.			Necropsy (autopsy), gross and microscopic; without CNS
88025		I.C.			Necropsy (autopsy), gross and microscopic; with brain
88027		I.C.			Necropsy (autopsy), gross and microscopic; with brain and spinal cord
88036		I.C.			Necropsy (autopsy), limited, gross and/or microscopic; regional
88037		I.C.			Necropsy (autopsy), limited, gross and/or microscopic; single organ
88040		I.C.			Necropsy (autopsy); forensic examination
88045		I.C.			Necropsy (autopsy); coroner's call
88099		I.C.			Unlisted necropsy (autopsy) procedure
88300		26.81	4.41	22.39	Level I - Surgical pathology, gross examination only

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
88302			58.73	7.04	51.69	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization
88304			72.39	11.03	61.36	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity
88305			118.38	38.47	79.91	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/smallintestineProstate,needlebiopsy

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
						Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy
88307			232.33	82.78	149.55	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse
88309			342.83	139.42	203.40	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection
88311			19.38	12.18	7.20	Decalcification procedure (List separately in addition to code for surgical pathology examination)
88312			106.79	27.32	79.47	Special stains (List separately in addition to code for primary service); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
88313			82.44	12.18	70.26	Special stains (List separately in addition to code for primary service); Group II, all other (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each
88314			109.08	23.33	85.75	Special stains (List separately in addition to code for primary service); histochemical staining with frozen section(s)
88318			121.10	21.84	99.26	Determinative histochemistry to identify chemical components (eg, copper, zinc)
88319			172.11	27.44	144.67	Determinative histochemistry or cytochemistry to identify enzyme constituents, each
88321			91.67			Consultation and report on referred slides prepared elsewhere
88323			156.64	87.92	68.72	Consultation and report on referred material requiring preparation of slides
88325			210.35			Consultation, comprehensive, with review of records and specimens, with report on referred material
88329			53.85			Pathology consultation during surgery;
88331			96.42	62.08	34.34	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332			42.98	30.87	12.11	Pathology consultation during surgery; each additional tissue block with frozen section(s)
88333			98.60	62.88	35.72	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site
88334			57.88	36.57	21.31	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site
88342			109.69	43.27	66.42	Immunohistochemistry (including tissue immunoperoxidase), each antibody
88346			110.95	43.61	67.34	Immunofluorescent study, each antibody; direct method
88347			90.24	42.69	47.55	Immunofluorescent study, each antibody; indirect method
88348			691.10	77.75	613.35	Electron microscopy; diagnostic
88349			326.91	39.74	287.17	Electron microscopy; scanning
88355			343.23	91.96	251.27	Morphometric analysis; skeletal muscle
88356			328.36	149.06	179.31	Morphometric analysis; nerve
88358			82.18	48.32	33.86	Morphometric analysis; tumor (eg, DNA ploidy)
88360			131.09	56.39	74.70	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual
88361			179.33	60.78	118.55	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology
88362			301.82	111.31	190.51	Nerve teasing preparations
88365			168.13	60.28	107.85	In situ hybridization (eg, FISH), each probe
88367			259.71	63.68	196.04	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology
88368			221.24	69.39	151.85	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual
88371				18.46		Protein analysis of tissue by Western Blot, with interpretation and report;

40.06: continued

Code	ASC Rate	Incl	GL Fee	PC Fee	TC Fee	40.06(8) - Surgical Services Description (con't)
88372				19.38		Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each
88380			179.89	75.15	104.74	Microdissection (ie, sample preparation of microscopically identified target); laser capture
88381			248.43	56.82	191.62	Microdissection (ie, sample preparation of microscopically identified target); manual
88384			I.C.	I.C.	I.C.	Array-based evaluation of multiple molecular probes; 11 through 50 probes
88385			575.85	74.19	501.66	Array-based evaluation of multiple molecular probes; 51 through 250 probes
88386			586.80	93.28	493.52	Array-based evaluation of multiple molecular probes; 251 through 500 probes
88399			I.C.	I.C.	I.C.	Unlisted surgical pathology procedure

(9) Homemakers.

Code	Fee	40.06(9) Homemaker - Description
S5130	4.38	Homemaker service, NOS; per 15 minutes

(10) Medicine / Podiatric Care.

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description
90281	I.C.			Immune globulin (Ig), human, for intramuscular use
90283	I.C.			Immune globulin (IgIV), human, for intravenous use
90284	I.C.			Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
90287	I.C.			Botulinum antitoxin, equine, any route
90288	I.C.			Botulism immune globulin, human, for intravenous use
90291	I.C.			Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
90296	I.C.			Diphtheria antitoxin, equine, any route
90371	I.C.			Hepatitis B immune globulin (HBIg), human, for intramuscular use
90375	I.C.			Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use
90376	I.C.			Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use
90378	I.C.			Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each
90379	I.C.			Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use
90384	I.C.			Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
90385	I.C.			Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
90386	I.C.			Rho(D) immune globulin (RhIgIV), human, for intravenous use
90389	I.C.			Tetanus immune globulin (TIg), human, for intramuscular use
90393	I.C.			Vaccinia immune globulin, human, for intramuscular use
90396	I.C.			Varicella-zoster immune globulin, human, for intramuscular use
90399	I.C.			Unlisted immune globulin

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
90471	23.59			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472	11.40			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	14.39			Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90474	9.56			Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90476	I.C.			Adenovirus vaccine, type 4, live, for oral use
90477	I.C.			Adenovirus vaccine, type 7, live, for oral use
90581	I.C.			Anthrax vaccine, for subcutaneous use
90585	I.C.			Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90586	I.C.			Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90632	I.C.			Hepatitis A vaccine, adult dosage, for intramuscular use
90633	I.C.			Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	I.C.			Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	I.C.			Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90645	I.C.			Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
90646	I.C.			Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647	I.C.			Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648	I.C.			Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90649	I.C.			Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), three dose schedule, for intramuscular use
90675	I.C.			Rabies vaccine, for intramuscular use
90676	I.C.			Rabies vaccine, for intradermal use
90680	I.C.			Rotavirus vaccine, pentavalent, thee dose schedule, live, for oral use
90703	I.C.			Tetanus toxoid adsorbed, for intramuscular use
90716	I.C.			Varicella virus vaccine, live, for subcutaneous use
90740	I.C.			Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (three dose schedule), for intramuscular use
90743	I.C.			Hepatitis B vaccine, adolescent (two dose schedule), for intramuscular use
90744	I.C.			Hepatitis B vaccine, pediatric/adolescent dosage (three dose schedule), for intramuscular use
90746	I.C.			Hepatitis B vaccine, adult dosage, for intramuscular use
90747	I.C.			Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (four dose schedule), for intramuscular use
90748	I.C.			Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
90749	I.C.			Unlisted vaccine/toxoid
90760	70.96			Intravenous infusion, hydration; initial, 31 minutes to one hour

