

**Advanced Registered Nurse Practitioner Fee Schedule
Effective January 1, 2012**

Anesthesia Reimbursement Method: Calculate your reimbursement by dividing the total minutes of anesthesia by 15. Multiply this number by the conversion factor of \$14.50. Add this to the base fee listed below for the procedure code (00120). Example: 100 minutes of anesthesia for code 00120 = \$159.49. (100 min. divided by 15 = 6.67, rounded down to 6. 6 X \$14.50 = \$87.00. \$87.00 + \$72.49 anesthesia base fee = \$159.49.) (CRNA reimbursement is 80% of total reimbursement of \$159.49. Example: \$159.49 X .80 = \$127.59.)

* For age 00-20, the total reimbursement is increased by 4%

***See Physician Injectable Fee Schedule for J Code pricing

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
00100		ANESTHESIA FOR PROCEDURES ON SALIVA	72.49	72.49				
00102		ANESTHESIA FOR PROCEDURES ON PLASTI	86.99	86.99				
00103		ANESTHESIA FOR RECONSTRUCTIVE PROC	72.49	72.49				
00104		ANESTHESIA FOR ELECTROCONVULSIVE TH	57.99	57.99				
00120		ANESTHESIA FOR PROCEDURES ON EXTER	72.49	72.49				
00124		ANESTHESIA FOR PROCEDURES ON EXTER	57.99	57.99				
00126		ANESTHESIA FOR PROCEDURES ON EXTER	57.99	57.99				
00140		ANESTHESIA FOR PROCEDURES ON EYE; N	72.49	72.49				
00142		ANESTHESIA FOR PROCEDURES ON EYE; LI	86.99	86.99				
00144		ANESTHESIA FOR PROCEDURES ON EYE; C	86.99	86.99				
00145		ANESTHESIA FOR PROCEDURES ON EYE; V	86.99	86.99				
00148		ANESTHESIA FOR PROCEDURES ON EYE; O	57.99	57.99				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy	Sterilization	Abortion	PA	AS
00160		ANESTHESIA FOR PROCEDURES ON NOSE /	72.49	72.49						
00162		ANESTHESIA FOR PROCEDURES ON NOSE /	101.48	101.48						
00164		ANESTHESIA FOR PROCEDURES ON NOSE /	57.99	57.99						
00170		ANESTHESIA FOR INTRAORAL PROCEDURE	72.49	72.49						
00172		ANESTHESIA FOR INTRAORAL PROCEDURE	86.99	86.99						
00174		ANESTHESIA FOR INTRAORAL PROCEDURE	86.99	86.99						
00176		ANESTHESIA FOR INTRAORAL PROCEDURE	101.48	101.48						
00190		ANESTHESIA FOR PROCEDURES ON FACIAL	72.49	72.49						
00192		ANESTHESIA FOR PROCEDURES ON FACIAL	101.48	101.48						
00210		ANESTHESIA FOR INTRACRANIAL PROCEDL	159.47	159.47						
00211		ANESTHESIA FOR INTRACRANIAL PROCEDL	130.48	130.48						
00212		ANESTHESIA FOR INTRACRANIAL PROCEDL	72.49	72.49						
00214		ANESTHESIA FOR INTRACRANIAL PROCEDL	130.48	130.48						
00215		ANESTHESIA FOR INTRACRANIAL PROCEDL	130.48	130.48						
00216		ANESTHESIA FOR INTRACRANIAL PROCEDL	217.46	217.46						
00218		ANESTHESIA FOR INTRACRANIAL PROCEDL	188.47	188.47						
00220		ANESTHESIA FOR INTRACRANIAL PROCEDL	144.98	144.98						
00222		ANESTHESIA FOR INTRACRANIAL PROCEDL	86.99	86.99						
00300		ANESTHESIA FOR ALL PROCEDURES ON TH	72.49	72.49						
00320		ANESTHESIA FOR ALL PROCEDURES ON ES	86.99	86.99						
00322		ANESTHESIA FOR ALL PROCEDURES ON ES	43.49	43.49						
00326		ANESTHESIA FOR ALL PROCEDURES ON TH	116.00	116.00						
00350		ANESTHESIA FOR PROCEDURES ON MAJOF	144.98	144.98						
00352		ANESTHESIA FOR PROCEDURES ON MAJOF	72.49	72.49						
00400		ANESTHESIA FOR PROCEDURES ON THE IN	43.49	43.49						
00402		ANESTHESIA FOR PROCEDURES ON ANTER	72.49	72.49						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
00404		ANESTHESIA FOR PROCEDURES ON ANTER	72.49	72.49				
00406		ANESTHESIA FOR PROCEDURES ON ANTER	188.47	188.47				
00410		ANESTHESIA FOR PROCEDURES ON ANTER	57.99	57.99				
00450		ANESTHESIA FOR PROCEDURES ON CLAVIC	72.49	72.49				
00452		ANESTHESIA FOR PROCEDURES ON CLAVIC	86.99	86.99				
00454		ANESTHESIA FOR PROCEDURES ON CLAVIC	43.49	43.49				
00470		ANESTHESIA FOR PARTIAL RIB RESECTION;	86.99	86.99				
00472		ANESTHESIA FOR PARTIAL RIB RESECTION;	144.98	144.98				
00474		ANESTHESIA FOR PARTIAL RIB RESECTION;	188.47	188.47				
00500		ANESTHESIA FOR ALL PROCEDURES ON ES	217.46	217.46				
00520		ANESTHESIA FOR CLOSED CHEST PROCED	86.99	86.99				
00522		ANESTHESIA FOR CLOSED CHEST PROCED	57.99	57.99				
00524		ANESTHESIA FOR CLOSED CHEST PROCED	57.99	57.99				
00528		ANESTHESIA FOR CLOSED CHEST PROCED	115.98	115.98				
00529		ANESTHESIA FOR CLOSED CHEST PROCED	159.50	159.50				
00530		ANESTHESIA FOR PERMANENT TRANSVENC	57.99	57.99				
00532		ANESTHESIA FOR ACCESS TO CENTRAL VE	57.99	57.99				
00534		ANESTHESIA FOR TRANSVENOUS INSERTIC	101.48	101.48				
00537		ANESTHESIA FOR CARDIAC ELECTROPHYSI	144.98	144.98				
00539		ANESTHESIA FOR TRACHEOBRONCHIAL RE	261.00	261.00				
00540		ANESTHESIA FOR THORACOTOMY PROCED	174.00	174.00				
00541		ANESTHESIA FOR THORACOTOMY PROCED	217.50	217.50				
00542		ANESTHESIA FOR THORACOTOMY PROCED	217.50	217.50				
00546		ANESTHESIA FOR THORACOTOMY PROCED	217.50	217.50				
00548		ANESTHESIA FOR THORACOTOMY PROCED	246.50	246.50				
00550		ANESTHESIA FOR STERNAL DEBRIDEMENT	144.98	144.98				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
00560		ANESTHESIA FOR PROCEDURES ON HEART	217.46	217.46				
00561		ANESTHESIA FOR PROCEDURES ON HEART	217.46	217.46				
00562		ANESTHESIA FOR PROCEDURES ON HEART	289.95	289.95				
00563		ANESTHESIA FOR PROCEDURES ON HEART	362.44	362.44				
00566		ANESTHESIA FOR DIRECT CORONARY ARTE	362.44	362.44				
00567		ANESTHESIA FOR DIRECT CORONARY ARTE	362.44	362.44				
00580		ANESTHESIA FOR HEART TRANSPLANT OR	289.95	289.95				
00600		ANESTHESIA FOR PROCEDURES ON CERVIK	144.98	144.98				
00604		ANESTHESIA FOR PROCEDURES ON CERVIK	188.47	188.47				
00620		ANESTHESIA FOR PROCEDURES ON THORA	144.98	144.98				
00622		ANESTHESIA FOR PROCEDURES ON THORA	188.47	188.47				
00625		ANESTHESIA FOR PROCEDURES ON THE TH	144.98	144.98				
00626		ANESTHESIA FOR PROCEDURES ON THE TH	144.98	144.98				
00630		ANESTHESIA FOR PROCEDURES IN LUMBAF	115.98	115.98				
00632		ANESTHESIA FOR PROCEDURES IN LUMBAF	101.48	101.48				
00634		ANESTHESIA FOR PROCEDURES IN LUMBAF	144.98	144.98				
00635		ANESTHESIA FOR PROCEDURES IN LUMBAF	58.00	58.00				
00640		ANESTHESIA FOR MANIPULATION OF THE S	43.50	43.50				
00670		ANESTHESIA FOR EXTENSIVE SPINE AND SI	188.47	188.47				
00700		ANESTHESIA FOR PROCEDURES ON UPPER	58.00	58.00				
00702		ANESTHESIA FOR PROCEDURES ON UPPER	57.99	57.99				
00730		ANESTHESIA FOR PROCEDURES ON UPPER	72.49	72.49				
00740		ANESTHESIA FOR UPPER GASTROINTESTIN	72.49	72.49				
00750		ANESTHESIA FOR HERNIA REPAIRS IN UPPE	57.99	57.99				
00752		ANESTHESIA FOR HERNIA REPAIRS IN UPPE	86.99	86.99				
00754		ANESTHESIA FOR HERNIA REPAIRS IN UPPE	101.48	101.48				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy	Sterilization	Abortion	PA	AS
00756		ANESTHESIA FOR HERNIA REPAIRS IN UPPE	101.48	101.48						
00770		ANESTHESIA FOR ALL PROCEDURES ON MA	217.46	217.46						
00790		ANESTHESIA FOR INTRAPERITONEAL PROC	101.48	101.48						
00792		ANESTHESIA FOR INTRAPERITONEAL PROC	188.47	188.47						
00794		ANESTHESIA FOR INTRAPERITONEAL PROC	115.98	115.98						
00796		ANESTHESIA FOR INTRAPERITONEAL PROC	434.93	434.93						
00797		ANESTHESIA FOR INTRAPERITONEAL PROC	145.00	145.00						
00800		ANESTHESIA FOR PROCEDURES ON LOWEF	58.00	58.00						
00802		ANESTHESIA FOR PROCEDURES ON LOWEF	72.49	72.49						
00810		ANESTHESIA FOR LOWER INTESTINAL END(	72.50	72.50						
00820		ANESTHESIA FOR PROCEDURES ON LOWEF	72.49	72.49						
00830		ANESTHESIA FOR HERNIA REPAIRS IN LOW	57.99	57.99						
00832		ANESTHESIA FOR HERNIA REPAIRS IN LOW	86.99	86.99						
00834		ANESTHESIA FOR HERNIA REPAIRS IN THE |	72.50	72.50						
00836		ANESTHESIA FOR HERNIA REPAIRS IN THE |	87.00	87.00						
00840		ANESTHESIA FOR INTRAPERITONEAL PROC	86.99	86.99						
00842		ANESTHESIA FOR INTRAPERITONEAL PROC	57.99	57.99						
00844		ANESTHESIA FOR INTRAPERITONEAL PROC	101.48	101.48						
00846		ANESTHESIA FOR INTRAPERITONEAL PROC	115.98	115.98		Y				
00848		ANESTHESIA FOR INTRAPERITONEAL PROC	115.98	115.98						
00851		ANESTHESIA FOR INTRAPERITONEAL PROC	87.00	87.00			Y			
00860		ANESTHESIA FOR EXTRAPERITONEAL PROC	86.99	86.99						
00862		ANESTHESIA FOR EXTRAPERITONEAL PROC	101.48	101.48						
00864		ANESTHESIA FOR EXTRAPERITONEAL PROC	115.98	115.98						
00865		ANESTHESIA FOR EXTRAPERITONEAL PROC	101.48	101.48						
00866		ANESTHESIA FOR EXTRAPERITONEAL PROC	144.98	144.98						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
00868		ANESTHESIA FOR EXTRAPERITONEAL PROC	144.98	144.98				
00870		ANESTHESIA FOR EXTRAPERITONEAL PROC	72.49	72.49				
00872		ANESTHESIA FOR LITHOTRIPSY, EXTRACOF	101.48	101.48				
00873		ANESTHESIA FOR LITHOTRIPSY, EXTRACOF	72.49	72.49				
00880		ANESTHESIA FOR PROCEDURES ON MAJOF	217.46	217.46				
00882		ANESTHESIA FOR PROCEDURES ON MAJOF	144.98	144.98				
00902		ANESTHESIA FOR; ANORECTAL PROCEDUR	72.50	72.50				
00904		ANESTHESIA FOR PROCEDURES ON PERINI	101.48	101.48				
00906		ANESTHESIA FOR PROCEDURES ON PERINI	57.99	57.99				
00908		ANESTHESIA FOR PROCEDURES ON PERINI	86.99	86.99				
00910		ANESTHESIA FOR TRANSURETHRAL PROCE	43.49	43.49				
00912		ANESTHESIA FOR TRANSURETHRAL PROCE	72.49	72.49				
00914		ANESTHESIA FOR TRANSURETHRAL PROCE	72.49	72.49				
00916		ANESTHESIA FOR TRANSURETHRAL PROCE	72.49	72.49				
00918		ANESTHESIA FOR TRANSURETHRAL PROCE	72.49	72.49				
00920		ANESTHESIA FOR PROCEDURES ON MALE (	43.49	43.49				
00921		ANESTHESIA FOR PROCEDURES ON MALE (	43.50	43.50		Y		
00922		ANESTHESIA FOR PROCEDURES ON MALE E	86.99	86.99				
00924		ANESTHESIA FOR PROCEDURES ON MALE E	57.99	57.99				
00926		ANESTHESIA FOR PROCEDURES ON MALE E	57.99	57.99				
00928		ANESTHESIA FOR PROCEDURES ON MALE E	86.99	86.99				
00930		ANESTHESIA FOR PROCEDURES ON MALE E	57.99	57.99				
00932		ANESTHESIA FOR PROCEDURES ON MALE E	57.99	57.99				
00934		ANESTHESIA FOR PROCEDURES ON MALE E	86.99	86.99				
00936		ANESTHESIA FOR PROCEDURES ON MALE E	115.98	115.98				
00940		ANESTHESIA FOR VAGINAL PROCEDURES (	43.49	43.49				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
00942		ANESTHESIA FOR VAGINAL PROCEDURES (	57.99	57.99				
00944		ANESTHESIA FOR VAGINAL PROCEDURES (	86.99	86.99		Y		
00948		ANESTHESIA FOR VAGINAL PROCEDURES (	57.99	57.99				
00950		ANESTHESIA FOR VAGINAL PROCEDURES (	72.49	72.49				
00952		ANESTHESIA FOR VAGINAL PROCEDURES (	57.99	57.99				
01112		ANESTHESIA FOR BONE MARROW ASPIRAT	72.49	72.49				
01120		ANESTHESIA FOR PROCEDURES ON BONY I	86.99	86.99				
01130		ANESTHESIA FOR BODY CAST APPLICATION	43.49	43.49				
01140		ANESTHESIA FOR INTERPELVIABDOMINAL (	217.46	217.46				
01150		ANESTHESIA FOR RADICAL PROCEDURES F	145.00	145.00				
01160		ANESTHESIA FOR CLOSED PROCEDURES IN	57.99	57.99				
01170		ANESTHESIA FOR OPEN PROCEDURES INV(	115.98	115.98				
01173		ANESTHESIA FOR OPEN REPAIR OF FRACTU	174.00	174.00				
01180		ANESTHESIA FOR OBTURATOR NEURECTOM	43.49	43.49				
01190		ANESTHESIA FOR OBTURATOR NEURECTOM	57.99	57.99				
01200		ANESTHESIA FOR ALL CLOSED PROCEDURI	57.99	57.99				
01202		ANESTHESIA FOR ARTHROSCOPIC PROCEC	57.99	57.99				
01210		ANESTHESIA FOR OPEN PROCEDURES INV(	86.99	86.99				
01212		ANESTHESIA FOR OPEN PROCEDURES INV(	144.98	144.98				
01214		ANESTHESIA FOR OPEN PROCEDURES INV(	116.00	116.00				
01215		ANESTHESIA FOR OPEN PROCEDURES INV(	144.98	144.98				
01220		ANESTHESIA FOR ALL CLOSED PROCEDURI	57.99	57.99				
01230		ANESTHESIA FOR OPEN PROCEDURES INV(	86.99	86.99				
01232		ANESTHESIA FOR OPEN PROCEDURES INV(	72.49	72.49				
01234		ANESTHESIA FOR OPEN PROCEDURES INV(	115.98	115.98				
01250		ANESTHESIA FOR ALL PROCEDURES ON NE	57.99	57.99				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy	Sterilization	Abortion	PA	AS
01260		ANESTHESIA FOR ALL PROCEDURES INVOL	115.98	115.98						
01270		ANESTHESIA FOR PROCEDURES INVOLVINC	116.48	116.48						
01272		ANESTHESIA FOR PROCEDURES INVOLVINC	57.99	57.99						
01274		ANESTHESIA FOR PROCEDURES INVOLVINC	86.99	86.99						
01320		ANESTHESIA FOR ALL PROCEDURES ON NE	57.99	57.99						
01340		ANESTHESIA FOR ALL CLOSED PROCEDURI	57.99	57.99						
01360		ANESTHESIA FOR ALL OPEN PROCEDURES	72.49	72.49						
01380		ANESTHESIA FOR ALL CLOSED PROCEDURI	43.49	43.49						
01382		ANESTHESIA FOR DIAGNOSTIC ARTHROSCC	43.49	43.49						
01390		ANESTHESIA FOR ALL CLOSED PROCEDURI	43.49	43.49						
01392		ANESTHESIA FOR ALL OPEN PROCEDURES	57.99	57.99						
01400		ANESTHESIA FOR OPEN OR SURGICAL ARTI	57.99	57.99						
01402		ANESTHESIA FOR OPEN PROCEDURES ON I	101.48	101.48						
01404		ANESTHESIA FOR OPEN PROCEDURES ON I	72.49	72.49						
01420		ANESTHESIA FOR ALL CAST APPLICATIONS	43.49	43.49						
01430		ANESTHESIA FOR PROCEDURES ON VEINS	43.49	43.49						
01432		ANESTHESIA FOR PROCEDURES ON VEINS	87.00	87.00						
01440		ANESTHESIA FOR PROCEDURES ON ARTER	116.00	116.00						
01442		ANESTHESIA FOR PROCEDURES ON ARTER	115.98	115.98						
01444		ANESTHESIA FOR PROCEDURES ON ARTER	115.98	115.98						
01462		ANESTHESIA FOR ALL CLOSED PROCEDURI	43.49	43.49						
01464		ANESTHESIA FOR ARTHROSCOPIC PROCEC	43.49	43.49						
01470		ANESTHESIA FOR PROCEDURES ON NERVE	43.49	43.49						
01472		ANESTHESIA FOR PROCEDURES ON NERVE	72.49	72.49						
01474		ANESTHESIA FOR PROCEDURES ON NERVE	72.49	72.49						
01480		ANESTHESIA FOR OPEN PROCEDURES ON I	43.49	43.49						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy	Sterilization	Abortion	PA	AS
01482		ANESTHESIA FOR OPEN PROCEDURES ON I	57.99	57.99						
01484		ANESTHESIA FOR OPEN PROCEDURES ON I	57.99	57.99						
01486		ANESTHESIA FOR OPEN PROCEDURES ON I	101.48	101.48						
01490		ANESTHESIA FOR LOWER LEG CAST APPLIC	43.49	43.49						
01500		ANESTHESIA FOR PROCEDURES ON ARTER	115.98	115.98						
01502		ANESTHESIA FOR PROCEDURES ON ARTER	86.99	86.99						
01520		ANESTHESIA FOR PROCEDURES ON VEINS	43.49	43.49						
01522		ANESTHESIA FOR PROCEDURES ON VEINS	72.49	72.49						
01610		ANESTHESIA FOR ALL PROCEDURES ON NE	72.49	72.49						
01620		ANESTHESIA FOR ALL CLOSED PROCEDURI	57.99	57.99						
01622		ANESTHESIA FOR DIAGNOSTIC ARTHROSCC	57.99	57.99						
01630		ANESTHESIA FOR OPEN OR SURGICAL ARTI	72.49	72.49						
01634		ANESTHESIA FOR OPEN PROCEDURES ON I	130.48	130.48						
01636		ANESTHESIA FOR OPEN PROCEDURES ON I	217.46	217.46						
01638		ANESTHESIA FOR OPEN PROCEDURES ON I	144.98	144.98						
01650		ANESTHESIA FOR PROCEDURES ON ARTER	86.99	86.99						
01652		ANESTHESIA FOR PROCEDURES ON ARTER	144.98	144.98						
01654		ANESTHESIA FOR PROCEDURES ON ARTER	115.98	115.98						
01656		ANESTHESIA FOR PROCEDURES ON ARTER	144.98	144.98						
01670		ANESTHESIA FOR ALL PROCEDURES ON VE	57.99	57.99						
01680		ANESTHESIA FOR SHOULDER CAST APPLIC	43.49	43.49						
01682		ANESTHESIA FOR SHOULDER CAST APPLIC	57.99	57.99						
01710		ANESTHESIA FOR PROCEDURES ON NERVE	43.49	43.49						
01712		ANESTHESIA FOR PROCEDURES ON NERVE	72.49	72.49						
01714		ANESTHESIA FOR PROCEDURES ON NERVE	72.49	72.49						
01716		ANESTHESIA FOR PROCEDURES ON NERVE	72.49	72.49						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
01730		ANESTHESIA FOR ALL CLOSED PROCEDURES ON	43.49	43.49				
01732		ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPY	43.49	43.49				
01740		ANESTHESIA FOR OPEN OR SURGICAL ARTI	57.99	57.99				
01742		ANESTHESIA FOR OPEN PROCEDURES ON I	72.49	72.49				
01744		ANESTHESIA FOR OPEN PROCEDURES ON I	72.49	72.49				
01756		ANESTHESIA FOR OPEN PROCEDURES ON I	86.99	86.99				
01758		ANESTHESIA FOR OPEN PROCEDURES ON I	72.49	72.49				
01760		ANESTHESIA FOR OPEN PROCEDURES ON I	101.48	101.48				
01770		ANESTHESIA FOR PROCEDURES ON ARTER	87.00	87.00				
01772		ANESTHESIA FOR PROCEDURES ON ARTER	86.99	86.99				
01780		ANESTHESIA FOR PROCEDURES ON VEINS	43.49	43.49				
01782		ANESTHESIA FOR PROCEDURES ON VEINS	57.99	57.99				
01810		ANESTHESIA FOR ALL PROCEDURES ON NE	43.49	43.49				
01820		ANESTHESIA FOR ALL CLOSED PROCEDURES	43.49	43.49				
01829		ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPY	43.50	43.50				
01830		ANESTHESIA FOR OPEN OR SURGICAL ARTI	43.49	43.49				
01832		ANESTHESIA FOR OPEN PROCEDURES ON I	86.99	86.99				
01840		ANESTHESIA FOR PROCEDURES ON ARTER	86.99	86.99				
01842		ANESTHESIA FOR PROCEDURES ON ARTER	86.99	86.99				
01844		ANESTHESIA FOR VASCULAR SHUNT, OR SH	86.99	86.99				
01850		ANESTHESIA FOR PROCEDURES ON VEINS	43.49	43.49				
01852		ANESTHESIA FOR PROCEDURES ON VEINS	57.99	57.99				
01860		ANESTHESIA FOR FOREARM, WRIST, OR HA	43.49	43.49				
01916		ANESTHESIA FOR DIAGNOSTIC ARTERIOGR	72.49	72.49				
01920		ANESTHESIA FOR CARDIAC CATHETERIZAT	101.48	101.48				
01922		ANESTHESIA FOR NON-INVASIVE IMAGING C	101.48	101.48				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
01924		ANESTHESIA FOR THERAPEUTIC INTERVEN	87.00	87.00				
01925		ANESTHESIA FOR THERAPEUTIC INTERVEN	116.00	116.00				
01926		ANESTHESIA FOR THERAPEUTIC INTERVEN	145.00	145.00				
01930		ANESTHESIA FOR THERAPEUTIC INTERVEN	72.50	72.50				
01931		ANESTHESIA FOR THERAPEUTIC INTERVEN	101.50	101.50				
01932		ANESTHESIA FOR THERAPEUTIC INTERVEN	101.50	101.50				
01933		ANESTHESIA FOR THERAPEUTIC INTERVEN	116.00	116.00				
01951		ANESTHESIA FOR SECOND AND THIRD DEG	43.49	43.49				
01952		ANESTHESIA FOR SECOND AND THIRD DEG	72.49	72.49				
01953		ANESTHESIA FOR SECOND AND THIRD DEG	14.50	14.50				
01958		ANESTHESIA FOR EXTERNAL CEPHALIC VEI	72.50	72.50				
01960		ANESTHESIA FOR; VAGINAL DELIVERY ONL'	72.50	72.50				
01961		ANESTHESIA FOR CESAREAN DELIVERY ON	101.50	101.50				
01962		ANESTHESIA FOR URGENT HYSTERECTOM'	116.00	116.00		Y		
01963		ANESTHESIA FOR CESAREAN HYSTERECTC	145.00	145.00		Y		
01965		ANESTHESIA FOR INCOMPLETE OR MISSED	58.00	58.00				
01966		ANESTHESIA FOR INDUCED ABORTION PRO	58.00	58.00			Y	
01967		NEURAXIAL LABOR ANALGESIA/ANESTHESI	72.50	72.50				
01968		ANESTHESIA FOR CESAREAN DELIVERY FO	43.50	43.50				
01969		ANESTHESIA FOR CESAREAN HYSTERECTC	72.50	72.50		Y		
01991		ANESTHESIA FOR DIAGNOSTIC OR THERAP	43.50	43.50				
01992		ANESTHESIA FOR DIAGNOSTIC OR THERAP	72.50	72.50				
01996		DAILY HOSPITAL MANAGEMENT OF EPIDUR.	43.49	43.49				
01999	R	UNLISTED ANESTHESIA PROCEDURE						
10060		INCISION AND DRAINAGE OF ABSCESS (EG,	45.44	43.69	10	1		
10061		INCISION AND DRAINAGE OF ABSCESS (EG,	76.87	73.91	10	1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
10120		INCISION AND REMOVAL OF FOREIGN BODY	53.09	51.05	10	1		
10140		INCISION AND DRAINAGE OF HEMATOMA, SI	64.33	61.86	10	1		
10160		PUNCTURE ASPIRATION OF ABSCESS, HEM.	51.79	49.80	10	1		
11004		DEBRIDEMENT OF SKIN, SUBCUTANEOUS T	38.83	37.33	0	1		AS
11042		DEBRIDEMENT; SKIN, AND SUBCUTANEOUS	30.46	29.29	0	1		
11045		DEB SUBQ TISSUE ADD-ON	14.83	14.26	0	5		
11055		PARING OR CUTTING OF BENIGN HYPERKEI	20.52	19.73	0	1		
11056		PARING OR CUTTING OF BENIGN HYPERKEI	24.92	23.96	0	1		
11057		PARING OR CUTTING OF BENIGN HYPERKEI	30.13	28.97	0	1		
11100		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE /	43.97	42.28	0	1		
11101		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE /	13.84	13.31	0	6		
11200		REMOVAL OF SKIN TAGS, MULTIPLE FIBROC	33.39	32.10	10	1		
11400		EXCISION, BENIGN LESION INCLUDING MAR	45.60	43.85	10	1		
11401		EXCISION, BENIGN LESION INCLUDING MAR	57.49	55.28	10	1		
11402		EXCISION, BENIGN LESION INCLUDING MAR	64.17	61.70	10	1		
11403		EXCISION, BENIGN LESION INCLUDING MAR	73.78	70.94	10	1		
11730		AVULSION OF NAIL PLATE, PARTIAL OR COM	257.56	247.65	0	1		
11740		EVACUATION OF SUBUNGUAL HEMATOMA	19.22	18.48		1		
11750		EXCISION OF NAIL AND NAIL MATRIX, PARTI	89.42	85.98	10	1		
11765		WEDGE EXCISION OF SKIN OF NAIL FOLD (E	54.72	52.62	10	1		
11921	R	TATTOOING, INTRADERMAL INTRODUCTION	78.56	75.54	0	1		
11922	R	TATTOOING, INTRADERMAL INTRODUCTION	23.78	22.86	0	1		
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE	62.05	59.66	0	1		
11981		INSERTION, NON-BIODEGRADABLE DRUG D	57.00	54.81	0	1		
11982		REMOVAL, NON-BIODEGRADABLE DRUG DE	65.15	62.64	0	1		
11983		REMOVAL WITH REINSERTION, NON-BIODEC	101.63	97.72	0	1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
12001		SIMPLE REPAIR OF SUPERFICIAL WOUNDS	58.14	55.90	10	1		
12002		SIMPLE REPAIR OF SUPERFICIAL WOUNDS	62.05	59.66	10	1		
12004		SIMPLE REPAIR OF SUPERFICIAL WOUNDS	73.29	70.47	10	1		
12011		SIMPLE REPAIR OF SUPERFICIAL WOUNDS	61.73	59.35	10	1		
12013		SIMPLE REPAIR OF SUPERFICIAL WOUNDS	68.41	65.78	10	1		
12018		SIMPLE REPAIR OF SUPERFICIAL WOUNDS	21.86	21.02	10	1		AS
12031		LAYER CLOSURE OF WOUNDS OF SCALP, A	101.30	97.41	10	1		
12032		LAYER CLOSURE OF WOUNDS OF SCALP, A	127.52	122.62	10	1		
12034		LAYER CLOSURE OF WOUNDS OF SCALP, A	126.06	121.21	10	1		
12035		LAYER CLOSURE OF WOUNDS OF SCALP, A	147.72	142.04	10	1		
12047		LAYER CLOSURE OF WOUNDS OF NECK, HA	30.36	29.19	10	1		AS
12057		LAYER CLOSURE OF WOUNDS OF FACE, EA	36.87	35.45	10	1		AS
15002		SURGICAL PREPARATION OR CREATION OF	21.68	20.85	0	1		AS
15003		SURGICAL PREPARATION OR CREATION OF	4.72	4.54	0	1		AS
15004		SURGICAL PREPARATION OR CREATION OF	26.32	25.31	0	1		AS
15005		SURGICAL PREPARATION OR CREATION OF	7.95	7.64	0	1		AS
15271		ALLOGRAFT SKIN FOR TEMPORARY WOUND	69.06	66.40	0	1		
15272		APPLICATION OF SKIN SUBSTITUTE GRAFT	13.03	12.53	0	3		
15273		APPLICATION OF SKIN SUBSTITUTE GRAFT	141.86	136.40	0	1		
15274		APPLICATION OF SKIN SUBSTITUTE GRAFT	33.38	32.10	0	20		
15275		APPLICATION OF SKIN SUBSTITUTE GRAFT	74.11	71.26	0	1		
15276		APPLICATION OF SKIN SUBSTITUTE GRAFT	16.04	15.42	0	3		
15277		APPLICATION OF SKIN SUBSTITUTE GRAFT	142.68	137.19	0	1		
15278		APPLICATION OF SKIN SUBSTITUTE GRAFT	39.42	37.90	0	20		
15731		FOREHEAD FLAP WITH PRESERVATION OF	73.46	70.63	0	1		AS
15732		MUSCLE, MYOCUTANEOUS, OR FASCIOCUT	95.30	91.63	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
15734		MUSCLE, MYOCUTANEOUS, OR FASCIOCUT	99.02	95.21	90	1		AS
15738		MUSCLE, MYOCUTANEOUS, OR FASCIOCUT	92.64	89.07	90	1		AS
15750		FLAP; NEUROVASCULAR PEDICLE	59.96	57.65	90	1		AS
15756		FREE MUSCLE OR MYOCUTANEOUS FLAP W	158.10	152.02	90	1		AS
15757		FREE SKIN FLAP WITH MICROVASCULAR AN	154.73	148.78	90	1		AS
15758		FREE FASCIAL FLAP WITH MICROVASCULAF	155.20	149.23	90	1		AS
15770		GRAFT; DERMA-FAT-FASCIA	43.15	41.49	90	1		AS
15777		IMPLANTATION OF BIOLOGIC IMPLANT (EG,	102.44	98.50	0	1		
15830		EXCISION, EXCESSIVE SKIN AND SUBCUTAN	78.07	75.07	90	1	Y	AS
15841		GRAFT FOR FACIAL NERVE PARALYSIS; FRE	110.93	106.66	90	1		AS
15842		GRAFT FOR FACIAL NERVE PARALYSIS; FRE	176.05	169.28	90	1		AS
15845		GRAFT FOR FACIAL NERVE PARALYSIS; REC	61.58	59.21	90	1		AS
15847		EXCISION, EXCESSIVE SKIN AND SUBCUTAN	39.19	37.68	90	1	Y	AS
15922		EXCISION, COCCYGEAL PRESSURE ULCER,	48.99	47.11	90	1		AS
15935		EXCISION, SACRAL PRESSURE ULCER, WITI	71.43	68.68	90	1		AS
15937		EXCISION, SACRAL PRESSURE ULCER, WITI	67.93	65.32	90	1		AS
15946		EXCISION, ISCHIAL PRESSURE ULCER, WIT	107.36	103.23	90	1		AS
15952		EXCISION, TROCHANTERIC PRESSURE ULC	56.16	54.00	90	1		AS
15958		EXCISION, TROCHANTERIC PRESSURE ULC	76.53	73.59	90	1		AS
16020		DRESSINGS AND/OR DEBRIDEMENT OF PAF	31.92	30.70	0	1		
17000		DESTRUCTION (EG, LASER SURGERY, ELEC	33.39	32.10	10	1		
17003		DESTRUCTION BY ANY METHOD, INCLUDIN	2.93	2.82	0	13		
17004		DESTRUCTION (EG, LASER SURGERY, ELEC	71.34	68.59	10	1		
17110		DESTRUCTION (EG, LASER SURGERY, ELEC	41.00	39.42	10	1		
17111		DESTRUCTION BY ANY METHOD OF FLAT W	55.05	52.93	10	1		
17250		CHEMICAL CAUTERIZATION OF GRANULATI	30.13	28.97	0	1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