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
90761	20.84			Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
90765	87.06			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to one hour
90766	26.68			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
90767	44.05			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
90768	24.95			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
90769	189.86			Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
90770	17.47			Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
90771	85.91			Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
90772	23.59			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
90773	20.67			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial
90774	68.10			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
90775	29.47			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
90776	I.C.			Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
90779	I.C.			Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
90862	56.51			Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90901	40.37			Biofeedback training by any modality
90911	99.85			Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
90935	70.47			Hemodialysis procedure with single physician evaluation
90937	114.18			Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90940	I.C.			Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
90945	73.44			Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
90947	116.81			Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription
90989	I.C.			Dialysis training, patient, including helper where applicable, any mode, completed course
90993	I.C.			Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session
90997	91.32			Hemoperfusion (eg, with activated charcoal or resin)
90999	I.C.			Unlisted dialysis procedure, inpatient or outpatient
91000	82.74	36.87	45.87	Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)
91010	232.23	67.03	65.20	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study;
91011	299.06	81.85	217.21	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with mecholyl or similar stimulant
91012	311.50	79.26	232.24	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with acid perfusion studies
91020	268.01	76.58	191.43	Gastric motility (manometric) studies
91022	226.13	77.04	149.09	Duodenal motility (manometric) study
91030	155.76	49.30	106.46	Esophagus, acid perfusion (Bernstein) test for esophagitis
91034	252.59	52.41	200.18	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035	568.80	85.08	483.71	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
91037	184.01	52.87	131.14	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
91038	157.15	60.07	97.08	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than one hour, up to 24 hours)
91040	470.76	49.19	421.58	Esophageal balloon distension provocation study
91052	151.83	42.60	109.23	Gastric analysis test with injection of stimulant of gastric secretion (eg, histamine, insulin, pentagastrin, calcium and secretin)
91055	161.23	46.48	114.75	Gastric intubation, washings, and preparing slides for cytology (separate procedure)
91065	72.17	10.35	61.82	Breath hydrogen test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91100	152.66	I.C.	I.C.	Intestinal bleeding tube, passage, positioning and monitoring
91105	100.53	I.C.	I.C.	Gastric intubation, and aspiration or lavage for treatment (eg, for ingested poisons)
91110	1,115.00	194.64	920.36	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report
91111	902.81	55.76	847.06	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report
91120	493.94	49.49	444.45	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
91122	283.06	92.41	190.65	Anorectal manometry
91123	I.C.	I.C.	I.C.	Pulsed irrigation of fecal impaction
91132	I.C.	28.48	I.C.	Electrogastrography, diagnostic, transcutaneous;

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
91133	I.C.	36.32	I.C.	Electrogastrography, diagnostic, transcutaneous; with provocative testing
91299	I.C.	I.C.	I.C.	Unlisted diagnostic gastroenterology procedure
92002	74.37			Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	138.37			Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
92012	78.50			Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	113.36			Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits
92015	49.64			Determination of refractive state
92018	131.64			Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
92019	66.80			Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
92020	26.28			Gonioscopy (separate procedure)
92025	35.10	17.77	17.33	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060	58.98	36.13	22.85	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92065	44.99	18.46	26.54	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92070	70.07			Fitting of contact lens for treatment of disease, including supply of lens
92081	56.62	18.57	38.04	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus three or seven equivalent)
92082	74.08	22.69	51.39	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least two isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083	85.33	26.12	59.22	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least three isopters plotted and static determination within the central 30˚, or quantitative, automated threshold periimetry, Octopus program G-1, 32 or 42, Humphrey Visual field analyzer full threshold programs; 30-2, 24-2, or 30/60-2)
92100	91.39			Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
92120	75.20			Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method
92130	84.87			Tonography with water provocation
92135	48.91	18.23	30.68	Scanning computerized ophthalmic diagnostic imaging, posterior segment, (eg, scanning laser) with interpretation and report, unilateral
92136	91.72	28.86	62.86	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92140	60.64			Provocative tests for glaucoma, with interpretation and report, without tonography
92225	23.86			Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial
92226	21.69			Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent
92230	71.72			Fluorescein angioscopy with interpretation and report
92235	142.36	43.44	98.92	Fluorescein angiography (includes multiframe imaging) with interpretation and report
92240	281.90	59.17	222.73	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92250	80.52	22.69	57.83	Fundus photography with interpretation and report
92260	18.18			Ophthalmodynamometry
92265	86.53	40.82	45.71	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report
92270	94.51	41.44	53.07	Electro-oculography with interpretation and report
92275	136.32	53.33	82.99	Electroretinography with interpretation and report
92283	48.29	8.87	39.42	Color vision examination, extended, eg, anomaloscope or equivalent
92284	77.84	11.72	66.12	Dark adaptation examination with interpretation and report
92285	48.39	10.81	37.58	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)
92286	141.57	34.64	106.92	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count
92287	126.76			Special anterior segment photography with interpretation and report; with fluorescein angiography
92311	92.09			Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye
92312	102.38			Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	89.09			Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92315	65.37			Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye
92316	82.27			Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92352	41.47			Fitting of spectacle prosthesis for aphakia; monofocal
92353	48.05			Fitting of spectacle prosthesis for aphakia; multifocal

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
92354	213.81			Fitting of spectacle mounted low vision aid; single element system
92355	110.31			Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
92358	29.12			Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92371	20.39			Repair and refitting spectacles; spectacle prosthesis for aphakia
92499	I.C.			Unlisted ophthalmological service or procedure
92502	99.54			Otolaryngologic examination under general anesthesia
92504	31.76			Binocular microscopy (separate diagnostic procedure)
92531	I.C.			Spontaneous nystagmus, including gaze
92532	I.C.			Positional nystagmus test
92533	I.C.			Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92534	I.C.			Optokinetic nystagmus test
92541	65.03	21.16	43.87	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	68.32	17.55	50.77	Positional nystagmus test, minimum of 4 positions, with recording
92543	32.09	5.56	26.54	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
92544	54.42	13.78	40.64	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545	50.18	12.30	37.88	Oscillating tracking test, with recording
92546	98.25	14.80	83.45	Sinusoidal vertical axis rotational testing
92547	5.94			Use of vertical electrodes (List separately in addition to code for primary procedure)
92548	112.70	26.88	85.83	Computerized dynamic posturography
92603	155.79			Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	93.57			Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92605	I.C.			Evaluation for prescription of non-speech-generating augmentative and alternative communication device
92606	I.C.			Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607	179.17			Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	34.64			Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92609	94.18			Therapeutic services for the use of speech-generating device, including programming and modification
92610	120.69			Evaluation of oral and pharyngeal swallowing function
92611	126.21			Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	176.20			Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
92613	40.47			Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only
92614	157.79			Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
92615	35.90			Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only
92616	216.96			Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617	44.58			Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only
92620	72.68			Evaluation of central auditory function, with report; initial 60 minutes
92621	17.45			Evaluation of central auditory function, with report; each additional 15 minutes
92625	72.22			Assessment of tinnitus (includes pitch, loudness matching, and masking)
92626	98.46			Evaluation of auditory rehabilitation status; first hour
92627	23.61			Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
92630	I.C.			Auditory rehabilitation; prelingual hearing loss
92633	I.C.			Auditory rehabilitation; postlingual hearing loss
92640	61.98			Diagnostic analysis with programming of auditory brainstem implant, per hour
92700	I.C.			Unlisted otorhinolaryngological service or procedure
92950	309.02			Cardiopulmonary resuscitation (eg, in cardiac arrest)
92953	11.67			Temporary transcutaneous pacing
92960	324.71			Cardioversion, elective, electrical conversion of arrhythmia; external
92961	269.43			Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92970	182.63			Cardioassist-method of circulatory assist; internal
92971	106.88			Cardioassist-method of circulatory assist; external
92973	188.85			Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure)
92974	173.16			Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92975	415.46			Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977	238.87			Thrombolysis, coronary; by intravenous infusion
92978	I.C.	101.92	I.C.	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)
92979	I.C.	81.80	I.C.	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)
92980	863.21			Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
92981	239.56			Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
92982	640.48			Percutaneous transluminal coronary balloon angioplasty; single vessel
92984	170.76			Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
92986	1,445.83			Percutaneous balloon valvuloplasty; aortic valve
92987	1,497.88			Percutaneous balloon valvuloplasty; mitral valve
92990	1,141.16			Percutaneous balloon valvuloplasty; pulmonary valve
92992	I.C.			Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)
92993	I.C.			Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)
92995	704.25			Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel
92996	183.81			Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
92997	661.29			Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998	332.58			Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
93000	26.04			Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	17.17			Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010	8.87			Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93012	239.68			Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; tracing only
93014	28.02			Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; physician review with interpretation and report only
93015	119.10			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
93016	25.17			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report
93017	77.40			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
93018	16.53			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only
93024	134.68	64.62	70.06	Ergonovine provocation test
93025	295.39	42.16	253.23	Microvolt T-wave alternans for assessment of ventricular arrhythmias
93040	15.27			Rhythm ECG, one to three leads; with interpretation and report

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
93041	7.20			Rhythm ECG, one to three leads; tracing only without interpretation and report
93042	8.06			Rhythm ECG, one to three leads; interpretation and report only
93224	161.65			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
93225	50.73			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording (includes hook-up, recording, and disconnection)
93226	81.98			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning analysis with report
93227	28.94			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician review and interpretation
93230	168.24			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis
93231	54.85			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; recording (includes hook-up, recording, and disconnection)
93232	85.37			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; microprocessor-based analysis with report
93233	28.02			Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; physician review and interpretation
93235	I.C.			Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation
93236	I.C.			Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report,
93237	24.71			Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; physician review and interpretation

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
93268	330.39			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; includes transmission, physician review and interpretation
93270	37.38			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; recording (includes hook-up, recording, and disconnection)
93271	265.45			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; monitoring, receipt of transmissions, and analysis
93272	27.56			Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; physician review and interpretation only
93278	54.94	13.44	41.50	Signal-averaged electrocardiography (SAECG), with or without ECG
93303	255.46	68.60	186.86	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304	153.00	39.55	113.44	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93307	221.94	50.72	171.21	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete
93308	132.14	29.28	102.86	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study
93312	361.45	118.02	243.44	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313	42.06			Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314	316.31	67.35	248.96	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315	I.C.	151.01	I.C.	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316	45.44			Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317	I.C.	92.96	I.C.	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318	I.C.	110.15	I.C.	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93320	98.34	21.10	77.24	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
93321	48.78	8.64	40.14	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325	91.84	4.07	87.76	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350	226.69	82.41	144.28	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
93501	987.64	172.01	815.63	Right heart catheterization
93503	105.35			Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93505	728.68	249.33	479.35	Endomyocardial biopsy
93508	1,170.01	246.08	923.94	Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization
93510	1,774.58	259.13	1,515.45	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous
93511	I.C.	299.26	I.C.	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown
93514	I.C.	394.98	I.C.	Left heart catheterization by left ventricular puncture
93524	I.C.	411.06	I.C.	Combined transseptal and retrograde left heart catheterization
93526	2,288.94	354.39	1,934.55	Combined right heart catheterization and retrograde left heart catheterization
93527	I.C.	428.75	I.C.	Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)
93528	I.C.	520.23	I.C.	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)
93529	I.C.	285.29	I.C.	Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)
93530	I.C.	239.77	I.C.	Right heart catheterization, for congenital cardiac anomalies
93531	I.C.	466.92	I.C.	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
93532	I.C.	543.58	I.C.	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
93533	I.C.	379.67	I.C.	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
93539	74.25			Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (eg, internal mammary), whether native or used for bypass
93540	217.04			Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries
93541	16.18			Injection procedure during cardiac catheterization; for pulmonary angiography
93542	132.18			Injection procedure during cardiac catheterization; for selective right ventricular or right atrial angiography

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
93543	73.26			Injection procedure during cardiac catheterization; for selective left ventricular or left atrial angiography
93544	53.48			Injection procedure during cardiac catheterization; for aortography
93545	152.50			Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand)
93555	203.99	45.59	158.40	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography
93556	299.98	46.73	253.25	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)
93561	I.C.	24.58	I.C.	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562	I.C.	7.60	I.C.	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
93571	I.C.	101.00	I.C.	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	I.C.	78.90	I.C.	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)
93580	1,037.66			Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
93581	1,366.68			Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93600	I.C.	121.37	I.C.	Bundle of His recording
93602	I.C.	120.29	I.C.	Intra-atrial recording
93603	I.C.	120.12	I.C.	Right ventricular recording
93609	I.C.	286.27	I.C.	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
93610	I.C.	170.60	I.C.	Intra-atrial pacing
93612	I.C.	169.98	I.C.	Intraventricular pacing
93613	402.02			Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93615	I.C.	53.11	I.C.	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);
93616	I.C.	69.68	I.C.	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
93618	I.C.	244.78	I.C.	Induction of arrhythmia by electrical pacing

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
93619	I.C.	427.35	I.C.	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
93620	I.C.	670.33	I.C.	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
93621	I.C.	120.38	I.C.	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
93622	I.C.	176.42	I.C.	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
93623	I.C.	163.14	I.C.	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
93624	I.C.	284.25	I.C.	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
93631	I.C.	415.26	I.C.	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
93640	I.C.	200.22	I.C.	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implant
93641	I.C.	339.15	I.C.	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implant
93642	I.C.	282.04	287.38	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming
93650	615.71			Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93651	930.00			Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination
93652	1,013.24			Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia
93660	191.66	105.45	86.21	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
93662	I.C.	157.67	I.C.	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
93668	19.17			Peripheral arterial disease (PAD) rehabilitation, per session
93701	45.07	9.33	35.74	Bioimpedance, thoracic, electrical
93720	52.55			Plethysmography, total body; with interpretation and report
93721	44.14			Plethysmography, total body; tracing only, without interpretation and report
93722	8.41			Plethysmography, total body; interpretation and report only
93724	387.74	269.15	118.58	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93727	37.69			Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)
93731	50.00	24.87	25.13	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93732	80.00	51.64	28.36	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming
93733	47.49	9.33	38.16	Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93734	41.49	21.10	20.39	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93735	65.73	41.05	24.67	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming
93736	43.58	8.18	35.40	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93740	11.13	7.60	3.52	Temperature gradient studies

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
93741	74.98	44.78	30.20	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming
93742	83.34	51.30	32.04	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, with reprogramming
93743	90.66	57.70	32.96	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber or wearable cardioverter-defibrillator system, without reprogramming
93744	99.30	66.34	32.96	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber or wearable cardioverter-defibrillator system, with reprogramming
93745	I.C.	I.C.	I.C.	Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
93760	I.C.			Thermogram; cephalic
93762	I.C.			Thermogram; peripheral
93770	8.36	7.60	0.76	Determination of venous pressure
93784	81.53			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
93786	39.88			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93788	22.39			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93790	19.26			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report
93797	20.71			Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	30.57			Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
93799	I.C.	I.C.	I.C.	Unlisted cardiovascular service or procedure

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
93875	123.42	11.03	112.38	Noninvasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)
93880	301.44	30.89	270.55	Duplex scan of extracranial arteries; complete bilateral study
93882	197.28	20.84	176.44	Duplex scan of extracranial arteries; unilateral or limited study
93886	362.26	48.62	313.63	Transcranial Doppler study of the intracranial arteries; complete study
93888	241.11	32.33	208.78	Transcranial Doppler study of the intracranial arteries; limited study
93890	309.07	52.51	256.56	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
93892	328.92	59.01	269.91	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893	329.38	59.01	270.37	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93922	146.51	12.82	133.70	Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)
93923	223.38	23.01	200.37	Noninvasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethsmography, segmental transcutaneous oxygen tension measurements with postural provicative tests, measurements with reactive hyperemia)
93924	272.77	26.40	246.38	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
93925	372.10	29.75	342.35	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	233.14	20.04	213.10	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930	294.96	23.81	271.15	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931	194.97	16.09	178.88	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
93965	149.63	17.61	132.02	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
93970	300.75	35.14	265.60	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	200.64	23.17	177.48	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
93975	448.31	93.43	354.88	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	256.63	61.68	194.95	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978	278.11	34.12	243.99	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	192.96	22.83	170.13	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
93980	200.72	64.87	135.85	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981	156.56	22.53	134.03	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
93982	47.37			Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report
93990	228.52	13.12	215.40	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
94002	86.29			Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
94003	63.30			Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
94004	45.93			Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day
94005	85.23			Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan
94010	39.38	8.41	30.98	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94014	54.56			Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and physician review and interpretation
94015	29.30			Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
94016	25.26			Patient-initiated spirometric recording per 30-day period of time; physician review and interpretation only
94060	67.46	14.57	52.89	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070	65.81	28.75	37.06	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)
94150	24.62	3.61	21.01	Vital capacity, total (separate procedure)
94200	26.29	5.44	20.85	Maximum breathing capacity, maximal voluntary ventilation
94240	44.74	12.40	32.34	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method
94250	31.05	5.44	25.62	Expired gas collection, quantitative, single procedure (separate procedure)
94260	36.32	6.12	30.20	Thoracic gas volume
94350	42.14	12.40	29.74	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time
94360	48.72	12.40	36.32	Determination of resistance to airflow, oscillatory or plethysmographic methods
94370	40.16	12.40	27.76	Determination of airway closing volume, single breath tests
94375	41.86	14.57	27.30	Respiratory flow volume loop