17260		DESTRUCTION, MALIGNANT LESION (EG, LA	38.60	37.11	10	1		
17261		DESTRUCTION, MALIGNANT LESION, ANY MI	60.26	57.94	10	1		
17262		DESTRUCTION, MALIGNANT LESION, ANY MI	72.97	70.16	10	1		
17263		DESTRUCTION, MALIGNANT LESION, ANY MI	80.30	77.21	10	1		
17311		MOHS MICROGRAPHIC TECHNIQUE, INCLUD	44.53	42.82	0	1		AS
17312		MOHS MICROGRAPHIC TECHNIQUE, INCLUD	26.68	25.66	0	1		AS
17313		MOHS MICROGRAPHIC TECHNIQUE, INCLUD	40.65	39.09	0	1		AS
17314		MOHS MICROGRAPHIC TECHNIQUE, INCLUD	24.73	23.78	0	1		AS
17315		MOHS MICROGRAPHIC TECHNIQUE, INCLUD	5.32	5.11	0	1		AS
19260		EXCISION OF CHEST WALL TUMOR INCLUDI	78.41	75.39	90	1		AS
19271		EXCISION OF CHEST WALL TUMOR INVOLVI	105.93	101.85	90	1		AS
19272		EXCISION OF CHEST WALL TUMOR INVOLVI	117.65	113.13	90	1		AS
19300		MASTECTOMY FOR GYNECOMASTIA	36.46	35.06	90	1		AS
19301		MASTECTOMY, PARTIAL (EG, LUMPECTOMY	253.09	243.36	90	1		
19302		MASTECTOMY, PARTIAL (EG, LUMPECTOMY	57.38	55.17	90	1		AS
19303		MASTECTOMY, SIMPLE, COMPLETE	62.67	60.26	90	1		AS
19304		MASTECTOMY, SUBCUTANEOUS	36.04	34.65	90	1		AS
19305		MASTECTOMY, RADICAL, INCLUDING PECTC	71.45	68.70	90	1		AS
19306		MASTECTOMY, RADICAL, INCLUDING PECTC	75.20	72.31	90	1		AS
19307		MASTECTOMY, MODIFIED RADICAL, INCLUD	75.73	72.81	90	1		AS
19316	R	MASTOPEXY	51.07	49.11	90	1		AS
19318		REDUCTION MAMMAPLASTY	75.52	72.61	90	1	Y	AS
19325		MAMMAPLASTY, AUGMENTATION; WITH PRC	42.61	40.97	90	1	Y	AS
19357	R	BREAST RECONSTRUCTION, IMMEDIATE OF	101.91	97.99	90	1		AS
19361	R	BREAST RECONSTRUCTION WITH LATISSIM	112.21	107.89	90	1		AS
19364	R	BREAST RECONSTRUCTION WITH FREE FLA	187.26	180.05	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
19366	R	BREAST RECONSTRUCTION WITH OTHER TI	91.78	88.25	90	1		AS
19367	R	BREAST RECONSTRUCTION WITH TRANSVE	120.65	116.01	90	1		AS
19368	R	BREAST RECONSTRUCTION WITH TRANSVE	150.62	144.82	90	1		AS
19369	R	BREAST RECONSTRUCTION WITH TRANSVE	135.76	130.54	90	1		AS
20100		EXPLORATION OF PENETRATING WOUND (S	38.96	37.46	10	1		AS
20102		EXPLORATION OF PENETRATING WOUND (S	29.45	28.31	10	1		AS
20150		EXCISION OF EPIPHYSEAL BAR, WITH OR W	65.41	62.89	90	1		AS
20251		BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR	28.04	26.96	10	1		AS
20526		INJECTION, THERAPEUTIC (EG, LOCAL ANE	30.78	29.60	0	1		
20527		INJECTION, ENZYME (EG, COLLAGENASE), F	36.32	34.92	0	1		
20550		INJECTION(S); SINGLE TENDON SHEATH, OF	23.78	22.86	0	1		
20551		INJECTION(S); SINGLE TENDON ORIGIN/INSI	23.78	22.86	0	1		
20552		INJECTION(S); SINGLE OR MULTIPLE TRIGGI	21.01	20.20	0	1		
20553		INJECTION(S); SINGLE OR MULTIPLE TRIGGI	23.45	22.55	0	1		
20600		ARTHROCENTESIS, ASPIRATION AND/OR IN.	22.81	21.93	0	1		
20605		ARTHROCENTESIS, ASPIRATION AND/OR IN.	24.27	23.34	0	1		
20610		ARTHROCENTESIS, ASPIRATION AND/OR IN.	31.92	30.70	0	1		
20650		INSERTION OF WIRE OR PIN WITH APPLICA	81.27	78.14	10	1		
20692		APPLICATION OF A MULTIPLANE (PINS OR V	71.09	68.35	0	1		AS
20802		REPLANTATION, ARM (INCLUDES SURGICAL	161.56	155.35	90	1		AS
20805		REPLANTATION, FOREARM (INCLUDES RAD	191.14	183.79	90	1		AS
20808		REPLANTATION, HAND (INCLUDES HAND TH	268.95	258.60	90	1		AS
20816		REPLANTATION, DIGIT, EXCLUDING THUMB	139.28	133.93	90	1		AS
20822		REPLANTATION, DIGIT, EXCLUDING THUMB	116.48	112.00	90	1		AS
20824		REPLANTATION, THUMB (INCLUDES CARPOI	139.57	134.20	90	1		AS
20827		REPLANTATION, THUMB (INCLUDES DISTAL	120.65	116.01	90	1		AS

Code	Spec	Description	00-20	21+	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
			Max Fee	Max Fee				
20838		REPLANTATION, FOOT; COMPLETE AMPUTA	161.64	155.42	90	1		AS
20900		BONE GRAFT, ANY DONOR AREA; MINOR OF	41.66	40.06	90	1		AS
20902		BONE GRAFT, ANY DONOR AREA; MAJOR OI	39.88	38.35	90	1		AS
20922		FASCIA LATA GRAFT; BY INCISION AND ARE	40.08	38.54	90	1		AS
20924		TENDON GRAFT, FROM A DISTANCE (EG, PA	33.20	31.92	90	1		AS
20937		AUTOGRAFT FOR SPINE SURGERY ONLY (IM	11.67	11.23	90	1		AS
20938		AUTOGRAFT FOR SPINE SURGERY ONLY (IM	12.74	12.25	90	1		AS
20955		BONE GRAFT WITH MICROVASCULAR ANAS	169.61	163.09	90	1		AS
20956		BONE GRAFT WITH MICROVASCULAR ANAS	178.92	172.04	90	1		AS
20957		BONE GRAFT WITH MICROVASCULAR ANAS	171.80	165.20	90	1		AS
20962	R	BONE GRAFT WITH MICROVASCULAR ANAS	174.04	167.35	90	1		AS
20969		FREE OSTEOCUTANEOUS FLAP WITH MICR	187.15	179.95	90	1		AS
20970		FREE OSTEOCUTANEOUS FLAP WITH MICR	190.82	183.49	90	1		AS
20972		FREE OSTEOCUTANEOUS FLAP WITH MICR	172.58	165.95	90	1		AS
20973		FREE OSTEOCUTANEOUS FLAP WITH MICR	177.46	170.63	90	1		AS
20975		ELECTRICAL STIMULATION TO AID BONE HE	12.06	11.60	0	1		AS
21011		EXCISION, TUMOR, SOFT TISSUE OF FACE C	22.12	21.27	90	1		AS
21012		EXCISION, TUMOR, SOFT TISSUE OF FACE C	23.69	22.78	90	1		AS
21013		EXCISION, TUMOR, SOFT TISSUE OF FACE /	34.37	30.05	90	1		AS
21014		EXCISION, TUMOR, SOFT TISSUE OF FACE /	35.59	35.18	90	1		AS
21016		RADICAL RESECTION OF TUMOR (EG, MALIC	73.56	70.73	90	1		AS
21034		EXCISION OF MALIGNANT TUMOR OF MAXIL	86.02	82.71	90	1		AS
21044		EXCISION OF MALIGNANT TUMOR OF MAND	57.35	55.15	90	1		AS
21045		EXCISION OF MALIGNANT TUMOR OF MAND	80.08	77.00	90	1		AS
21046		EXCISION OF BENIGN TUMOR OR CYST OF I	72.10	69.33	90	1		AS
21048		EXCISION OF BENIGN TUMOR OR CYST OF I	72.65	69.86	90	1		AS

Code	Spec	Description	00-20	21+	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
			Max Fee	Max Fee				
21049		EXCISION OF BENIGN TUMOR OR CYST OF I	82.29	79.13	90	1		AS
21060		MENISCECTOMY, PARTIAL OR COMPLETE, T	51.78	49.79	90	1		AS
21121	R	GENIOPLASTY; SLIDING OSTEOTOMY, SINGI	50.97	49.01	90	1		AS
21125		AUGMENTATION, MANDIBULAR BODY OR AN	46.78	44.98	90	1		AS
21127		AUGMENTATION, MANDIBULAR BODY OR AN	55.56	53.43	90	1		AS
21141		RECONSTRUCTION MIDFACE, LEFORT I; SIN	89.25	85.82	90	1		AS
21142		RECONSTRUCTION MIDFACE, LEFORT I; TW	87.87	84.49	90	1		AS
21143		RECONSTRUCTION MIDFACE, LEFORT I; THI	90.06	86.59	90	1		AS
21145		RECONSTRUCTION MIDFACE, LEFORT I; SIN	102.64	98.70	90	1		AS
21146		RECONSTRUCTION MIDFACE, LEFORT I; TW	96.23	92.53	90	1		AS
21147		RECONSTRUCTION MIDFACE, LEFORT I; THI	112.52	108.19	90	1		AS
21150		RECONSTRUCTION MIDFACE, LEFORT II; AN	110.46	106.21	90	1		AS
21151		RECONSTRUCTION MIDFACE, LEFORT II; AN	111.76	107.46	90	1		AS
21154		RECONSTRUCTION MIDFACE, LEFORT III (E)	132.92	127.81	90	1		AS
21155		RECONSTRUCTION MIDFACE, LEFORT III (E)	154.06	148.13	90	1		AS
21159		RECONSTRUCTION MIDFACE, LEFORT III (E)	185.61	178.47	90	1		AS
21160		RECONSTRUCTION MIDFACE, LEFORT III (E)	189.11	181.83	90	1		AS
21172		RECONSTRUCTION SUPERIOR-LATERAL OR	120.10	115.48	90	1		AS
21175		RECONSTRUCTION, BIFRONTAL, SUPERIOR	144.65	139.09	90	1		AS
21179		RECONSTRUCTION, ENTIRE OR MAJORITY C	97.67	93.91	90	1		AS
21180		RECONSTRUCTION, ENTIRE OR MAJORITY C	112.31	107.99	90	1		AS
21182		RECONSTRUCTION OF ORBITAL WALLS, RIM	134.36	129.19	90	1		AS
21183		RECONSTRUCTION OF ORBITAL WALLS, RIM	151.84	146.00	90	1		AS
21184		RECONSTRUCTION OF ORBITAL WALLS, RIM	162.42	156.18	90	1		AS
21188		RECONSTRUCTION MIDFACE, OSTEOTOMIE	105.90	101.83	90	1		AS
21193		RECONSTRUCTION OF MANDIBULAR RAMI, I	81.54	78.40	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
21194		RECONSTRUCTION OF MANDIBULAR RAMUS	93.31	89.73	90	1		AS
21195		RECONSTRUCTION OF MANDIBULAR RAMI A	87.35	83.99	90	1		AS
21196		RECONSTRUCTION OF MANDIBULAR RAMI, I	95.69	92.01	90	1		AS
21198		OSTEOTOMY, MANDIBLE, SEGMENTAL	75.57	72.66	90	1		AS
21199		OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH	67.88	65.27	90	1		AS
21206		OSTEOTOMY, MAXILLA, SEGMENTAL (EG, W	74.21	71.36	90	1		AS
21240		ARTHROPLASTY, TEMPOROMANDIBULAR JC	72.65	69.86	90	1		AS
21242		ARTHROPLASTY, TEMPOROMANDIBULAR JC	66.21	63.67	90	1		AS
21243		ARTHROPLASTY, TEMPOROMANDIBULAR JC	109.52	105.31	90	1		AS
21244		RECONSTRUCTION OF MANDIBLE, EXTRAOF	68.51	65.87	90	1		AS
21245		RECONSTRUCTION OF MANDIBLE OR MAXIL	74.08	71.23	90	1		AS
21246		RECONSTRUCTION OF MANDIBLE OR MAXIL	55.48	53.34	90	1		AS
21247		RECONSTRUCTION OF MANDIBULAR COND'	105.43	101.38	90	1		AS
21255		RECONSTRUCTION OF ZYGOMATIC ARCH A	95.76	92.08	90	1		AS
21256		RECONSTRUCTION OF ORBIT WITH OSTEO1	76.59	73.64	90	1		AS
21260		PERIORBITAL OSTEOTOMIES FOR ORBITAL	88.52	85.12	90	1		AS
21261		PERIORBITAL OSTEOTOMIES FOR ORBITAL	146.34	140.72	90	1		AS
21263		PERIORBITAL OSTEOTOMIES FOR ORBITAL	133.63	128.49	90	1		AS
21267		ORBITAL REPOSITIONING, PERIORBITAL OS	99.49	95.66	90	1		AS
21268		ORBITAL REPOSITIONING, PERIORBITAL OS	113.90	109.52	90	1		AS
21270		MALAR AUGMENTATION, PROSTHETIC MATI	58.79	56.53	90	1		AS
21275		SECONDARY REVISION OF ORBITOCRANIOF	53.03	50.99	90	1		AS
21339		OPEN TREATMENT OF NASOETHMOID FRAC	50.97	49.01	90	1		AS
21343		OPEN TREATMENT OF DEPRESSED FRONTA	73.80	70.96	90	1		AS
21344		OPEN TREATMENT OF COMPLICATED (EG, C	97.77	94.01	90	1		AS
21347		OPEN TREATMENT OF NASOMAXILLARY CO	69.91	67.23	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
21348		OPEN TREATMENT OF NASOMAXILLARY CO	76.66	73.72	90	1		AS
21360		OPEN TREATMENT OF DEPRESSED MALAR	34.53	33.20	90	1		AS
21365		OPEN TREATMENT OF COMPLICATED (EG, C	72.16	69.38	90	1		AS
21366		OPEN TREATMENT OF COMPLICATED (EG, C	80.86	77.75	90	1		AS
21385		OPEN TREATMENT OF ORBITAL FLOOR "BLC	46.41	44.62	90	1		AS
21386		OPEN TREATMENT OF ORBITAL FLOOR "BLC	43.28	41.62	90	1		AS
21387		OPEN TREATMENT OF ORBITAL FLOOR "BLC	48.03	46.18	90	1		AS
21390		OPEN TREATMENT OF ORBITAL FLOOR "BLC	50.24	48.31	90	1		AS
21395		OPEN TREATMENT OF ORBITAL FLOOR "BLC	63.53	61.09	90	1		AS
21401		CLOSED TREATMENT OF FRACTURE OF OR	30.05	28.89	90	1		AS
21406		OPEN TREATMENT OF FRACTURE OF ORBIT	35.07	33.73	90	1		AS
21407		OPEN TREATMENT OF FRACTURE OF ORBIT	41.64	40.04	90	1		AS
21408		OPEN TREATMENT OF FRACTURE OF ORBIT	57.35	55.15	90	1		AS
21422		OPEN TREATMENT OF PALATAL OR MAXILL/	43.47	41.79	90	1		AS
21423		OPEN TREATMENT OF PALATAL OR MAXILL/	51.47	49.49	90	1		AS
21431		CLOSED TREATMENT OF CRANIOFACIAL SE	48.36	46.50	90	1		AS
21432		OPEN TREATMENT OF CRANIOFACIAL SEPA	43.15	41.49	90	1		AS
21433		OPEN TREATMENT OF CRANIOFACIAL SEPA	111.35	107.06	90	1		AS
21435		OPEN TREATMENT OF CRANIOFACIAL SEPA	88.49	85.09	90	1		AS
21436		OPEN TREATMENT OF CRANIOFACIAL SEPA	130.19	125.18	90	1		AS
21445		OPEN TREATMENT OF MANDIBULAR OR MA	50.21	48.28	90	1		AS
21461		OPEN TREATMENT OF MANDIBULAR FRACT	133.37	128.24	90	1		AS
21462		OPEN TREATMENT OF MANDIBULAR FRACT	142.28	136.81	90	1		AS
21465		OPEN TREATMENT OF MANDIBULAR CONDY	59.41	57.13	90	1		AS
21470		OPEN TREATMENT OF COMPLICATED MANC	77.84	74.84	90	1		AS
21490		OPEN TREATMENT OF TEMPOROMANDIBUL	60.90	58.56	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
21495		OPEN TREATMENT OF HYOID FRACTURE	45.39	43.65	90	1		AS
21502		INCISION AND DRAINAGE, DEEP ABSCESS C	33.98	32.67	90	1		AS
21552		BIOPSY, SOFT TISSUE OF NECK OR THORA	31.64	30.42	90	1		AS
21554		BIOPSY, SOFT TISSUE OF NECK OR THORA	51.92	49.92	90	1		AS
21557		RADICAL RESECTION OF TUMOR (EG, MALIC	38.18	36.71	90	1		AS
21558		RADICAL RESECTION OF TUMOR (EG, MALIC	97.54	93.79	90	1		AS
21600		EXCISION OF RIB, PARTIAL	36.72	35.30	90	1		AS
21610		COSTOTRANSVERSECTOMY (SEPARATE PR	71.97	69.20	90	1		AS
21615		EXCISION FIRST AND/OR CERVICAL RIB;	44.06	42.37	90	1		AS
21616		EXCISION FIRST AND/OR CERVICAL RIB FOF	57.30	55.10	90	1		AS
21620		OSTECTOMY OF STERNUM, PARTIAL	34.11	32.80	90	1		AS
21627		STERNAL DEBRIDEMENT	36.14	34.75	90	1		AS
21630		RADICAL RESECTION OF STERNUM;	84.51	81.26	90	1		AS
21632		RADICAL RESECTION OF STERNUM; WITH M	83.49	80.28	90	1		AS
21685		HYOID MYOTOMY AND SUSPENSION	64.99	62.49	90	1		AS
21700		DIVISION OF SCALENUS ANTICUS; WITHOUT	27.49	26.43	90	1		AS
21705		DIVISION OF SCALENUS ANTICUS; WITH RE	43.36	41.69	90	1		AS
21720		DIVISION OF STERNOCLEIDOMASTOID FOR	28.56	27.46	90	1		AS
21725		DIVISION OF STERNOCLEIDOMASTOID FOR	35.41	34.05	90	1		AS
21740		RECONSTRUCTIVE REPAIR OF PECTUS EXC	73.25	70.43	90	1		AS
21742		RECONSTRUCTIVE REPAIR OF PECTUS EXC	65.63	63.11	90	1		AS
21743		RECONSTRUCTIVE REPAIR OF PECTUS EXC	65.63	63.11	90	1		AS
21750		CLOSURE OF MEDIAN STERNOTOMY SEPAF	48.39	46.53	90	1		AS
21800		CLOSED TREATMENT OF RIB FRACTURE, UI	39.09	37.58	90	1		
21810		TREATMENT OF RIB FRACTURE REQUIRING	33.15	31.87	90	1		AS
21825		OPEN TREATMENT OF STERNUM FRACTURE	37.21	35.78	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
21931		EXCISION, TUMOR, SOFT TISSUE OF BACK (	33.12	31.85	90	1		AS
21932		EXCISION, TUMOR, SOFT TISSUE OF BACK (	47.61	45.78	90	1		AS
21933		EXCISION, TUMOR, SOFT TISSUE OF BACK (	52.51	50.49	90	1		AS
21936		RADICAL RESECTION OF TUMOR (EG, MALIC	101.60	97.70	90	1		AS
22100		PARTIAL EXCISION OF POSTERIOR VERTEB	55.01	52.89	90	1		AS
22101		PARTIAL RESECTION OF VERTEBRAL COMP	54.49	52.39	90	1		AS
22102		PARTIAL RESECTION OF VERTEBRAL COMP	53.91	51.84	90	1		AS
22103		PARTIAL EXCISION OF POSTERIOR VERTEB	9.77	9.40	90	1		AS
22110		PARTIAL EXCISION OF VERTEBRAL BODY, F	68.17	65.55	90	1		AS
22112		PARTIAL EXCISION OF VERTEBRAE (EG, FOI	65.15	62.64	90	1		AS
22114		PARTIAL EXCISION OF VERTEBRAE (EG, FOI	67.44	64.84	90	1		AS
22116		PARTIAL EXCISION OF VERTEBRAL BODY, F	9.77	9.40	90	1		AS
22206		OSTEOTOMY OF SPINE FOR CORRECTION F	159.31	153.19	90	1		AS
22207		OSTEOTOMY OF SPINE FOR CORRECTION F	157.27	151.23	90	1		AS
22208		OSTEOTOMY OF SPINE, POSTERIOR OR PO:	40.96	39.39	0	1		AS
22210		OSTEOTOMY OF SPINE, POSTERIOR OR PO:	119.01	114.43	90	1		AS
22212		OSTEOTOMY OF SPINE, POSTERIOR APPRC	97.88	94.11	90	1		AS
22214		OSTEOTOMY OF SPINE, POSTERIOR APPRC	98.19	94.41	90	1		AS
22216		OSTEOTOMY OF SPINE, POSTERIOR OR PO:	25.56	24.58	0	6		AS
22220		OSTEOTOMY OF SPINE, INCLUDING DISKEC	107.36	103.23	90	1		AS
22224		OSTEOTOMY OF SPINE, ANTERIOR APPROA	105.04	101.00	90	1		AS
22226		OSTEOTOMY OF SPINE, INCLUDING DISKEC	25.46	24.48	90	4		AS
22318		OPEN TREATMENT AND/OR REDUCTION OF	107.60	103.46	90	1		AS
22319		OPEN TREATMENT AND/OR REDUCTION OF	117.97	113.43	90	1		AS
22325		OPEN TREATMENT AND/OR REDUCTION OF	93.86	90.25	90	1		AS
22326		OPEN TREATMENT AND/OR REDUCTION OF	97.64	93.89	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
22327		OPEN TREATMENT AND/OR REDUCTION OF	96.96	93.23	90	1		AS
22328		OPEN TREATMENT AND/OR REDUCTION OF	19.31	18.57	90	4		AS
22532		ARTHRODESIS, LATERAL EXTRACAVITARY T	115.65	111.20	90	1		AS
22533		ARTHRODESIS, LATERAL EXTRACAVITARY T	108.82	104.63	90	1		AS
22534		ARTHRODESIS, LATERAL EXTRACAVITARY T	25.25	24.28	0	5		AS
22548		ARTHRODESIS, ANTERIOR TRANSORAL OR	123.96	119.19	90	1		AS
22551		NECK SPINE FUSE & REMOVE ADDL	133.42	128.30	90	1		AS
22552		ADDL NECK SPINE FUSION	31.09	29.89	0	1		AS
22554		ARTHRODESIS, ANTERIOR INTERBODY TEC	85.65	82.36	90	1		AS
22556		ARTHRODESIS, ANTERIOR INTERBODY TEC	109.99	105.76	90	1		AS
22558		ARTHRODESIS, ANTERIOR INTERBODY TEC	100.32	96.47	90	1		AS
22585		ARTHRODESIS, ANTERIOR INTERBODY TEC	23.35	22.45	90	5		AS
22590		ARTHRODESIS, POSTERIOR TECHNIQUE, CF	103.53	99.55	90	1		AS
22595		ARTHRODESIS, POSTERIOR TECHNIQUE, A1	98.16	94.39	90	1		AS
22600		ARTHRODESIS, POSTERIOR OR POSTEROLA	84.27	81.03	90	1		AS
22610		ARTHRODESIS, POSTERIOR OR POSTEROLA	82.74	79.55	90	1		AS
22612		ARTHRODESIS, POSTERIOR OR POSTEROLA	106.42	102.33	90	1		AS
22614		ARTHRODESIS, POSTERIOR OR POSTEROLA	27.18	26.13	90	4		AS
22630		ARTHRODESIS, POSTERIOR INTERBODY TE	103.01	99.05	90	1		AS
22632		ARTHRODESIS, POSTERIOR INTERBODY TE	22.12	21.27	90	3		AS
22633		ARTHRODESIS, COMBINED POSTERIOR OR	142.70	137.21	90	1		AS
22634		ARTHRODESIS, COMBINED POSTERIOR OR	38.49	37.01	90	1		AS
22800		ARTHRODESIS, POSTERIOR, FOR SPINAL DI	90.32	86.84	90	1		AS
22802		ARTHRODESIS, POSTERIOR, FOR SPINAL DI	143.14	137.63	90	1		AS
22804		ARTHRODESIS, POSTERIOR, FOR SPINAL DI	164.87	158.53	90	1		AS
22808		ARTHRODESIS, ANTERIOR, FOR SPINAL DEF	121.88	117.19	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
22810		ARTHRODESIS, ANTERIOR, FOR SPINAL DEF	134.90	129.72	90	1		AS
22812		ARTHRODESIS, ANTERIOR, FOR SPINAL DEF	147.83	142.14	90	1		AS
22818	R	KYPHECTOMY, CIRCUMFERENTIAL EXPOSU	150.54	144.75	90	1		AS
22819	R	KYPHECTOMY, CIRCUMFERENTIAL EXPOSU	175.14	168.40	90	1		AS
22830		EXPLORATION OF SPINAL FUSION	53.91	51.84	90	1		AS
22840		POSTERIOR NON-SEGMENTAL INSTRUMENT	53.16	51.11	0	1		AS
22842		POSTERIOR SEGMENTAL INSTRUMENTATIO	53.24	51.19	0	1		AS
22843		POSTERIOR SEGMENTAL INSTRUMENTATIO	56.88	54.70	0	1		AS
22844		POSTERIOR SEGMENTAL INSTRUMENTATIO	69.08	66.42	0	1		AS
22845		ANTERIOR INSTRUMENTATION; 2 TO 3 VERT	51.02	49.06	0	1		AS
22846		ANTERIOR INSTRUMENTATION; 4 TO 7 VERT	52.95	50.91	0	1		AS
22847		ANTERIOR INSTRUMENTATION; 8 OR MORE	58.27	56.03	0	1		AS
22848		PELVIC FIXATION (ATTACHMENT OF CAUDA	25.15	24.18	90	1		AS
22849		REINSERTION OF SPINAL FIXATION DEVICE	87.53	84.16	90	1		AS
22850		REMOVAL OF POSTERIOR NONSEGMENTAL	47.84	46.00	90	1		AS
22851		APPLICATION OF INTERVERTEBRAL BIOMEC	28.40	27.31	90	6		AS
22852		REMOVAL OF POSTERIOR SEGMENTAL INST	45.68	43.92	90	1		AS
22855		REMOVAL OF ANTERIOR INSTRUMENTATIO	74.76	71.89	90	1		AS
22857		TOTAL DISC ARTHROPLASTY (ARTIFICIAL DI	118.42	113.86	90	1		AS
22899	R	UNLISTED PROCEDURE, SPINE			90	1		AS
22900		EXCISION, ABDOMINAL WALL TUMOR, SUBF	27.39	26.33	90	1		AS
22901		EXCISION, TUMOR, SOFT TISSUE OF ABDOM	46.85	45.05	90	1		AS
22902		EXCISION, TUMOR, SOFT TISSUE OF ABDOM	29.55	28.41	90	1		AS
22903		EXCISION, TUMOR, SOFT TISSUE OF ABDOM	30.96	29.76	90	1		AS
22904		RADICAL RESECTION OF TUMOR (EG, MALIC	73.38	70.56	90	1		AS
22905		RADICAL RESECTION OF TUMOR (EG, MALIC	95.12	91.46	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
23000		REMOVAL OF SUBDELTOID CALCAREOUS D	33.88	32.57	90	1		AS
23020		CAPSULAR CONTRACTURE RELEASE (EG, S	45.45	43.70	90	1		AS
23035		INCISION, BONE CORTEX (EG, OSTEOMYELI	44.51	42.80	90	1		AS
23040		ARTHROTOMY, GLENOHUMERAL JOINT, INC	47.32	45.50	90	1		AS
23071		BIOPSY, SOFT TISSUE OF SHOULDER AREA	29.42	28.29	90	1		AS
23073		BIOPSY, SOFT TISSUE OF SHOULDER AREA	48.78	46.91	90	1		AS
23077		RADICAL RESECTION OF TUMOR (EG, MALIC	78.90	75.87	90	1		AS
23078		RADICAL RESECTION OF TUMOR (EG, MALIC	98.97	95.17	90	1		AS
23100		ARTHROTOMY, GLENOHUMERAL JOINT, INC	31.97	30.74	90	1		AS
23105		ARTHROTOMY; GLENOHUMERAL JOINT, WIT	41.82	40.22	90	1		AS
23107		ARTHROTOMY, GLENOHUMERAL JOINT, WIT	43.44	41.77	90	1		AS
23120		CLAVICULECTOMY; PARTIAL	37.76	36.31	90	1		AS
23125		CLAVICULECTOMY; TOTAL	46.25	44.47	90	1		AS
23145		EXCISION OR CURETTAGE OF BONE CYST (	45.47	43.72	90	1		AS
23150		EXCISION OR CURETTAGE OF BONE CYST (	43.07	41.42	90	1		AS
23155		EXCISION OR CURETTAGE OF BONE CYST (	52.27	50.26	90	1		AS
23156		EXCISION OR CURETTAGE OF BONE CYST (	44.22	42.52	90	1		AS
23172		SEQUESTRECTOMY (EG, FOR OSTEOMYELI'	35.31	33.95	90	1		AS
23174		SEQUESTRECTOMY (EG, FOR OSTEOMYELI'	49.48	47.58	90	1		AS
23182		PARTIAL EXCISION (CRATERIZATION, SAUCI	42.58	40.94	90	1		AS
23184		PARTIAL EXCISION (CRATERIZATION, SAUCI	48.23	46.38	90	1		AS
23190		OSTECTOMY OF SCAPULA, PARTIAL (EG, SL	36.46	35.05	90	1		AS
23195		RESECTION HUMERAL HEAD	49.82	47.91	90	1		AS
23200		RADICAL RESECTION FOR TUMOR; CLAVICL	58.58	56.33	90	1		AS
23210		RADICAL RESECTION FOR TUMOR; SCAPUL	61.52	59.16	90	1		AS
23220		RADICAL RESECTION OF BONE TUMOR, PR(	70.85	68.13	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
23332		REMOVAL OF FOREIGN BODY, SHOULDER; (	58.60	56.35	90	1		AS
23395		MUSCLE TRANSFER, ANY TYPE, SHOULDER	85.58	82.28	90	1		AS
23397		MUSCLE TRANSFER, ANY TYPE FOR PARAL	76.59	73.64	90	1		AS
23400		SCAPULOPEXY (EG, SPRENGEL'S DEFORMI	64.86	62.36	90	1		AS
23405		TENOTOMY, SHOULDER AREA; SINGLE TENI	41.61	40.01	90	1		AS
23406		TENOTOMY, SHOULDER AREA; MULTIPLE TE	52.01	50.01	90	1		AS
23410		REPAIR OF RUPTURED MUSCULOTENDINOL	55.06	52.94	90	1		AS
23412		REPAIR OF RUPTURED SUPRASPINATUS TE	57.49	55.27	90	1		AS
23420		RECONSTRUCTION OF COMPLETE SHOULD	64.42	61.94	90	1		AS
23430		TENODESIS OF LONG TENDON OF BICEPS	48.91	47.03	90	1		AS
23440		RESECTION OR TRANSPLANTATION OF LON	50.40	48.46	90	1		AS
23450		CAPSULORRHAPHY, ANTERIOR; PUTTI-PLA1	63.35	60.91	90	1		AS
23455		CAPSULORRHAPHY, ANTERIOR; WITH LABR	67.57	64.97	90	1		AS
23460		CAPSULORRHAPHY, ANTERIOR, ANY TYPE;	73.12	70.31	90	1		AS
23462		CAPSULORRHAPHY FOR RECURRENT DISL	71.90	69.13	90	1		AS
23465		CAPSULORRHAPHY, GLENOHUMERAL JOIN	75.15	72.26	90	1		AS
23466		CAPSULORRHAPHY, GLENOHUMERAL JOIN	74.03	71.18	90	1		AS
23470		ARTHROPLASTY, GLENOHUMERAL JOINT; H	81.51	78.38	90	1		AS
23472		ARTHROPLASTY, GLENOHUMERAL JOINT; T	101.18	97.29	90	1		AS
23485		OSTEOTOMY, CLAVICLE, WITH OR WITHOUT	64.39	61.91	90	1		AS
23490		PROPHYLACTIC TREATMENT (NAILING, PINN	55.22	53.09	90	1		AS
23491		PROPHYLACTIC TREATMENT (NAILING, PINN	67.65	65.05	90	1		AS
23500		CLOSED TREATMENT OF CLAVICULAR FRAC	82.41	79.24	90	1		
23515		OPEN TREATMENT OF CLAVICULAR FRACTU	46.96	45.15	90	1		AS
23530		OPEN TREATMENT OF STERNOCLAVICULAF	35.18	33.83	90	1		AS
23532		OPEN TREATMENT OF STERNOCLAVICULAF	40.73	39.16	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
23550		OPEN TREATMENT OF ACROMIOCLAVICULA	37.55	36.11	90	1		AS
23552		OPEN TREATMENT OF ACROMIOCLAVICULA	43.21	41.54	90	1		AS
23570		CLOSED TREATMENT OF SCAPULAR FRACT	88.43	85.03	90	1		
23585		OPEN TREATMENT OF SCAPULAR FRACTUR	63.69	61.24	90	1		AS
23600		CLOSED TREATMENT OF PROXIMAL HUMER	122.80	118.08	90	1		
23615		OPEN TREATMENT OF PROXIMAL HUMERAL	57.49	55.27	90	1		AS
23616		OPEN TREATMENT OF PROXIMAL HUMERAL	85.39	82.11	90	1		AS
23620		CLOSED TREATMENT OF GREATER HUMERU	101.95	98.03	90	1		
23630		OPEN TREATMENT OF GREATER HUMERAL	50.16	48.23	90	1		AS
23660		OPEN TREATMENT OF ACUTE SHOULDER D	38.20	36.73	90	1		AS
23670		OPEN TREATMENT OF SHOULDER DISLOCA	56.49	54.32	90	1		AS
23680		OPEN TREATMENT OF SHOULDER DISLOCA	60.77	58.43	90	1		AS
23800		ARTHRODESIS, GLENOHUMERAL JOINT;	68.27	65.65	90	1		AS
23802		ARTHRODESIS, GLENOHUMERAL JOINT; WI	84.61	81.36	90	1		AS
23900		INTERTHORACOSCAPULAR AMPUTATION (F	88.62	85.22	90	1		AS
23920		DISARTICULATION OF SHOULDER;	71.95	69.18	90	1		AS
23929	R	UNLISTED PROCEDURE, SHOULDER			90	1		AS
24006		ARTHROTOMY OF THE ELBOW, WITH CAPSU	46.62	44.83	90	1		AS
24071		BIOPSY, SOFT TISSUE OF UPPER ARM OR E	28.56	27.46	90	1		AS
24073		BIOPSY, SOFT TISSUE OF UPPER ARM OR E	49.02	47.13	90	1		AS
24077		RADICAL RESECTION OF TUMOR (EG, MALIC	53.78	51.72	90	1		AS
24079		RADICAL RESECTION OF TUMOR (EG, MALIC	91.26	87.75	90	1		AS
24100		ARTHROTOMY, ELBOW; WITH SYNOVIAL BIC	26.50	25.48	90	1		AS
24101		ARTHROTOMY, ELBOW; WITH JOINT EXPLOI	32.31	31.07	90	1		AS
24102		ARTHROTOMY, ELBOW; WITH SYNOVECTOM	40.16	38.61	90	1		AS
24115		EXCISION OR CURETTAGE OF BONE CYST C	41.82	40.21	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
24116		EXCISION OR CURETTAGE OF BONE CYST C	57.17	54.97	90	1		AS
24125		EXCISION OR CURETTAGE OF BONE CYST C	39.66	38.14	90	1		AS
24126		EXCISION OR CURETTAGE OF BONE CYST C	41.72	40.12	90	1		AS
24134		SEQUESTRECTOMY (EG, FOR OSTEOMYELI'	48.96	47.08	90	1		AS
24138		SEQUESTRECTOMY (EG, FOR OSTEOMYELI'	43.15	41.49	90	1		AS
24140		PARTIAL EXCISION (CRATERIZATION, SAUCI	46.20	44.42	90	1		AS
24149		RADICAL RESECTION OF CAPSULE, SOFT TI	76.51	73.56	90	1		AS
24150		RADICAL RESECTION FOR TUMOR, SHAFT C	64.62	62.14	90	1		AS
24152		RADICAL RESECTION FOR TUMOR, RADIAL I	48.36	46.50	90	1		AS
24155		RESECTION OF ELBOW JOINT (ARTHRECTO	56.44	54.27	90	1		AS