40.06: continued

Code	GL Fee	PC Fee	TC Fee	**40.06(10) - Medical Service Description** (continued)
94400	59.62	19.62	40.00	Breathing response to CO2 (CO2 response curve)
94450	57.20	18.86	38.34	Breathing response to hypoxia (hypoxia response curve)
94452	64.26	14.87	49.39	High altitude simulation test (HAST), with physician interpretation and report;
94453	88.50	19.32	69.18	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration
94610	63.05			Intrapulmonary surfactant administration by a physician through endotracheal tube
94620	101.23	31.04	70.20	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
94621	177.09	70.53	106.56	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)
94640	16.25			Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)
94642	I.C.			Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94644	44.79			Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
94645	16.71			Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)
94660	60.75			Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	36.51			Continuous negative pressure ventilation (CNP), initiation and management
94664	17.77			Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667	25.89			Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	22.69			Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
94680	78.18	12.40	65.78	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94681	93.12	9.43	83.69	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted
94690	73.85	3.61	70.24	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)
94720	60.69	12.40	48.29	Carbon monoxide diffusing capacity (eg, single breath, steady state)
94725	102.07	12.40	89.67	Membrane diffusion capacity
94750	80.70	10.91	69.78	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
94760	2.90			Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	5.94			Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762	33.38			Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94770	43.42	7.26	36.16	Carbon dioxide, expired gas determination by infrared analyzer

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
94799	I.C.	I.C.	I.C.	Unlisted pulmonary service or procedure
95004	6.62			Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95010	20.15			Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests
95012	22.85			Nitric oxide expired gas determination
95015	13.71			Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, specify number of tests
95024	8.01			Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95027	6.16			Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95028	12.73			Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	8.58			Patch or application test(s) (specify number of tests)
95052	9.51			Photo patch test(s) (specify number of tests)
95056	32.98			Photo tests
95060	25.45			Ophthalmic mucous membrane tests
95065	21.01			Direct nasal mucous membrane test
95070	71.94			Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95071	90.35			Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
95075	67.86			Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite)
95115	14.87			Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	18.55			Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections
95120	I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection
95125	I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two or more injections
95130	I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom
95131	I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two stinging insect venoms
95132	I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; three stinging insect venoms
95133	I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; four stinging insect venoms

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
95134	I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; five stinging insect venoms
95144	12.93			Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	18.00			Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	28.12			Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); two single stinging insect venoms
95147	27.20			Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); three single stinging insect venoms
95148	38.25			Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); four single stinging insect venoms
95149	50.68			Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five single stinging insect venoms
95165	12.93			Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	10.17			Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	154.98			Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199	I.C.			Unlisted allergy/clinical immunologic service or procedure
95250	175.21			Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251	39.75			Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report
95805	635.86	93.58	542.28	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
95806	235.91	82.55	153.36	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
95807	627.68	80.71	546.98	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808	773.45	131.66	641.79	Polysomnography; sleep staging with one - three additional parameters of sleep, attended by a technologist
95810	947.96	173.15	774.82	Polysomnography; sleep staging with four or more additional parameters of sleep, attended by a technologist
95811	1,042.93	185.89	857.05	Polysomnography; sleep staging with four or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
95812	270.73	56.16	214.57	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813	330.64	88.92	241.72	Electroencephalogram (EEG) extended monitoring; greater than one hour
95816	248.34	56.16	192.17	Electroencephalogram (EEG); including recording awake and drowsy
95819	251.56	56.16	195.40	Electroencephalogram (EEG); including recording awake and asleep
95822	275.47	56.16	219.31	Electroencephalogram (EEG); recording in coma or sleep only
95824	I.C.	38.43	I.C.	Electroencephalogram (EEG); cerebral death evaluation only
95827	370.29	54.48	315.81	Electroencephalogram (EEG); all night recording
95829	1,510.86	319.97	1,190.89	Electrocorticogram at surgery (separate procedure)
95830	205.41	I.C.	I.C.	Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording
95831	29.65			Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	26.61			Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	41.50			Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	48.08			Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851	20.03			Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	15.56			Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	45.85			Tensilon test for myasthenia gravis
95860	94.25	51.31	42.95	Needle electromyography; one extremity with or without related paraspinal areas
95861	126.90	81.84	45.06	Needle electromyography; two extremities with or without related paraspinal areas
95863	152.12	97.84	54.27	Needle electromyography; three extremities with or without related paraspinal areas
95864	184.71	104.70	80.00	Needle electromyography; four extremities with or without related paraspinal areas
95865	122.26	85.00	37.26	Needle electromyography; larynx
95866	93.09	66.41	26.67	Needle electromyography; hemidiaphragm
95867	76.94	41.22	35.72	Needle electromyography; cranial nerve supplied muscle(s), unilateral
95868	105.42	62.04	43.38	Needle electromyography; cranial nerve supplied muscles, bilateral
95869	46.05	19.68	26.38	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870	45.13	19.68	25.45	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872	168.05	135.25	32.80	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95873	45.59	20.14	25.45	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874	44.67	20.14	24.53	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
95875	108.06	58.85	49.21	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95900	65.71	22.30	43.41	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study
95903	72.62	31.51	41.10	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study
95904	57.45	18.19	39.26	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory
95920	170.53	112.74	57.79	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)
95921	75.79	45.28	30.52	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95922	89.65	49.47	40.18	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt
95923	131.33	46.96	84.37	Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential
95925	118.09	28.38	89.71	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926	116.41	28.08	88.33	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927	120.40	29.30	91.09	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95928	214.09	77.87	136.22	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929	226.06	78.33	147.73	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95930	125.62	18.53	107.09	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
95933	72.39	31.01	41.38	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95934	48.07	26.76	21.31	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle
95936	44.21	28.88	15.33	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle
95937	60.17	35.18	24.99	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method
95950	270.75	78.35	192.40	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, eight channel EEG) recording and interpretation, each 24 hours
95951	I.C.	311.69	I.C.	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
95953	472.65	168.86	303.79	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours
95954	287.27	121.15	166.12	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)
95955	157.99	50.71	107.28	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)
95956	852.85	159.67	693.18	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours
95957	267.82	103.12	164.70	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
95958	389.70	219.64	170.06	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
95961	248.61	166.42	82.19	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance
95962	234.06	172.12	61.93	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance (List separately in addition to code for primary procedure)
95965	I.C.	420.53	I.C.	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)
95966	I.C.	208.67	I.C.	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)
95967	I.C.	174.13	I.C.	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)
95970	56.31			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements
95971	57.73			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements
95972	109.72			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements
95973	58.83			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
95974	179.49			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements
95975	98.92			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements
95978	212.35			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse
95979	95.22			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse
95980	40.92			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming
95981	31.09			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without programming
95982	45.32			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with programming
95990	73.60			Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular);
95991	99.43			Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician
95999	I.C.			Unlisted neurological or neuromuscular diagnostic procedure
96000	86.85			Comprehensive computer-based motion analysis by video-taping and 3-D kinematics;
96001	104.48			Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking
96002	20.58			Dynamic surface electromyography, during walking or other functional activities, one - 12 muscles
96003	17.84			Dynamic fine wire electromyography, during walking or other functional activities, one muscle

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
96004	112.73			Physician review and interpretation of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
96020	I.C.	171.46	I.C.	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report
96040	45.41			Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
96401	76.97			Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	47.75			Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	159.50			Chemotherapy administration; intralesional, up to and including seven lesions
96406	180.57			Chemotherapy administration; intralesional, more than seven lesions
96409	141.63			Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	79.97			Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413	191.93			Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug
96415	41.27			Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96416	209.33			Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than eight hours), requiring use of a portable or implantable pump
96417	93.96			Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to one hour (List separately in addition to code for primary procedure)
96420	133.40			Chemotherapy administration, intra-arterial; push technique
96422	222.69			Chemotherapy administration, intra-arterial; infusion technique, up to one hour
96423	95.70			Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	218.55			Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than eight hours), requiring the use of a portable or implantable pump
96440	400.85			Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96445	389.08			Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis
96450	329.72			Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96521	168.23			Refilling and maintenance of portable pump
96522	133.70			Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523	32.50			Irrigation of implanted venous access device for drug delivery systems

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
96542	207.22			Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549	I.C.			Unlisted chemotherapy procedure
96567	132.38			Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session
96570	58.35			Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)
96571	28.42			Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)
96900	23.61			Actinotherapy (ultraviolet light)
96902	21.20			Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
96904	87.75			Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma
96910	70.24			Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	89.87			Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913	121.29			Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)
96920	180.71			Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	177.55			Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	259.77			Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
96999	I.C.			Unlisted special dermatological service or procedure
97802	29.47			Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	26.28			Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	14.82			Medical nutrition therapy; group (two or more individual(s)), each 30 minutes
98925	29.77			Osteopathic manipulative treatment (OMT); one to two body regions involved
98926	41.04			Osteopathic manipulative treatment (OMT); three to four body regions involved
98927	52.70			Osteopathic manipulative treatment (OMT); five to six body regions involved
98928	61.68			Osteopathic manipulative treatment (OMT); seven to eight body regions involved
98929	70.67			Osteopathic manipulative treatment (OMT); nine to ten body regions involved

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
98960	27.00			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	13.19			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; two - four patients
98962	9.51			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; five - eight patients
98966	12.98			Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; five - ten minutes of medical discussion
98967	24.11			Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
98968	35.71			Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
98969	I.C.			Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous seven days, using the internet or similar electronic communications network
99024	0.00	0.00	0.00	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure
99026	I.C.			Hospital mandated on call service; in-hospital, each hour
99027	I.C.			Hospital mandated on call service; out-of-hospital, each hour
99050	0.00	0.00	0.00	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
99051	0.00	0.00	0.00	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99053	0.00	0.00	0.00	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
99056	0.00	0.00	0.00	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99058	0.00	0.00	0.00	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service
99060	0.00	0.00	0.00	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
99070	I.C.			Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
99071	I.C.			Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician
99075	I.C.			Medical testimony
99080	I.C.			Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99082	I.C.			Unusual travel (eg, transportation and escort of patient)
99090	I.C.			Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)
99091	50.26			Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 min
99144	I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological sattus; five years or older, first 30 minutes intra-service time
99145	I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additinal 15 minutes intra-service time (list separately in addition to code for primary service)
99149	I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age five years or older, first 30 minutes intra-service time
99150	I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes (list separately in addition to code for primary service)

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99172	I.C.			Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)
99173	3.06			Screening test of visual acuity, quantitative, bilateral
99174	I.C.			Ocular photoscreening with interpretation and report, bilateral
99175	43.04			Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
99183	219.09			Physician attendance and supervision of hyperbaric oxygen therapy, per session
99185	54.13			Hypothermia; regional
99186	92.20			Hypothermia; total body
99190	I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour
99191	I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes
99192	I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes
99195	69.64			Phlebotomy, therapeutic (separate procedure)
99199	I.C.			Unlisted special service, procedure or report
99201	40.20			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend ten minutes face-to-face with the patient and/or family.
99202	68.83			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	100.00			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99204	150.71			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	188.86			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s)
99211	22.67			Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.
99212	41.58			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend ten minutes face-to-face with the patient and/or family.
99213	65.91			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	98.77			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99215	132.82			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99217	68.98			Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.])
99218	64.37			A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity.
99219	105.98			Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity.
99220	149.09			Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity.
99221	89.30			Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99222	123.54			Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.
99223	181.29			Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.
99231	37.43			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.
99232	67.07			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.
99233	95.86			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99234	129.51			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.
99235	170.47			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.
99236	211.90			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.
99238	69.14			Hospital discharge day management; 30 minutes or less
99239	99.19			Hospital discharge day management; more than 30 minutes
99241	53.27			Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers
99242	97.54			Office consultation for a new or established patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care
99243	133.45			Office consultation for a new or established patient, which requires these three key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies
99244	194.44			Office consultation for a new or established patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99245	239.50			Office consultation for a new or established patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.
99251	48.07			Inpatient consultation for a new or established patient, which requires these three key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.
99252	76.93			Inpatient consultation for a new or established patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.
99253	114.86			Inpatient consultation for a new or established patient, which requires these three key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.
99254	165.94			Inpatient consultation for a new or established patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.
99255	205.03			Inpatient consultation for a new or established patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99281	20.11			Emergency department visit for the evaluation and management of a patient, which requires these three key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
99282	38.15			Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
99283	61.34			Emergency department visit for the evaluation and management of a patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284	113.24			Emergency department visit for the evaluation and management of a patient, which requires these three key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.
99285	168.40			Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99288	I.C.			Physician direction of emergency medical systems (EMS) emergency care, advanced life support
99291	271.33			Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	119.24			Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99304	80.86			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity.Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver
99305	111.93			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes with the patient and/or family or caregiver
99306	143.33			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver
99307	40.20			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the patient is stable, recovering or improving. Physicians typically spend ten minutes with the patient and/or family or caregiver.
99308	61.98			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is responding inadequately to therapy or has developed a minor complication.Physicians typically spend 15 minutes with the patient and/or family or caregiver.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99309	82.80			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99310	120.38			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.The patient may be unstable or may have developed a significant new problem. Physicians typically spend 35 minutes with the patient and/or family or caregiver.
99315	59.87			Nursing facility discharge day management; 30 minutes or less
99316	78.33			Nursing facility discharge day management; more than 30 minutes
99318	84.28			Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the patient is stable, recovering or improving. Physicians typically spend 30 minutes with the patient and/or family or caregiver.
99324	57.16			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver
99325	82.53			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99326	132.84			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99327	172.20			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99328	203.82			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is unstable or has developed a significant new problem requiring immediate physician attention.Physicians typically spend 75 minutes with the patient and/or family or caregiver.
99334	57.06			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
99335	87.22			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99336	123.05			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.
99337	176.30			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity.Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99339	71.17			Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved inpatient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 15-29 minutes
99340	99.00			Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved inpatient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more
99341	56.70			Home visit for the evaluation and management of a new patient, which requires these three key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99342	82.53			Home visit for the evaluation and management of a new patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99343	129.88			Home visit for the evaluation and management of a new patient, which requires these three key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99344	169.47			Home visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face -to-face with the patient and/or family.
99345	203.82			Home visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is unstable or has developed a significant new problem requiring immediate physician attention.Physicians typically spend 75 minutes face-to-face with the patient and/or family.
99347	54.21			Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
99348	81.30			Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99349	118.15			Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.Usually the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family.
99350	165.14			Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
99354	95.51			Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List separately in addition to code for office or other Evaluation and Management procedure)
99355	93.83			Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 minutes (List separately in addition to code for office or other Evaluation and Management procedure)
99356	86.26			Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour (List separately in addition to code for office or other Evaluation and Management procedure).
99357	86.56			Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); each additional 30 minutes (List separately in addition to code for office or other Evaluation and Management procedure).
99358	97.87			Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (List separately in addition to code for other physician service(s) and/or inpatient or outpatient Evaluation and Management service)
99359	47.31			Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (List separately in addition to code for prolonged physician service)