24301		MUSCLE OR TENDON TRANSFER, ANY TYPE	49.54	47.63	90	1		AS
24320		TENOPLASTY, WITH MUSCLE TRANSFER, W	51.65	49.66	90	1		AS
24330		FLEXOR-PLASTY, ELBOW (EG, STEINDLER T	47.06	45.25	90	1		AS
24331		FLEXOR-PLASTY, ELBOW (EG, STEINDLER T	51.96	49.96	90	1		AS
24340		TENODESIS OF BICEPS TENDON AT ELBOW	40.13	38.59	90	1		AS
24341		REPAIR, TENDON OR MUSCLE, UPPER ARM	47.56	45.73	90	9		AS
24342		REINSERTION OF RUPTURED BICEPS OR TF	51.80	49.81	90	1		AS
24343		REPAIR LATERAL COLLATERAL LIGAMENT, I	45.84	44.07	90	1		AS
24344		RECONSTRUCTION LATERAL COLLATERAL I	71.76	69.00	90	1		AS
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, EI	45.55	43.80	90	1		AS
24346		RECONSTRUCTION MEDIAL COLLATERAL LI	72.13	69.36	90	1		AS
24357		TENOTOMY, ELBOW, LATERAL OR MEDIAL (I	28.56	27.46	90	1		AS
24360		ARTHROPLASTY, ELBOW; WITH MEMBRANE	59.67	57.38	90	1		AS
24361		ARTHROPLASTY, ELBOW; WITH DISTAL HUM	66.71	64.14	90	1		AS
24362		ARTHROPLASTY, ELBOW; WITH IMPLANT AN	71.58	68.83	90	1		AS
24363		ARTHROPLASTY, ELBOW; WITH DISTAL HUM	99.54	95.71	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
24365		ARTHROPLASTY, RADIAL HEAD;	41.90	40.29	90	1		AS
24366		ARTHROPLASTY, RADIAL HEAD; WITH IMPLA	44.95	43.22	90	1		AS
24400		OSTEOTOMY, HUMERUS, WITH OR WITHOUT	54.51	52.42	90	1		AS
24410		MULTIPLE OSTEOTOMIES WITH REALIGNME	69.99	67.30	90	1		AS
24420		OSTEOPLASTY, HUMERUS (EG, SHORTENIN	65.33	62.82	90	1		AS
24430		REPAIR OF NONUNION OR MALUNION, HUMI	70.05	67.35	90	1		AS
24435		REPAIR OF NONUNION OR MALUNION, HUMI	70.70	67.98	90	1		AS
24470		HEMIEPIPHYSEAL ARREST (EG, CUBITUS V/	40.42	38.86	90	1		AS
24498		PROPHYLACTIC TREATMENT (NAILING, PINN	57.82	55.60	90	1		AS
24500		CLOSED TREATMENT OF HUMERAL SHAFT I	134.04	128.88	90	1		
24515		OPEN TREATMENT OF HUMERAL SHAFT FRA	58.03	55.80	90	1		AS
24516		TREATMENT OF HUMERAL SHAFT FRACTUR	57.35	55.15	90	1		AS
24530		CLOSED TREATMENT OF SUPRACONDYLAR	144.30	138.75	90	1		
24545		OPEN TREATMENT OF HUMERAL SUPRACOI	60.98	58.63	90	1		AS
24546		OPEN TREATMENT OF HUMERAL SUPRACOI	70.07	67.38	90	1		AS
24560		CLOSED TREATMENT OF HUMERAL EPICON	120.03	115.42	90	1		
24575		OPEN TREATMENT OF HUMERAL EPICONDY	48.60	46.73	90	1		AS
24579		OPEN TREATMENT OF HUMERAL CONDYLAI	55.43	53.29	90	1		AS
24586		OPEN TREATMENT OF PERIARTICULAR FRA	72.99	70.18	90	1		AS
24587		OPEN TREATMENT OF PERIARTICULAR FRA	72.70	69.91	90	1		AS
24615		OPEN TREATMENT OF ACUTE OR CHRONIC	47.11	45.30	90	1		AS
24635		OPEN TREATMENT OF MONTEGGIA TYPE OI	68.23	65.61	90	1		AS
24640		CLOSED TREATMENT OF RADIAL HEAD SUB	45.44	43.69	10	1		
24650		CLOSED TREATMENT OF RADIAL HEAD OR I	97.39	93.65	90	1		
24665		OPEN TREATMENT OF RADIAL HEAD OR NEI	42.40	40.77	90	1		AS
24666		OPEN TREATMENT OF RADIAL HEAD OR NEI	48.26	46.40	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
24670		CLOSED TREATMENT OF ULNAR FRACTURE	109.61	105.39	90	1		
24685		OPEN TREATMENT OF ULNAR FRACTURE PI	42.71	41.07	90	1		AS
24800		ARTHRODESIS, ELBOW JOINT; LOCAL	51.73	49.74	90	1		AS
24802		ARTHRODESIS, ELBOW JOINT; WITH AUTOG	66.37	63.82	90	1		AS
24900		AMPUTATION, ARM THROUGH HUMERUS; W	47.61	45.78	90	1		AS
24920		AMPUTATION, ARM THROUGH HUMERUS; O	47.37	45.55	90	1		AS
24925		AMPUTATION, ARM THROUGH HUMERUS; SI	36.64	35.23	90	1		AS
24930		AMPUTATION, ARM THROUGH HUMERUS; RI	50.24	48.31	90	1		AS
24931		AMPUTATION, ARM THROUGH HUMERUS; W	57.04	54.85	90	1		AS
24940		CINEPLASTY, UPPER EXTREMITY, COMPLET	70.88	68.16	90	1		AS
25071		BIOPSY, SOFT TISSUE OF FOREARM AND/OI	29.91	28.76	90	1		AS
25073		BIOPSY, SOFT TISSUE OF FOREARM AND/OI	37.24	35.81	90	1		AS
25078		RADICAL RESECTION OF TUMOR (EG, MALIC	79.69	76.62	90	1		AS
25085		CAPSULOTOMY, WRIST (EG, CONTRACTURE	28.90	27.79	90	1		AS
25107		ARTHROTOMY, DISTAL RADIOULNAR JOINT	38.96	37.46	90	1		AS
25109		EXCISION OF TENDON, FOREARM AND/OR V	34.45	33.12	90	1		AS
25119		SYNOVECTOMY, EXTENSOR TENDON SHEA	31.84	30.62	90	1		AS
25126		EXCISION OR CURETTAGE OF BONE CYST C	38.54	37.06	90	1		AS
25135		EXCISION OR CURETTAGE OF BONE CYST C	35.80	34.43	90	1		AS
25136		EXCISION OR CURETTAGE OF BONE CYST C	31.82	30.59	90	1		AS
25145		SEQUESTRECTOMY (EG, FOR OSTEOMYELI	33.25	31.97	90	1		AS
25151		PARTIAL EXCISION (CRATERIZATION, SAUCI	37.86	36.41	90	1		AS
25170		RADICAL RESECTION FOR TUMOR, RADIUS	54.25	52.17	90	1		AS
25215		CARPECTOMY; ALL BONES OF PROXIMAL R	40.13	38.59	90	1		AS
25250		REMOVAL OF WRIST PROSTHESIS; (SEPARA	34.08	32.77	90	1		AS
25251		REMOVAL OF WRIST PROSTHESIS; COMPLIK	46.33	44.55	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
25263		REPAIR, TENDON OR MUSCLE, FLEXOR, FOI	40.36	38.81	90	1		AS
25265		REPAIR, TENDON OR MUSCLE, FLEXOR, FOI	48.68	46.80	90	1		AS
25300		TENODESIS AT WRIST; FLEXORS OF FINGE	44.12	42.42	90	1		AS
25301		TENODESIS AT WRIST; EXTENSORS OF FINC	41.98	40.36	90	1		AS
25310		TENDON TRANSPLANTATION OR TRANSFER	40.13	38.59	90	1		AS
25312		TENDON TRANSPLANTATION OR TRANSFER	47.01	45.20	90	1		AS
25315		FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL	50.76	48.81	90	1		AS
25316		FLEXOR ORIGIN SLIDE FOR CEREBRAL PAL:	58.58	56.33	90	1		AS
25320		CAPSULORRHAPHY OR RECONSTRUCTION,	62.62	60.21	90	1		AS
25332		ARTHROPLASTY, WRIST, WITH OR WITHOUT	55.58	53.45	90	1		AS
25335		CENTRALIZATION OF WRIST ON ULNA (EG, F	61.97	59.58	90	1		AS
25350		OSTEOTOMY, RADIUS; DISTAL THIRD	44.35	42.65	90	1		AS
25355		OSTEOTOMY, RADIUS; MIDDLE OR PROXIM/	50.58	48.63	90	1		AS
25360		OSTEOTOMY; ULNA	42.87	41.22	90	1		AS
25365		OSTEOTOMY; RADIUS AND ULNA	60.27	57.95	90	1		AS
25370		MULTIPLE OSTEOTOMIES, WITH REALIGNME	66.53	63.97	90	1		AS
25375		MULTIPLE OSTEOTOMIES, WITH REALIGNME	63.45	61.01	90	1		AS
25390		OSTEOPLASTY, RADIUS OR ULNA; SHORTE	50.84	48.88	90	1		AS
25391		OSTEOPLASTY, RADIUS OR ULNA; LENGTHE	65.72	63.19	90	1		AS
25392		OSTEOPLASTY, RADIUS AND ULNA; SHORTE	67.36	64.77	90	1		AS
25393		OSTEOPLASTY, RADIUS AND ULNA; LENGTH	75.93	73.01	90	1		AS
25394		OSTEOPLASTY, CARPAL BONE, SHORTENIN	51.31	49.34	90	1		AS
25400		REPAIR OF NONUNION OR MALUNION, RADI	60.60	58.27	90	1		AS
25405		REPAIR OF NONUNION OR MALUNION, RADI	69.05	66.40	90	1		AS
25415		REPAIR OF NONUNION OR MALUNION, RADI	64.91	62.42	90	1		AS
25420		REPAIR OF NONUNION OR MALUNION, RADI	77.92	74.92	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
25425		REPAIR OF DEFECT WITH AUTOGRAFT; RAC	78.01	75.01	90	1		AS
25426		REPAIR OF DEFECT WITH AUTOGRAFT; RAC	81.99	78.83	90	1		AS
25431		REPAIR OF NONUNION OF CARPAL BONE (E	51.73	49.74	90	1		AS
25440		REPAIR OF NONUNION, SCAPHOID CARPAL	50.50	48.56	90	1		AS
25441		ARTHROPLASTY WITH PROSTHETIC REPLAC	62.18	59.78	90	1		AS
25442		ARTHROPLASTY WITH PROSTHETIC REPLAC	52.77	50.74	90	1		AS
25443		ARTHROPLASTY WITH PROSTHETIC REPLAC	50.40	48.46	90	1		AS
25444		ARTHROPLASTY WITH PROSTHETIC REPLAC	54.07	51.99	90	1		AS
25446		ARTHROPLASTY WITH PROSTHETIC REPLAC	78.10	75.09	90	1		AS
25447		ARTHROPLASTY, INTERPOSITION, INTERCA	53.78	51.72	90	1		AS
25449		REVISION OF ARTHROPLASTY, INCLUDING F	68.46	65.82	90	1		AS
25490		PROPHYLACTIC TREATMENT (NAILING, PINN	45.84	44.07	90	1		AS
25491		PROPHYLACTIC TREATMENT (NAILING, PINN	48.55	46.68	90	1		AS
25492		PROPHYLACTIC TREATMENT (NAILING, PINN	60.04	57.73	90	1		AS
25500		CLOSED TREATMENT OF RADIAL SHAFT FR	100.16	96.31	90	1		
25505		CLOSED TREATMENT OF RADIAL SHAFT FR	196.42	188.86	90	1		
25515		OPEN TREATMENT OF RADIAL SHAFT FRAC	43.99	42.30	90	1		AS
25525		OPEN TREATMENT OF RADIAL SHAFT FRAC	61.70	59.33	90	1		AS
25526		OPEN TREATMENT OF RADIAL SHAFT FRAC	62.98	60.56	90	1		AS
25530		CLOSED TREATMENT OF ULNAR SHAFT FRA	96.90	93.18	90	1		
25545		OPEN TREATMENT OF ULNAR SHAFT FRAC	40.86	39.29	90	1		AS
25560		CLOSED TREATMENT OF RADIAL AND ULNA	101.30	97.41	90	1		
25565		CLOSED TREATMENT OF RADIAL AND ULNA	205.37	197.47	90	1		
25574		OPEN TREATMENT OF RADIAL AND ULNAR S	43.18	41.52	90	1		AS
25575		OPEN TREATMENT OF RADIAL AND ULNAR S	58.74	56.48	90	1		AS
25600		CLOSED TREATMENT OF DISTAL RADIAL FR	110.42	106.18	90	1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
25605		CLOSED TREATMENT OF DISTAL RADIAL FR	242.99	233.65	90	1		
25606		PERCUTANEOUS SKELETAL FIXATION OF DI	263.68	253.54	90	1		
25607		OPEN TREATMENT OF DISTAL RADIAL EXTR	47.11	45.30	90	1		AS
25608		OPEN TREATMENT OF DISTAL RADIAL INTR/	53.99	51.92	90	1		AS
25609		OPEN TREATMENT OF DISTAL RADIAL INTR/	68.95	66.30	90	1		AS
25622		CLOSED TREATMENT OF CARPAL SCAPHOII	113.19	108.84	90	1		
25628		OPEN TREATMENT OF CARPAL SCAPHOID (I	46.80	45.00	90	1		AS
25630		CLOSED TREATMENT OF CARPAL BONE FR/	115.96	111.49	90	1		
25645		OPEN TREATMENT OF CARPAL BONE FRAC'	36.72	35.30	90	1		AS
25650		CLOSED TREATMENT OF ULNAR STYLOID FI	120.68	116.04	90	1		
25652		OPEN TREATMENT OF ULNAR STYLOID FRA	40.23	38.69	90	1		AS
25660		CLOSED TREATMENT OF RADIOCARPAL OR	158.63	152.53	90	1		
25670		OPEN TREATMENT OF RADIOCARPAL OR IN	39.69	38.16	90	1		AS
25671		PERCUTANEOUS SKELETAL FIXATION OF DI	33.64	32.35	90	1		AS
25676		OPEN TREATMENT OF DISTAL RADIOULNAR	41.15	39.56	90	1		AS
25685		OPEN TREATMENT OF TRANS-SCAPHOPERI	48.05	46.20	90	1		AS
25695		OPEN TREATMENT OF LUNATE DISLOCATIO	41.28	39.69	90	1		AS
25800		ARTHRODESIS, WRIST; COMPLETE, WITHOL	48.23	46.38	90	1		AS
25805		ARTHRODESIS, WRIST JOINT (INCLUDING R.	55.66	53.52	90	1		AS
25810		ARTHRODESIS, WRIST JOINT (INCLUDING R.	56.52	54.35	90	1		AS
25820		ARTHRODESIS, WRIST; LIMITED, WITHOUT E	39.61	38.09	90	1		AS
25825		INTERCARPAL FUSION; WITH AUTOGRAFT (I	48.91	47.03	90	1		AS
25830		ARTHRODESIS, DISTAL RADIOULNAR JOINT	59.67	57.38	90	1		AS
25905		AMPUTATION, FOREARM, THROUGH RADIUS	45.32	43.57	90	1		AS
25907		AMPUTATION, FOREARM, THROUGH RADIUS	38.91	37.41	90	1		AS
25909		AMPUTATION, FOREARM, THROUGH RADIUS	44.53	42.82	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
25915		KRUKENBERG PROCEDURE	68.74	66.09	90	1		AS
25922		DISARTICULATION THROUGH WRIST; SECOI	37.52	36.08	90	1		AS
25924		DISARTICULATION THROUGH WRIST; RE-AM	43.41	41.74	90	1		AS
25929		TRANSMETACARPAL AMPUTATION; SECONI	36.74	35.33	90	1		AS
26111		ARTHROTOMY WITH BIOPSY; 1.5 CM OR GR	28.98	27.86	90	1		AS
26113		ARTHROTOMY WITH BIOPSY; 1.5 CM OR GR	38.12	36.66	90	1		AS
26118		RADICAL RESECTION OF TUMOR (EG, MALIC	74.87	71.99	90	1		AS
26185		SESAMOIDECTOMY, THUMB OR FINGER (SE	34.11	32.80	90	1		AS
26260		RADICAL RESECTION, PROXIMAL OR MIDL	35.39	34.03	90	1		AS
26262		RADICAL RESECTION, DISTAL PHALANX OF	29.58	28.44	90	1		AS
26341		MANIPULATION, PALMAR FASCIAL CORD (IE	47.24	45.42	10	1		
26352		FLEXOR TENDON REPAIR OR ADVANCEMEN	49.07	47.18	90	1		AS
26357		REPAIR OR ADVANCEMENT, FLEXOR TENDC	53.19	51.14	90	1		AS
26358		FLEXOR TENDON REPAIR OR ADVANCEMEN	56.05	53.90	90	1		AS
26372		REPAIR OR ADVANCEMENT OF PROFUNDUS	54.28	52.19	90	1		AS
26373		REPAIR OR ADVANCEMENT OF PROFUNDUS	51.41	49.44	90	1		AS
26390		EXCISION FLEXOR TENDON, WITH IMPLANT.	51.60	49.61	90	1		AS
26392		REMOVAL OF SYNTHETIC ROD AND INSERT	59.78	57.48	90	1		AS
26420		EXTENSOR TENDON REPAIR, DORSUM OF F	43.26	41.59	90	1		AS
26434		EXTENSOR TENDON REPAIR, DISTAL INSER	39.11	37.61	90	1		AS
26474		TENODESIS; OF DISTAL JOINT, EACH JOINT	35.54	34.18	90	1		AS
26479		SHORTENING OF TENDON, FLEXOR, HAND C	37.84	36.38	90	1		AS
26483		TENDON TRANSFER OR TRANSPLANT, CARI	51.93	49.94	90	1		AS
26485		TRANSFER OR TRANSPLANT OF TENDON, P	49.54	47.63	90	1		AS
26492		OPPONENSPLASTY; TENDON TRANSFER WI	54.75	52.64	90	1		AS
26494		OPPONENSPLASTY; HYPOTHENAR MUSCLE	49.41	47.51	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
26497		TRANSFER OF TENDON TO RESTORE INTRIN	53.76	51.69	90	1		AS
26498		TENDON TRANSFER TO RESTORE INTRINSIC	72.57	69.78	90	1		AS
26499		CORRECTION CLAW FINGER, OTHER METHO	51.47	49.49	90	1		AS
26502		TENDON PULLEY RECONSTRUCTION; WITH	43.60	41.92	90	1		AS
26517		CAPSULODESIS FOR M-P JOINT STABILIZAT	51.28	49.31	90	1		AS
26518		CAPSULODESIS FOR M-P JOINT STABILIZAT	51.86	49.86	90	1		AS
26530		ARTHROPLASTY, METACARPOPHALANGEAL	34.68	33.35	90	1		AS
26531		ARTHROPLASTY, METACARPOPHALANGEAL	40.31	38.76	90	1		AS
26541		RECONSTRUCTION, COLLATERAL LIGAMEN'	49.80	47.88	90	1		AS
26546		REPAIR NON-UNION, METACARPAL OR PHAI	61.18	58.83	90	1		AS
26550		POLLICIZATION OF A DIGIT	94.80	91.15	90	1		AS
26551		TRANSFER, TOE-TO-HAND WITH MICROVAS	191.78	184.41	90	1		AS
26553		TOE-TO-HAND TRANSFER WITH MICROVASC	183.24	176.19	90	1		AS
26554		TOE-TO-HAND TRANSFER WITH MICROVASC	240.00	230.77	90	1		AS
26555		TRANSFER, FINGER TO ANOTHER POSITION	87.92	84.54	90	1		AS
26556		TRANSFER, FREE TOE JOINT, WITH MICROV	180.77	173.81	90	1		AS
26560		REPAIR OF SYNDACTYLY (WEB FINGER) EA	35.36	34.00	90	1		AS
26561		REPAIR OF SYNDACTYLY (WEB FINGER) EA	57.67	55.45	90	1		AS
26562		REPAIR OF SYNDACTYLY (WEB FINGER) EA	71.64	68.88	90	1		AS
26565		OSTEOTOMY; METACARPAL, EACH	41.46	39.86	90	1		AS
26568		OSTEOPLASTY, LENGTHENING, METACARP	55.56	53.42	90	1		AS
26580		REPAIR CLEFT HAND	82.41	79.24	90	1		AS
26587		RECONSTRUCTION OF POLYDACTYLOUS DI	62.02	59.63	90	1		AS
26590		REPAIR MACRODACTYLIA, EACH DIGIT	81.69	78.55	90	1		AS
26596		EXCISION OF CONSTRICTING RING OF FING	47.53	45.70	90	1		AS
26600		CLOSED TREATMENT OF METACARPAL FRA	107.49	103.36	90	1		

Code	Spec	Description	00-20	21+	FUD Units	Hysterectomy	Sterilization	Abortion	PA	AS
			Max Fee	Max Fee						
26605		CLOSED TREATMENT OF METACARPAL FRA	121.82	117.14	90	1				
26608		PERCUTANEOUS SKELETAL FIXATION OF M	189.09	181.82	90	1				
26686		OPEN TREATMENT OF CARPOMETACARPAL	40.31	38.76	90	1				AS
26700		CLOSED TREATMENT OF METACARPOPHAL	119.54	114.94	90	1				
26720		CLOSED TREATMENT OF PHALANGEAL SHA	73.12	70.31		1				
26740		CLOSED TREATMENT OF ARTICULAR FRAC1	85.67	82.38	90	1				
26750		CLOSED TREATMENT OF DISTAL PHALANGE	68.07	65.46	90	1				
26820		FUSION IN OPPOSITION, THUMB, WITH AUTC	48.68	46.80	90	1				AS
26842		ARTHRODESIS, CARPOMETACARPAL JOINT,	48.94	47.06	90	1				AS
26843		ARTHRODESIS, CARPOMETACARPAL JOINT,	45.39	43.65	90	1				AS
26844		ARTHRODESIS, CARPOMETACARPAL JOINT,	50.76	48.81	90	1				AS
26852		ARTHRODESIS, METACARPOPHALANGEAL J	49.54	47.63	90	1				AS
26862		ARTHRODESIS, INTERPHALANGEAL JOINT, \	44.85	43.12	90	1				AS
26863		ARTHRODESIS, INTERPHALANGEAL JOINT, \	15.92	15.31	90	5				AS
27001		TENOTOMY, ADDUCTOR OF HIP, OPEN	35.52	34.15	90	1				AS
27003		TENOTOMY, ADDUCTOR, SUBCUTANEOUS, \	38.02	36.56	90	1				AS
27005		TENOTOMY, HIP FLEXOR(S), OPEN (SEPARA	48.23	46.38	90	1				AS
27006		TENOTOMY, ABDUCTORS AND/OR EXTENSC	48.68	46.80	90	1				AS
27030		ARTHROTOMY, HIP, WITH DRAINAGE (EG, IN	62.98	60.56	90	1				AS
27033		ARTHROTOMY, HIP, INCLUDING EXPLORATI	65.28	62.77	90	1				AS
27035		DENERVATION, HIP JOINT, INTRAPELVIC OR	71.40	68.65	90	1				AS
27036		CAPSULECTOMY OR CAPSULOTOMY, HIP, M	66.94	64.37	90	1				AS
27043		BIOPSY, SOFT TISSUE OF PELVIS AND HIP A	33.07	31.80	90	1				AS
27045		BIOPSY, SOFT TISSUE OF PELVIS AND HIP A	52.59	50.56	90	1				AS
27048		EXCISION, TUMOR, PELVIS AND HIP AREA; I	31.43	30.22	90	1				AS
27049		RADICAL RESECTION OF TUMOR, SOFT TIS	66.81	64.24	90	1				AS

Code	Spec	Description	00-20	21+	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
			Max Fee	Max Fee				
27052		ARTHROTOMY, FOR BIOPSY; HIP JOINT	36.66	35.25	90	1		AS
27054		ARTHROTOMY WITH SYNOVECTOMY, HIP JC	44.82	43.10	90	1		AS
27059		DECOMPRESSION FASCIOTOMY(IES), PELVI	128.91	123.96	90	1		AS
27065		EXCISION OF BONE CYST OR BENIGN TUMC	32.99	31.72	90	1		AS
27066		EXCISION OF BONE CYST OR BENIGN TUMC	53.55	51.49	90	1		AS
27067		EXCISION OF BONE CYST OR BENIGN TUMC	67.36	64.77	90	1		AS
27070		PARTIAL EXCISION (CRATERIZATION, SAUCI	55.90	53.75	90	1		AS
27071		PARTIAL EXCISION (CRATERIZATION, SAUCI	59.75	57.45	90	1		AS
27075		RADICAL RESECTION OF TUMOR OR INFECT	155.62	149.63	90	1		AS
27076		RADICAL RESECTION FOR TUMOR OR INFEC	107.20	103.08	90	1		AS
27077		RADICAL RESECTION FOR TUMOR OR INFEC	179.28	172.39	90	1		AS
27078		RADICAL RESECTION FOR TUMOR OR INFEC	67.70	65.10	90	1		AS
27080		COCCYGECTOMY, PRIMARY	32.57	31.32	90	1		AS
27087		REMOVAL OF FOREIGN BODY, PELVIS OR H	41.64	40.04	90	1		AS
27090		REMOVAL OF HIP PROSTHESIS; (SEPARATE	55.19	53.07	90	1		AS
27091		REMOVAL OF HIP PROSTHESIS; COMPLICAT	108.09	103.93	90	1		AS
27097		RELEASE OR RECESSION, HAMSTRING, PRO	44.56	42.85	90	1		AS
27098		TRANSFER, ADDUCTOR TO ISCHIUM	39.95	38.41	90	1		AS
27100		TRANSFER EXTERNAL OBLIQUE MUSCLE TO	54.38	52.29	90	1		AS
27105		TRANSFER PARASPINAL MUSCLE TO HIP (IM	56.63	54.45	90	1		AS
27110		TRANSFER ILIOPSOAS; TO GREATER TROCI	64.00	61.54	90	1		AS
27111		TRANSFER ILIOPSOAS; TO FEMORAL NECK	55.95	53.80	90	1		AS
27120		ACETABULOPLASTY; (EG, WHITMAN, COLON	86.80	83.46	90	1		AS
27122		ACETABULOPLASTY; RESECTION, FEMORAL	73.87	71.03	90	1		AS
27125		HEMIARTHROPLASTY, HIP, PARTIAL (EG, FE	75.52	72.61	90	1		AS
27130		ARTHROPLASTY, ACETABULAR AND PROXIM	97.54	93.79	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
27132		CONVERSION OF PREVIOUS HIP SURGERY	113.64	109.27	90	1		AS
27134		REVISION OF TOTAL HIP ARTHROPLASTY; B	131.75	126.68	90	1		AS
27137		REVISION OF TOTAL HIP ARTHROPLASTY; A	100.43	96.57	90	1		AS
27138		REVISION OF TOTAL HIP ARTHROPLASTY; F	104.57	100.55	90	1		AS
27140		OSTEOTOMY AND TRANSFER OF GREATER	59.80	57.50	90	1		AS
27146		OSTEOTOMY, ILIAC, ACETABULAR OR INNOI	84.59	81.33	90	1		AS
27147		OSTEOTOMY, ILIAC, ACETABULAR OR INNOI	99.33	95.51	90	1		AS
27151		OSTEOTOMY, ILIAC, ACETABULAR OR INNOI	107.67	103.53	90	1		AS
27156		OSTEOTOMY, ILIAC, ACETABULAR OR INNOI	114.94	110.52	90	1		AS
27158		OSTEOTOMY, PELVIS, BILATERAL (EG, CONI	94.05	90.43	90	1		AS
27161		OSTEOTOMY, FEMORAL NECK (SEPARATE F	81.82	78.68	90	1		AS
27165		OSTEOTOMY, INTERTROCHANTERIC OR SU	91.67	88.15	90	1		AS
27170		BONE GRAFT, FEMORAL HEAD, NECK, INTEF	79.30	76.25	90	1		AS
27176		TREATMENT OF SLIPPED FEMORAL EPIPHY	61.21	58.86	90	1		AS
27177		OPEN TREATMENT OF SLIPPED FEMORAL E	74.42	71.56	90	1		AS
27178		OPEN TREATMENT OF SLIPPED FEMORAL E	60.85	58.51	90	1		AS
27179		OPEN TREATMENT OF SLIPPED FEMORAL E	64.70	62.21	90	1		AS
27181		OPEN TREATMENT OF SLIPPED FEMORAL E	72.05	69.28	90	1		AS
27187		PROPHYLACTIC TREATMENT (NAILING, PINN	66.37	63.82	90	1		AS
27193		CLOSED TREATMENT OF PELVIC RING FRA	190.06	182.75	90	1		
27202		OPEN TREATMENT OF COCCYGEAL FRACTU	50.85	48.89	90	1		AS
27215		OPEN TREATMENT OF ILIAC SPINE(S), TUBE	49.51	47.61	90	1		AS
27216		PERCUTANEOUS SKELETAL FIXATION OF P	72.57	69.78	90	1		AS
27217		OPEN TREATMENT OF ANTERIOR RING FRA	67.93	65.32	90	1		AS
27218		OPEN TREATMENT OF POSTERIOR RING FR	94.20	90.58	90	1		AS
27226		OPEN TREATMENT OF POSTERIOR OR ANTE	71.14	68.40	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
27227		OPEN TREATMENT OF ACETABULAR FRACT	112.70	108.37	90	1		AS
27228		OPEN TREATMENT OF ACETABULAR FRACT	128.88	123.93	90	1		AS
27236		OPEN TREATMENT OF FEMORAL FRACTURE	80.00	76.92	90	1		AS
27244		TREATMENT OF INTERTROCHANTERIC, PER	82.27	79.10	90	1		AS
27245		OPEN TREATMENT OF INTERTROCHANTERI	93.98	90.37	90	1		AS
27248		OPEN TREATMENT OF GREATER TROCHAN	49.80	47.88	90	1		AS
27253		OPEN TREATMENT OF HIP DISLOCATION, TF	62.98	60.56	90	1		AS
27254		OPEN TREATMENT OF HIP DISLOCATION, TF	85.76	82.46	90	1		AS
27258		OPEN TREATMENT OF SPONTANEOUS HIP I	74.19	71.33	90	1		AS
27259		OPEN TREATMENT OF SPONTANEOUS HIP I	104.62	100.60	90	1		AS
27267		CLOSED TREATMENT OF FEMORAL FRACTL	27.49	26.43	90	1		AS
27268		CLOSED TREATMENT OF FEMORAL FRACTL	34.11	32.80	90	1		AS
27269		OPEN TREATMENT OF FEMORAL FRACTURE	82.27	79.10	90	1		AS
27280		ARTHRODESIS, SACROILIAC JOINT (INCLUD	68.82	66.17	90	1		AS
27282		ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDI	53.58	51.51	90	1		AS
27284		ARTHRODESIS, HIP JOINT (INCLUDING OBT/	102.98	99.02	90	1		AS
27286		ARTHRODESIS, HIP JOINT (INCLUDES OBT/	109.52	105.31	90	1		AS
27290		INTERPELVIABDOMINAL AMPUTATION (HINC	105.12	101.08	90	1		AS
27295		DISARTICULATION OF HIP	85.13	81.86	90	1		AS
27299	R	UNLISTED PROCEDURE, PELVIS OR HIP JOI			90	1		AS
27303		INCISION, DEEP, WITH OPENING OF BONE C	42.01	40.39	90	1		AS
27305		FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPE	30.62	29.44	90	1		AS
27306		TENOTOMY, PERCUTANEOUS, ADDUCTOR C	24.57	23.63	90	1		AS
27310		ARTHROTOMY, KNEE, WITH EXPLORATION,	48.13	46.28	90	1		AS
27325		NEURECTOMY, HAMSTRING MUSCLE	35.18	33.83	90	1		AS
27326		NEURECTOMY, POPLITEAL (GASTROCNEMII	32.03	30.79	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
27329		RADICAL RESECTION OF TUMOR (EG, MALIC	69.26	66.60	90	1		AS
27331		ARTHROTOMY, KNEE; INCLUDING JOINT EXI	30.83	29.64	90	1		AS
27332		ARTHROTOMY, WITH EXCISION OF SEMILUN	41.98	40.36	90	1		AS
27333		ARTHROTOMY, KNEE, FOR EXCISION OF SE	37.94	36.48	90	1		AS
27334		ARTHROTOMY, WITH SYNOVECTOMY KNEE;	44.66	42.95	90	1		AS
27335		ARTHROTOMY, KNEE, FOR SYNOVECTOMY;	50.58	48.63	90	1		AS
27337		ARTHROTOMY, WITH SYNOVECTOMY, KNEE	29.50	28.36	90	1		AS
27339		ARTHROTOMY, WITH SYNOVECTOMY, KNEE	53.13	51.09	90	1		AS
27345		EXCISION OF SYNOVIAL CYST OF POPLITEA	31.22	30.02	90	1		AS
27347		EXCISION OF LESION OF MENISCUS OR CAF	33.52	32.23	90	1		AS
27350		PATELLECTOMY OR HEMIPATELLECTOMY	42.66	41.02	90	1		AS
27355		EXCISION OR CURETTAGE OF BONE CYST C	39.50	37.99	90	1		AS
27356		EXCISION OR CURETTAGE OF BONE CYST C	48.65	46.78	90	1		AS
27357		EXCISION OR CURETTAGE OF BONE CYST C	53.97	51.89	90	1		AS
27358		EXCISION OR CURETTAGE OF BONE CYST C	19.70	18.94	90	1		AS
27360		PARTIAL EXCISION (CRATERIZATION, SAUCI	55.82	53.67	90	1		AS
27364		PARTIAL EXCISION (CRATERIZATION, SAUCI	110.98	106.72	90	1		AS
27365		RADICAL RESECTION OF TUMOR, BONE, FEI	82.19	79.03	90	1		AS
27380		SUTURE OF INFRAPATELLAR TENDON; PRIM	38.41	36.93	90	1		AS
27381		SUTURE OF INFRAPATELLAR TENDON; SEC	52.66	50.64	90	1		AS
27385		SUTURE OF QUADRICEPS OR HAMSTRING M	41.20	39.61	90	1		AS
27386		SUTURE OF QUADRICEPS OR HAMSTRING M	54.57	52.47	90	1		AS
27390		TENOTOMY, OPEN, HAMSTRING, KNEE TO H	28.74	27.64	90	1		AS
27392		TENOTOMY, OPEN, HAMSTRING, KNEE TO H	46.12	44.35	90	1		AS
27393		LENGTHENING OF HAMSTRING TENDON; SII	33.12	31.85	90	1		AS
27394		LENGTHENING OF HAMSTRING TENDON; ML	42.89	41.24	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
27395		LENGTHENING OF HAMSTRING TENDON; ML	58.24	56.00	90	1		AS
27396		TRANSPLANT, HAMSTRING TENDON TO PAT	40.18	38.64	90	1		AS
27397		TRANSPLANT, HAMSTRING TENDON TO PAT	59.75	57.45	90	1		AS
27400		TRANSFER, TENDON OR MUSCLE, HAMSTRI	45.00	43.27	90	1		AS
27403		ARTHROTOMY WITH MENISCUS REPAIR, KN	42.16	40.54	90	1		AS
27405		REPAIR, PRIMARY, TORN LIGAMENT AND/OF	44.48	42.77	90	1		AS
27407		REPAIR, PRIMARY, TORN LIGAMENT AND/OF	50.66	48.71	90	1		AS
27409		REPAIR, PRIMARY, TORN LIGAMENT AND/OF	64.08	61.61	90	1		AS
27412		AUTOLOGOUS CHONDROCYTE IMPLANTATI	112.44	108.12	0	1		AS
27415		OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEI	94.83	91.18	0	1		AS
27418		ANTERIOR TIBIAL TUBERCLEPLASTY (EG, M	55.19	53.07	90	1		AS
27420		RECONSTRUCTION OF DISLOCATING PATEL	49.41	47.51	90	1		AS
27422		RECONSTRUCTION OF DISLOCATING PATEL	49.15	47.26	90	1		AS
27424		RECONSTRUCTION FOR RECURRENT DISLC	49.33	47.43	90	1		AS
27427		LIGAMENTOUS RECONSTRUCTION (AUGMEI	47.37	45.55	90	1		AS
27428		LIGAMENTOUS RECONSTRUCTION (AUGMEI	73.30	70.48	90	1		AS
27429		LIGAMENTOUS RECONSTRUCTION (AUGMEI	82.16	79.00	90	1		AS
27430		QUADRICEPSPLASTY (EG, BENNETT OR TH	48.91	47.03	90	1		AS