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99360	55.36			Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
99363	118.27			Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)
99364	40.20			Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of three INR measurements)
99366	39.00			Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
99367	50.56			Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
99368	32.85			Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional
99374	67.59			Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (includiing telephone calls) for purposes of assessment of care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99375	114.10			Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (includiing telephone calls) for purposes of assessment of care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99377	67.59			Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (includiing telephone calls) for purposes of assessment of care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99378	123.30			Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (includiing telephone calls) for purposes of assessment of care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99379	67.29			Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (includiing telephone calls) for purposes of assessment of care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99380	100.91			Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (includiing telephone calls) for purposes of assessment of care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99441	13.28			Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; five - ten minutes of medical discussion

40.06: continued

Code	GL Fee	PC Fee	TC Fee	40.06(10) - Medical Service Description (continued)
99442	24.11			Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	35.71			Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
99444	I.C.			Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous seven days, using the Internet or similar electronic communications network
99450	I.C.			Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and completion of necessary documentatioin/certificates
99455	I.C.			Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certification and report.
99456	I.C.			Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certification and report.
99499	I.C.			Unlisted evaluation and management service
99503	I.C.			Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
99504	I.C.			Home visit for mechanical ventilation care
99505	I.C.			Home visit for stoma care and maintenance including colostomy and cystostomy
99506	I.C.			Home visit for intramuscular injections
99507	I.C.			Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
99509	I.C.			Home visit for assistance with activities of daily living and personal care
99511	I.C.			Home visit for fecal impaction management and enema administration
99512	I.C.			Home visit for hemodialysis
99600	I.C.			Unlisted home visit service or procedure

40.06: continued

(11) Psychological Services.

Code	Unit	40.06(11) - Psychological Services Description
90801	124.41	Psychiatric diagnostic interview examination
90802	131.71	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	51.88	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
90805	57.25	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90806	72.77	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90807	80.54	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90808	107.17	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
90809	114.22	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90810	55.06	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
90811	63.68	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation
90812	79.69	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90813	87.10	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation
90814	113.37	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
90815	120.41	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation
90816	48.26	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;
90817	52.91	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management
90818	71.77	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;
90819	76.29	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management
90821	106.08	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;

40.06: continued

Code	Unit	**40.06(11) - Psychological Services Description** (continued)
90822	110.47	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management
90823	51.93	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;
90824	57.17	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;
90826	76.30	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;
90827	79.96	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;
90828	110.47	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;
90829	113.90	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;
90845	66.20	Psychoanalysis
90846	70.89	Family psychotherapy (without the patient present)
90847	88.52	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	27.10	Multiple-family group psychotherapy
90853	25.42	Group psychotherapy (other than of a multiple-family group)
90857	29.02	Interactive group psychotherapy
90862	44.32	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90865	124.36	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
90870	120.96	Electroconvulsive therapy (includes necessary monitoring)
90875	58.71	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes
90876	85.27	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes
90880	89.07	Hypnotherapy
90885	37.28	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	66.21	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889	26.79	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers
96101	69.04	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering test

40.06: continued

Code	Unit	**40.06(11) - Psychological Services Description** (continued)
96102	45.39	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour
96103	34.34	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report
96105	65.97	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report
96110	10.73	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
96111	105.27	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116	78.59	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face
96118	94.11	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting
96119	64.81	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time
96120	57.81	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96125	76.72	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96150	18.68	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	18.14	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	17.25	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	4.00	Health and behavior intervention, each 15 minutes, face-to-face; group (two or more patients)
96154	16.98	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	17.31	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
99358	76.76	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (List separately in addition to code(s) for other physician service(s) and.or inpatient or outpatient evaluation and management service)
99359	37.11	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (List separately in addition to code for prolonged physician service)
99368	25.76	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional

40.06: continued

(12) Restorative Services.

Code	Unit	40.06(12) - Restorative Services Description
16000	54.51	Initial treatment, first degree burn, when no more than local treatment is required
16020	66.97	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
16025	114.88	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	138.94	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than one extremity, or greater than 10% total body surface area)
92506	196.25	Evaluation of speech, language, voice, communication, and/or auditory processing
92507	56.92	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	26.46	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals
92511	140.15	Nasopharyngoscopy with endoscope (separate procedure)
92512	54.10	Nasal function studies (eg, rhinomanometry)
92516	55.72	Facial nerve function studies (eg, electroneuronography)
92520	47.02	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92526	75.87	Treatment of swallowing dysfunction and/or oral function for feeding
92531	I.C.	Spontaneous nystagmus, including gaze
92532	I.C.	Positional nystagmus test
92533	I.C.	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92534	I.C.	Optokinetic nystagmus test
97001	85.89	Physical therapy evaluation
97002	31.86	Physical therapy re-evaluation
97003	92.59	Occupational therapy evaluation
97004	38.75	Occupational therapy re-evaluation
97005	I.C.	Athletic training evaluation
97006	I.C.	Athletic training re-evaluation
97012	12.05	Application of a modality to one or more areas; traction, mechanical
97014	11.61	Application of a modality to one or more areas; electrical stimulation (unattended)
97016	12.70	Application of a modality to one or more areas; vasopneumatic devices
97018	6.57	Application of a modality to one or more areas; paraffin bath
97022	14.61	Application of a modality to one or more areas; whirlpool
97024	4.39	Application of a modality to one or more areas; diathermy (eg, microwave)
97026	4.03	Application of a modality to one or more areas; infrared
97028	5.29	Application of a modality to one or more areas; ultraviolet
97032	13.50	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	20.30	Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034	12.05	Application of a modality to one or more areas; contrast baths, each 15 minutes
97035	9.51	Application of a modality to one or more areas; ultrasound, each 15 minutes
97036	21.56	Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97039	I.C.	Unlisted modality (specify type and time if constant attendance)
97110	23.10	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	24.32	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	28.77	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	20.43	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124	18.73	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)

40.06: continued

Code	Unit	**40.06(12) - Restorative Services Description** (continued)
97139	I.C.	Unlisted therapeutic procedure (specify)
97140	21.61	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97150	14.76	Therapeutic procedure(s), group (two or more individuals)
97530	24.78	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97532	19.70	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
97533	21.15	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
97535	25.04	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97537	22.14	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider each 15 minutes
97542	22.51	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97545	114.82	Work hardening/conditioning; initial two hours
97546	57.41	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
97597	48.72	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters
97598	60.08	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters
97602	I.C.	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97605	28.70	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	30.65	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97750	24.19	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	27.32	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes
97760	26.60	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761	23.47	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762	28.24	Checkout for orthotic/prosthetic use, established patient, each 15 minutes
97799	I.C.	Unlisted physical medicine/rehabilitation service or procedure
G0237	12.81	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)

CPT Codes 29000 through 29750 are incorporated by reference and shall be paid at the listed fee.

40.07: Appendices

APPENDIX	DESCRIPTION
A	CPT and HCPCS Modifiers.Add the appropriate Level 1 CPT modifier to the five digit code or identify the modifier by use of a separate code by adding 099 before the 2 digit number e.g. 09950, 09951.This table includes only common modifiers, any valid modifier may be used if it is appropriate to the situation.
B	Add-On Codes - Procedures that are commonly carried out in addition to the primary procedure performed and must never be reported as stand-alone codes.These codes are exempt from the multiple modifier '51' as are all codes that specify that they should be listed in addition to the main procedure.
C	Separate Procedures - Procedures that are stand alone codes.These codes are exempt from the multiple modifier '51'.
D	Drugs Administered Other Than Oral Method - List of drugs and biologicals that can be injected either subcutaneously, intramuscularly, or intravenously reimbursed at invoice cost.

APPENDIX A - Level I and Level II Common Modifiers

This appendix lists the modifiers that are most commonly used in treating injured workers.The absence of a modifier from this appendix does not preclude its use in the appropriate situation.