27435		CAPSULOTOMY, POSTERIOR CAPSULAR RE	52.59	50.56	90	1		AS
27438		ARTHROPLASTY, PATELLA; WITH PROSTHE	55.97	53.82	90	1		AS
27440		ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	52.53	50.51	90	1		AS
27441		ARTHROPLASTY, KNEE, TIBIAL PLATEAU; W	53.68	51.62	90	1		AS
27442		ARTHROPLASTY, FEMORAL CONDYLES OR	57.90	55.67	90	1		AS
27443		ARTHROPLASTY, KNEE, FEMORAL CONDYL	54.02	51.94	90	1		AS
27445		ARTHROPLASTY, KNEE, HINGE PROSTHES	84.56	81.31	90	1		AS
27446		ARTHROPLASTY, KNEE, CONDYLE AND PLA	74.89	72.01	90	1		AS

Code	Spec	Description	00-20	21+	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
			Max Fee	Max Fee				
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLA	104.18	100.17	90	1		AS
27448		OSTEOTOMY, FEMUR, SHAFT OR SUPRACO	54.49	52.39	90	1		AS
27450		OSTEOTOMY, FEMUR, SHAFT OR SUPRACO	67.91	65.30	90	1		AS
27454		OSTEOTOMY, MULTIPLE, WITH REALIGNMEN	85.86	82.56	90	1		AS
27455		OSTEOTOMY, PROXIMAL TIBIA, INCLUDING I	62.77	60.36	90	1		AS
27457		OSTEOTOMY, PROXIMAL TIBIA, INCLUDING I	64.65	62.16	90	1		AS
27465		OSTEOPLASTY, FEMUR; SHORTENING (EXC	82.53	79.35	90	1		AS
27466		OSTEOPLASTY, FEMUR; LENGTHENING	79.14	76.10	90	1		AS
27468		OSTEOPLASTY, FEMUR; COMBINED, LENGT	89.35	85.92	90	1		AS
27470		REPAIR, NONUNION OR MALUNION, FEMUR,	79.01	75.97	90	1		AS
27472		REPAIR, NONUNION OR MALUNION, FEMUR,	85.32	82.03	90	1		AS
27479		EPIPHYSEAL ARREST BY EPIPHYSIODESIS (	63.01	60.59	90	1		AS
27486		REVISION OF TOTAL KNEE ARTHROPLASTY,	94.93	91.28	90	1		AS
27487		REVISION OF TOTAL KNEE ARTHROPLASTY,	119.82	115.21	90	1		AS
27488		REMOVAL OF PROSTHESIS, INCLUDING TOT	80.26	77.17	90	1		AS
27495		PROPHYLACTIC TREATMENT (NAILING, PINN	75.86	72.94	90	1		AS
27498		DECOMPRESSION FASCIOTOMY, THIGH ANI	38.98	37.48	90	1		AS
27499		DECOMPRESSION FASCIOTOMY, THIGH ANI	43.21	41.54	90	1		AS
27500		CLOSED TREATMENT OF FEMORAL SHAFT F	206.84	198.88	90	1		
27506		OPEN TREATMENT OF FEMORAL SHAFT FRA	89.33	85.89	90	1		AS
27507		OPEN TREATMENT OF FEMORAL SHAFT FRA	65.90	63.37	90	1		AS
27508		CLOSED TREATMENT OF FEMORAL FRACTL	207.98	199.98	90	1		
27511		OPEN TREATMENT OF FEMORAL SUPRACOI	67.28	64.70	90	1		AS
27513		OPEN TREATMENT OF FEMORAL SUPRACOI	84.64	81.38	90	1		AS
27514		OPEN TREATMENT OF FEMORAL FRACTURE	89.18	85.75	90	1		AS
27516		CLOSED TREATMENT OF DISTAL FEMORAL	193.97	186.51	90	1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
27519		OPEN TREATMENT OF DISTAL FEMORAL EP	73.93	71.09	90	1		AS
27520		CLOSED TREATMENT OF PATELLAR FRACTU	121.82	117.14	90	1		
27524		OPEN TREATMENT OF PATELLAR FRACTUR	49.88	47.96	90	1		AS
27530		CLOSED TREATMENT OF TIBIAL FRACTURE,	153.75	147.83	90	1		
27535		OPEN TREATMENT OF TIBIAL FRACTURE, PI	60.01	57.70	90	1		AS
27536		OPEN TREATMENT OF TIBIAL FRACTURE, PI	79.53	76.47	90	1		AS
27540		OPEN TREATMENT OF INTERCONDYLAR SP	62.17	59.78	90	1		AS
27556		OPEN TREATMENT OF KNEE DISLOCATION,	70.09	67.39	90	1		AS
27557		OPEN TREATMENT OF KNEE DISLOCATION,	80.84	77.73	90	1		AS
27558		OPEN TREATMENT OF KNEE DISLOCATION,	81.56	78.43	90	1		AS
27566		OPEN TREATMENT OF PATELLAR DISLOCAT	59.52	57.23	90	1		AS
27580		ARTHRODESIS, KNEE, ANY TECHNIQUE	96.34	92.63	90	1		AS
27590		AMPUTATION, THIGH, THROUGH FEMUR, AN	55.45	53.32	90	1		AS
27591		AMPUTATION, THIGH, THROUGH FEMUR, AN	61.21	58.86	90	1		AS
27592		AMPUTATION, THIGH, THROUGH FEMUR, AN	46.98	45.18	90	1		AS
27598		DISARTICULATION AT KNEE	50.08	48.16	90	1		AS
27599	R	UNLISTED PROCEDURE, FEMUR OR KNEE			90	1		AS
27602		DECOMPRESSION FASCIOTOMY, LEG; ANTE	34.34	33.02	90	1		AS
27612		ARTHROTOMY, POSTERIOR CAPSULAR REL	37.76	36.31	90	1		AS
27616		RADICAL RESECTION OF TUMOR (EG, MALIC	90.58	87.10	90	1		AS
27620		ARTHROTOMY, ANKLE, WITH JOINT EXPLOF	30.33	29.16	90	1		AS
27625		ARTHROTOMY, ANKLE, WITH SYNOVECTOM	39.32	37.81	90	1		AS
27626		ARTHROTOMY, ANKLE, FOR SYNOVECTOMY	42.58	40.94	90	1		AS
27632		EXCISION OF LESION OF TENDON SHEATH (	29.13	28.01	90	1		AS
27634		EXCISION OF LESION OF TENDON SHEATH (	47.48	45.65	90	1		AS
27637		EXCISION OR CURETTAGE OF BONE CYST (	49.80	47.88	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
27638		EXCISION OR CURETTAGE OF BONE CYST (	52.01	50.01	90	1		AS
27645		RADICAL RESECTION OF TUMOR, BONE; TIE	68.95	66.30	90	1		AS
27646		RESECTION FOR TUMOR, RADICAL; FIBULA	60.48	58.16	90	1		AS
27647		RADICAL RESECTION OF TUMOR, BONE; TAI	54.38	52.29	90	1		AS
27650		REPAIR, PRIMARY, OPEN OR PERCUTANEOI	45.00	43.27	90	1		AS
27654		REPAIR, SECONDARY, ACHILLES TENDON, \	48.60	46.73	90	1		AS
27656		REPAIR, FASCIAL DEFECT OF LEG	34.45	33.12	90	1		AS
27658		REPAIR, FLEXOR TENDON, LEG; PRIMARY, \	25.30	24.33	90	1		AS
27659		REPAIR, FLEXOR TENDON, LEG; SECONDA	33.22	31.95	90	1		AS
27665		REPAIR, EXTENSOR TENDON, LEG; SECONC	27.67	26.61	90	1		AS
27675		REPAIR, DISLOCATING PERONEAL TENDON:	33.77	32.47	90	1		AS
27676		REPAIR FOR DISLOCATING PERONEAL TENI	41.33	39.74	90	1		AS
27685		LENGTHENING OR SHORTENING OF TENDO	42.11	40.49	90	1		AS
27687		GASTROCNEMIUS RECESSION (EG, STRAYE	30.70	29.52	90	1		AS
27690		TRANSFER OR TRANSPLANT OF SINGLE TEI	42.84	41.19	90	1		AS
27691		TRANSFER OR TRANSPLANT OF SINGLE TEI	50.24	48.31	90	1		AS
27692		TRANSFER OR TRANSPLANT OF SINGLE TEI	7.64	7.34	90	5		AS
27695		REPAIR, PRIMARY, DISRUPTED LIGAMENT, /	32.60	31.34	90	1		AS
27698		REPAIR, SECONDARY DISRUPTED LIGAMEN	43.99	42.30	90	1		AS
27700		ARTHROPLASTY, ANKLE;	41.85	40.24	90	1		AS
27702		ARTHROPLASTY, ANKLE; WITH IMPLANT ("T	66.61	64.04	90	1		AS
27703		ARTHROPLASTY, ANKLE; REVISION, TOTAL .	77.60	74.62	90	1		AS
27705		OSTEOTOMY; TIBIA	51.15	49.19	90	1		AS
27709		OSTEOTOMY; TIBIA AND FIBULA	76.30	73.36	90	1		AS
27712		OSTEOTOMY; MULTIPLE, WITH REALIGNME	73.41	70.58	90	1		AS
27715		OSTEOPLASTY, TIBIA AND FIBULA, LENGTHI	71.40	68.65	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
27720		REPAIR OF NONUNION OR MALUNION, TIBIA	58.55	56.30	90	1		AS
27722		REPAIR OF NONUNION OR MALUNION, TIBIA	58.53	56.28	90	1		AS
27724		REPAIR OF NONUNION OR MALUNION, TIBIA	86.28	82.96	90	1		AS
27725		REPAIR OF NONUNION OR MALUNION, TIBIA	80.42	77.32	90	1		AS
27727		REPAIR OF CONGENITAL PSEUDARTHROSIS	64.10	61.64	90	1		AS
27740		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), A	43.05	41.39	90	1		AS
27742		EPIPHYSEAL ARREST BY EPIPHYSIODESIS (	47.43	45.60	90	1		AS
27745		PROPHYLACTIC TREATMENT (NAILING, PINN	50.21	48.28	90	1		AS
27750		CLOSED TREATMENT OF TIBIAL SHAFT FRA	132.08	127.00	90	1		
27756		PERCUTANEOUS SKELETAL FIXATION OF TI	37.32	35.88	90	1		AS
27758		OPEN TREATMENT OF TIBIAL SHAFT FRACT	59.21	56.93	90	1		AS
27759		TREATMENT OF TIBIAL SHAFT FRACTURE (V	66.97	64.39	90	1		AS
27760		CLOSED TREATMENT OF MEDIAL MALLEOLI	127.04	122.15	90	1		
27767		CLOSED TREATMENT OF POSTERIOR MALLI	16.31	15.69	90	1		AS
27768		CLOSED TREATMENT OF POSTERIOR MALLI	34.11	32.80	90	1		AS
27769		OPEN TREATMENT OF POSTERIOR MALLEO	46.36	44.57	90	1		AS
27780		CLOSED TREATMENT OF PROXIMAL FIBULA	113.84	109.46	90	1		
27786		CLOSED TREATMENT OF DISTAL FIBULAR F	120.36	115.73	90	1		
27808		CLOSED TREATMENT OF BIMALLEOLAR ANK	125.90	121.06	90	1		
27814		OPEN TREATMENT OF BIMALLEOLAR ANKLE	51.49	49.51	90	1		AS
27816		CLOSED TREATMENT OF TRIMALLEOLAR AN	119.05	114.47	90	1		
27818		CLOSED TREATMENT OF TRIMALLEOLAR AN	190.88	183.54	90	1		AS
27822		OPEN TREATMENT OF TRIMALLEOLAR ANKL	55.63	53.50	90	1		AS
27823		OPEN TREATMENT OF TRIMALLEOLAR ANKL	63.61	61.16	90	1		
27824		CLOSED TREATMENT OF FRACTURE OF WE	120.03	115.42	90			AS
27826		OPEN TREATMENT OF FRACTURE OF WEIGI	54.15	52.07	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
27827		OPEN TREATMENT OF FRACTURE OF WEIGI	71.53	68.78	90	1		AS
27828		OPEN TREATMENT OF FRACTURE OF WEIGI	85.97	82.66	90	1		AS
27829		OPEN TREATMENT OF DISTAL TIBIOFIBULAF	43.52	41.84	90	1		AS
27832		OPEN TREATMENT OF PROXIMAL TIBIOFIBU	47.17	45.35	90	1		AS
27846		OPEN TREATMENT OF ANKLE DISLOCATION	49.17	47.28	90	1		AS
27848		OPEN TREATMENT OF ANKLE DISLOCATION	54.98	52.87	90	1		AS
27870		ARTHRODESIS, ANKLE, OPEN	70.28	67.58	90	1		AS
27871		ARTHRODESIS, TIBIOFIBULAR JOINT, PROXI	46.07	44.30	90	1		AS
27880		AMPUTATION LEG, THROUGH TIBIA AND FIB	62.28	59.88	90	1		AS
27881		AMPUTATION LEG, THROUGH TIBIA AND FIB	59.67	57.38	90	1		AS
27888		AMPUTATION, ANKLE, THROUGH MALLEOLI	46.96	45.15	90	1		AS
27894		DECOMPRESSION FASCIOTOMY, LEG; ANTE	56.78	54.60	90	1		AS
28039		EXC FOOT/TOE TUM SC > 1.5 CM 1.5 CM OR	33.49	32.20	90	1		AS
28041		EXC FOOT/TOE TUM DEEP >1.5CM	31.51	30.29	90	1		AS
28047		RADICAL RESECTION OF TUMOR (EG, MALIC	66.35	63.79	90	1		AS
28055		NEURECTOMY, INTRINSIC MUSCULATURE C	27.13	26.08	0	1		AS
28086		SYNOVECTOMY, TENDON SHEATH, FOOT; F	33.98	32.67	90	1		AS
28100		EXCISION OR CURETTAGE OF BONE CYST C	37.97	36.51	90	1		AS
28102		EXCISION OR CURETTAGE OF BONE CYST C	38.07	36.61	90	1		AS
28103		EXCISION OR CURETTAGE OF BONE CYST C	30.67	29.49	90	1		AS
28104		EXCISION OR CURETTAGE OF BONE CYST C	33.51	32.22	90	1		AS
28106		EXCISION OR CURETTAGE OF BONE CYST C	32.52	31.27	90	1		AS
28107		EXCISION OR CURETTAGE OF BONE CYST C	36.90	35.48	90	1		AS
28114		OSTECTOMY, COMPLETE EXCISION; ALL ME	68.30	65.67	90	1		AS
28118		OSTECTOMY, CALCANEUS;	38.38	36.91	90	1		AS
28122		PARTIAL EXCISION (CRATERIZATION, SAUCI	43.86	42.17	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
28130		TALECTOMY (ASTRAGALECTOMY)	43.00	41.34	90	1		AS
28171		RADICAL RESECTION OF TUMOR, BONE; TA	42.50	40.87	90	1		
28190		REMOVAL OF FOREIGN BODY, FOOT; SUBCI	99.35	95.53	10	1		AS
28202		REPAIR OR SUTURE OF TENDON, FOOT, FLI	40.31	38.76	90	1		AS
28210		REPAIR OR SUTURE OF TENDON, FOOT, EX	38.07	36.61	90	1		AS
28238		RECONSTRUCTION (ADVANCEMENT), POST	44.64	42.92	90	1		AS
28250		DIVISION OF PLANTAR FASCIA AND MUSCLE	37.24	35.81	90	1		AS
28260		CAPSULOTOMY, MIDFOOT; MEDIAL RELEAS	45.37	43.62	90	1		AS
28262		CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCI	90.87	87.37	90	1		AS
28264		CAPSULOTOMY, MIDTARSAL (EG, HEYMAN T	59.23	56.95	90	1		AS
28289		HALLUX RIGIDUS CORRECTION WITH CHEIL	47.71	45.88	90	1		AS
28292		HALLUX VALGUS (BUNION) CORRECTION, W	51.44	49.46	90	1		AS
28293		HALLUX VALGUS (BUNION) CORRECTION, W	68.40	65.77	90	1		AS
28294		CORRECTION, HALLUX VALGUS (BUNION), V	49.41	47.51	90	1		AS
28296		HALLUX VALGUS (BUNION) CORRECTION, W	48.05	46.20	90	1		AS
28297		HALLUX VALGUS (BUNION) CORRECTION, W	54.38	52.29	90	1		AS
28298		HALLUX VALGUS (BUNION) CORRECTION, W	47.40	45.58	90	1		AS
28299		CORRECTION, HALLUX VALGUS (BUNION), V	60.38	58.06	90	1		AS
28300		OSTEOTOMY; CALCANEUS (EG, DWYER OR	45.05	43.32	90	1		AS
28302		OSTEOTOMY; TALUS	44.61	42.90	90	1		AS
28304		OSTEOTOMY, TARSAL BONES, OTHER THAN	52.40	50.39	90	1		AS
28305		OSTEOTOMY, TARSAL BONES, OTHER THAN	47.11	45.30	90	1		AS
28306		OSTEOTOMY, WITH OR WITHOUT LENGTHEI	39.40	37.89	90	1		AS
28308		OSTEOTOMY, WITH OR WITHOUT LENGTHEI	36.04	34.65	90	1		AS
28320		REPAIR, NONUNION OR MALUNION; TARSAL	42.42	40.79	90	1		AS
28322		REPAIR OF NONUNION OR MALUNION; MET/	50.21	48.28	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
28360		RECONSTRUCTION, CLEFT FOOT	64.78	62.29	90	1		
28400		CLOSED TREATMENT OF CALCANEAL FRAC	95.61	91.93	90	1		AS
28415		OPEN TREATMENT OF CALCANEAL FRACTU	75.46	72.56	90	1		AS
28420		OPEN TREATMENT OF CALCANEAL FRACTU	79.95	76.87	90	1		
28430		CLOSED TREATMENT OF TALUS FRACTURE	89.09	85.66	90	1		AS
28445		OPEN TREATMENT OF TALUS FRACTURE, V	72.05	69.28	90	1		
28455		TREATMENT OF TARSAL BONE FRACTURE (	117.43	112.91	90	1		
28470		CLOSED TREATMENT OF METATARSAL FRA	82.24	79.08	90	1		
28490		CLOSED TREATMENT OF FRACTURE GREAT	53.74	51.68	90	1		
28510		CLOSED TREATMENT OF FRACTURE, PHALA	47.07	45.26	90	1		AS
28555		OPEN TREATMENT OF TARSAL BONE DISLO	55.79	53.64	90	1		AS
28585		OPEN TREATMENT OF TALOTARSAL JOINT I	61.68	59.31	90	1		AS
28615		OPEN TREATMENT OF TARSOMETATARSAL	51.88	49.89	90	1		AS
28705		ARTHRODESIS; PANTALAR	88.96	85.54	90	1		AS
28715		ARTHRODESIS; TRIPLE	65.80	63.27	90	1		AS
28725		ARTHRODESIS; SUBTALAR	53.89	51.82	90	1		AS
28730		ARTHRODESIS, MIDTARSAL OR TARSOMETA	56.73	54.55	90	1		AS
28735		ARTHRODESIS, MIDTARSAL OR TARSOMETA	54.20	52.12	90	1		AS
28737		ARTHRODESIS, WITH TENDON LENGTHENIN	48.03	46.18	90	1		AS
28740		ARTHRODESIS, MIDTARSAL OR TARSOMETA	54.64	52.54	90	1		AS
28760		ARTHRODESIS, WITH EXTENSOR HALLUCIS	51.57	49.59	90	1		AS
28800		AMPUTATION, FOOT; MIDTARSAL (EG, CHOF	38.59	37.11	90	1		AS
28810		AMPUTATION, METATARSAL, WITH TOE, SIN	29.86	28.71	90	1		
29065		APPLICATION; SHOULDER TO HAND (LONG /	37.30	35.86	0	1		
29075		APPLICATION; ELBOW TO FINGER (SHORT A	34.69	33.35	0	1		
29085		APPLICATION; HAND AND LOWER FOREARM	36.97	35.55	0	1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
29105		APPLICATION OF LONG ARM SPLINT (SHOULDER)	33.71	32.42	0	1		
29125		APPLICATION OF SHORT ARM SPLINT (FOREARM)	26.22	25.22	0	1		
29126		APPLICATION OF SHORT ARM SPLINT (FOREARM)	29.48	28.34	0	1		
29130		APPLICATION OF FINGER SPLINT; STATIC	16.12	15.50	0	1		
29131		APPLICATION OF FINGER SPLINT; DYNAMIC	19.38	18.63	0	1		
29240		STRAPPING; SHOULDER (EG, VELPEAU)	23.13	22.24	0	1		
29260		STRAPPING; ELBOW OR WRIST	20.19	19.42	0	1		
29305		APPLICATION OF HIP SPICA CAST; 1 LEG	93.16	89.58	0	1		
29345		APPLICATION OF LONG LEG CAST (THIGH TO ANKLE)	53.75	51.68	0	1		
29355		APPLICATION OF LONG LEG CAST (THIGH TO ANKLE)	55.86	53.71	0	1		
29365		APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	48.21	46.35	0	1		
29405		APPLICATION OF SHORT LEG CAST (BELOW KNEE)	35.34	33.98	0	1		
29425		APPLICATION OF SHORT LEG CAST (BELOW KNEE)	38.44	36.96	0	1		
29435		APPLICATION OF PATELLAR TENDON BEARING	47.07	45.26	0	1		
29450		APPLICATION OF CLUBFOOT CAST WITH MODIFICATION	63.03	60.61	0	1		
29515		APPLICATION OF SHORT LEG SPLINT (CALF)	28.50	27.41	0	1		
29530		STRAPPING; KNEE	20.19	19.42	0	1		
29540		STRAPPING; ANKLE AND/OR FOOT	17.91	17.22	0	1		
29550		STRAPPING; TOES	17.43	16.76	0	1		
29580		STRAPPING; UNNA BOOT	21.50	20.67	0	1		
29581		APPLICATION OF MULTI-LAYER VENOUS WOUND CARE	39.09	37.58	0	1		
29582		APPLICATION OF MULTI-LAYER COMPRESSIVE DRESSING	33.38	32.10	0	1		
29583		APPLICATION OF MULTI-LAYER COMPRESSIVE DRESSING	20.69	19.89	0	1		
29584		APPLICATION OF MULTI-LAYER COMPRESSIVE DRESSING	33.38	32.10	0	1		
29590		DENIS-BROWNE SPLINT STRAPPING	23.29	22.39	0	1		AS
29804		ARTHROSCOPY, TEMPOROMANDIBULAR JOINT	41.72	40.12	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
29820		ARTHROSCOPY, SHOULDER, SURGICAL; SY	35.60	34.23	90	1		AS
29821		ARTHROSCOPY, SHOULDER, SURGICAL; SY	38.85	37.36	90	1		AS
29822		ARTHROSCOPY, SHOULDER, SURGICAL; DE	37.73	36.28	90	1		AS
29823		ARTHROSCOPY, SHOULDER, SURGICAL; DE	41.33	39.74	90	1		AS
29824		ARTHROSCOPY, SHOULDER, SURGICAL; DI	44.14	42.44	90	1		AS
29825		ARTHROSCOPY, SHOULDER, SURGICAL; WI	38.51	37.03	90	1		AS
29826		ARTHROSCOPY, SHOULDER, SURGICAL; DE	44.22	42.52	90	1		AS
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WI	72.39	69.61	90	1		AS
29834		ARTHROSCOPY, ELBOW, SURGICAL; WITH F	32.31	31.07	90	1		AS
29835		ARTHROSCOPY, ELBOW, SURGICAL; SYNOV	33.22	31.95	90	1		AS
29836		ARTHROSCOPY, ELBOW, SURGICAL; SYNOV	38.05	36.58	90	1		AS
29837		ARTHROSCOPY, ELBOW, SURGICAL; DEBRII	34.81	33.47	90	1		AS
29843		ARTHROSCOPY, WRIST, SURGICAL; FOR INF	31.24	30.04	90	1		AS
29844		ARTHROSCOPY, WRIST, SURGICAL; SYNOVI	32.42	31.17	90	1		AS
29845		ARTHROSCOPY, WRIST, SURGICAL; SYNOVI	36.87	35.45	90	1		AS
29847		ARTHROSCOPY, WRIST, SURGICAL; INTERN	35.41	34.05	90	1		AS
29851		ARTHROSCOPICALLY AIDED TREATMENT OI	62.38	59.98	90	1		AS
29855		ARTHROSCOPICALLY AIDED TREATMENT OI	52.01	50.01	90	1		AS
29856		ARTHROSCOPICALLY AIDED TREATMENT OI	66.58	64.02	90	1		AS
29860		ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR	42.87	41.22	90	1		AS
29861		ARTHROSCOPY, HIP, SURGICAL; WITH REM	47.82	45.98	90	1		AS
29862		ARTHROSCOPY, HIP, SURGICAL; WITH DEBF	53.19	51.14	90	1		AS
29863		ARTHROSCOPY, HIP, SURGICAL; WITH SYNC	52.40	50.39	90	1		AS
29884		ARTHROSCOPY, KNEE, SURGICAL; WITH LY	40.42	38.86	90	1		AS
29885		ARTHROSCOPY, KNEE, SURGICAL; DRILLIN	49.09	47.21	90	1		AS
29887		ARTHROSCOPY, KNEE, SURGICAL; DRILLIN	48.81	46.93	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
29888		ARTHROSCOPICALLY AIDED ANTERIOR CRL	66.27	63.72	90	1		AS
29889		ARTHROSCOPICALLY AIDED POSTERIOR CF	81.04	77.93	90	1		AS
29891		ARTHROSCOPY, ANKLE, SURGICAL; EXCISIO	45.89	44.12	90	1		AS
29892		ARTHROSCOPICALLY AIDED REPAIR OF LAF	46.54	44.75	90	1		AS
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	39.69	38.16	90	1		AS
29894		ARTHROSCOPY, ANKLE (TIBIOTALAR AND F	34.50	33.17	90	1		AS
29895		ARTHROSCOPY, ANKLE (TIBIOTALAR AND F	33.17	31.90	90	1		AS
29897		ARTHROSCOPY, ANKLE (TIBIOTALAR AND F	34.76	33.42	90	1		AS
29898		ARTHROSCOPY, ANKLE (TIBIOTALAR AND F	38.93	37.43	90	1		AS
29899		ARTHROSCOPY, ANKLE (TIBIOTALAR AND F	70.44	67.73	90	1		AS
29904		ARTHROSCOPY, SUBTALAR JOINT, SURGIC/	41.25	39.66	90	1		AS
29905		ARTHROSCOPY, SUBTALAR JOINT, SURGIC/	44.38	42.67	90	1		AS
29906		ARTHROSCOPY, SUBTALAR JOINT, SURGIC/	46.75	44.95	90	1		AS
29907		ARTHROSCOPY, SUBTALAR JOINT, SURGIC/	57.46	55.25	90	1		AS
29914		ARTHROSCOPY, HIP, SURGICAL; WITH FEMO	79.14	76.10	90	1		AS
29915		ARTHROSCOPY, HIP, SURGICAL; WITH ACE1	80.63	77.52	90	1		AS
29916		ARTHROSCOPY, HIP, SURGICAL; WITH LABF	80.63	77.52	90	1		AS
29999	R	UNLISTED PROCEDURE, ARTHROSCOPY			90	1		AS
30118		EXCISION OR DESTRUCTION, ANY METHOD	50.06	48.13	90	1		AS
30125		EXCISION DERMOID CYST, NOSE; COMPLEX	39.56	38.04	90	1		AS
30160		RHINECTOMY; TOTAL	51.05	49.09	90	1		
30300		REMOVAL FOREIGN BODY, INTRANASAL; OF	13.97	13.43	10	1		AS
30460		RHINOPLASTY FOR NASAL DEFORMITY SEC	48.68	46.80	90	1		AS
30462		RHINOPLASTY FOR NASAL DEFORMITY SEC	98.24	94.46	90	1		AS
30540		REPAIR CHOANAL ATRESIA; INTRANASAL	43.00	41.34	90	1		AS
30545		REPAIR CHOANAL ATRESIA; TRANSPALATIN	63.53	61.09	90	1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
30901		CONTROL NASAL HEMORRHAGE,ANTERIOR	6.72	6.46	0	1		AS
31075		SINUSOTOMY FRONTAL; TRANSORBITAL, UI	51.07	49.11	90	1		AS
31080		SINUSOTOMY FRONTAL; OBLITERATIVE WIT	64.83	62.34	90	1		AS
31081		SINUSOTOMY FRONTAL; OBLITERATIVE, WI	82.92	79.73	90	1		AS
31084		SINUSOTOMY FRONTAL; OBLITERATIVE, WI	77.55	74.57	90	1		AS
31085		SINUSOTOMY FRONTAL; OBLITERATIVE, WI	82.60	79.43	90	1		AS
31086		SINUSOTOMY FRONTAL; NONOBLITERATIVE	72.81	70.01	90	1		AS
31087		SINUSOTOMY FRONTAL; NONOBLITERATIVE	72.47	69.68	90	1		AS
31205		ETHMOIDECTOMY; EXTRANASAL, TOTAL	54.51	52.42	90	1		AS
31225		MAXILLECTOMY; WITHOUT ORBITAL EXENTI	120.91	116.26	90	1		AS
31230		MAXILLECTOMY; WITH ORBITAL EXENTERA	135.24	130.04	90	1		
31231		NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	76.87	73.91	0	1		
31237		NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	132.41	127.32	0	1		AS
31300		LARYNGOTOMY (THYROTOMY, LARYNGOFIS	82.58	79.40	90	1		AS
31360		LARYNGECTOMY; TOTAL, WITHOUT RADICA	134.07	128.91	90	1		AS
31365		LARYNGECTOMY; TOTAL, WITH RADICAL NE	167.11	160.68	90	1		AS
31367		LARYNGECTOMY; SUBTOTAL SUPRAGLOTTI	143.19	137.68	90	1		AS
31368		LARYNGECTOMY; SUBTOTAL SUPRAGLOTTI	159.09	152.97	90	1		AS
31370		PARTIAL LARYNGECTOMY (HEMILARYNGEC	134.33	129.16	90	1		AS
31375		PARTIAL LARYNGECTOMY (HEMILARYNGEC	127.63	122.73	90	1		AS
31380		PARTIAL LARYNGECTOMY (HEMILARYNGEC	125.47	120.65	90	1		AS
31382		PARTIAL LARYNGECTOMY (HEMILARYNGEC	137.69	132.40	90	1		AS
31390		PHARYNGOLARYNGECTOMY, WITH RADICAL	185.33	178.20	90	1		AS
31395		PHARYNGOLARYNGECTOMY, WITH RADICAL	195.67	188.15	90	1		AS
31400		ARYTENOIDECTOMY OR ARYTENOIDOPEXY	64.91	62.42	90	1		AS
31420		EPIGLOTTIDECTOMY	54.75	52.64	90	1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
31500		INTUBATION, ENDOTRACHEAL, EMERGENC'	47.72	45.89	0	1		
31502		TRACHEOTOMY TUBE CHANGE PRIOR TO E	14.98	14.41	0	1		
31575		LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DI	46.91	45.10	0	1		AS
31580		LARYNGOPLASTY; FOR LARYNGEAL WEB, T	77.86	74.87	90	1		AS
31584		LARYNGOPLASTY; WITH OPEN REDUCTION	99.33	95.51	90	1		AS
31587		LARYNGOPLASTY, CRICOID SPLIT	65.48	62.97	90	1		AS
31588		LARYNGOPLASTY, NOT OTHERWISE SPECIF	73.85	71.01	90	1		AS
31590		LARYNGEAL REINNERVATION BY NEUROMU	56.88	54.70	90	1		AS
31595		SECTION RECURRENT LARYNGEAL NERVE,	49.77	47.86	90	1		AS
31601		TRACHEOSTOMY, PLANNED (SEPARATE PR	17.85	17.16	0	1		AS
31611		CONSTRUCTION OF TRACHEOESOPHAGEAL	35.07	33.73	90	1		AS
31750		TRACHEOPLASTY; CERVICAL	87.95	84.56	90	1		AS
31755		TRACHEOPLASTY; TRACHEOPHARYNGEAL I	111.29	107.01	90	1		AS
31760		TRACHEOPLASTY; INTRATHORACIC	96.57	92.86	90	1		AS
31766		CARINAL RECONSTRUCTION	125.55	120.72	90	1		AS
31770		BRONCHOPLASTY; GRAFT REPAIR	92.69	89.13	90	1		AS
31775		BRONCHOPLASTY; EXCISION STENOSIS ANI	94.59	90.95	90	1		AS
31780		EXCISION TRACHEAL STENOSIS AND ANAST	79.69	76.62	90	1		AS
31781		EXCISION TRACHEAL STENOSIS AND ANAST	96.99	93.26	90	1		AS
31785		EXCISION OF TRACHEAL TUMOR OR CARCII	72.70	69.91	90	1		AS
31786		EXCISION OF TRACHEAL TUMOR OR CARCII	102.49	98.55	90	1		AS
31805		SUTURE OF EXTERNAL TRACHEAL WOUND	57.04	54.85	90	1		AS
32035		THORACOSTOMY; WITH RIB RESECTION FO	48.89	47.01	90	1		AS
32036		THORACOSTOMY; WITH OPEN FLAP DRAINA	52.90	50.86	90	1		AS
32096		THORACOTOMY, WITH DIAGNOSTIC BIOPSY	63.19	60.76	90	1		AS
32097		THORACOTOMY, WITH DIAGNOSTIC BIOPSY	63.19	60.76	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
32098		THORACOTOMY, WITH BIOPSY(IES) OF PLEU	59.38	57.10	90	1		AS
32100		THORACOTOMY, MAJOR; WITH EXPLORATIC	67.00	64.42	90	1		AS
32110		THORACOTOMY, MAJOR; WITH CONTROL OI	100.95	97.07	90	1		AS
32120		THORACOTOMY, MAJOR; FOR POSTOPERA1	60.01	57.70	90	1		AS
32124		THORACOTOMY, MAJOR; WITH OPEN INTRA	63.97	61.51	90	1		AS
32140		THORACOTOMY, MAJOR; WITH CYST(S) REM	68.33	65.70	90	1		AS
32141		THORACOTOMY, MAJOR; WITH EXCISION-PI	104.52	100.50	90	1		AS
32150		THORACOTOMY, MAJOR; WITH REMOVAL OI	68.92	66.27	90	1		AS
32151		THORACOTOMY, MAJOR; WITH REMOVAL OI	70.54	67.83	90	1		AS
32160		THORACOTOMY, MAJOR; WITH CARDIAC MA	53.21	51.16	90	1		AS
32200		PNEUMONOSTOMY, WITH OPEN DRAINAGE	77.52	74.54	90	1		AS
32201		PNEUMONOSTOMY; WITH PERCUTANEOUS	14.79	14.22	0	1		AS
32215		PLEURAL SCARIFICATION FOR REPEAT PNE	55.35	53.22	90	1		AS
32220		DECORTICATION, PULMONARY, (SEPARATE	110.85	106.59	90	1		AS
32225		DECORTICATION, PULMONARY, (SEPARATE	69.08	66.42	90	1		AS
32310		PLEURECTOMY, PARIETAL (SEPARATE PRO	63.63	61.19	90	1		AS
32320		DECORTICATION AND PARIETAL PLEURECT	111.24	106.96	90	1		AS
32421		THORACENTESIS, PUNCTURE OF PLEURAL	10.47	10.07	0	1		AS
32422		THORACENTESIS WITH INSERTION OF TUBE	13.55	13.06	0	1		AS
32440		REMOVAL OF LUNG, TOTAL PNEUMONECTC	110.54	106.29	90	1		AS
32442		REMOVAL OF LUNG, TOTAL PNEUMONECTC	207.16	199.20	90	1		AS
32445		REMOVAL OF LUNG, TOTAL PNEUMONECTC	237.97	228.81	90	1		AS
32480		REMOVAL OF LUNG, OTHER THAN TOTAL PI	104.34	100.33	90	1		AS
32482		REMOVAL OF LUNG, OTHER THAN TOTAL PI	111.37	107.09	90	1		AS
32484		REMOVAL OF LUNG, OTHER THAN TOTAL PI	100.32	96.47	90	1		AS
32486		REMOVAL OF LUNG, OTHER THAN TOTAL PI	161.72	155.50	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
32488		REMOVAL OF LUNG, OTHER THAN TOTAL P	164.09	157.78	90	1		AS
32501		RESECTION AND REPAIR OF PORTION OF B	17.75	17.06	90	1		AS
32503		RESECTION OF APICAL LUNG TUMOR (EG, F	126.88	122.00	90	1		AS