(a) Anesthesia Modifiers.

1. Physical Status Modifiers.Physical status modifying units will be reimbursed if the patient is ranked in one of the following three categories.Physical status is included in CPT to distinguish various levels of complexity of the anesthesia service provided.Example: 00100-P3

Physical Status Modifiers	Description	Modifying Unit Value
P3	A patient with severe systemic disease.	1
P4	A patient with severe systemic disease that is a constant threat to life.	2
P5	A moribund patient who is not expected to survive without the operation.	3

2. CPT and HCPCS Modifiers for Anesthesia Services.Add the appropriate Level 1 CPT modifier or HCPCS Level II modifier to the five digit code or identify the modifier by use of a separate code by adding 099 before the 2 digit number e.g. 09950, 09951.

Level 1 CPT Modifier	**Description**
23 Unusual Anesthesia	Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia.This circumstance may be reported by adding the modifier '-23' to the procedure code of the basic service.
47Anesthesia by Surgeon	Regional or general anesthesia provided by the surgeon may be reported by adding the modifier '-47' to the basic service.(This does not include local anesthesia.)Note: Modifier '-47' or 09947 would not be used as a modifier for the anesthesia procedures.

40.07: continued

AA Anesthesia services performed personally by anesthesiologist	This modifier must be used in conjunction with the appropriate service code to denote medical direction of one or two concurrent anesthesia procedures involving residents in a teaching environment. Payment for the physician's medical direction service shall be made at 100% of the allowance for the service performed by the physician alone.
QK Medical Direction of Multiple Anesthesia Procedures	This modifier must be used in conjunction with the appropriate service code to denote medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals. Payment for the physician's medical direction service shall be made at 50% of the allowance for the service performed by the physician alone.
QX CRNA Service	This modifier must be used to report services of a CRNA: with medical direction by a physician.This medical direction modifier is used when the physician medically directs two, three, or four concurrent procedures involving interns, residents, CRNAs and AAs.This allows 50% of the fee to be paid to the employer.
QY CRNA Service	This modifier must be used to report medical direction of one CRNA by an anesthesiologist. This allows 50% of the fee to be paid to the employer.
QZ CRNA Service	This modifier is used to report CRNA service: without medical direction by a physician.This allows 100% of the fee to be paid to the employer.

(b) CPT Modifiers for Clinical Laboratory Services.Add the appropriate Level 1 or Level II CPT modifier to the five digit code or identify the modifier by use of a separate code by adding 099 before the 2 digit number e.g. 09950, 09951.

Level 1 CPT Modifier	**Description**
-90 Reference (Outside) Laboratory	When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding the modifier '-90' to the usual procedure number.
-91 Repeat Clinical Diagnostic Laboratory Test	In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results.Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91.Note: This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one time, reportable result is all that is required.This modifier may not be used when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing).This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

(c) HCPCS Modifiers for Durable Medical Equipment, Oxygen Delivery and Orthotic and Prosthetic Procedure Codes. Add the appropriate Level II HCPCS modifier to the five-digit code to identify the specific circumstance.

40.07: continued

Level II CPT Modifier	Description
KH	DMEPOS item, initial claim, purchase or first month rental
KI	DMEPOS item, second or third month rental
KJ	DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months four to 15
KM	Replacement of facial prosthesis including new impression/moulage
KN	Replacement of facial prosthesis using previous master model
KR	Rental Item, billing for partial month
LL	Lease/Rental (use the 'LL' modifier when DME equipment rental is to be applied against the purchase price)
MS	Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty
NR	New when rented (use the 'NR' modifier when DME which was new at the time of rental is subsequently purchased)
NU	New equipment
QE	Prescribed amount of oxygen is less than one liter per minute (LPM).This shall be reimbursed at 50% of the published rate of the appropriate service code.
QF	Prescribed amount of oxygen exceeds four liters per minute (LPM) and portable oxygen is prescribed.This shall be reimbursed at 150% of the published rate of the appropriate service code.
QG	Prescribed amount of oxygen is greater than four liters per minute (LPM).This shall be reimbursed at 150% of the published rate of the appropriate service code.
RP	Replacement and repair -RP may be used to indicate replacement of DME, orthotic and prosthetic devices which have been in use for sometime.The claim shows the code for the part, followed by the '-RP' modifier and the charge for the part
RR	Rental (use the 'RR' modifier when DME is to be rented)
UE	Used Durable Medical Equipment

(d) CPT and HCPCS Modifiers for Physicians' Services.Add the appropriate Level 1 CPT modifier or HCPCS Level II modifier to the five digit code.

Level 1 CPT Modifier	Description
21 Prolonged Evaluation and Management Services	When the face to face or floor/unit services(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management service within a given category, it may be identified by adding modifier 21 to the evaluation and management code number.A report may also be appropriate
22 Unusual Procedural Service	When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required) Note: This modifier should not be appended to an E/M service.

40.07: continued

Level 1 CPT Modifier	**Description** (continued)
25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service	It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately indentifiable /M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported.The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided.As such, different diagnoses are not required for reporting of the E/M services on the same date, This circumstance may be reported by adding the modifier 25 to the appropriate level of E/M service.Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. For significant, separately identifiable See non-E/M services, see modifier 59
26 Professional Component (PC)	Certain procedures are a combination of a physician component and a technical component.When the physician component is reported separately, the service may be identified by adding modifier -26 to the usual procedure number.
50 Bilateral Procedures	Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by adding modifier '50' to the appropriate five digit code.The addition of the modifier '50' to the second bilateral code allows 50% of the allowable fee contained in 114.3 CMR 40.05 to be paid to the eligible provider for the second bilateral procedure.
51 Multiple Procedures	When multiple procedures, other than E/M services, physical medicine and rehabilitation services, or provision of supplies(eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed.The additional procedure(s) or service(s) may be identified by appending the modifier 51 to the additional procedure or service code.Note: This modifier should not be appended to designated "add-on" codes.The addition of the modifier 51 to the second and subsequent procedure code allows 50% of the allowable fee in 114.3 CMR 40.05 to be paid to the eligible provider.
52 Reduced Service	Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances, the service provided can be identified by its usual procedure number and addition of the modifier 52 signifying the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.The fee will be based on individual consideration.
54 Surgical Care Only	When one physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding the modifier 54 to the usual procedure number.This allows 85% of the allowable fee contained in 114.3 CMR 40.05 to be paid to the surgeon.

40.07: continued

Level 1 CPT Modifier	**Description** (continued)
55 Postoperative Management Only	When one physician performed the postoperative management and another physician performed the surgical procedure, the postoperative component may be identified by adding the modifier 55 to the usual procedure number. This allows 15% of the allowable fee contained in 114.3 CMR 40.05 to be paid to the physician that provided the postoperative management.
59 Distinct Procedure or Service	If a procedure or service not normally reported together was performed on the same day, the fee will be based on the full maximum fee of 100% of the payment group for the distinct procedure or service.
62: Pertains to Two Surgeons	Under certain circumstances the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. These circumstances may be identified by adding the modifier 62 to the procedure code used by each surgeon for reporting his services. The addition of the modifier62 to the procedure codes allows 57.5% of the allowable fee contained in 114.3 CMR 40.05 to be paid to each surgeon. No separate fee may be charged for assisting surgical services in these cases; it is included in the total surgical fee and may be paid to both physicians based upon their agreement.
66: Pertains to Team Surgery	Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, and various types of complex equipment) carried out under the "surgical team" concept.Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services. Payment of each physician should be as agreed upon by the team and the insurer.
76 Repeat Procedure by the Same Physician	It may be necessary to indicate that a procedure or service was repeated subsequent to the original procedure or service.This circumstance may be reported by adding modifier 76 to the repeated procedure or service.
77 Repeat Procedure by Another Physician	The physician may need to indicate that a basic procedure or service performed by another physician has to be repeated. This situation may be reported by adding modifier 77 to the repeated procedure or service.
78 Return to the Operating Room for a Related Procedure During the Postoperative Period	It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure).When this procedure is related to the first and requires the use of an operating or procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedure see modifier 76).
79 Unrelated Procedure or Service by the Same Physician during the Postoperative Period.	The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure.This circumstance may be reported by using modifier 79.(For repeat procedures on the same day see modifier 76).