32504		RESECTION OF APICAL LUNG TUMOR (EG, F	146.24	140.61	90	1		AS
32505		THORACOTOMY; WITH THERAPEUTIC WEDC	72.91	70.11	90	1		AS
32506		THORACOTOMY; WITH THERAPEUTIC WEDC	12.30	11.83	90	1		AS
32507		THORACOTOMY; WITH DIAGNOSTIC WEDGE	12.30	11.83	90	1		AS
32540		EXTRAPLEURAL ENUCLEATION OF EMPYEM	116.95	112.45	90	1		AS
32550		INSERTION OF INDWELLING TUNNELED PLE	50.55	48.61	0	1		AS
32551		TUBE THORACOSTOMY, INCLUDES WATER :	12.43	11.95	0	1		AS
32552		REMOVAL OF INDWELLING TUNNELED PLEU	13.06	12.55	10	1		
32561		INSTILLATION(S), VIA CHEST TUBE/CATHETI	42.52	40.88	0	1		
32562		INSTILLATION(S), VIA CHEST TUBE/CATHETI	37.79	36.34	0	1		AS
32650		THORACOSCOPY, SURGICAL; WITH PLEURC	46.44	44.65	90	1		AS
32651		THORACOSCOPY, SURGICAL; WITH PARTIAL	74.58	71.71	90	1		AS
32652		THORACOSCOPY, SURGICAL; WITH TOTAL F	113.43	109.07	90	1		AS
32653		THORACOSCOPY, SURGICAL; WITH REMOV,	72.39	69.61	90	1		AS
32654		THORACOSCOPY, SURGICAL; WITH CONTRC	79.58	76.52	90	1		AS
32655		THORACOSCOPY, SURGICAL; WITH EXCISIC	65.77	63.24	90	1		AS
32656		THORACOSCOPY, SURGICAL; WITH PARIET/	55.50	53.37	90	1		AS
32658		THORACOSCOPY, SURGICAL; WITH REMOV,	50.08	48.16	90	1		AS
32659		THORACOSCOPY, SURGICAL; WITH CREATI	50.84	48.88	90	1		AS
32661		THORACOSCOPY, SURGICAL; WITH EXCISIC	56.05	53.90	90	1		AS
32662		THORACOSCOPY, SURGICAL; WITH EXCISIC	62.62	60.21	90	1		AS
32663		THORACOSCOPY, SURGICAL; WITH LOBECT	97.22	93.48	90	1		AS
32664		THORACOSCOPY, SURGICAL; WITH THORAC	60.19	57.88	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
32665		THORACOSCOPY, SURGICAL; WITH ESOPH/	84.95	81.68	90	1		AS
32666		THORACOSCOPY, SURGICAL; WITH THERAF	68.19	65.57	90	1		AS
32667		THORACOSCOPY, SURGICAL; WITH THERAF	12.30	11.83	90	1		AS
32668		THORACOSCOPY, SURGICAL; WITH DIAGNO	12.38	11.90	90	1		AS
32669		THORACOSCOPY, SURGICAL; WITH REMOV,	105.02	100.98	90	1		AS
32670		THORACOSCOPY, SURGICAL; WITH REMOV,	125.32	120.50	90	1		AS
32671		THORACOSCOPY, SURGICAL; WITH REMOV,	139.15	133.80	90	1		AS
32672		THORACOSCOPY, SURGICAL; WITH RESECT	119.01	114.43	90	1		AS
32673		THORACOSCOPY, SURGICAL; WITH RESECT	93.79	90.18	90	1		AS
32674		THORACOSCOPY, SURGICAL; WITH MEDIAS	16.86	16.21	90	1		AS
32800		REPAIR LUNG HERNIA THROUGH CHEST W/	64.94	62.44	90	1		AS
32810		CLOSURE OF CHEST WALL FOLLOWING OPI	62.77	60.36	90	1		AS
32815		OPEN CLOSURE OF MAJOR BRONCHIAL FIS	189.50	182.21	90	1		AS
32820		MAJOR RECONSTRUCTION, CHEST WALL (P	92.38	88.82	90	1		AS
32851		LUNG TRANSPLANT, SINGLE; WITHOUT CAR	177.33	170.51	90	1		AS
32852		LUNG TRANSPLANT, SINGLE; WITH CARDIOI	194.66	187.17	90	1		AS
32853		LUNG TRANSPLANT, DOUBLE (BILATERAL S	212.04	203.88	90	1		AS
32854		LUNG TRANSPLANT, DOUBLE (BILATERAL S	231.29	222.40	90	1		AS
32900		RESECTION OF RIBS, EXTRAPLEURAL, ALL	95.71	92.03	90	1		AS
32905		THORACOPLASTY, SCHEDE TYPE OR EXTR/	94.33	90.70	90	1		AS
32906		THORACOPLASTY, SCHEDE TYPE OR EXTR/	117.24	112.73	90	1		AS
32940		PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCI	86.28	82.96	90	1		AS
32998		ABLATION THERAPY FOR REDUCTION OR EI	193.48	186.04	0	1		AS
32999	R	UNLISTED PROCEDURE, LUNGS AND PLEUF			90	1		AS
33020		PERICARDIOTOMY FOR REMOVAL OF CLOT	61.08	58.73	90	1		AS
33025		CREATION OF PERICARDIAL WINDOW OR P/	56.44	54.27	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
33030		PERICARDIECTOMY, SUBTOTAL OR COMPLE	90.48	87.00	90	1		AS
33031		PERICARDIECTOMY, SUBTOTAL OR COMPLE	101.13	97.24	90	1		AS
33050		EXCISION OF PERICARDIAL CYST OR TUMO	69.84	67.15	90	1		AS
33120		EXCISION OF INTRACARDIAC TUMOR, RESE	110.46	106.21	90	1		AS
33130		RESECTION OF EXTERNAL CARDIAC TUMOR	97.30	93.56	90	1		AS
33140		TRANSMYOCARDIAL LASER REVASCULARIZ	110.67	106.41	90	1		AS
33141		TRANSMYOCARDIAL LASER REVASCULARIZ	10.61	10.20	90	1		AS
33243		REMOVAL OF SINGLE OR DUAL CHAMBER P	96.13	92.43	90	1		AS
33250		OPERATIVE ABLATION OF SUPRAVENTRICU	103.66	99.67	90	1		AS
33251		OPERATIVE ABLATION OF SUPRAVENTRICU	115.18	110.75	90	1		AS
33254		OPERATIVE TISSUE ABLATION AND RECON	97.22	93.48	90	1		AS
33255		OPERATIVE TISSUE ABLATION AND RECON	118.80	114.23	90	1		AS
33256		OPERATIVE TISSUE ABLATION AND RECON	141.89	136.43	90	1		AS
33257		OPERATIVE TISSUE ABLATION AND RECON	40.57	39.01	0	1		AS
33258		OPERATIVE TISSUE ABLATION AND RECON	45.89	44.12	0	1		AS
33259		OPERATIVE TISSUE ABLATION AND RECON	60.19	57.88	0	1		AS
33261		OPERATIVE ABLATION OF VENTRICULAR AF	114.29	109.90	90	1		AS
33265		ENDOSCOPY, SURGICAL; OPERATIVE TISSU	97.02	93.28	90	1		AS
33266		ENDOSCOPY, SURGICAL; OPERATIVE TISSU	133.29	128.16	90	1		AS
33300		REPAIR OF CARDIAC WOUND; WITHOUT BYI	166.46	160.06	90	1		AS
33305		REPAIR OF CARDIAC WOUND; WITH CARDIC	279.81	269.05	90	1		AS
33310		CARDIOTOMY, EXPLORATORY (INCLUDES R	82.32	79.15	90	1		AS
33315		CARDIOTOMY, EXPLORATORY (INCLUDES R	105.51	101.45	90	1		AS
33320		SUTURE REPAIR OF AORTA OR GREAT VES	74.87	71.99	90	1		AS
33321		SUTURE REPAIR OF AORTA OR GREAT VES	84.19	80.96	90	1		AS
33322		SUTURE REPAIR OF AORTA OR GREAT VES	98.27	94.49	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
33330		INSERTION OF GRAFT, AORTA OR GREAT VI	98.76	94.96	90	1		AS
33332		INSERTION OF GRAFT, AORTA OR GREAT VI	99.10	95.29	90	1		AS
33335		INSERTION OF GRAFT, AORTA OR GREAT VI	133.99	128.84	90	1		AS
33400		VALVULOPLASTY, AORTIC VALVE; OPEN, WI	160.86	154.67	90	1		AS
33401		VALVULOPLASTY, AORTIC VALVE; OPEN, WI	106.53	102.43	90	1		AS
33403		VALVULOPLASTY, AORTIC VALVE; USING TF	105.61	101.55	90	1		AS
33404		CONSTRUCTION OF APICAL-AORTIC CONDL	126.20	121.35	90	1		AS
33405		REPLACEMENT, AORTIC VALVE, WITH CARC	163.41	157.13	90	1		AS
33406		REPLACEMENT, AORTIC VALVE, WITH CARC	202.73	194.94	90	1		AS
33410		REPLACEMENT, AORTIC VALVE, WITH CARC	179.20	172.31	90	1		AS
33411		REPLACEMENT, AORTIC VALVE; WITH AORT	234.99	225.96	90	1		AS
33412		REPLACEMENT, AORTIC VALVE; WITH TRAN	176.57	169.78	90	1		AS
33413		REPLACEMENT, AORTIC VALVE; BY TRANSL	231.16	222.27	90	1		AS
33414		REPAIR OF LEFT VENTRICULAR OUTFLOW T	154.94	148.98	90	1		AS
33415		RESECTION OR INCISION OF SUBVALVULAR	143.82	138.28	90	1		AS
33416		VENTRICULOMYOTOMY (-MYECTOMY) FOR	144.21	138.66	90	1		AS
33417		AORTOPLASTY (GUSSET) FOR SUPRAVALVI	119.37	114.78	90	1		AS
33422		VALVOTOMY, MITRAL VALVE; OPEN HEART,	119.53	114.93	90	1		AS
33425		VALVULOPLASTY, MITRAL VALVE, WITH CAF	189.52	182.23	90	1		AS
33426		VALVULOPLASTY, MITRAL VALVE, WITH CAF	169.64	163.12	90	1		AS
33427		VALVULOPLASTY, MITRAL VALVE, WITH CAF	176.26	169.48	90	1		AS
33430		REPLACEMENT, MITRAL VALVE, WITH CARD	197.44	189.85	90	1		AS
33460		VALVECTOMY, TRICUSPID VALVE, WITH CAF	168.57	162.09	90	1		AS
33463		VALVULOPLASTY, TRICUSPID VALVE; WITHC	213.55	205.34	90	1		AS
33464		VALVULOPLASTY, TRICUSPID VALVE; WITH	170.89	164.32	90	1		AS
33465		REPLACEMENT, TRICUSPID VALVE, WITH C/	192.36	184.96	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
33468		TRICUSPID VALVE REPOSITIONING AND PLI	134.62	129.44	90	1		AS
33470		VALVOTOMY, PULMONARY VALVE, CLOSED	82.21	79.05	90	1		AS
33472		VALVOTOMY, PULMONARY VALVE, OPEN HE	94.46	90.83	90	1		AS
33474		VALVOTOMY, PULMONARY VALVE, OPEN HE	146.97	141.32	90	1		AS
33475		REPLACEMENT, PULMONARY VALVE	164.98	158.63	90	1		AS
33476		RIGHT VENTRICULAR RESECTION FOR INFLU	102.59	98.65	90	1		AS
33478		OUTFLOW TRACT AUGMENTATION (GUSSE1	111.48	107.19	90	1		AS
33496		REPAIR OF NON-STRUCTURAL PROSTHETIC	119.87	115.26	90	1		AS
33500		REPAIR OF CORONARY ARTERIOVENOUS O	112.99	108.64	90	1		AS
33501		REPAIR OF CORONARY ARTERIOVENOUS O	77.78	74.79	90	1		AS
33502		REPAIR OF ANOMALOUS CORONARY ARTEF	89.51	86.07	90	1		AS
33504		REPAIR OF ANOMALOUS CORONARY ARTEF	102.38	98.45	90	1		AS
33505		REPAIR OF ANOMALOUS CORONARY ARTEF	139.75	134.38	90	1		AS
33506		REPAIR OF ANOMALOUS CORONARY ARTEF	146.32	140.69	90	1		AS
33507		REPAIR OF ANOMALOUS (EG, INTRAMURAL)	123.20	118.47	90	1		AS
33508		ENDOSCOPY, SURGICAL, INCLUDING VIDE	1.17	1.13	0	1		AS
33510		CORONARY ARTERY BYPASS, VEIN ONLY; S	138.40	133.07	90	1		AS
33511		CORONARY ARTERY BYPASS, VEIN ONLY; T	151.40	145.58	90	1		AS
33512		CORONARY ARTERY BYPASS, VEIN ONLY; T	171.13	164.54	90	1		AS
33513		CORONARY ARTERY BYPASS, VEIN ONLY; F	174.59	167.88	90	1		AS
33514		CORONARY ARTERY BYPASS, VEIN ONLY; F	185.61	178.47	90	1		AS
33516		CORONARY ARTERY BYPASS, VEIN ONLY; S	193.22	185.79	90	1		AS
33517		CORONARY ARTERY BYPASS, USING VENOI	13.50	12.98	90	1		AS
33518		CORONARY ARTERY BYPASS, USING VENOI	29.32	28.19	90	1		AS
33519		CORONARY ARTERY BYPASS, USING VENOI	39.01	37.51	90	1		AS
33521		CORONARY ARTERY BYPASS, USING VENOI	47.14	45.33	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
33522		CORONARY ARTERY BYPASS, USING VENOI	53.55	51.49	90	1		AS
33523		CORONARY ARTERY BYPASS, USING VENOI	61.08	58.73	90	1		AS
33530		REOPERATION, CORONARY ARTERY BYPAS	37.29	35.86	90	1		AS
33533		CORONARY ARTERY BYPASS, USING ARTEF	134.64	129.47	90	1		AS
33534		CORONARY ARTERY BYPASS, USING ARTEF	157.05	151.01	90	1		AS
33535		CORONARY ARTERY BYPASS, USING ARTEF	175.16	168.43	90	1		AS
33536		CORONARY ARTERY BYPASS, USING ARTEF	188.22	180.98	90	1		AS
33542		MYOCARDIAL RESECTION (EG, VENTRICULA	183.71	176.65	90	1		AS
33545		REPAIR OF POSTINFARCTION VENTRICULA	216.34	208.02	90	1		AS
33548		SURGICAL VENTRICULAR RESTORATION PF	210.76	202.65	90	1		AS
33572		CORONARY ENDARTERECTOMY, OPEN, AN'	17.02	16.36	90	1		AS
33600		CLOSURE OF ATRIOVENTRICULAR VALVE (M	122.55	117.84	90	1		AS
33602		CLOSURE OF SEMILUNAR VALVE (AORTIC C	115.75	111.30	90	1		AS
33606		ANASTOMOSIS OF PULMONARY ARTERY TC	126.46	121.60	90	1		AS
33608		REPAIR OF COMPLEX CARDIAC ANOMALY C	130.29	125.28	90	1		AS
33610		REPAIR OF COMPLEX CARDIAC ANOMALIES	126.98	122.10	90	1		AS
33611		REPAIR OF DOUBLE OUTLET RIGHT VENTRI	139.00	133.65	90	1		AS
33612		REPAIR OF DOUBLE OUTLET RIGHT VENTRI	143.45	137.93	90	1		AS
33615		REPAIR OF COMPLEX CARDIAC ANOMALIES	144.99	139.41	90	1		AS
33617		REPAIR OF COMPLEX CARDIAC ANOMALIES	153.61	147.71	90	1		AS
33619		REPAIR OF SINGLE VENTRICLE WITH AORTI	186.21	179.05	90	1		AS
33620		APPLICATION OF RIGHT AND LEFT PULMON	132.72	127.61	90	1		AS
33621		TRANSTHORACIC INSERTION OF CATHETEF	71.27	68.53	90	1		AS
33622		REDO COMPL CARDIAC ANOMALY	279.51	268.76	90	1		AS
33641		REPAIR ATRIAL SEPTAL DEFECT, SECUNDU	115.62	111.17	90	1		AS
33645		DIRECT OR PATCH CLOSURE, SINUS VENOS	113.07	108.72	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
33647		REPAIR OF ATRIAL SEPTAL DEFECT AND VE	119.35	114.76	90	1		AS
33660		REPAIR OF INCOMPLETE OR PARTIAL ATRIC	125.18	120.37	90	1		AS
33665		REPAIR OF INTERMEDIATE OR TRANSITION,	135.50	130.29	90	1		AS
33670		REPAIR OF COMPLETE ATRIOVENTRICULAR	141.68	136.23	90	1		AS
33675		CLOSURE OF MULTIPLE VENTRICULAR SEP'	141.81	136.36	90	1		AS
33676		CLOSURE OF MULTIPLE VENTRICULAR SEP'	147.88	142.19	90	1		AS
33677		CLOSURE OF MULTIPLE VENTRICULAR SEP'	153.72	147.81	90	1		AS
33681		CLOSURE OF SINGLE VENTRICULAR SEPTA	130.19	125.18	90	1		AS
33684		CLOSURE OF VENTRICULAR SEPTAL DEFEC	132.30	127.21	90	1		AS
33688		CLOSURE OF VENTRICULAR SEPTAL DEFEC	135.79	130.57	90	1		AS
33690		BANDING OF PULMONARY ARTERY	81.04	77.93	90	1		AS
33692		COMPLETE REPAIR TETRALOGY OF FALLOT	145.18	139.60	90	1		AS
33694		COMPLETE REPAIR TETRALOGY OF FALLOT	142.59	137.11	90	1		AS
33697		COMPLETE REPAIR TETRALOGY OF FALLOT	154.27	148.33	90	1		AS
33702		REPAIR SINUS OF VALSALVA FISTULA, WITH	108.51	104.33	90	1		AS
33710		REPAIR SINUS OF VALSALVA FISTULA, WITH	120.15	115.53	90	1		AS
33720		REPAIR SINUS OF VALSALVA ANEURYSM, W	110.75	106.49	90	1		AS
33722		CLOSURE OF AORTICO-LEFT VENTRICULAR	106.11	102.03	90	1		AS
33724		REPAIR OF ISOLATED PARTIAL ANOMALOUS	113.04	108.69	90	1		AS
33726		REPAIR OF PULMONARY VENOUS STENOSIS	147.41	141.74	90	1		AS
33730		COMPLETE REPAIR OF ANOMALOUS VENOU	139.46	134.10	90	1		AS
33732		REPAIR OF COR TRIATIATUM OR SUPRAVA	116.12	111.65	90	1		AS
33735		ATRIAL SEPTECTOMY OR SEPTOSTOMY; CL	89.17	85.74	90	1		AS
33736		ATRIAL SEPTECTOMY OR SEPTOSTOMY; OF	98.50	94.71	90	1		AS
33737		ATRIAL SEPTECTOMY OR SEPTOSTOMY; OF	92.25	88.70	90	1		AS
33750		SHUNT; SUBCLAVIAN TO PULMONARY ARTE	93.47	89.88	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
33755		SHUNT; ASCENDING AORTA TO PULMONAR'	93.29	89.70	90	1		AS
33762		SHUNT; DESCENDING AORTA TO PULMONAI	91.88	88.35	90	1		AS
33764		SHUNT; CENTRAL, WITH PROSTHETIC GRAF	89.98	86.52	90	1		AS
33766		SHUNT; SUPERIOR VENA CAVA TO PULMON	100.14	96.29	90	1		AS
33767		SHUNT; SUPERIOR VENA CAVA TO PULMON	99.91	96.07	90	1		AS
33768		ANASTOMOSIS, CAVOPULMONARY, SECONI	30.93	29.74	0	1		AS
33770		REPAIR OF TRANSPOSITION OF THE GREAT	153.85	147.93	90	1		AS
33771		REPAIR OF TRANSPOSITION OF THE GREAT	159.37	153.24	90	1		AS
33774		REPAIR OF TRANSPOSITION OF THE GREAT	129.04	124.08	90	1		AS
33775		REPAIR OF TRANSPOSITION OF THE GREAT	134.49	129.31	90	1		AS
33776		REPAIR OF TRANSPOSITION OF THE GREAT	141.45	136.01	90	1		AS
33777		REPAIR OF TRANSPOSITION OF THE GREAT	138.42	133.10	90	1		AS
33778		REPAIR OF TRANSPOSITION OF THE GREAT	171.02	164.44	90	1		AS
33779		REPAIR OF TRANSPOSITION OF THE GREAT	161.74	155.52	90	1		AS
33780		REPAIR OF TRANSPOSITION OF THE GREAT	166.59	160.18	90	1		AS
33781		REPAIR OF TRANSPOSITION OF THE GREAT	169.09	162.59	90	1		AS
33782		AORTIC ROOT TRANSLOCATION WITH VENT	236.93	227.81	90	1		AS
33783		AORTIC ROOT TRANSLOCATION WITH VENT	256.11	246.26	90	1		AS
33786		TOTAL REPAIR, TRUNCUS ARTERIOSUS (RA	163.80	157.50	90	1		AS
33788		REIMPLANTATION OF AN ANOMALOUS PULM	110.96	106.69	90	1		AS
33800		AORTIC SUSPENSION (AORTOPEXY) FOR TF	68.92	66.27	90	1		AS
33802		DIVISION OF ABERRANT VESSEL (VASCULAI	73.85	71.01	90	1		AS
33803		DIVISION OF ABERRANT VESSEL (VASCULAI	80.44	77.35	90	1		AS
33813		OBLITERATION OF AORTOPULMONARY SEP	92.90	89.32	90	1		AS
33814		OBLITERATION OF AORTOPULMONARY SEP	108.30	104.13	90	1		AS
33820		REPAIR OF PATENT DUCTUS ARTERIOSUS;	69.39	66.72	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
33822		REPAIR OF PATENT DUCTUS ARTERIOSUS;	73.69	70.86	90	1		AS
33824		REPAIR OF PATENT DUCTUS ARTERIOSUS;	83.26	80.05	90	1		AS
33840		EXCISION OF COARCTATION OF AORTA, WI	82.87	79.68	90	1		AS
33845		EXCISION OF COARCTATION OF AORTA, WI	97.98	94.21	90	1		AS
33851		EXCISION OF COARCTATION OF AORTA, WI	89.02	85.59	90	1		AS
33852		REPAIR OF HYPOPLASTIC OR INTERRUPTED	107.70	103.56	90	1		AS
33853		REPAIR OF HYPOPLASTIC OR INTERRUPTED	134.72	129.54	90	1		AS
33860		ASCENDING AORTA GRAFT, WITH CARDIOP	226.52	217.81	90	1		AS
33863		ASCENDING AORTA GRAFT, WITH CARDIOP	225.14	216.49	90	1		AS
33864		ASCENDING AORTA GRAFT, WITH CARDIOP	229.91	221.07	90	1		AS
33870		TRANSVERSE ARCH GRAFT, WITH CARDIOP	182.62	175.59	90	1		AS
33875		DESCENDING THORACIC AORTA GRAFT, WI	141.78	136.33	90	1		AS
33877		REPAIR OF THORACOABDOMINAL AORTIC A	253.78	244.02	90	1		AS
33880		ENDOVASCULAR REPAIR OF DESCENDING	128.02	123.10	90	1		AS
33881		ENDOVASCULAR REPAIR OF DESCENDING	109.68	105.46	0	1		AS
33883		PLACEMENT OF PROXIMAL EXTENSION PRC	80.34	77.25	90	1		AS
33884		PLACEMENT OF PROXIMAL EXTENSION PRC	29.60	28.46	0	4		AS
33886		PLACEMENT OF DISTAL EXTENSION PROST	68.77	66.12	90	1		AS
33889		OPEN SUBCLAVIAN TO CAROTID ARTERY TR	58.29	56.05	0	1		AS
33891		BYPASS GRAFT, WITH OTHER THAN VEIN, T	72.42	69.63	0	1		AS
33910		PULMONARY ARTERY EMBOLECTOMY; WITH	119.11	114.53	90	1		AS
33915		PULMONARY ARTERY EMBOLECTOMY; WITH	93.26	89.68	90	1		AS
33916		PULMONARY ENDARTERECTOMY, WITH OR	120.65	116.01	90	1		AS
33917		REPAIR OF PULMONARY ARTERY STENOSIS	108.09	103.93	90	1		AS
33920		REPAIR OF PULMONARY ATRESIA WITH VEN	129.12	124.15	90	1		AS
33922		TRANSECTION OF PULMONARY ARTERY WI	97.74	93.99	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
33924		LIGATION AND TAKEDOWN OF A SYSTEMIC-	20.74	19.94	90	1		AS
33925		REPAIR OF PULMONARY ARTERY ARBORIZ/	125.13	120.32	90	1		AS
33926		REPAIR OF PULMONARY ARTERY ARBORIZ/	165.18	158.83	90	1		AS
33935	R	HEART-LUNG TRANSPLANT WITH RECIPIEN'	246.15	236.68	90	1		AS
33945		HEART TRANSPLANT, WITH OR WITHOUT RE	333.76	320.92	90	1		AS
33960		PROLONGED EXTRACORPOREAL CIRCULAT	73.07	70.26	0	1		AS
33961		PROLONGED EXTRACORPOREAL CIRCULAT	39.64	38.11	0	1		
33968		REMOVAL OF INTRA-AORTIC BALLOON ASSI	15.96	15.34	0	1		AS
33970		INSERTION OF INTRA-AORTIC BALLOON ASS	26.81	25.78	0	1		AS
33973		INSERTION OF INTRA-AORTIC BALLOON ASS	39.17	37.66	0	1		AS
33975		INSERTION OF VENTRICULAR ASSIST DEVIC	80.89	77.77	90	1		AS
33976		INSERTION OF VENTRICULAR ASSIST DEVIC	89.67	86.22	90	1		AS
33977		REMOVAL OF VENTRICULAR ASSIST DEVICE	85.39	82.11	90	1		AS
33978		REMOVAL OF VENTRICULAR ASSIST DEVICE	94.07	90.45	90	1		AS
33981		REPLACEMENT OF EXTRACORPOREAL VEN	46.54	44.75	0	1		AS
33982		REPLACEMENT OF VENTRICULAR ASSIST D	46.54	44.75	0	1		AS
33983		REPLACEMENT OF VENTRICULAR ASSIST D	54.83	52.72	0	1		AS
33999	R	UNLISTED PROCEDURE, CARDIAC SURGER'			90	1		AS
34001		EMBOLECTOMY OR THROMBECTOMY, WITH	69.03	66.37	90	1		AS
34051		EMBOLECTOMY OR THROMBECTOMY, WITH	69.26	66.60	90	1		AS
34101		EMBOLECTOMY OR THROMBECTOMY, WITH	43.52	41.84	90	1		AS
34111		EMBOLECTOMY OR THROMBECTOMY, WITH	43.52	41.84	90	1		AS
34151		EMBOLECTOMY OR THROMBECTOMY, WITH	101.37	97.47	90	1		AS
34201		EMBOLECTOMY OR THROMBECTOMY, WITH	72.08	69.31	90	1		AS
34203		EMBOLECTOMY OR THROMBECTOMY, WITH	69.71	67.02	90	1		AS
34401		THROMBECTOMY, DIRECT OR WITH CATHE'	105.17	101.13	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
34421		THROMBECTOMY, DIRECT OR WITH CATHE	52.72	50.69	90	1		AS
34451		THROMBECTOMY, DIRECT OR WITH CATHE	109.37	105.16	90	1		AS
34501		VALVULOPLASTY, FEMORAL VEIN	67.91	65.30	90	1		AS
34502		RECONSTRUCTION OF VENA CAVA, ANY ME	110.44	106.19	90	1		AS
34510		VENOUS VALVE TRANSPOSITION, ANY VEIN	76.48	73.54	90	1		AS
34520		CROSS-OVER VEIN GRAFT TO VENOUS SYS	73.95	71.11	90	1		AS
34530		SAPHENOPOPLITEAL VEIN ANASTOMOSIS	68.95	66.30	90	1		AS
34802		ENDOVASCULAR REPAIR OF INFRARENAL A	90.27	86.79	90	1		AS
34803		ENDOVASCULAR REPAIR OF INFRARENAL A	91.65	88.12	0	1		AS
34805		ENDOVASCULAR REPAIR OF INFRARENAL A	83.96	80.73	90	1		AS
34806		TRANSCATHETER PLACEMENT OF WIRELES	7.82	7.52	0	1		AS
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREA	44.79	43.07	0	1		AS
34834		OPEN BRACHIAL ARTERY EXPOSURE TO AS	20.22	19.44	0	1		AS
34900		ENDOVASCULAR GRAFT REPLACEMENT FO	65.77	63.24	90	1		AS
35001		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	82.21	79.05	90	1		AS
35002		DIRECT REPAIR OF ANEURYSM, FALSE ANE	86.93	83.59	90	1		AS
35005		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	75.10	72.21	90	1		AS
35011		DIRECT REPAIR OF ANEURYSM, FALSE ANE	72.23	69.46	90	1		AS
35013		DIRECT REPAIR OF ANEURYSM, FALSE ANE	89.64	86.19	90	1		AS
35021		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	88.47	85.06	90	1		AS
35022		DIRECT REPAIR OF ANEURYSM, FALSE ANE	100.06	96.22	90	1		AS
35045		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	70.49	67.78	90	1		AS
35081		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	126.85	121.97	90	1		AS
35082		DIRECT REPAIR OF ANEURYSM, FALSE ANE	158.59	152.49	90	1		AS
35091		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	133.13	128.01	90	1		AS
35092		DIRECT REPAIR OF ANEURYSM, FALSE ANE	189.29	182.01	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
35102		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	137.56	132.27	90	1		AS
35103		DIRECT REPAIR OF ANEURYSM, FALSE ANE	163.75	157.45	90	1		AS
35111		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	100.85	96.97	90	1		AS
35112		DIRECT REPAIR OF ANEURYSM, FALSE ANE	123.91	119.14	90	1		AS
35121		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	119.50	114.91	90	1		AS
35122		DIRECT REPAIR OF ANEURYSM, FALSE ANE	143.69	138.16	90	1		AS
35131		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	102.25	98.32	90	1		AS
35132		DIRECT REPAIR OF ANEURYSM, FALSE ANE	123.39	118.64	90	1		AS
35141		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	80.73	77.62	90	1		AS
35142		DIRECT REPAIR OF ANEURYSM, FALSE ANE	96.73	93.01	90	1		AS
35151		DIRECT REPAIR OF ANEURYSM, PSEUDOAN	90.97	87.47	90	1		AS
35152		DIRECT REPAIR OF ANEURYSM, FALSE ANE	105.72	101.65	90	1		AS
35180		REPAIR, CONGENITAL ARTERIOVENOUS FIS	60.56	58.23	90	1		AS
35182		REPAIR, CONGENITAL ARTERIOVENOUS FIS	125.57	120.74	90	1		AS
35184		REPAIR, CONGENITAL ARTERIOVENOUS FIS	73.20	70.38	90	1		AS
35188		REPAIR, ACQUIRED OR TRAUMATIC ARTERI	61.39	59.03	90	1		AS
35189		REPAIR, ACQUIRED OR TRAUMATIC ARTERI	115.07	110.65	90	1		AS
35190		REPAIR, ACQUIRED OR TRAUMATIC ARTERI	53.58	51.51	90	1		AS
35201		REPAIR BLOOD VESSEL, DIRECT; NECK	67.28	64.70	90	1		AS
35206		REPAIR BLOOD VESSEL, DIRECT; UPPER EX	54.96	52.84	90	1		AS
35211		REPAIR BLOOD VESSEL, DIRECT; INTRATHC	98.42	94.64	90	1		AS
35216		REPAIR BLOOD VESSEL, DIRECT; INTRATHC	139.31	133.95	90	1		AS
35221		REPAIR BLOOD VESSEL, DIRECT; INTRA-ABI	101.03	97.14	90	1		AS
35226		REPAIR BLOOD VESSEL, DIRECT; LOWER E)	60.46	58.13	90	1		AS
35231		REPAIR BLOOD VESSEL WITH VEIN GRAFT;	84.61	81.36	90	1		AS
35236		REPAIR BLOOD VESSEL WITH VEIN GRAFT;	70.41	67.70	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
35241		REPAIR BLOOD VESSEL WITH VEIN GRAFT;	102.90	98.95	90	1		AS
35246		REPAIR BLOOD VESSEL WITH VEIN GRAFT;	112.08	107.77	90	1		AS
35251		REPAIR BLOOD VESSEL WITH VEIN GRAFT;	119.95	115.33	90	1		AS
35256		REPAIR BLOOD VESSEL WITH VEIN GRAFT;	73.90	71.06	90	1		AS
35261		REPAIR BLOOD VESSEL WITH GRAFT OTHEI	75.34	72.44	90	1		AS
35266		REPAIR BLOOD VESSEL WITH GRAFT OTHEI	62.02	59.63	90	1		AS
35271		REPAIR BLOOD VESSEL WITH GRAFT OTHEI	98.32	94.54	90	1		AS
35276		REPAIR BLOOD VESSEL WITH GRAFT OTHEI	103.09	99.12	90	1		AS
35281		REPAIR BLOOD VESSEL WITH GRAFT OTHEI	114.66	110.25	90	1		AS
35286		REPAIR BLOOD VESSEL WITH GRAFT OTHEI	67.78	65.17	90	1		AS
35301		THROMBOENDARTERECTOMY, INCLUDING I	76.20	73.26	90	1		AS
35302		THROMBOENDARTERECTOMY, INCLUDING I	82.16	79.00	90	1		AS
35303		THROMBOENDARTERECTOMY, INCLUDING I	90.40	86.92	90	1		AS
35304		THROMBOENDARTERECTOMY, INCLUDING I	94.02	90.40	90	1		AS
35305		THROMBOENDARTERECTOMY, INCLUDING I	90.29	86.82	90	1		AS
35306		THROMBOENDARTERECTOMY, INCLUDING I	33.88	32.57	0	3		AS
35311		THROMBOENDARTERECTOMY, WITH OR WI'	108.92	104.73	90	1		AS
35321		THROMBOENDARTERECTOMY, WITH OR WI'	64.70	62.21	90	1		AS
35331		THROMBOENDARTERECTOMY, WITH OR WI'	107.33	103.21	90	1		AS
35341		THROMBOENDARTERECTOMY, WITH OR WI'	100.74	96.87	90	1		AS
35351		THROMBOENDARTERECTOMY, WITH OR WI'	93.76	90.15	90	1		AS
35355		THROMBOENDARTERECTOMY, WITH OR WI'	76.01	73.09	90	1		AS
35361		THROMBOENDARTERECTOMY, WITH OR WI'	115.62	111.17	90	1		AS
35363		THROMBOENDARTERECTOMY, WITH OR WI'	126.51	121.65	90	1		AS
35371		THROMBOENDARTERECTOMY, WITH OR WI'	59.75	57.45	90	1		AS
35372		THROMBOENDARTERECTOMY, WITH OR WI'	71.79	69.03	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
35390		REOPERATION, CAROTID, THROMBOENDAR	11.81	11.35	0	1		AS
35450		TRANSLUMINAL BALLOON ANGIOPLASTY, O	37.76	36.31	0	1		AS
35452		TRANSLUMINAL BALLOON ANGIOPLASTY, O	26.16	25.16	0	1		AS
35458		TRANSLUMINAL BALLOON ANGIOPLASTY, O	35.65	34.28	0	1		AS
35500		HARVEST OF UPPER EXTREMITY VEIN, ONE	23.69	22.78	0	1		AS
35501		BYPASS GRAFT, WITH VEIN; COMMON CARC	117.24	112.73	90	1		AS
35506		BYPASS GRAFT, WITH VEIN; CAROTID-SUBC	97.07	93.33	90	1		AS