40.07: continued

Level 1 CPT Modifier	**Description** (continued)
80: Pertains to Assistant Surgeons	Surgical assistant services may be identified by adding the modifier 80 to the usual procedure number.This allows 15% of the allowable fee contained in 114.3 CMR 40.05 to be paid to the assistant surgeon.
81 Minimum Assistant Surgeon.	Minimum surgical assistant services are identified by adding the modifier 81 to the usual procedure number.This allows 15% of the allowable fee contained in 114.3 CMR 40.05 to be paid to the assistant surgeon.
82 Assistant Surgeon	(when qualified resident surgeon not available)The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code numbers.This allows 15% of the allowable fee contained in 114.3 CMR 40.05 to be paid to the assistant surgeon.
AS Assistant at Surgery	Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery.
SA Nurse Practitioner	Nurse practitioner rendering service in collaboration with a physician.This indicates reduced payment.
-SM Second Option	Second surgical opinion.
-SN Third Option	Third surgical opinion.

Appendix B - Add-On Codes

Summary of CPT Add-On Codes for CPT 2008.Add on codes are identified in the CPT book with a "+".The CPT book is the final authority on the identification of add-on codes.

CODE			
01953	15221	20937	26125
01968	15241	20938	26861
01969	15261	20985	26863
11001	15301	20986	27358
11008	15321	20987	27692
11101	15331	22103	31620
11201	15336	22116	31632
11732	15341	22208	31633
11922	15361	22216	31637
13102	15366	22226	32501
13122	15401	22328	33141
13133	15421	22522	33225
13153	15431	22525	33257
15003	15787	22527	33258
15005	15847	22534	33259
15101	16036	22585	33508
15111	17003	22614	33517
15116	17312	22632	33518
15121	17314	22840	33519
15131	17315	22841	33521
15136	19001	22842	33522
15151	19126	22843	33523
15152	19291	22844	33530
15156	19295	22845	33572
15157	19297	22846	33768
15171	20930	22847	33884
15176	20931	22848	33924
15201	20936	22851	33961

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APPENDIX C-- Codes Exempt from Modifier -51

Summary of CPT Separate Procedure Codes Exempt from Modifier 51 for CPT 2008.This list is not exhaustive.The CPT book identifies all codes exempt from modifier 51 and is the final authority on the matter.

CODE			
17004	93539	93602	93631
20974	93540	93603	94610
20975	93544	93610	95900
31500	93545	93612	95903
36620	93555	93615	95904
44500	93556	93616	99143
61107	93600	93618	99144
93503			

Appendix D: Drugs Administered Other Than Oral Method

CODE	J0476	J0770	J1270
J0120	J0480	J0780	J1300
J0128	J0500	J0795	J1320
J0129	J0515	J0800	J1325
J0130	J0520	J0835	J1325
J0132	J0530	J0850	J1327
J0133	J0540	J0878	J1330
J0150	J0550	J0881	J1335
J0152	J0560	J0882	J1364
J0170	J0570	J0885	J1380
J0180	J0580	J0886	J1390
J0190	J0583	J0894	J1410
J0200	J0585	J0895	J1430
J0205	J0587	J0900	J1435
J0207	J0592	J0945	J1436
J0210	J0594	J0970	J1438
J0215	J0595	J1000	J1440
J0220	J0600	J1020	J1441
J0256	J0610	J1030	J1450
J0270	J0620	J1040	J1451
J0275	J0630	J1051	J1452
J0278	J0636	J1055	J1455
J0280	J0637	J1056	J1457
J0282	J0640	J1060	J1457
J0285	J0670	J1070	J1460
J0287	J0690	J1080	J1470
J0288	J0692	J1094	J1480
J0289	J0694	J1100	J1490
J0290	J0696	J1110	J1500
J0295	J0697	J1120	J1510
J0300	J0698	J1160	J1520
J0330	J0702	J1162	J1530
J0348	J0704	J1165	J1540
J0350	J0706	J1170	J1550
J0360	J0710	J1180	J1560
J0364	J0713	J1190	J1561
J0365	J0715	J1200	J1562
J0380	J0720	J1205	J1565
J0390	J0725	J1212	J1566
J0395	J0735	J1230	J1568
J0400	J0740	J1240	J1569
J0456	J0743	J1245	J1570
J0460	J0744	J1250	J1571
J0470	J0745	J1260	J1572
J0475	J0760	J1265	J1573

J1580	J2270	J2805	J3487
J1590	J2271	J2810	J3488
J1595	J2275	J2820	J3490
J1600	J2278	J2850	J3520
J1610	J2280	J2910	J3530
J1620	J2300	J2916	J3535
J1626	J2310	J2920	J3570
J1630	J2315	J2930	J3590
J1631	J2320	J2940	J7030
J1640	J2321	J2941	J7040
J1642	J2322	J2950	J7042
J1644	J2325	J2993	J7050
J1645	J2353	J2995	J7060
J1650	J2354	J2997	J7070
J1652	J2355	J3000	J7100
J1655	J2357	J3010	J7110
J1670	J2360	J3030	J7120
J1700	J2370	J3070	J7130
J1710	J2400	J3100	J7187
J1720	J2405	J3105	J7189
J1730	J2410	J3110	J7190
J1740	J2425	J3120	J7191
J1742	J2430	J3130	J7192
J1743	J2440	J3140	J7193
J1745	J2460	J3150	J7194
J1751	J2469	J3230	J7195
J1752	J2501	J3240	J7197
J1756	J2503	J3243	J7198
J1785	J2504	J3246	J7199
J1790	J2505	J3250	J7300
J1800	J2510	J3260	J7302
J1810	J2513	J3265	J7303
J1815	J2515	J3280	J7304
J1817	J2540	J3285	J7306
J1825	J2543	J3301	J7307
J1830	J2545	J3302	J7308
J1835	J2550	J3303	J7310
J1840	J2560	J3305	J7311
J1850	J2590	J3310	J7321
J1885	J2597	J3315	J7322
J1890	J2650	J3320	J7323
J1931	J2670	J3350	J7324
J1940	J2675	J3355	J7330
J1945	J2680	J3360	J7340
J1950	J2690	J3364	J7341
J1955	J2700	J3365	J7342
J1956	J2710	J3370	J7343
J1960	J2720	J3395	J7344
J1980	J2724	J3396	J7346
J1990	J2725	J3400	J7347
J2001	J2730	J3410	J7348
J2010	J2760	J3411	J7349
J2020	J2765	J3415	J7500
J2060	J2770	J3420	J7501
J2150	J2778	J3430	J7502
J2170	J2780	J3465	J7504
J2175	J2783	J3470	J7505
J2180	J2788	J3472	J7506
J2185	J2790	J3473	J7507
J2210	J2791	J3475	J7509
J2248	J2792	J3480	J7510
J2250	J2795	J3485	J7511
J2260	J2800	J3486	J7513

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40.08: Severability

The provisions of 114.3 CMR 40.00 are severable. If any provision of 114.3 CMR 40.00 or the application of such provision to Eligible Providers of services or any circumstances should be held invalid or unconstitutional, such determination shall not be construed to affect the validity or constitutionality of any other provision of 114.3 CMR 40.00 or the application of any other provision.

REGULATORY AUTHORITY

114.3 CMR 40.00: M.G.L. c. 118G and c. 152.

NON-TEXT PAGE