35508		BYPASS GRAFT, WITH VEIN; CAROTID-VERT	100.61	96.74	90	1		AS
35509		BYPASS GRAFT, WITH VEIN; CAROTID-CONT	112.00	107.69	90	1		AS
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRAC	90.45	86.97	90	1		AS
35511		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-S	86.20	82.89	90	1		AS
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-B	88.00	84.61	90	1		AS
35515		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-V	96.16	92.46	90	1		AS
35516		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-A	89.20	85.77	90	1		AS
35518		BYPASS GRAFT, WITH VEIN; AXILLARY-AXILI	88.18	84.79	90	1		AS
35521		BYPASS GRAFT, WITH VEIN; AXILLARY-FEM	92.22	88.67	90	1		AS
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRAC	86.20	82.89	90	1		AS
35523		BYPASS GRAFT, WITH VEIN; BRACHIAL-ULN.	92.53	88.97	90	1		AS
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRA	80.75	77.65	90	1		AS
35526		BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	120.86	116.21	90	1		AS
35531		BYPASS GRAFT, WITH VEIN; AORTOCELIAC	147.75	142.07	90	1		AS
35533		BYPASS GRAFT, WITH VEIN; AXILLARY-FEM	114.27	109.87	90	1		AS
35535		BYPASS GRAFT, WITH VEIN; HEPATORENAL	148.04	142.34	90			AS
35536		BYPASS GRAFT, WITH VEIN; SPLENORENAL	127.01	122.12	90	1		AS
35537		BYPASS GRAFT, WITH VEIN; AORTOILIAC	159.58	153.44	90	1		AS
35538		BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	179.10	172.21	90	1		AS

Code	Spec	Description	00-20	21+	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
			Max Fee	Max Fee				
35539		BYPASS GRAFT, WITH VEIN; AORTOFEMOR/	166.12	159.73	90	1		AS
35540		BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	186.11	178.95	90	1		AS
35556		BYPASS GRAFT, WITH VEIN; FEMORAL-POPI	100.98	97.09	90	1		AS
35558		BYPASS GRAFT, WITH VEIN; FEMORAL-FEM	89.25	85.82	90	1		AS
35560		BYPASS GRAFT, WITH VEIN; AORTORENAL	130.00	125.00	90	1		AS
35563		BYPASS GRAFT, WITH VEIN; ILIOILIAC	99.33	95.51	90	1		AS
35565		BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	96.42	92.71	90	1		AS
35566		BYPASS GRAFT, WITH VEIN; FEMORAL-ANTI	121.22	116.56	90	1		AS
35570		BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, F	114.29	109.90	90	1		AS
35571		BYPASS GRAFT, WITH VEIN; POPLITEAL-TIB	97.33	93.58	90	1		AS
35572		HARVEST OF FEMOROPOPLITEAL VEIN, ONI	25.77	24.78	0	1		AS
35583		IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	104.08	100.07	90	1		AS
35585		IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR	121.77	117.09	90	1		AS
35587		IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PI	100.22	96.37	90	1		AS
35600		HARVEST OF UPPER EXTREMITY ARTERY, C	19.05	18.32	0	1		AS
35601		BYPASS GRAFT, WITH OTHER THAN VEIN; C	107.47	103.33	90	1		AS
35606		BYPASS GRAFT, WITH OTHER THAN VEIN; C	85.26	81.98	90	1		AS
35612		BYPASS GRAFT, WITH OTHER THAN VEIN; S	66.76	64.19	90	1		AS
35616		BYPASS GRAFT, WITH OTHER THAN VEIN; S	81.67	78.53	90	1		AS
35621		BYPASS GRAFT, WITH OTHER THAN VEIN; A	80.70	77.60	90	1		AS
35623		BYPASS GRAFT, WITH OTHER THAN VEIN; A	99.05	95.24	90	1		AS
35626		BYPASS GRAFT, WITH OTHER THAN VEIN; A	114.37	109.97	90	1		AS
35631		BYPASS GRAFT, WITH OTHER THAN VEIN; A	135.50	130.29	90	1		AS
35632		BYPASS GRAFT, WITH OTHER THAN VEIN; IL	140.56	135.15	90	1		AS
35633		BYPASS GRAFT, WITH OTHER THAN VEIN; IL	151.79	145.95	90	1		AS
35634		BYPASS GRAFT, WITH OTHER THAN VEIN; IL	137.56	132.27	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
35636		BYPASS GRAFT, WITH OTHER THAN VEIN; S	120.42	115.78	90	1		AS
35642		BYPASS GRAFT, WITH OTHER THAN VEIN; C	75.36	72.46	90	1		AS
35645		BYPASS GRAFT, WITH OTHER THAN VEIN; S	71.09	68.35	90	1		AS
35646		BYPASS GRAFT, WITH OTHER THAN VEIN; A	125.68	120.85	90	1		AS
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; A	113.93	109.54	90	1		AS
35650		BYPASS GRAFT, WITH OTHER THAN VEIN; A	77.81	74.82	90	1		AS
35654		BYPASS GRAFT, WITH OTHER THAN VEIN; A	100.30	96.44	90	1		AS
35656		BYPASS GRAFT, WITH OTHER THAN VEIN; F	79.09	76.04	90	1		AS
35661		BYPASS GRAFT, WITH OTHER THAN VEIN; F	79.06	76.02	90	1		AS
35663		BYPASS GRAFT, WITH OTHER THAN VEIN; IL	91.65	88.12	90	1		AS
35665		BYPASS GRAFT, WITH OTHER THAN VEIN; IL	85.86	82.56	90	1		AS
35666		BYPASS GRAFT, WITH OTHER THAN VEIN; F	92.58	89.02	90	1		AS
35671		BYPASS GRAFT, WITH OTHER THAN VEIN; P	81.64	78.50	90	1		AS
35681		BYPASS GRAFT; COMPOSITE, PROSTHETIC	5.92	5.69	90	1		AS
35682		BYPASS GRAFT; AUTOGENOUS COMPOSITE	26.27	25.26	0	1		AS
35683		BYPASS GRAFT; AUTOGENOUS COMPOSITE	30.98	29.79	0	1		AS
35685		PLACEMENT OF VEIN PATCH OR CUFF AT D	14.75	14.18	0	1		AS
35686		CREATION OF DISTAL ARTERIOVENOUS FIS	12.38	11.90	0	1		AS
35691		TRANSPOSITION AND/OR REIMPLANTATION	71.76	69.00	90	1		AS
35693		TRANSPOSITION AND/OR REIMPLANTATION	63.95	61.49	90	1		AS
35694		TRANSPOSITION AND/OR REIMPLANTATION	74.03	71.18	90	1		AS
35695		TRANSPOSITION AND/OR REIMPLANTATION	77.47	74.49	90	1		AS
35697		REIMPLANTATION, VISCERAL ARTERY TO IN	10.97	10.55	0	1		AS
35700		REOPERATION, FEMORAL-POPLITEAL OR FE	11.34	10.90	0	1		AS
35701		EXPLORATION (NOT FOLLOWED BY SURGIC	38.46	36.98	90	1		AS
35721		EXPLORATION (NOT FOLLOWED BY SURGIC	32.73	31.47	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
35741		EXPLORATION (NOT FOLLOWED BY SURGIC	35.80	34.43	90	1		AS
35761		EXPLORATION (NOT FOLLOWED BY SURGIC	26.42	25.41	90	1		AS
35800		EXPLORATION FOR POSTOPERATIVE HEMO	33.95	32.65	90	1		AS
35820		EXPLORATION FOR POSTOPERATIVE HEMO	137.04	131.77	90	1		AS
35840		EXPLORATION FOR POSTOPERATIVE HEMO	44.69	42.97	90	1		AS
35860		EXPLORATION FOR POSTOPERATIVE HEMO	28.64	27.54	90	1		AS
35870		REPAIR OF GRAFT-ENTERIC FISTULA	93.16	89.58	90	1		AS
35876		THROMBECTOMY OF ARTERIAL OR VENOUS	68.82	66.17	90	1		AS
35879		REVISION, LOWER EXTREMITY ARTERIAL B`	67.10	64.52	90	1		AS
35881		REVISION, LOWER EXTREMITY ARTERIAL B`	74.48	71.61	90	1		AS
35883		REVISION, FEMORAL ANASTOMOSIS OF SYM	88.47	85.06	90	1		AS
35884		REVISION, FEMORAL ANASTOMOSIS OF SYM	93.34	89.75	0	1		AS
35901		EXCISION OF INFECTED GRAFT; NECK	35.80	34.43	90	1		AS
35903		EXCISION OF INFECTED GRAFT; EXTREMITY	40.23	38.69	90	1		AS
35905		EXCISION OF INFECTED GRAFT; THORAX	126.75	121.87	90	1		AS
35907		EXCISION OF INFECTED GRAFT; ABDOMEN	139.62	134.25	90	1		
36000		INTRODUCTION OF NEEDLE OR INTRACATH	10.42	10.02	0	1		AS
36147		INTRODUCTION OF NEEDLE AND/OR CATHE	55.45	53.32	0	1		AS
36148		INTRODUCTION OF NEEDLE AND/OR CATHE	17.46	16.79	0	1		AS
36261		REVISION OF IMPLANTED INTRA-ARTERIAL I	24.91	23.95	90	1		
36420		VENIPUNCTURE, CUTDOWN; UNDER AGE 1`	21.50	20.67	0	1		
36425		VENIPUNCTURE, CUTDOWN; AGE 1 OR OVE	17.10	16.44	0	1		
36430		TRANSFUSION, BLOOD OR BLOOD COMPON	15.96	15.34	0	1		
36440		PUSH TRANSFUSION, BLOOD, 2 YEARS OR U	22.96	22.08	0	1		
36450		EXCHANGE TRANSFUSION, BLOOD; NEWBO	53.26	51.21	0	1		
36455		EXCHANGE TRANSFUSION, BLOOD; OTHER	56.84	54.66	0	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
36460		TRANSFUSION, INTRAUTERINE, FETAL	23.92	23.00	0	1	Y	AS
36468		SINGLE OR MULTIPLE INJECTIONS OF SCLE	3.81	3.67	0	1		
36555		INSERTION OF NON-TUNNELED CENTRALLY	55.21	53.09	0	1		
36556		INSERTION OF NON-TUNNELED CENTRALLY	52.92	50.89	0	1		
36568		INSERTION OF PERIPHERALLY INSERTED C	42.80	41.15	0	1		
36569		INSERTION OF PERIPHERALLY INSERTED C	43.78	42.10	0	1		
36580		REPLACEMENT, COMPLETE, OF A NON-TUN	31.52	30.31	0	1		
36584		REPLACEMENT, COMPLETE, OF A PERIPHE	32.67	31.42	0	1		
36593		DECLOTTING BY THROMBOLYTIC AGENT OF	19.22	18.48	0	1		
36600		ARTERIAL PUNCTURE, WITHDRAWAL OF BL	13.35	12.84	0	1		
36620		ARTERIAL CATHETERIZATION OR CANNULA	22.31	21.46	0	1		
36625		ARTERIAL CATHETERIZATION OR CANNULA	47.72	45.89	0	1		
36660		CATHETERIZATION, UMBILICAL ARTERY, NE	29.48	28.34	0	1		AS
36819		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY	56.57	54.40	90	1		AS
36820		INSERTION OF CANNULA FOR HEMODIALYS	56.81	54.62	0	1		AS
36821		ARTERIOVENOUS ANASTOMOSIS, OPEN; DII	37.43	35.99	90	1		AS
36825		CREATION OF ARTERIOVENOUS FISTULA B\	41.02	39.44	90	1		AS
36830		CREATION OF ARTERIOVENOUS FISTULA B\	46.85	45.05	90	1		AS
36831		THROMBECTOMY, OPEN, ARTERIOVENOUS	32.31	31.07	90	1		AS
36832		REVISION, OPEN, ARTERIOVENOUS FISTUL	41.30	39.71	90	1		AS
36833		REVISION, ARTERIOVENOUS FISTULA; WITH	46.70	44.90	90	1		AS
36834		PLASTIC REPAIR OF ARTERIOVENOUS ANEI	43.96	42.27	90	1		AS
36838		DISTAL REVASCULARIZATION AND INTERVA	83.13	79.93	90	1		AS
37145		VENOUS ANASTOMOSIS; RENOPORTAL	103.58	99.60	90	1		AS
37160		VENOUS ANASTOMOSIS; CAVAL-MESENTER	89.85	86.39	90	1		AS
37180		VENOUS ANASTOMOSIS; SPLENORENAL, PF	100.56	96.69	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
37181		ANASTOMOSIS; SPLENORENAL, DISTAL (SEI	108.74	104.56	90	1		AS
37182	R	INSERTION OF TRANSVENOUS INTRAHEPAT	65.15	62.64	0	1		AS
37183	R	REVISION OF TRANSVENOUS INTRAHEPATI	30.96	29.77	0	1		AS
37207		TRANSCATHETER PLACEMENT OF AN INTR/	31.22	30.02	0	1		AS
37208		TRANSCATHETER PLACEMENT OF AN INTR/	15.14	14.56	0	1		AS
37220		REVASCULARIZATION, ENDOVASCULAR, OF	33.49	32.20	0	1		AS
37221		REVASCULARIZATION, ENDOVASCULAR, OF	40.76	39.19	0	1		AS
37222		REVASCULARIZATION, ENDOVASCULAR, OF	15.19	14.61	0	1		AS
37223		REVASCULARIZATION, ENDOVASCULAR, OF	17.25	16.59	0	1		AS
37224		REVASCULARIZATION, ENDOVASCULAR, OF	36.87	35.45	0	1		AS
37225		REVASCULARIZATION, ENDOVASCULAR, OF	49.67	47.76	0	1		AS
37226		REVASCULARIZATION, ENDOVASCULAR, OF	40.94	39.36	0	1		AS
37227		REVASCULARIZATION, ENDOVASCULAR, OF	59.99	57.68	0	1		AS
37228		REVASCULARIZATION, ENDOVASCULAR, OF	45.06	43.32	0	1		AS
37229		REVASCULARIZATION, ENDOVASCULAR, OF	58.16	55.93	0	1		AS
37230		REVASCULARIZATION, ENDOVASCULAR, OF	56.13	53.97	0	1		AS
37231		REVASCULARIZATION, ENDOVASCULAR, OF	61.00	58.66	0	1		AS
37232		REVASCULARIZATION, ENDOVASCULAR, OF	16.26	15.64	0	1		AS
37233		REVASCULARIZATION, ENDOVASCULAR, OF	26.79	25.76	0	1		AS
37234		REVASCULARIZATION, ENDOVASCULAR, OF	22.33	21.47	0	1		AS
37235		REVASCULARIZATION, ENDOVASCULAR, OF	31.69	30.47	0	1		AS
37500		VASCULAR ENDOSCOPY,SURGICAL,WITH LI	302.76	291.12	90	1		AS
37600		LIGATION; EXTERNAL CAROTID ARTERY	48.89	47.01	90	1		AS
37605		LIGATION; INTERNAL OR COMMON CAROTIC	56.57	54.40	90	1		AS
37606		LIGATION; INTERNAL OR COMMON CAROTIC	37.32	35.88	90	1		AS
37615		LIGATION, MAJOR ARTERY (EG, POST-TRAU	32.83	31.57	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
37616		LIGATION, MAJOR ARTERY (EG, POST-TRAU	77.00	74.04	90	1		AS
37617		LIGATION, MAJOR ARTERY (EG, POST-TRAU	90.97	87.47	90	1		AS
37618		LIGATION, MAJOR ARTERY (EG, POST-TRAU	26.19	25.18	90	1		AS
37660		LIGATION OF COMMON ILIAC VEIN	84.69	81.43	90	1		AS
37735		LIGATION AND DIVISION AND COMPLETE ST	44.51	42.80	90	1		AS
37760		LIGATION OF PERFORATOR VEINS, SUBFAS	43.83	42.14	90	1		AS
37761		LIGATION OF PERFORATOR VEIN(S), SUBFA	41.46	39.87	90	1		AS
38100		SPLENECTOMY; TOTAL (SEPARATE PROCEI	74.40	71.54	90	1		AS
38101		SPLENECTOMY; PARTIAL (SEPARATE PROC	74.66	71.79	90	1		AS
38102		SPLENECTOMY; TOTAL, EN BLOC FOR EXTE	17.59	16.91	0	1		AS
38115		REPAIR OF RUPTURED SPLEEN (SPLENORR	82.79	79.60	90	1		AS
38129	R	UNLISTED LAPAROSCOPY PROCEDURE, SP			0	1		
38220		BONE MARROW; ASPIRATION ONLY	62.05	59.66	0	1		
38221		BONE MARROW; BIOPSY, NEEDLE OR TROC	69.06	66.40	0	1		AS
38308		LYMPHANGIOTOMY OR OTHER OPERATION:	29.16	28.04	90	1		AS
38380		SUTURE AND/OR LIGATION OF THORACIC D	37.03	35.60	90	1		AS
38381		SUTURE AND/OR LIGATION OF THORACIC D	55.95	53.80	90	1		AS
38382		SUTURE AND/OR LIGATION OF THORACIC D	45.24	43.50	90	1		AS
38530		BIOPSY OR EXCISION OF LYMPH NODE(S); C	35.62	34.25	90	1		AS
38542		DISSECTION, DEEP JUGULAR NODE(S)	27.83	26.76	90	1		AS
38555		EXCISION OF CYSTIC HYGROMA, AXILLARY	64.91	62.42	90	1		AS
38562		LIMITED LYMPHADENECTOMY FOR STAGIN(	47.11	45.30	90	1		AS
38564		LIMITED LYMPHADENECTOMY FOR STAGIN(	46.72	44.93	90	1		AS
38570		LAPAROSCOPY, SURGICAL; WITH RETROPE	38.36	36.88	10	1		AS
38571		LAPAROSCOPY, SURGICAL; WITH BILATERA	60.53	58.21	10	1		AS
38572		LAPAROSCOPY, SURGICAL; WITH BILATERA	65.28	62.77	10	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
38589	R	UNLISTED LAPAROSCOPY PROCEDURE, LYI			0	1		AS
38700		SUPRAHYOID LYMPHADENECTOMY	52.48	50.46	90	1		AS
38720		CERVICAL LYMPHADENECTOMY (COMPLETI	87.40	84.04	90	1		AS
38724		CERVICAL LYMPHADENECTOMY (MODIFIED	94.91	91.26	90	1		AS
38740		AXILLARY LYMPHADENECTOMY; SUPERFICI	44.43	42.72	90	1		AS
38745		AXILLARY LYMPHADENECTOMY; COMPLETE	56.49	54.32	90	1		AS
38746		THORACIC LYMPHADENECTOMY, REGIONAL	18.63	17.91	0	1		AS
38747		ABDOMINAL LYMPHADENECTOMY, REGION/	17.93	17.24	0	1		AS
38760		INGUINOFEMORAL LYMPHADENECTOMY, SI	55.66	53.52	90	1		AS
38765		INGUINOFEMORAL LYMPHADENECTOMY, SI	86.36	83.04	90	1		AS
38770		PELVIC LYMPHADENECTOMY, INCLUDING E	58.58	56.33	90	1		AS
38780		RETROPERITONEAL TRANSABDOMINAL LYM	73.04	70.23	90	1		
38900		INTRAOPERATIVE IDENTIFICATION (EG, MAF	10.55	10.15	0	1		AS
38999	R	UNLISTED PROCEDURE, HEMIC OR LYMPHA			90	1		AS
39000		MEDIASTINOTOMY WITH EXPLORATION, DR	33.56	32.27	90	1		AS
39010		MEDIASTINOTOMY WITH EXPLORATION, DR	55.22	53.09	90	1		AS
39200		EXCISION OF MEDIASTINAL CYST	61.45	59.08	90	1		AS
39220		EXCISION OF MEDIASTINAL TUMOR	79.30	76.25	90	1		AS
39499	R	UNLISTED PROCEDURE, MEDIASTINUM			90	1		AS
39501		REPAIR, LACERATION OF DIAPHRAGM, ANY	56.60	54.42	90	1		AS
39503		REPAIR, NEONATAL DIAPHRAGMATIC HERN	394.47	379.30	90	1		AS
39530		REPAIR, DIAPHRAGMATIC HERNIA (ESOPHA	64.89	62.39	90	1		AS
39540		REPAIR, DIAPHRAGMATIC HERNIA (OTHER 1	57.82	55.60	90	1		AS
39541		REPAIR, DIAPHRAGMATIC HERNIA (OTHER 1	62.46	60.06	90	1		AS
39545		IMBRICATION OF DIAPHRAGM FOR EVENTR	61.45	59.08	90	1		AS
39560		RESECTION, DIAPHRAGM; WITH SIMPLE REI	52.90	50.86	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
39561		RESECTION, DIAPHRAGM; WITH COMPLEX F	83.05	79.85	90	1		AS
39599	R	UNLISTED PROCEDURE, DIAPHRAGM			90	1		AS
40701		PLASTIC REPAIR OF CLEFT LIP/NASAL DEFC	69.26	66.60	90	1		AS
40702		PLASTIC REPAIR OF CLEFT LIP/NASAL DEFC	58.79	56.53	90	1		AS
40799	R	UNLISTED PROCEDURE, LIPS			90	1		AS
40840		VESTIBULOPLASTY; ANTERIOR	52.95	50.91	90	1		AS
40843		VESTIBULOPLASTY; POSTERIOR, BILATERA	67.65	65.05	90	1		AS
40844		VESTIBULOPLASTY; ENTIRE ARCH	90.01	86.54	90	1		AS
41120		GLOSSECTOMY; LESS THAN ONE-HALF TON	68.01	65.40	90	1		AS
41130		GLOSSECTOMY; HEMIGLOSSECTOMY	84.43	81.18	90	1		AS
41135		GLOSSECTOMY; PARTIAL, WITH UNILATERA	140.64	135.23	90	1		AS
41140		GLOSSECTOMY; COMPLETE OR TOTAL, WIT	143.97	138.43	90	1		AS
41145		GLOSSECTOMY; COMPLETE OR TOTAL, WIT	181.37	174.39	90	1		AS
41150		GLOSSECTOMY; COMPOSITE PROCEDURE \	143.11	137.61	90	1		AS
41153		GLOSSECTOMY; COMPOSITE PROCEDURE \	155.54	149.56	90	1		AS
41155		GLOSSECTOMY; COMPOSITE PROCEDURE \	194.81	187.32	90	1		AS
42120		RESECTION OF PALATE OR EXTENSIVE RES	63.92	61.46	90	1		AS
42200		PALATOPLASTY FOR CLEFT PALATE, SOFT)	58.19	55.95	90	1		AS
42205		PALATOPLASTY FOR CLEFT PALATE, WITH (	62.51	60.11	90	1		AS
42210		PALATOPLASTY FOR CLEFT PALATE, WITH (	70.96	68.23	90	1		AS
42215		PALATOPLASTY FOR CLEFT PALATE; MAJOF	45.99	44.22	90	1		AS
42220		PALATOPLASTY FOR CLEFT PALATE; SECOI	35.73	34.35	90	1		AS
42225		PALATOPLASTY FOR CLEFT PALATE; ATTAC	58.87	56.60	90	1		AS
42226		LENGTHENING OF PALATE, AND PHARYNGE	59.88	57.58	90	1		AS
42227		LENGTHENING OF PALATE, WITH ISLAND FL	57.25	55.05	90	1		AS
42235		REPAIR OF ANTERIOR PALATE, INCLUDING '	47.56	45.73	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
42260		REPAIR OF NASOLABIAL FISTULA	54.62	52.52	90	1		AS
42299	R	UNLISTED PROCEDURE, PALATE, UVULA			90	1		AS
42409		MARSUPIALIZATION OF SUBLINGUAL SALIV/	21.76	20.92	90	1		AS
42410		EXCISION OF PAROTID TUMOR OR PAROTIC	41.36	39.76	90	1		AS
42415		EXCISION OF PAROTID TUMOR OR PAROTIC	74.08	71.23	90	1		AS
42420		EXCISION OF PAROTID TUMOR OR PAROTIC	84.77	81.51	90	1		AS
42425		EXCISION OF PAROTID TUMOR OR PAROTIC	55.79	53.64	90	1		AS
42426		EXCISION OF PAROTID TUMOR OR PAROTIC	90.73	87.24	90	1		AS
42440		EXCISION OF SUBMANDIBULAR (SUBMAXILL	31.09	29.89	90	1		AS
42507		PAROTID DUCT DIVERSION, BILATERAL (WIL	34.06	32.75	90	1		AS
42508		PAROTID DUCT DIVERSION, BILATERAL (WIL	48.96	47.08	90	1		AS
42510		PAROTID DUCT DIVERSION, BILATERAL (WIL	41.59	39.99	90	1		AS
42699	R	UNLISTED PROCEDURE, SALIVARY GLANDS			90	1		AS
42725		INCISION AND DRAINAGE ABSCESS; RETRO	53.81	51.74	90	1		AS
42810		EXCISION BRANCHIAL CLEFT CYST OR VES'	25.20	24.23	90	1		AS
42815		EXCISION BRANCHIAL CLEFT CYST, VESTIG	36.90	35.48	90	1		AS
42844		RADICAL RESECTION OF TONSIL, TONSILLA	89.77	86.32	90	1		AS
42845		RADICAL RESECTION OF TONSIL, TONSILLA	146.45	140.82	90	1		AS
42890		LIMITED PHARYNGECTOMY	92.38	88.82	90	1		AS
42892		RESECTION OF LATERAL PHARYNGEAL WAI	121.48	116.81	90	1		AS
42894		RESECTION OF PHARYNGEAL WALL REQUIF	155.15	149.18	90	1		AS
42950		PHARYNGOPLASTY (PLASTIC OR RECONSTI	51.93	49.94	90	1		AS
42953		PHARYNGOESOPHAGEAL REPAIR	62.15	59.76	90	1		AS
42955		PHARYNGOSTOMY (FISTULIZATION OF PHA	49.15	47.26	90	1		AS
42961		CONTROL OROPHARYNGEAL HEMORRHAGE	27.83	26.76	90	1		AS
42962		CONTROL OROPHARYNGEAL HEMORRHAGE	34.42	33.10	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
42971		CONTROL OF NASOPHARYNGEAL HEMORRI	30.33	29.16	90	1		AS
42972		CONTROL OF NASOPHARYNGEAL HEMORRI	33.95	32.65	90	1		AS
43020		ESOPHAGOTOMY, CERVICAL APPROACH; W	35.00	33.65	90	1		AS
43030		CRICOPHARYNGEAL MYOTOMY	34.66	33.32	90	1		AS
43045		ESOPHAGOTOMY, THORACIC APPROACH, V	89.48	86.04	90	1		AS
43100		EXCISION OF LESION, ESOPHAGUS, WITH P	41.64	40.04	90	1		AS
43101		EXCISION OF LESION, ESOPHAGUS, WITH P	70.38	67.68	90	1		AS
43107		TOTAL OR NEAR TOTAL ESOPHAGECTOMY,	173.18	166.52	90	1		AS
43108		TOTAL OR NEAR TOTAL ESOPHAGECTOMY,	296.73	285.31	90	1		AS
43112		TOTAL OR NEAR TOTAL ESOPHAGECTOMY,	185.04	177.92	90	1		AS
43113		TOTAL OR NEAR TOTAL ESOPHAGECTOMY,	298.34	286.87	90	1		AS
43116		PARTIAL ESOPHAGECTOMY, CERVICAL, WIT	337.43	324.45	90	1		AS
43117		PARTIAL ESOPHAGECTOMY, DISTAL TWO-TI	169.33	162.81	90	1		AS
43118		PARTIAL ESOPHAGECTOMY, DISTAL TWO-TI	243.75	234.37	90	1		AS
43121		PARTIAL ESOPHAGECTOMY, DISTAL TWO-TI	193.22	185.79	90	1		AS
43122		PARTIAL ESOPHAGECTOMY, THORACOABDI	171.39	164.79	90	1		AS
43123		PARTIAL ESOPHAGECTOMY, THORACOABDI	298.63	287.14	90	1		AS
43124		TOTAL OR PARTIAL ESOPHAGECTOMY, WIT	256.28	246.43	90	1		AS
43130		DIVERTICULECTOMY OF HYPOPHARYNX OF	52.74	50.71	90	1		AS
43135		DIVERTICULECTOMY OF HYPOPHARYNX OF	101.29	97.39	90	1		AS
43280		LAPAROSCOPY, SURGICAL, ESOPHAGOGAS	70.93	68.20	90	1		AS
43281		LAPAROSCOPY, SURGICAL, REPAIR OF PAR	111.30	107.02	90	1		AS
43282		LAPAROSCOPY, SURGICAL, REPAIR OF PAR	125.19	120.37	90	1		AS
43283		LAPAROSCOPY, SURGICAL, ESOPHAGEAL L	12.61	12.13	0	1		AS
43289	R	UNLISTED LAPAROSCOPY PROCEDURE, ES			0	1		AS
43300		ESOPHAGOPLASTY, (PLASTIC REPAIR OR R	41.51	39.91	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
43305		ESOPHAGOPLASTY, (PLASTIC REPAIR OR R	73.48	70.66	90	1		AS
43310		ESOPHAGOPLASTY, (PLASTIC REPAIR OR R	105.22	101.18	90	1		AS
43312		ESOPHAGOPLASTY, (PLASTIC REPAIR OR R	116.17	111.70	90	1		AS
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFE	183.11	176.07	90	1		AS
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFE	214.12	205.89	90	1		AS
43320		ESOPHAGOGASTROSTOMY (CARDIOPLASTY	92.58	89.02	90	1		AS
43325		ESOPHAGOGASTRIC FUNDOPLASTY; WITH I	88.03	84.64	90	1		AS
43327		ESOPHAGOGASTRIC FUNDOPLASTY PARTI/	63.45	61.01	90	1		AS
43328		ESOPHAGOGASTRIC FUNDOPLASTY PARTI/	93.16	89.58	90	1		AS
43330		ESOPHAGOMYOTOMY (HELLER TYPE); ABD	86.44	83.11	90	1		AS
43331		ESOPHAGOMYOTOMY ((HELLER TYPE), WIT	94.23	90.60	90	1		AS
43332		REPAIR, PARAESOPHAGEAL HIATAL HERNI/	90.98	87.48	90	1		AS
43333		REPAIR, PARAESOPHAGEAL HIATAL HERNI/	98.64	94.84	90	1		AS
43334		REPAIR, PARAESOPHAGEAL HIATAL HERNI/	99.70	95.87	90	1		AS
43335		REPAIR, PARAESOPHAGEAL HIATAL HERNI/	107.41	103.28	90	1		AS
43336		REPAIR, PARAESOPHAGEAL HIATAL HERNI/	117.71	113.18	90	1		AS
43337		REPAIR, PARAESOPHAGEAL HIATAL HERNI/	128.50	123.55	90	1		AS
43338		ESOPHAGEAL LENGTHENING PROCEDURE (	10.45	10.05	90	1		AS
43340		ESOPHAGOJEJUNOSTOMY (WITHOUT TOTA	89.62	86.17	90	1		AS
43341		ESOPHAGOJEJUNOSTOMY (WITHOUT TOTA	99.62	95.79	90	1		AS
43350		ESOPHAGOSTOMY, FISTULIZATION OF ESO	75.75	72.84	90	1		AS
43351		ESOPHAGOSTOMY, FISTULIZATION OF ESO	90.08	86.62	90	1		AS
43352		ESOPHAGOSTOMY, FISTULIZATION OF ESO	73.56	70.73	90	1		AS
43360		GASTROINTESTINAL RECONSTRUCTION FO	158.17	152.09	90	1		AS
43361		GASTROINTESTINAL RECONSTRUCTION FO	175.45	168.70	90	1		AS
43400		LIGATION, DIRECT, ESOPHAGEAL VARICES	111.16	106.89	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
43401		TRANSECTION OF ESOPHAGUS WITH REPAI	102.77	98.82	90	1		AS
43405		LIGATION OR STAPLING AT GASTROESOPH	100.19	96.34	90	1		AS
43410		SUTURE OF ESOPHAGEAL WOUND OR INJU	68.09	65.47	90	1		AS
43415		SUTURE OF ESOPHAGEAL WOUND OR INJU	116.25	111.78	90	1		AS
43425		CLOSURE OF ESOPHAGOSTOMY OR FISTUL	102.75	98.80	90	1		AS
43499	R	UNLISTED PROCEDURE, ESOPHAGUS			90	1		AS
43500		GASTROTOMY; WITH EXPLORATION OR FOF	51.02	49.06	90	1		AS
43501		GASTROTOMY; WITH SUTURE REPAIR OF BI	87.45	84.09	90	1		AS
43502		GASTROTOMY; WITH SUTURE REPAIR OF PI	98.89	95.09	90	1		AS
43510		GASTROTOMY; WITH ESOPHAGEAL DILATIC	63.27	60.84	90	1		AS
43520		PYLOROMYOTOMY, CUTTING OF PYLORIC M	45.81	44.05	90	1		AS
43605		BIOPSY OF STOMACH; BY LAPAROTOMY	54.02	51.94	90	1		AS
43610		EXCISION, LOCAL; ULCER OR BENIGN TUMC	63.79	61.34	90	1		AS
43611		EXCISION, LOCAL; MALIGNANT TUMOR OF S	79.43	76.37	90	1		AS
43620		GASTRECTOMY, TOTAL; WITH ESOPHAGOEI	129.04	124.08	90	1		AS
43621		GASTRECTOMY, TOTAL; WITH ROUX-EN-Y R	147.31	141.64	90	1		AS
43622		GASTRECTOMY, TOTAL; WITH FORMATION (	149.24	143.50	90	1		AS
43631		GASTRECTOMY, PARTIAL, DISTAL; WITH GA	94.70	91.05	90	1		AS
43632		GASTRECTOMY, PARTIAL, DISTAL; WITH GA	129.85	124.86	90	1		AS
43633		GASTRECTOMY, PARTIAL, DISTAL; WITH RO	123.41	118.67	90	1		AS
43634		GASTRECTOMY, PARTIAL, DISTAL; WITH FO	136.42	131.17	90	1		AS
43635		VAGOTOMY WHEN PERFORMED WITH PART	7.53	7.24	90	1		AS
43640		VAGOTOMY INCLUDING PYLOROPLASTY, W	76.35	73.41	90	1		AS
43641		VAGOTOMY INCLUDING PYLOROPLASTY, W	76.87	73.92	90	1		AS
43644		LAPAROSCOPY, SURGICAL, GASTRIC RESTI	112.08	107.77	0	1		AS
43645		LAPAROSCOPY, SURGICAL, GASTRIC RESTI	119.87	115.26	0	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
43651		LAPAROSCOPY, SURGICAL; TRANSECTION (	42.45	40.82	90	1		AS
43652		LAPAROSCOPY, SURGICAL; TRANSECTION (	49.25	47.36	90	1		AS
43653		LAPAROSCOPY, SURGICAL; GASTROSTOMY	36.35	34.95	90	1		AS
43659	R	UNLISTED LAPAROSCOPY PROCEDURE, STI			0	1		
43760		CHANGE OF GASTROSTOMY TUBE	114.02	109.63	0	1		
43761		REPOSITIONING OF THE GASTRIC FEEDING	52.93	50.90	0	1		AS
43770		LAPAROSCOPY, SURGICAL, GASTRIC RESTI	72.29	69.51	90	1		AS
43771		LAPAROSCOPY, SURGICAL, GASTRIC RESTI	82.37	79.20	90	1		AS
43772		LAPAROSCOPY, SURGICAL, GASTRIC RESTI	62.36	59.96	90	1		AS
43773		LAPAROSCOPY, SURGICAL, GASTRIC RESTI	82.47	79.30	90	1		AS
43774		LAPAROSCOPY, SURGICAL, GASTRIC RESTI	62.25	59.86	90	1		AS
43775		LAPAROSCOPY, SURGICAL, GASTRIC RESTI	93.45	89.85	90	1		AS
43800		PYLOROPLASTY	60.56	58.23	90	1		AS
43810		GASTRODUODENOSTOMY	65.64	63.12	90	1		AS
43820		GASTROJEJUNOSTOMY; WITHOUT VAGOTO	85.68	82.38	90	1		AS
43825		GASTROJEJUNOSTOMY; WITH VAGOTOMY,	84.40	81.16	90	1		AS
43830		GASTROSTOMY, OPEN; WITHOUT CONSTRL	45.13	43.40	90	1		AS
43831		GASTROSTOMY, TEMPORARY (TUBE, RUBBI	37.92	36.46	90	1		AS
43832		GASTROSTOMY, OPEN; WITH CONSTRUCTI	69.32	66.65	90	1		AS
43840		GASTRORRHAPHY, SUTURE OF PERFORATI	86.70	83.36	90	1		AS
43842		GASTRIC RESTRICTIVE PROCEDURE, WITH	84.64	81.38	90	1		AS
43843		GASTRIC RESTRICTIVE PROCEDURE, WITH	82.32	79.15	90	1		AS
43846		GASTRIC RESTRICTIVE PROCEDURE, WITH	106.11	102.03	90	1		AS
43847		GASTRIC RESTRICTIVE PROCEDURE, WITH	115.70	111.25	90	1		AS
43848		REVISION, OPEN, OF GASTRIC RESTRICTIVE	125.65	120.82	90	1		AS
43850		REVISION OF GASTRODUODENAL ANASTOM	105.12	101.08	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
43855		REVISION OF GASTRODUODENAL ANASTOM	109.97	105.74	90	1		AS
43860		REVISION OF GASTROJEJUNAL ANASTOMO:	106.86	102.75	90	1		AS
43865		REVISION OF GASTROJEJUNAL ANASTOMO:	111.01	106.74	90	1		AS
43870		CLOSURE OF GASTROSTOMY, SURGICAL	46.04	44.27	90	1		AS
43880		CLOSURE OF GASTROCOLIC FISTULA	104.36	100.35	90	1		AS
43886		GASTRIC RESTRICTIVE PROCEDURE, OPEN	21.55	20.72	90	1		AS
43887		GASTRIC RESTRICTIVE PROCEDURE, OPEN	20.48	19.69	90	1		AS
43888	R	GASTRIC RESTRICTIVE PROCEDURE, OPEN	28.69	27.59	90	1		AS
44005		ENTEROLYSIS (FREEING OF INTESTINAL AD	71.43	68.68	90	1		AS
44010		DUODENOTOMY, FOR EXPLORATION, BIOPSE	56.26	54.10	90	1		AS
44015		TUBE OR NEEDLE CATHETER JEJUNOSTOM	9.67	9.30	0	1		AS
44020		ENTEROTOMY, SMALL INTESTINE, OTHER T	63.22	60.79	90	1		AS
44021		ENTEROTOMY, SMALL BOWEL, OTHER THAN	64.08	61.61	90	1		AS
44025		COLOTOMY, FOR EXPLORATION, BIOPSY(S)	64.36	61.89	90	1		AS
44050		REDUCTION OF VOLVULUS, INTUSSUSCEPT	60.85	58.51	90	1		AS
44055		CORRECTION OF MALROTATION BY LYSIS C	97.38	93.63	90	1		AS
44110		EXCISION OF ONE OR MORE LESIONS OF SI	55.19	53.07	90	1		AS
44111		EXCISION OF ONE OR MORE LESIONS OF SI	64.08	61.61	90	1		AS
44120		ENTERECTOMY, RESECTION OF SMALL INTI	79.40	76.35	90	1		AS
44121		ENTERECTOMY, RESECTION OF SMALL INTI	16.21	15.59	0	10		AS
44125		ENTERECTOMY, RESECTION OF SMALL INTI	76.98	74.02	90	1		AS
44126		ENTERECTOMY, RESECTION OF SMALL INTI	158.93	152.82	90	1		AS
44127		ENTERECTOMY, RESECTION OF SMALL INTI	185.59	178.45	90	1		AS
44128		ENTERECTOMY, RESECTION OF SMALL INTI	16.31	15.69	0	1		AS
44130		ENTEROENTEROSTOMY, ANASTOMOSIS OF	83.83	80.61	90	1		AS
44139		MOBILIZATION (TAKE-DOWN) OF SPLENIC FI	8.10	7.79	0	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
44140		COLECTOMY, PARTIAL; WITH ANASTOMOSIS	87.56	84.19	90	1		AS
44141		COLECTOMY, PARTIAL; WITH SKIN LEVEL CI	116.01	111.55	90	1		AS
44143		COLECTOMY, PARTIAL; WITH END COLOSTO	107.83	103.68	90	1		AS
44144		COLECTOMY, PARTIAL; WITH RESECTION, V	113.85	109.47	90	1		AS
44145		COLECTOMY, PARTIAL; WITH COLOPROCTO	108.61	104.43	90	1		AS
44146		COLECTOMY, PARTIAL; WITH COLOPROCTO	136.60	131.34	90	1		AS
44147		COLECTOMY, PARTIAL; ABDOMINAL AND TR	123.73	118.97	90	1		AS
44150		COLECTOMY, TOTAL, ABDOMINAL, WITHOU	119.95	115.33	90	1		AS
44151		COLECTOMY, TOTAL, ABDOMINAL, WITHOU	137.02	131.75	90	1		AS
44155		COLECTOMY, TOTAL, ABDOMINAL, WITH PR	133.86	128.71	90	1		AS
44156		COLECTOMY, TOTAL, ABDOMINAL, WITH PR	147.23	141.57	90	1		AS
44157		COLECTOMY, TOTAL, ABDOMINAL, WITH PR	139.88	134.50	90	1		AS
44158		COLECTOMY, TOTAL, ABDOMINAL, WITH PR	143.40	137.88	90	1		AS
44160		COLECTOMY, PARTIAL, WITH REMOVAL OF	80.75	77.65	90	1		AS
44180		LAPAROSCOPY, SURGICAL, ENTEROLYSIS (	60.14	57.83	90	1		AS
44186		LAPAROSCOPY, SURGICAL; JEJUNOSTOMY	42.45	40.82	90	1		AS
44187		LAPAROSCOPY, SURGICAL; ILEOSTOMY OR	71.43	68.68	90	1		AS
44188		LAPAROSCOPY, SURGICAL, COLOSTOMY OI	79.19	76.15	90	1		AS
44202		LAPAROSCOPY, SURGICAL; ENTERECTOMY	90.61	87.12	90	1		AS
44203		LAPAROSCOPY, SURGICAL; EACH ADDITION	16.13	15.51	0	1		AS
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, P.	100.87	96.99	90	1		AS
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, P.	88.03	84.64	90	1		AS
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, P.	114.66	110.25	90	1		AS
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, P.	120.10	115.48	90	1		AS
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, P.	130.68	125.66	90	1		AS
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, T	117.05	112.55	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TI	143.40	137.88	90	1		AS
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TI	134.77	129.59	90	1		AS
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION (	12.66	12.18	0	1		AS
44227		LAPAROSCOPY, SURGICAL, CLOSURE OF EI	109.29	105.09	90	1		AS
44238	R	UNLISTED LAPAROSCOPY PROCEDURE, INT			0	1		AS
44300		ENTEROSTOMY OR CECOSTOMY, TUBE (EG	54.72	52.62	90	1		AS
44310		ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	68.17	65.55	90	1		AS
44314		REVISION OF ILEOSTOMY; COMPLICATED (F	66.21	63.67	90	1		AS
44316		CONTINENT ILEOSTOMY (KOCK PROCEDUR	90.32	86.84	90	1		AS
44320		COLOSTOMY OR SKIN LEVEL CECOSTOMY;	77.92	74.92	90	1		AS
44322		COLOSTOMY OR SKIN LEVEL CECOSTOMY;	62.15	59.76	90	1		AS
44345		REVISION OF COLOSTOMY; COMPLICATED (	68.27	65.65	90	1		AS
44346		REVISION OF COLOSTOMY; WITH REPAIR O	76.59	73.64	90	1		AS
44602		SUTURE OF SMALL INTESTINE (ENTERORRH	90.40	86.92	90	1		AS
44603		SUTURE OF SMALL INTESTINE (ENTERORRH	103.87	99.87	90	1		AS
44604		SUTURE OF LARGE INTESTINE (COLORRHAI	69.13	66.47	90	1		AS
44605		SUTURE OF LARGE INTESTINE (COLORRHAI	85.11	81.83	90	1		AS
44615		INTESTINAL STRICTUROPLASTY (ENTEROTC	70.36	67.65	90	1		AS
44620		CLOSURE OF ENTEROSTOMY, LARGE OR SI	56.21	54.05	90	1		AS
44625		CLOSURE OF ENTEROSTOMY, LARGE OR SI	66.42	63.87	90	1		AS
44626		CLOSURE OF ENTEROSTOMY, LARGE OR SI	105.43	101.38	90	1		AS
44640		CLOSURE OF INTESTINAL CUTANEOUS FIST	92.09	88.55	90	1		AS
44650		CLOSURE OF ENTEROENTERIC OR ENTERC	95.82	92.13	90	1		AS
44660		CLOSURE OF ENTEROVESICAL FISTULA; WI	93.42	89.83	90	1		AS
44661		CLOSURE OF ENTEROVESICAL FISTULA; WI	104.13	100.12	90	1		AS
44680		INTESTINAL PLICATION (SEPARATE PROCEI	69.55	66.87	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
44700		EXCLUSION OF SMALL INTESTINE FROM PE	66.87	64.29	90	1		AS
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST S	11.18	10.75	0	1		AS
44799	R	UNLISTED PROCEDURE, INTESTINE			90	1		AS
44800		EXCISION OF MECKEL'S DIVERTICULUM (DI	49.62	47.71	90	1		AS
44820		EXCISION OF LESION OF MESENTERY (SEP)	54.77	52.67	90	1		AS
44850		SUTURE OF MESENTERY (SEPARATE PROC	48.16	46.30	90	1		AS
44899	R	UNLISTED PROCEDURE, MECKEL'S DIVERTI			90	1		AS
44900		INCISION AND DRAINAGE OF APPENDICEAL	49.59	47.68	90	1		AS
44901		INCISION AND DRAINAGE OF APPENDICEAL	12.52	12.04	0	1		AS
44950		APPENDECTOMY;	41.77	40.17	90	1		AS
44955		APPENDECTOMY; WHEN DONE FOR INDICA	5.63	5.41	90	1		AS
44960		APPENDECTOMY; FOR RUPTURED APPENDI	56.42	54.25	90	1		AS
44970		LAPAROSCOPY, SURGICAL, APPENDECTOM	38.59	37.11	90	1		AS
44979	R	UNLISTED LAPAROSCOPY PROCEDURE, AP			0	1		AS
45110		PROCTECTOMY; COMPLETE, COMBINED AB	120.42	115.78	90	1		AS
45111		PROCTECTOMY; PARTIAL RESECTION OF RI	70.91	68.18	90	1		AS
45112		PROCTECTOMY, COMBINED ABDOMINOPER	123.57	118.82	90	1		AS
45113		PROCTECTOMY, PARTIAL, WITH RECTAL ML	126.98	122.10	90	1		AS
45114		PROCTECTOMY, PARTIAL, WITH ANASTOMC	116.19	111.72	90	1		AS
45116		PROCTECTOMY, PARTIAL, WITH ANASTOMC	104.10	100.10	90	1		AS
45119		PROCTECTOMY, COMBINED ABDOMINOPER	127.06	122.17	90	1		AS
45120		PROCTECTOMY, COMPLETE (FOR CONGENI	101.84	97.92	90	1		AS
45121		PROCTECTOMY, COMPLETE (FOR CONGENI	111.24	106.96	90	1		AS
45123		PROCTECTOMY, PARTIAL, WITHOUT ANAST	72.39	69.61	90	1		AS
45126	R	PELVIC EXENTERATION FOR COLORECTAL	187.28	180.08	90	1		AS
45130		EXCISION OF RECTAL PROCIDENTIA, WITH /	70.64	67.93	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
45135		EXCISION OF RECTAL PROCIDENTIA, WITH /	86.77	83.44	90	1		AS
45136		EXCISION OF ILEOANAL RESERVOIR WITH II	119.30	114.71	90	1		AS
45160		EXCISION OF RECTAL TUMOR BY PROCTOT	64.39	61.91	90	1		AS
45190		DESTRUCTION OF RECTAL TUMOR (EG, ELE	44.38	42.67	90	1		AS
45395		LAPAROSCOPY, SURGICAL; PROCTECTOMY	130.16	125.16	90	1		AS
45397		LAPAROSCOPY, SURGICAL; PROCTECTOMY	140.69	135.28	90	1		AS
45400		LAPAROSCOPY, SURGICAL; PROCTOPEXY (	74.81	71.94	90	1		AS
45402		LAPAROSCOPY, SURGICAL; PROCTOPEXY (	100.01	96.17	90	1		AS
45540		PROCTOPEXY (EG, FOR PROLAPSE); ABDOM	69.21	66.55	90	1		AS
45541		PROCTOPEXY FOR PROLAPSE; PERINEAL A	60.07	57.75	90	1		AS
45550		PROCTOPEXY (EG, FOR PROLAPSE); WITH S	95.40	91.73	90	1		AS
45560		REPAIR OF RECTOCELE (SEPARATE PROCE	47.48	45.65	90	1		AS
45562		EXPLORATION, REPAIR, AND PRESACRAL D	73.12	70.31	90	1		AS
45563		EXPLORATION, REPAIR, AND PRESACRAL D	105.30	101.25	90	1		AS
45800		CLOSURE OF RECTOVESICAL FISTULA;	82.29	79.13	90	1		AS
45805		CLOSURE OF RECTOVESICAL FISTULA; WIT	91.62	88.10	90	1		AS
45820		CLOSURE OF RECTOURETHRAL FISTULA;	81.22	78.10	90	1		AS
45825		CLOSURE OF RECTOURETHRAL FISTULA; W	97.67	93.91	90	1		AS
46705		ANOPLASTY, PLASTIC OPERATION FOR STR	34.63	33.30	90	1		AS
46710		REPAIR OF ILEOANAL POUCH FISTULA/SINU	69.39	66.72	90	1		AS
46712		REPAIR OF ILEOANAL POUCH FISTULA/SINU	141.05	135.63	90	1		AS
46715		REPAIR OF LOW IMPERFORATE ANUS; WIT-	33.98	32.67	90	1		AS
46716		REPAIR OF LOW IMPERFORATE ANUS; WIT-	74.02	71.17	90	1		AS
46730		REPAIR OF HIGH IMPERFORATE ANUS WIT-	124.61	119.82	90	1		AS
46735		REPAIR OF HIGH IMPERFORATE ANUS WIT-	145.64	140.04	90	1		AS
46740		REPAIR OF HIGH IMPERFORATE ANUS WIT-	132.38	127.29	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
46742		REPAIR OF HIGH IMPERFORATE ANUS WITH	154.92	148.96	90	1		AS
46744		REPAIR OF CLOACAL ANOMALY BY ANOREC	222.96	214.38	90	1		AS
46746		REPAIR OF CLOACAL ANOMALY BY ANOREC	259.46	249.48	90	1		AS
46748		REPAIR OF CLOACAL ANOMALY BY ANOREC	268.97	258.63	90	1		AS
46750		SPHINCTEROPLASTY, ANAL, FOR INCONTIN	49.77	47.86	90	1		AS
46751		SPHINCTEROPLASTY, ANAL, FOR INCONTIN	41.04	39.46	90	1		AS
46760		SPHINCTEROPLASTY, ANAL, FOR INCONTIN	70.31	67.60	90	1		AS
46761		SPHINCTEROPLASTY, ANAL, FOR INCONTIN	60.66	58.33	90	1		AS
46762		SPHINCTEROPLASTY, ANAL, FOR INCONTIN	60.35	58.03	90	1		
46900		DESTRUCTION OF LESION(S), ANUS (EG, CC	93.48	89.89	10	1		
46924		DESTRUCTION OF LESION(S), ANUS (EG, CC	203.74	195.90	10	1		
46930		DESTRUCTION OF INTERNAL HEMORRHOID	12.35	11.88	90			AS
47010		HEPATOTOMY; FOR OPEN DRAINAGE OF AE	77.24	74.27	90	1		AS
47011		HEPATOTOMY; FOR PERCUTANEOUS DRAIN	14.02	13.48	0	1		AS
47015		LAPAROTOMY, WITH ASPIRATION AND/OR II	73.64	70.81	90	1		AS
47100		BIOPSY OF LIVER, WEDGE	54.18	52.09	90	1		AS
47120		HEPATECTOMY, RESECTION OF LIVER; PAR	151.53	145.70	90	1		AS
47122		HEPATECTOMY, RESECTION OF LIVER; TRI	225.04	216.39	90	1		AS
47125		HEPATECTOMY, RESECTION OF LIVER; TOT	201.54	193.78	90	1		AS
47130		HEPATECTOMY, RESECTION OF LIVER; TOT	216.54	208.22	90	1		AS
47135		LIVER ALLOTRANSPLANTATION; ORTHOTOP	318.72	306.46	90	1		AS
47136		LIVER ALLOTRANSPLANTATION; HETEROTO	272.28	261.81	90	1		AS
47300		MARSUPIALIZATION OF CYST OR ABSCESS	72.70	69.91	90	1		AS
47350		MANAGEMENT OF LIVER HEMORRHAGE; SIM	89.02	85.59	90	1		AS
47360		MANAGEMENT OF LIVER HEMORRHAGE; CC	120.86	116.21	90	1		AS
47361		MANAGEMENT OF LIVER HEMORRHAGE; EX	198.07	190.45	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
47362		MANAGEMENT OF LIVER HEMORRHAGE; RE	92.53	88.97	90	1		AS
47370		LAPAROSCOPY, SURGICAL, ABLATION OF O	81.25	78.12	90	1		AS
47371		LAPAROSCOPY, SURGICAL, ABLATION OF O	83.23	80.03	90	1		AS
47379	R	UNLISTED LAPAROSCOPIC PROCEDURE, LI			0	1		AS
47380		ABLATION, OPEN, OF ONE OR MORE LIVER	94.83	91.18	90	1		AS
47381		ABLATION, OPEN, OF ONE OR MORE LIVER	96.78	93.06	90	1		AS
47382		ABLATION, ONE OR MORE LIVER TUMOR(S),	59.83	57.53	10	1		AS
47399	R	UNLISTED PROCEDURE, LIVER			90	1		AS
47400		HEPATICOTOMY OR HEPATICOSTOMY WITH	136.86	131.59	90	1		AS
47420		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY	87.11	83.76	90	1		AS
47425		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY	87.95	84.56	90	1		AS
47460		TRANSDUODENAL SPHINCTEROTOMY OR S	83.41	80.20	90	1		AS
47480		CHOLECYSTOTOMY OR CHOLECYSTOSTOMY	55.69	53.54	90	1		AS
47550		BILIARY ENDOSCOPY, INTRAOPERATIVE (C)	11.13	10.70	0	1		AS
47562		LAPAROSCOPY, SURGICAL; CHOLECYSTEC	48.23	46.38	90	1		AS
47563		LAPAROSCOPY, SURGICAL; CHOLECYSTEC	49.12	47.23	90	1		AS
47564		LAPAROSCOPY, SURGICAL; CHOLECYSTEC	56.63	54.45	90	1		AS
47570		LAPAROSCOPY, SURGICAL; CHOLECYSTOE	50.61	48.66	90	1		AS
47579	R	UNLISTED LAPAROSCOPY PROCEDURE, BIL			0	1		AS
47600		CHOLECYSTECTOMY;	69.34	66.67	90	1		AS
47605		CHOLECYSTECTOMY; WITH CHOLANGIOGR	63.71	61.26	90	1		AS
47610		CHOLECYSTECTOMY WITH EXPLORATION C	81.59	78.45	90	1		AS
47612		CHOLECYSTECTOMY WITH EXPLORATION C	82.47	79.30	90	1		AS
47620		CHOLECYSTECTOMY WITH EXPLORATION C	89.48	86.04	90	1		AS
47700		EXPLORATION FOR CONGENITAL ATRESIA (	68.09	65.47	90	1		AS
47711		EXCISION OF BILE DUCT TUMOR, WITH OR \	101.29	97.39	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
47712		EXCISION OF BILE DUCT TUMOR, WITH OR \	129.41	124.43	90	1		AS
47715		EXCISION OF CHOLEDOCHAL CYST	85.26	81.98	90	1		AS
47720		CHOLECYSTOENTEROSTOMY; DIRECT	73.75	70.91	90	1		AS
47721		CHOLECYSTOENTEROSTOMY; WITH GASTR	86.90	83.56	90	1		AS
47740		CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	83.91	80.68	90	1		AS
47741		CHOLECYSTOENTEROSTOMY; ROUX-EN-Y \	95.11	91.45	90	1		AS
47760		ANASTOMOSIS, OF EXTRAHEPATIC BILIARY	143.92	138.38	90	1		AS
47765		ANASTOMOSIS, OF INTRAHEPATIC DUCTS A	191.09	183.74	90	1		AS
47780		ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEP/	157.47	151.41	90	1		AS
47785		ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPA	205.63	197.72	90	1		AS
47800		RECONSTRUCTION, PLASTIC, OF EXTRAHEF	102.23	98.30	90	1		AS
47801		PLACEMENT OF CHOLEDOCHAL STENT	71.97	69.20	90	1		AS
47802		U-TUBE HEPATICOENTEROSTOMY	98.29	94.51	90	1		AS
47900		SUTURE OF EXTRAHEPATIC BILIARY DUCT I	88.52	85.12	90	1		AS
47999	R	UNLISTED PROCEDURE, BILIARY TRACT			90	1		AS
48000		PLACEMENT OF DRAINS, PERIPANCREATIC,	122.50	117.79	90	1		AS
48001		PLACEMENT OF DRAINS, PERIPANCREATIC,	150.51	144.72	90	1		AS
48020		REMOVAL OF PANCREATIC CALCULUS	75.99	73.06	90	1		AS
48100		BIOPSY OF PANCREAS, OPEN (EG, FINE NEI	57.64	55.42	90	1		AS
48105		RESECTION OR DEBRIDEMENT OF PANCRE,	185.64	178.50	90	1		AS
48120		EXCISION OF LESION OF PANCREAS (EG, C'	71.82	69.05	90	1		AS
48140		PANCREATECTOMY, DISTAL SUBTOTAL, WIT	101.60	97.69	90	1		AS
48145		PANCREATECTOMY, DISTAL SUBTOTAL, WIT	105.54	101.48	90	1		AS
48146		PANCREATECTOMY, DISTAL, NEAR-TOTAL V	120.36	115.73	90	1		AS
48148		EXCISION OF AMPULLA OF VATER	80.16	77.07	90	1		AS
48150		PANCREATECTOMY, PROXIMAL SUBTOTAL '	202.73	194.94	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
48152		PANCREATECTOMY, PROXIMAL SUBTOTAL	187.49	180.28	90	1		AS
48153		PANCREATECTOMY, PROXIMAL SUBTOTAL	202.37	194.59	90	1		AS
48154		PANCREATECTOMY, PROXIMAL SUBTOTAL	187.88	180.65	90	1		AS
48155		PANCREATECTOMY, TOTAL	116.90	112.40	90	1		AS
48500		MARSUPIALIZATION OF PANCREATIC CYST	73.48	70.66	90	1		AS
48510		EXTERNAL DRAINAGE, PSEUDOCYST OF PA	69.42	66.75	90	1		AS
48511		EXTERNAL DRAINAGE, PSEUDOCYST OF PA	14.79	14.22	0	1		AS
48520		INTERNAL ANASTOMOSIS OF PANCREATIC (	71.09	68.35	90	1		AS
48540		INTERNAL ANASTOMOSIS OF PANCREATIC (	84.66	81.41	90	1		AS
48545		PANCREATORRHAPHY FOR INJURY	85.89	82.59	90	1		AS
48547		DUODENAL EXCLUSION WITH GASTROJEJU	115.73	111.27	90	1		AS
48548		PANCREATICOJEJUNOSTOMY, SIDE-TO-SID	108.46	104.28	90	1		AS
48554		TRANSPLANTATION OF PANCREATIC ALLOC	162.24	156.00	0	1		AS
48556		REMOVAL OF TRANSPLANTED PANCREATIC	81.04	77.93	90	1		AS
48999	R	UNLISTED PROCEDURE, PANCREAS			90	1		AS
49000		EXPLORATORY LAPAROTOMY, EXPLORATO	50.45	48.51	90	1		AS
49002		REOPENING OF RECENT LAPAROTOMY	66.63	64.07	90	1		AS
49010		EXPLORATION, RETROPERITONEAL AREA W	62.57	60.16	90	1		AS
49020		DRAINAGE OF PERITONEAL ABSCESS OR LC	103.24	99.27	90	1		AS
49040		DRAINAGE OF SUBDIAPHRAGMATIC OR SUE	64.81	62.31	90	1		AS
49041		DRAINAGE OF SUBDIAPHRAGMATIC OR SUE	14.79	14.22	0	1		AS
49061		DRAINAGE OF RETROPERITONEAL ABSCES	13.70	13.17	0	1		AS
49062		DRAINAGE OF EXTRAPERITONEAL LYMPHO	49.20	47.31	90	1		AS
49215		EXCISION OF PRESACRAL OR SACROCOCC	144.39	138.84	90	1		AS
49220		STAGING LAPAROTOMY FOR HODGKINS DIS	63.01	60.59	90	1		AS
49255		OMENECTOMY, EPIPLOECTOMY, RESECTI	51.15	49.19	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
49320		LAPAROSCOPY, ABDOMEN, PERITONEUM, A	21.50	20.67	10	1		AS
49321		LAPAROSCOPY, SURGICAL; WITH BIOPSY (S	22.72	21.85	10	1		AS
49322		LAPAROSCOPY, SURGICAL, ABDOMEN, PER	24.50	23.55	10	1		AS
49323		LAPAROSCOPY, SURGICAL, ABDOMEN, PER	42.08	40.47	90	1		AS
49324		LAPAROSCOPY, SURGICAL; WITH INSERTIO	25.67	24.68	10	1		AS
49325		LAPAROSCOPY, SURGICAL; WITH REVISION	27.62	26.56	10	1		AS
49326		LAPAROSCOPY, SURGICAL; WITH OMENTOF	12.74	12.25	0	1		AS
49329	R	UNLISTED LAPAROSCOPY PROCEDURE, AB			0	1		AS
49425		INSERTION OF PERITONEAL-VENOUS SHUN	50.03	48.11	90	1		AS
49435		INSERTION OF SUBCUTANEOUS EXTENSION	8.16	7.84	0	1		AS
49436		DELAYED CREATION OF EXIT SITE FROM EM	11.93	11.48	10	1		AS
49491		REPAIR, INITIAL INGUINAL HERNIA, PRETER	50.55	48.61	90	1		AS
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETER	61.71	59.33	90	1		AS
49495		REPAIR, INITIAL INGUINAL HERNIA, FULL TE	25.54	24.56	90	1		AS
49496		REPAIR INITIAL INGUINAL HERNIA, UNDER A	38.96	37.46	90	1		AS
49500		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MO	25.59	24.61	90	1		AS
49501		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MO	38.70	37.21	90	1		AS
49505		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YE	33.56	32.27	90	1		AS
49507		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YE	41.25	39.66	90	1		AS
49520		REPAIR RECURRENT INGUINAL HERNIA, AN'	40.91	39.34	90	1		AS
49521		REPAIR RECURRENT INGUINAL HERNIA, AN'	49.80	47.88	90	1		AS
49525		REPAIR INGUINAL HERNIA, SLIDING, ANY AC	37.03	35.60	90	1		AS
49540		REPAIR LUMBAR HERNIA	43.70	42.02	90	1		AS
49550		REPAIR INITIAL FEMORAL HERNIA, ANY AGE	37.19	35.76	90	1		AS
49553		REPAIR INITIAL FEMORAL HERNIA, ANY AGE	40.68	39.11	90	1		AS
49555		REPAIR RECURRENT FEMORAL HERNIA; RE	38.67	37.18	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
49557		REPAIR RECURRENT FEMORAL HERNIA; INC	46.93	45.13	90	1		AS
49560		REPAIR INITIAL INCISIONAL OR VENTRAL HE	47.95	46.10	90	1		AS
49561		REPAIR INITIAL INCISIONAL HERNIA; INCARC	60.48	58.16	90	1		AS
49565		REPAIR RECURRENT INCISIONAL OR VENTF	49.75	47.83	90	1		AS
49566		REPAIR RECURRENT INCISIONAL HERNIA; IF	61.08	58.73	90	1		AS
49568		IMPLANTATION OF MESH OR OTHER PROST	17.85	17.16	0	1		AS
49570		REPAIR EPIGASTRIC HERNIA (EG, PREPERIT	26.45	25.43	90	1		AS
49572		REPAIR EPIGASTRIC HERNIA (EG, PREPERIT	32.78	31.52	90	1		AS
49580		REPAIR UMBILICAL HERNIA, UNDER AGE 5 Y	20.72	19.92	90	1		AS
49582		REPAIR UMBILICAL HERNIA, UNDER AGE 5 Y	30.64	29.47	90	1		AS
49585		REPAIR UMBILICAL HERNIA, AGE 5 YEARS C	28.43	27.34	90	1		AS
49587		REPAIR UMBILICAL HERNIA, AGE 5 YEARS C	33.64	32.35	90	1		AS
49590		REPAIR SPIGELIAN HERNIA	36.87	35.45	90	1		AS
49600		REPAIR OF SMALL OMPHALOCELE, WITH PF	47.43	45.60	90	1		AS
49605		REPAIR OF LARGE OMPHALOCELE OR GAS1	327.68	315.08	90	1		AS
49606		REPAIR OF LARGE OMPHALOCELE OR GAS1	73.93	71.08	90	1		AS
49610		REPAIR OF OMPHALOCELE (GROSS TYPE O	43.67	41.99	90	1		AS
49611		REPAIR OF OMPHALOCELE (GROSS TYPE O	37.76	36.31	90	1		AS
49650		LAPAROSCOPY, SURGICAL; REPAIR INITIAL	27.73	26.66	90	1		AS
49651		LAPAROSCOPY, SURGICAL; REPAIR RECUR	35.80	34.43	90	1		AS
49652		LAPAROSCOPY, SURGICAL, REPAIR, VENTR	51.78	49.79	90	1		AS
49653		LAPAROSCOPY, SURGICAL, REPAIR, VENTR	64.62	62.14	90	1		AS
49654		LAPAROSCOPY, SURGICAL, REPAIR, INCISIC	59.41	57.13	90	1		AS
49655		LAPAROSCOPY, SURGICAL, REPAIR, INCISIC	71.53	68.78	90	1		AS
49656		LAPAROSCOPY, SURGICAL, REPAIR, RECUF	59.65	57.35	90	1		AS
49657		LAPAROSCOPY, SURGICAL, REPAIR, RECUF	86.12	82.81	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
49659	R	UNLISTED LAPAROSCOPY PROCEDURE, HE			0	1		AS
49900		SUTURE, SECONDARY, OF ABDOMINAL WAL	52.98	50.94	90	1	Y	AS
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FC	96.18	92.48	90	1		AS
49905		OMENTAL FLAP, INTRA-ABDOMINAL (LIST SE	23.71	22.80	0	1		AS
49999	R	UNLISTED PROCEDURE, ABDOMEN, PERITO			90	1		AS
50010		RENAL EXPLORATION, NOT NECESSITATING	52.35	50.34	90	1		AS
50021		DRAINAGE OF PERIRENAL OR RENAL ABSCI	12.52	12.04	0	1		AS
50045		NEPHROTOMY, WITH EXPLORATION	71.27	68.53	90	1		AS
50060		NEPHROLITHOTOMY; REMOVAL OF CALCUL	87.74	84.36	90	1		AS
50065		NEPHROLITHOTOMY; SECONDARY SURGICAL	93.84	90.23	90	1		AS
50070		NEPHROLITHOTOMY; COMPLICATED BY COI	91.70	88.17	90	1		AS
50075		NEPHROLITHOTOMY; REMOVAL OF LARGE S	112.65	108.32	90	1		AS
50081		PERCUTANEOUS NEPHROSTOLITHOTOMY (	98.47	94.69	90	1		AS
50100		TRANSECTION OR REPOSITIONING OF ABEF	70.46	67.75	90	1		AS
50120		PYELOTOMY; WITH EXPLORATION	72.57	69.78	90	1		AS
50125		PYELOTOMY; WITH DRAINAGE, PYELOSTOM	75.07	72.19	90	1		AS
50130		PYELOTOMY; WITH REMOVAL OF CALCULUS	79.61	76.55	90	1		AS
50135		PYELOTOMY; COMPLICATED (EG, SECONDA	85.99	82.69	90	1		AS
50205		RENAL BIOPSY; BY SURGICAL EXPOSURE O	50.03	48.11	90	1		AS
50220		NEPHRECTOMY, INCLUDING PARTIAL URETE	78.07	75.07	90	1		AS
50225		NEPHRECTOMY, INCLUDING PARTIAL URETE	90.37	86.89	90	1		AS
50230		NEPHRECTOMY, INCLUDING PARTIAL URETE	98.11	94.34	90	1		AS
50234		NEPHRECTOMY WITH TOTAL URETERECTOM	99.62	95.79	90	1		AS
50236		NEPHRECTOMY WITH TOTAL URETERECTOM	112.83	108.49	90	1		AS
50240		NEPHRECTOMY, PARTIAL	101.50	97.59	90	1		AS
50250		ABLATION, OPEN, ONE OR MORE RENAL MA	93.65	90.05	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
50280		EXCISION OR UNROOFING OF CYST(S) OF K	72.31	69.53	90	1		AS
50290		EXCISION OF PERINEPHRIC CYST	66.21	63.67	90	1		AS
50340		RECIPIENT NEPHRECTOMY (SEPARATE PROC	60.51	58.18	90	1		AS
50360		RENAL ALLOTRANSPLANTATION, IMPLANTA	165.50	159.13	90	1		AS
50365		RENAL ALLOTRANSPLANTATION, IMPLANTA	185.72	178.58	90	1		AS
50370		REMOVAL OF TRANSPLANTED RENAL ALLO	77.63	74.64	90	1		AS
50380		RENAL AUTOTRANSPLANTATION, REIMPLAN	133.08	127.96	90	1		AS
50400		PYELOPLASTY (FOLEY Y-PYELOPLASTY), PL	88.49	85.09	90	1		AS
50405		PYELOPLASTY (FOLEY Y-PYELOPLASTY), PL	107.78	103.63	90	1		AS
50500		NEPHRORRHAPHY, SUTURE OF KIDNEY WC	84.64	81.38	90	1		AS
50520		CLOSURE OF NEPHROCUTANEOUS OR PYE	79.32	76.27	90	1		AS
50525		CLOSURE OF NEPHROVISCERAL FISTULA (E	98.60	94.81	90	1		AS
50526		CLOSURE OF NEPHROVISCERAL FISTULA (E	102.15	98.22	90	1		AS
50540		SYMPHYSIOTOMY FOR HORSESHOE KIDNE'	85.94	82.64	90	1		AS
50541		LAPAROSCOPY, SURGICAL; ABLATION OF R	70.59	67.88	90	1		AS
50542		LAPAROSCOPY, SURGICAL; ABLATION OF R	89.69	86.24	90	1		AS
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHF	114.50	110.10	90	1		AS
50544		LAPAROSCOPY, SURGICAL; PYELOPLASTY	96.23	92.53	90	1		AS
50545		LAPAROSCOPY, SURGICAL; RADICAL NEPHI	103.32	99.35	90	1		AS
50546		LAPAROSCOPY, SURGICAL; NEPHRECTOMY	91.83	88.30	90	1		AS
50548		LAPAROSCOPY, SURGICAL; NEPHRECTOMY	104.13	100.12	90	1		AS
50562		RENAL ENDOSCOPY THROUGH ESTABLISHE	45.13	43.40	90	1		AS
50592		ABLATION, ONE OR MORE RENAL TUMOR(S)	26.66	25.63	10	1		AS
50600		URETEROTOMY WITH EXPLORATION OR DR	71.56	68.80	90	1		AS
50605		URETEROTOMY FOR INSERTION OF INDWEI	68.53	65.90	90	1		AS
50610		URETEROLITHOTOMY; UPPER ONE-THIRD C	73.22	70.41	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
50620		URETEROLITHOTOMY; MIDDLE ONE-THIRD (	69.55	66.87	90	1		AS
50630		URETEROLITHOTOMY; LOWER ONE-THIRD (	67.54	64.95	90	1		AS
50650		URETERECTOMY, WITH BLADDER CUFF (SE	79.22	76.17	90	1		AS
50660		URETERECTOMY, TOTAL, ECTOPIC URETER	87.40	84.04	90	1		AS
50700		URETEROPLASTY, PLASTIC OPERATION ON	70.59	67.88	90	1		AS
50715		URETEROLYSIS, WITH OR WITHOUT REPOS	82.40	79.23	90	1		AS
50722		URETEROLYSIS FOR OVARIAN VEIN SYNDRI	71.50	68.75	90	1		AS
50725		URETEROLYSIS FOR RETROCAVAL URETER	82.71	79.53	90	1		AS
50727		REVISION OF URINARY-CUTANEOUS ANAST	38.41	36.93	90	1		AS
50728		REVISION OF URINARY-CUTANEOUS ANAST	52.51	50.49	90	1		AS
50740		URETEROPYELOSTOMY, ANASTOMOSIS OF	81.51	78.38	90	1		AS
50750		URETEROCALYCOSTOMY, ANASTOMOSIS O	89.17	85.74	90	1		AS
50760		URETEROURETEROSTOMY	82.81	79.63	90	1		AS
50770		TRANSURETEROURETEROSTOMY, ANASTO	85.55	82.26	90	1		AS
50780		URETERONEOCYSTOSTOMY; ANASTOMOSI	83.31	80.10	90	1		AS
50782		URETERONEOCYSTOSTOMY; ANASTOMOSI	80.60	77.50	90	1		AS
50783		URETERONEOCYSTOSTOMY; WITH EXTENS	84.19	80.96	90	1		AS
50785		URETERONEOCYSTOSTOMY; WITH VESICO-	92.38	88.82	90	1		AS
50800		URETEROENTEROSTOMY, DIRECT ANASTOI	70.57	67.85	90	1		AS
50810		URETEROSIGMOIDOSTOMY, WITH CREATIO	91.49	87.97	90	1		AS
50815		URETEROCOLON CONDUIT, INCLUDING INTI	93.86	90.25	90	1		AS
50820		URETEROILEAL CONDUIT (ILEAL BLADDER),	99.96	96.12	90	1		AS
50825		CONTINENT DIVERSION, INCLUDING INTEST	126.46	121.60	90	1		AS
50830		URINARY UNDIVERSION (EG, TAKING DOWN	136.78	131.52	90	1		AS
50840		REPLACEMENT OF ALL OR PART OF URETEI	94.54	90.90	90	1		AS
50845		CUTANEOUS APPENDICO-VESICOSTOMY	95.87	92.18	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
50860		URETEROSTOMY, TRANSPLANTATION OF U	72.65	69.86	90	1		AS
50900		URETERORRHAPHY, SUTURE OF URETER (S	63.63	61.19	90	1		AS
50920		CLOSURE OF URETEROCUTANEOUS FISTUL	67.28	64.70	90	1		AS
50930		CLOSURE OF URETEROVISCERAL FISTULA I	80.39	77.30	90	1		AS
50940		DELIGATION OF URETER	67.91	65.30	90	1		AS
50945		LAPAROSCOPY, SURGICAL, URETEROLITHC	75.07	72.19	0	1		AS
50947		LAPAROSCOPY, SURGICAL; URETERONEOC	106.45	102.35	90	1		AS
50948		LAPAROSCOPY, SURGICAL; URETERONEOC	99.10	95.29	90	1		AS
50949	R	UNLISTED LAPAROSCOPY PROCEDURE, UR			90	1		AS
51020		CYSTOTOMY OR CYSTOSTOMY; WITH FULG	35.67	34.30	90	1		AS
51040		CYSTOSTOMY, CYSTOTOMY WITH DRAINAG	22.25	21.40	90	1		AS
51045		CYSTOTOMY, WITH INSERTION OF URETER,	35.36	34.00	90	1		AS
51050		CYSTOLITHOTOMY, CYSTOTOMY WITH REM	36.27	34.88	90	1		AS
51060		TRANSVESICAL URETEROLITHOTOMY	44.56	42.85	90	1		AS
51080		DRAINAGE OF PERIVESICAL OR PREVESICA	30.83	29.64	90	1		AS
51500		EXCISION OF URACHAL CYST OR SINUS, WI	47.19	45.38	90	1		AS
51520		CYSTOTOMY; FOR SIMPLE EXCISION OF VE:	44.59	42.87	90	1		AS
51525		CYSTOTOMY; FOR EXCISION OF BLADDER L	65.82	63.29	90	1		AS
51530		CYSTOTOMY; FOR EXCISION OF BLADDER T	58.48	56.23	90	1		AS
51535		CYSTOTOMY FOR EXCISION, INCISION, OR F	59.26	56.98	90	1		AS
51550		CYSTECTOMY, PARTIAL; SIMPLE	72.16	69.38	90	1		AS
51555		CYSTECTOMY, PARTIAL; COMPLICATED (EG	95.92	92.23	90	1		AS
51565		CYSTECTOMY, PARTIAL, WITH REIMPLANTA	98.01	94.24	90	1		AS
51570		CYSTECTOMY, COMPLETE; (SEPARATE PRC	111.84	107.54	90	1		AS
51575		CYSTECTOMY, COMPLETE; WITH BILATERAI	140.12	134.73	90	1		AS
51580		CYSTECTOMY, COMPLETE, WITH URETERO:	146.29	140.67	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
51585		CYSTECTOMY, COMPLETE, WITH URETERO	162.92	156.65	90	1		AS
51590		CYSTECTOMY, COMPLETE, WITH URETERO	148.06	142.37	90	1		AS
51595		CYSTECTOMY, COMPLETE, WITH URETERO	168.44	161.96	90	1		AS
51596		CYSTECTOMY, COMPLETE, WITH CONTINEN	181.21	174.24	90	1		AS
51597		PELVIC EXENTERATION, COMPLETE, FOR VI	174.49	167.78	90	1		
51701		INSERTION OF NON-INDWELLING BLADDER	25.57	24.58	0	1		
51702		INSERTION OF TEMPORARY INDWELLING BI	33.39	32.10	0	1		AS
51800		CYSTOPLASTY OR CYSTOURETHROPLASTY	79.74	76.67	90	1		AS
51820		CYSTOURETHROPLASTY WITH UNILATERAL	80.55	77.45	90	1		AS
51840		ANTERIOR VESICourethroPEXY, OR URE'	47.87	46.03	90	1		AS
51841		ANTERIOR VESICourethroPEXY, OR URE'	56.81	54.62	90	1		AS
51845		ABDOMINO-VAGINAL VESICAL NECK SUSPE	44.09	42.39	90	1		AS
51860		CYSTORRHAPHY, SUTURE OF BLADDER WC	53.78	51.72	90	1		AS
51865		CYSTORRHAPHY, SUTURE OF BLADDER WC	66.81	64.24	90	1		AS
51880		CLOSURE OF CYSTOSTOMY (SEPARATE PR	35.00	33.65	90	1		AS
51900		CLOSURE OF VESICOVAGINAL FISTULA, ABI	62.15	59.76	90	1		AS
51920		CLOSURE OF VESICOUTERINE FISTULA;	57.56	55.35	90	1	Y	AS
51925		CLOSURE OF VESICOUTERINE FISTULA; WI'	83.14	79.94	90	1		AS
51940		CLOSURE, EXSTROPHY OF BLADDER	120.86	116.21	90	1		AS
51960		ENTEROCYSTOPLASTY, INCLUDING INTEST	106.06	101.98	90	1		AS
51980		CUTANEOUS VESICOSTOMY	54.41	52.32	90	1		AS
51990		LAPAROSCOPY, SURGICAL; URETHRAL SUS	55.06	52.94	90	1		AS
51992		LAPAROSCOPY, SURGICAL; SLING OPERATI	60.19	57.88	90	1		AS
53085		DRAINAGE OF PERINEAL URINARY EXTRAV/	44.40	42.70	90	1		AS
53210		URETHRECTOMY, TOTAL, INCLUDING CYSTO	58.76	56.50	90	1		AS
53215		URETHRECTOMY, TOTAL, INCLUDING CYSTO	71.61	68.85	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
53230		EXCISION OF URETHRAL DIVERTICULUM (SI	45.84	44.07	90	1		AS
53235		EXCISION OF URETHRAL DIVERTICULUM (SI	48.96	47.08	90	1		AS
53400		URETHROPLASTY; FIRST STAGE, FOR FISTL	61.32	58.96	90	1		AS
53405		URETHROPLASTY; SECOND STAGE (FORMA	67.70	65.10	90	1		AS
53410		URETHROPLASTY, ONE-STAGE RECONSTRU	75.34	72.44	90	1		AS
53415		URETHROPLASTY, TRANSPUBIC OR PERINE	87.30	83.94	90	1		AS
53425		URETHROPLASTY, TWO-STAGE RECONSTRU	72.44	69.66	90	1		AS
53430		URETHROPLASTY, RECONSTRUCTION OF F	71.79	69.03	90	1		AS
53431		URETHROPLASTY WITH TUBULARIZATION C	88.73	85.32	90	1		AS
53440		SLING OPERATION FOR CORRECTION OF M.	67.75	65.15	90	1		AS
53442		REMOVAL OR REVISION OF SLING FOR MAL	59.70	57.40	90	1		AS
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	61.18	58.83	90	1		AS
53445		INSERTION OF INFLATABLE URETHRAL/BLAI	67.31	64.72	90	1		AS
53446		REMOVAL OF INFLATABLE URETHRAL/BLAD	49.35	47.46	90	1		AS
53447		REMOVAL AND REPLACEMENT OF INFLATAE	62.28	59.88	90	1		AS
53448		REMOVAL AND REPLACEMENT OF INFLATAE	98.53	94.74	90	1		
53500		URETHROLYSIS, TRANSVAGINAL, SECONDA	348.69	335.28	90	1		AS
53505		URETHRORRHAPHY, SUTURE OF URETHRAI	37.39	35.96	90	1		AS
53510		URETHRORRHAPHY, SUTURE OF URETHRAI	48.36	46.50	90	1		AS
53515		URETHRORRHAPHY, SUTURE OF URETHRAI	61.11	58.76	90	1		AS
54110		EXCISION OF PENILE PLAQUE (PEYRONIE D	47.79	45.95	90	1		AS
54111		EXCISION OF PENILE PLAQUE (PEYRONIE D	61.81	59.43	90	1		AS
54112		EXCISION OF PENILE PLAQUE (PEYRONIE D	72.44	69.66	90	1		AS
54115		REMOVAL FOREIGN BODY FROM DEEP PEN	34.45	33.12	90	1		AS
54120		AMPUTATION OF PENIS; PARTIAL	48.49	46.63	90	1		AS
54125		AMPUTATION OF PENIS; COMPLETE	62.33	59.93	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
54130		AMPUTATION OF PENIS, RADICAL; WITH BIL	92.40	88.85	90	1		AS
54135		AMPUTATION OF PENIS, RADICAL; IN CONTI	117.03	112.53	90	1		
54150		CIRCUMCISION, USING CLAMP OR OTHER D	71.66	68.90	0	1		AS
54205		INJECTION PROCEDURE FOR PEYRONIE DIS	40.94	39.36	90	1		AS
54300		PLASTIC OPERATION OF PENIS FOR STRAIG	49.46	47.56	90	1		AS
54304		PLASTIC OPERATION ON PENIS FOR CORRE	57.95	55.72	90	1		AS
54308		URETHROPLASTY FOR SECOND STAGE HYF	47.28	45.46	90	1		AS
54312		URETHROPLASTY FOR SECOND STAGE HYF	63.92	61.46	90	1		AS
54316		URETHROPLASTY FOR SECOND STAGE HYF	77.21	74.24	90	1		AS
54318		URETHROPLASTY FOR THIRD STAGE HYPO	48.35	46.49	90	1		AS
54322		ONE STAGE DISTAL HYPOSPADIAS REPAIR	60.32	58.00	90	1		AS
54324		ONE STAGE DISTAL HYPOSPADIAS REPAIR	74.84	71.96	90	1		AS
54326		ONE STAGE DISTAL HYPOSPADIAS REPAIR	69.55	66.87	90	1		AS
54328		ONE STAGE DISTAL HYPOSPADIAS REPAIR	71.43	68.68	90	1		AS
54332		ONE STAGE PROXIMAL PENILE OR PENOSC	78.41	75.39	90	1		AS
54336		ONE STAGE PERINEAL HYPOSPADIAS REPA	87.14	83.79	90	1		AS
54340		REPAIR OF HYPOSPADIAS COMPLICATIONS	42.81	41.17	90	1		AS
54344		REPAIR OF HYPOSPADIAS COMPLICATIONS	74.34	71.49	90	1		AS
54348		REPAIR OF HYPOSPADIAS COMPLICATIONS	78.46	75.44	90	1		AS
54352		REPAIR OF HYPOSPADIAS CRIPPLE REQUIR	110.98	106.71	90	1		AS
54360		PLASTIC OPERATION ON PENIS TO CORREC	55.61	53.47	90	1		AS
54380		PLASTIC OPERATION ON PENIS FOR EPISP/	61.68	59.31	90	1		AS
54385		PLASTIC OPERATION ON PENIS FOR EPISP/	74.76	71.89	90	1		AS
54390		PLASTIC OPERATION ON PENIS FOR EPISP/	88.94	85.52	90	1		AS
54406		REMOVAL OF ALL COMPONENTS OF A MUL1	56.31	54.15	90	1		AS
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID	40.55	38.99	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
54420		CORPORA CAVERNOSA-SAPHENOUS VEIN	54.41	52.32	90	1		AS
54430		CORPORA CAVERNOSA-CORPUS SPONGIOS	49.38	47.48	90	1		AS
54440		PLASTIC OPERATION OF PENIS FOR INJURY	18.41	17.70	90	1		AS
54512		EXCISION OF EXTRAPARENCHYMAL LESION	41.12	39.54	90	1		AS
54522		ORCHIECTOMY, PARTIAL	44.22	42.52	90	1		AS
54530		ORCHIECTOMY, RADICAL, FOR TUMOR; ING	38.93	37.43	90	1		AS
54535		ORCHIECTOMY, RADICAL, FOR TUMOR; WIT	56.18	54.02	90	1		AS
54550		EXPLORATION FOR UNDESCENDED TESTIS	37.52	36.08	90	1		AS
54560		EXPLORATION FOR UNDESCENDED TESTIS	50.63	48.68	90	1		AS
54650		ORCHIOPEXY, ABDOMINAL APPROACH, FOF	54.67	52.57	90	1		AS
54680		TRANSPLANTATION OF TESTIS(ES) TO THIG	59.80	57.50	90	1		AS
54690		LAPAROSCOPY, SURGICAL; ORCHIECTOMY	47.97	46.13	90	1		AS
55150		RESECTION OF SCROTUM	37.26	35.83	90	1		AS
55520		EXCISION OF LESION OF SPERMATIC CORD	29.19	28.06	90	1		AS
55535		EXCISION OF VARICOCELE OR LIGATION OF	32.76	31.50	90	1		AS
55540		EXCISION OF VARICOCELE OR LIGATION OF	35.28	33.93	90	1		AS
55550		LAPAROSCOPY, SURGICAL, WITH LIGATION	32.42	31.17	90	1		AS
55559	R	UNLISTED LAPAROSCOPY PROCEDURE, SP			0	1		AS
55650		VESICULECTOMY, ANY APPROACH	54.75	52.64	90	1		AS
55720		PROSTATOTOMY, EXTERNAL DRAINAGE OF	35.62	34.25	90	1		AS
55725		PROSTATOTOMY, EXTERNAL DRAINAGE OF	45.24	43.50	90	1		AS
55801		PROSTATECTOMY, PERINEAL, SUBTOTAL (II	83.54	80.33	90	1		AS
55810		PROSTATECTOMY, PERINEAL RADICAL;	100.92	97.04	90	1		AS
55812		PROSTATECTOMY, PERINEAL RADICAL; WIT	124.04	119.27	90	1		AS
55815		PROSTATECTOMY, PERINEAL RADICAL; WIT	136.00	130.77	90	1		AS
55821		PROSTATECTOMY (INCLUDING CONTROL O	67.28	64.70	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
55831		PROSTATECTOMY (INCLUDING CONTROL O	72.86	70.06	90	1		AS
55840		PROSTATECTOMY, RETROPUBIC RADICAL, '	103.01	99.05	90	1		AS
55842		PROSTATECTOMY, RETROPUBIC RADICAL, '	110.41	106.16	90	1		AS
55845		PROSTATECTOMY, RETROPUBIC RADICAL, '	126.20	121.35	90	1		AS
55862		EXPOSURE OF PROSTATE, ANY APPROACH	85.26	81.98	90	1		AS
55865		EXPOSURE OF PROSTATE, ANY APPROACH	103.22	99.25	90	1		AS
55866		LAPAROSCOPY, SURGICAL PROSTATECTOM	134.17	129.01	90	1		
56501		DESTRUCTION OF LESION(S), VULVA; SIMPL	54.89	52.78	10	1		
56515		DESTRUCTION OF LESION(S), VULVA; EXTEI	94.13	90.51	10	1		AS
56620		VULVECTOMY SIMPLE; PARTIAL	33.77	32.47	90	1		AS
56625		VULVECTOMY SIMPLE; COMPLETE	40.36	38.81	90	1		AS
56630		VULVECTOMY, RADICAL, PARTIAL;	59.18	56.90	90	1		AS
56631		VULVECTOMY, RADICAL, PARTIAL; WITH UN	75.10	72.21	90	1		AS
56632		VULVECTOMY, RADICAL, PARTIAL; WITH BIL	87.76	84.39	90	1		AS
56633		VULVECTOMY, RADICAL, COMPLETE;	77.21	74.24	90	1		AS
56634		VULVECTOMY, RADICAL, COMPLETE; WITH I	81.35	78.22	90	1		AS
56637		VULVECTOMY, RADICAL, COMPLETE; WITH I	95.92	92.23	90	1		AS
56640		VULVECTOMY, RADICAL, COMPLETE, WITH I	95.95	92.26	90	1		AS
56700		PARTIAL HYMENECTOMY OR REVISION OF F	12.69	12.20	10	1		AS
56800	R	PLASTIC REPAIR OF INTROITUS	16.65	16.01	10	1	Y	AS
56805		CLITOROPLASTY FOR INTERSEX STATE	77.97	74.97	90	1		AS
56810		PERINEOPLASTY, REPAIR OF PERINEUM, NC	17.88	17.19	10	1		
57061		DESTRUCTION OF VAGINAL LESION(S); SIMI	47.72	45.89	10	1		
57065		DESTRUCTION OF VAGINAL LESION(S); EXT	81.10	77.98	10	1		AS
57106		VAGINECTOMY, PARTIAL REMOVAL OF VAG	32.52	31.27	90	1		AS
57107		VAGINECTOMY, PARTIAL REMOVAL OF VAG	95.63	91.96	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
57109		VAGINECTOMY, PARTIAL REMOVAL OF VAG	109.68	105.46	90	1		AS
57110		VAGINECTOMY, COMPLETE REMOVAL OF V,	61.42	59.06	90	1		AS
57111		VAGINECTOMY, COMPLETE REMOVAL OF V,	109.99	105.76	90	1		AS
57112		VAGINECTOMY, COMPLETE REMOVAL OF V,	117.50	112.98	90	1		AS
57120		COLPOCLEISIS (LE FORT TYPE)	34.89	33.55	90	1		AS
57130		EXCISION OF VAGINAL SEPTUM	12.30	11.83	10	1		
57150		IRRIGATION OF VAGINA AND /OR APPLICATI	19.71	18.95	0	1		
57160		FITTING AND INSERTION OF PESSARY OR C	33.22	31.94	0	1		
57170		DIAPHRAGM OR CERVICAL CAP FITTING WI	26.06	25.06	0	1		AS
57200		COLPORRHAPHY, SUTURE OF INJURY OF V,	20.33	19.54	90	1		AS
57210		COLPOPERINEORRHAPHY, SUTURE OF INJL	25.12	24.15	90	1		AS
57220		PLASTIC OPERATION ON URETHRAL SPHINC	21.84	21.00	90	1		AS
57230		PLASTIC REPAIR OF URETHROCELE	27.47	26.41	90	1		AS
57240		ANTERIOR COLPORRHAPHY, REPAIR OF CY	46.25	44.47	90	1		AS
57250		POSTERIOR COLPORRHAPHY, REPAIR OF R	45.16	43.42	90	1		AS
57260		COMBINED ANTEROPOSTERIOR COLPORRH-	55.90	53.75	90	1		AS
57265		COMBINED ANTEROPOSTERIOR COLPORRH-	62.12	59.73	90	1		AS
57267		INSERTION OF MESH OR OTHER PROSTHES	18.61	17.89	90	1		AS
57268		REPAIR OF ENTEROCELE, VAGINAL APPROA	33.12	31.85	90	1		AS
57270		REPAIR OF ENTEROCELE, ABDOMINAL APPI	54.57	52.47	90	1		AS
57280		COLPOPEXY, ABDOMINAL APPROACH	66.47	63.92	90	1		AS
57282		COLPOPEXY, VAGINAL; EXTRA-PERITONEAL	35.20	33.85	90	1		AS
57283		COLPOPEXY, VAGINAL; INTRA-PERITONEAL	46.64	44.85	90	1		AS
57284		PARAVAGINAL DEFECT REPAIR (INCLUDING	57.07	54.87	90	1		AS
57285		PARAVAGINAL DEFECT REPAIR (INCLUDING	45.63	43.87	90	1		AS
57287		REMOVAL OR REVISION OF SLING FOR STR	49.25	47.36	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
57288		SLING OPERATION FOR STRESS INCONTINE	57.89	55.66	90	1		AS
57289		PEREYRA PROCEDURE, INCLUDING ANTERI	53.97	51.89	90	1		AS
57291	R	CONSTRUCTION OF ARTIFICIAL VAGINA; WI	37.11	35.68	90	1		AS
57292	R	CONSTRUCTION OF ARTIFICIAL VAGINA; WI	56.65	54.47	90	1		AS
57295		REVISION (INCLUDING REMOVAL) OF PROS	33.85	32.55	90	1		AS
57296		REVISION (INCLUDING REMOVAL) OF PROS	65.20	62.69	90	1		AS
57300		CLOSURE OF RECTOVAGINAL FISTULA; VAC	36.53	35.13	90	1		AS
57305		CLOSURE OF RECTOVAGINAL FISTULA; ABC	61.08	58.73	90	1		AS
57307		CLOSURE OF RECTOVAGINAL FISTULA; ABC	68.40	65.77	90	1		AS
57308		CLOSURE OF RECTOVAGINAL FISTULA; TRA	43.44	41.77	90	1		AS
57310		CLOSURE OF URETHROVAGINAL FISTULA;	34.58	33.25	90	1		AS
57311		CLOSURE OF URETHROVAGINAL FISTULA; V	39.56	38.04	90	1		AS
57320		CLOSURE OF VESICOVAGINAL FISTULA; VAC	39.19	37.68	90	1		AS
57330		CLOSURE OF VESICOVAGINAL FISTULA; TR	55.50	53.37	90	1		AS
57335		VAGINOPLASTY FOR INTERSEX STATE	79.74	76.67	90	1		
57415		REMOVAL OF IMPACTED VAGINAL FOREIGN	68.89	66.24	10	1		AS
57423		PARAVAGINAL DEFECT REPAIR (INCLUDING	63.74	61.29	90	1		AS
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SI	67.60	65.00	90	1		
57452		COLPOSCOPY OF THE CERVIX INCLUDING U	46.74	44.94	0	1		
57454		COLPOSCOPY OF THE CERVIX INCLUDING U	65.64	63.11	0	1		
57510		CAUTERY OF CERVIX; ELECTRO OR THERM	56.18	54.02	10	1		
57511		CAUTERIZATION OF CERVIX; CRYOCAUTER	61.24	58.88	10	1		
57513		CAUTERIZATION OF CERVIX; LASER ABLATI	60.91	58.57	10	1		
57522		CONIZATION OF CERVIX, WITH OR WITHOUT	111.07	106.80	90	1		AS
57530		TRACHELECTOMY (CERVICECTOMY), AMPU	23.40	22.50	90	1		AS
57531		RADICAL TRACHELECTOMY, WITH BILATER	115.59	111.15	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
57540		EXCISION OF CERVICAL STUMP, ABDOMINA	53.16	51.11	90	1		AS
57545		EXCISION OF CERVICAL STUMP, ABDOMINA	55.90	53.75	90	1		AS
57550		EXCISION OF CERVICAL STUMP, VAGINAL A	27.73	26.66	90	1		AS
57555		EXCISION OF CERVICAL STUMP, VAGINAL A	40.89	39.31	90	1		AS
57556		EXCISION OF CERVICAL STUMP, VAGINAL A	39.11	37.61	90	1		AS
57720		TRACHELORRHAPHY, PLASTIC REPAIR OF U	20.82	20.02	90	1		
58100		ENDOMETRIAL SAMPLING(BIOPSY) WITH OF	46.58	44.78	0	1		AS
58140		MYOMECTOMY, EXCISION OF FIBROID TUM(	62.31	59.91	90	1		AS
58145		MYOMECTOMY, EXCISION OF FIBROID TUM(	36.85	35.43	90	1 Y		AS
58150		TOTAL ABDOMINAL HYSTERECTOMY (CORP	67.47	64.87	90	1 Y		AS
58152		TOTAL ABDOMINAL HYSTERECTOMY (CORP	84.87	81.61	90	1 Y		AS
58180		SUPRACERVICAL ABDOMINAL HYSTERECTC	64.55	62.06	90	1 Y		AS
58200		TOTAL ABDOMINAL HYSTERECTOMY, INCLU	88.91	85.49	90	1 Y		AS
58210		RADICAL ABDOMINAL HYSTERECTOMY, WIT	118.46	113.90	90	1 Y		AS
58240		PELVIC EXENTERATION FOR GYNECOLOGIC	187.99	180.76	90	1 Y		AS
58260		VAGINAL HYSTERECTOMY, FOR UTERUS 25	56.31	54.15	90	1 Y		AS
58262		VAGINAL HYSTERECTOMY; WITH REMOVAL	62.88	60.46	90	1 Y		AS
58263		VAGINAL HYSTERECTOMY; WITH REMOVAL	67.75	65.15	90	1 Y		AS
58267		VAGINAL HYSTERECTOMY; WITH COLPO-UF	71.95	69.18	90	1 Y		AS
58270		VAGINAL HYSTERECTOMY; WITH REPAIR OF	60.27	57.95	90	1 Y		AS
58275		VAGINAL HYSTERECTOMY, WITH TOTAL OR	67.15	64.57	90	1 Y		AS
58280		VAGINAL HYSTERECTOMY, WITH TOTAL OR	71.79	69.03	90	1 Y		AS
58285		VAGINAL HYSTERECTOMY, RADICAL (SCHAI	90.01	86.54	90	1 Y		AS
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GF	78.64	75.62	90	1 Y		AS
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GF	85.45	82.16	90	1 Y		AS
58292		VAGINAL HYSTERECTOMY, FOR UTERUS GF	90.01	86.54	90	1 Y		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GF	93.47	89.88	90	1 Y		AS
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GF	83.00	79.80	90	1		
58300		INSERTION OF INTRAUTERINE DEVICE (IUD)	31.11	29.91	0	1		
58301		REMOVAL OF INTRAUTERINE DEVICE (IUD)	40.23	38.68	0	1		AS
58353	R	ENDOMETRIAL ABLATION, THERMAL, WITHC	14.92	14.35	10	1		AS
58356		ENDOMETRIAL CRYOABLATION WITH ULTRA	23.60	22.69	10	1		AS
58520		HYSTERORRHAPHY, REPAIR OF RUPTURED	53.50	51.44	90	1		AS
58540		HYSTEROPLASTY, REPAIR OF UTERINE ANC	62.10	59.71	90	1 Y		AS
58541		LAPAROSCOPY, SURGICAL, SUPRACERVIC/	58.94	56.68	90	1 Y		AS
58542		LAPAROSCOPY, SURGICAL, SUPRACERVIC/	65.30	62.79	90	1 Y		AS
58543		LAPAROSCOPY, SURGICAL, SUPRACERVIC/	66.40	63.84	90	1 Y		AS
58544		LAPAROSCOPY, SURGICAL, SUPRACERVIC/	71.76	69.00	90	1		AS
58545		LAPAROSCOPY, SURGICAL, MYOMECTOMY,	60.79	58.46	90	1		AS
58546		LAPAROSCOPY, SURGICAL, MYOMECTOMY,	77.03	74.07	90	1 Y		AS
58548		LAPAROSCOPY, SURGICAL, WITH RADICAL I	121.61	116.94	90	1 Y		AS
58550		LAPAROSCOPY SURGICAL, WITH VAGINAL F	60.14	57.83	10	1 Y		AS
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL F	66.08	63.54	90	1 Y		AS
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL I	77.42	74.44	90	1 Y		AS
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL I	88.36	84.97	90	1		AS
58560		HYSTEROSCOPY, SURGICAL; WITH DIVISION	26.66	25.63	0	1 Y		AS
58570		LAPAROSCOPY, SURGICAL, WITH TOTAL HY	63.30	60.86	90	1 Y		AS
58571		LAPAROSCOPY, SURGICAL, WITH TOTAL HY	69.37	66.70	90	1 Y		AS
58572		LAPAROSCOPY, SURGICAL, WITH TOTAL HY	78.72	75.69	90	1 Y		AS
58573		LAPAROSCOPY, SURGICAL, WITH TOTAL HY	88.81	85.39	90	1		AS
58578	R	UNLISTED LAPAROSCOPY PROCEDURE, UT			0	1		AS
58579	R	UNLISTED HYSTEROSCOPY PROCEDURE, U			0	1 Y		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy	Sterilization	Abortion	PA	AS
58600		LIGATION OR TRANSECTION OF FALLOPIAN	24.62	23.68	90	1	Y			AS
58605		LIGATION OR TRANSECTION OF FALLOPIAN	22.38	21.52	90	1	Y			AS
58611		LIGATION OR TRANSECTION OF FALLOPIAN	5.37	5.16	90	1	Y			AS
58615		OCCLUSION OF FALLOPIAN TUBE(S) BY DEV	16.70	16.06	10	1				AS
58660		LAPAROSCOPY, SURGICAL; WITH LYSIS OF	45.91	44.15	90	1	Y			AS
58661		LAPAROSCOPY, SURGICAL; WITH REMOVAL	43.86	42.17	10	1				AS
58662		LAPAROSCOPY, SURGICAL; WITH FULGURA	48.10	46.25	90	1				AS
58672		LAPAROSCOPY, SURGICAL; WITH FIMBRIOP	50.42	48.48	90	1				AS
58673		LAPAROSCOPY, SURGICAL; WITH SALPINGC	54.98	52.87	90	1				AS
58679	R	UNLISTED LAPAROSCOPY PROCEDURE, OV			0	1	Y			AS
58700		SALPINGECTOMY, COMPLETE OR PARTIAL,	52.17	50.16	90	1	Y			AS
58720		SALPINGO-OOPHORECTOMY, COMPLETE OI	48.86	46.98	90	1				AS
58740		LYSIS OF ADHESIONS (SALPINGOLYSIS, OV,	59.46	57.18	90	1				AS
58770		SALPINGOSTOMY (SALPINGONEOSTOMY)	57.09	54.90	90	1				AS
58805		DRAINAGE OF OVARIAN CYST(S), UNILATER	27.75	26.68	90	1				AS
58820		DRAINAGE OF OVARIAN ABSCESS; VAGINAL	21.19	20.37	90	1				AS
58822		DRAINAGE OF OVARIAN ABSCESS; ABDOMI	48.55	46.68	90	1				AS
58823		DRAINAGE OF PELVIC ABSCESS, TRANSVAC	12.47	11.99	0	1				AS
58825	R	TRANSPOSITION, OVARY(S)	47.37	45.55	90	1				AS
58900		BIOPSY OF OVARY, UNILATERAL OR BILATE	28.27	27.19	90	1				AS
58920		WEDGE RESECTION OR BISECTION OF OVA	47.90	46.05	90	1				AS
58925		OVARIAN CYSTECTOMY, UNILATERAL OR BI	50.03	48.11	90	1	Y			AS
58940		OOPHORECTOMY, PARTIAL OR TOTAL, UNIL	34.37	33.05	90	1	Y			AS
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNIL	76.04	73.11	90	1				AS
58950		RESECTION (INITIAL) OF OVARIAN, TUBAL O	72.57	69.78	90	1	Y			AS
58951		RESECTION OF OVARIAN MALIGNANCY WIT	93.37	89.78	90	1	Y			AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
58952		RESECTION OF OVARIAN, TUBAL OR PRIMA	105.46	101.40	90	1 Y		AS
58953		BILATERAL SALPINGO-OOPHORECTOMY WI	130.60	125.58	90	1 Y		AS
58954		BILATERAL SALPINGO-OOPHORECTOMY WI	141.78	136.33	90	1 Y		AS
58956		BILATERAL SALPINGO-OOPHORECTOMY WI	92.87	89.30	90	1		AS
58957		RESECTION (TUMOR DEBULKING) OF RECU	101.71	97.79	90	1		AS
58958		RESECTION (TUMOR DEBULKING) OF RECU	113.04	108.69	90	1		AS
58960		LAPAROTOMY, FOR STAGING OR RESTAGIN	62.72	60.31	90	1		AS
58999	R	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETI			90	1		
59025		FETAL NON-STRESS TEST	21.33	20.51	0	1	Y	AS
59100		HYSTEROTOMY, ABDOMINAL (EG, FOR HYD,	57.02	54.82	90	1		AS
59120		SURGICAL TREATMENT OF ECTOPIC PREGN	54.46	52.37	90	1		AS
59121		SURGICAL TREATMENT OF ECTOPIC PREGN	54.67	52.57	90	1		AS
59136		SURGICAL TREATMENT OF ECTOPIC PREGN	60.53	58.21	90	1		AS
59140		SURGICAL TREATMENT OF ECTOPIC PREGN	28.25	27.16	90	1		AS
59150		LAPAROSCOPIC TREATMENT OF ECTOPIC F	53.08	51.04	90	1		AS
59151		LAPAROSCOPIC TREATMENT OF ECTOPIC F	51.62	49.64	90	1		AS
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	19.34	18.59	0	1		
59410		VAGINAL DELIVERY ONLY (WITH OR WITHO	692.22	665.60	45	1		
59412		EXTERNAL CEPHALIC VERSION, WITH OR W	71.82	69.06	0	1		
59414		DELIVERY OF PLACENTA (SEPARATE PROCI	145.37	139.78	45	1		
59430	TH	POSTPARTUM CARE ONLY (SEPARATE PRO	444.26	444.26	0	1		
59430		POSTPARTUM CARE ONLY (SEPARATE PRO	43.26	41.60	0	1		AS
59515		CESAREAN DELIVERY ONLY; INCLUDING PO	110.76	106.50	45	1 Y		AS
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFT	41.88	40.27	90	1		
59614		VAGINAL DELIVERY ONLY, AFTER PREVIU	110.76	106.50	45	1		AS
59622		CESAREAN DELIVERY ONLY, FOLLOWING A`	110.76	106.50	45	1	Y	AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
59866	R	MULTIFETAL PREGNANCY REDUCTION(S) (M	16.63	15.99	10	1		AS
59870		UTERINE EVACUATION AND CURETTAGE FC	32.52	31.27	90	1		AS
59899	R	UNLISTED PROCEDURE, MATERNITY CARE ,			0	1		AS
60200		EXCISION OF CYST OR ADENOMA OF THYR(	43.21	41.54	90	1		AS
60210		PARTIAL THYROID LOBECTOMY, UNILATERA	46.38	44.60	90	1		AS
60212		PARTIAL THYROID LOBECTOMY, UNILATERA	66.76	64.19	90	1		AS
60220		TOTAL THYROID LOBECTOMY, UNILATERAL;	50.81	48.86	90	1		AS
60225		TOTAL THYROID LOBECTOMY, UNILATERAL;	61.16	58.81	90	1		AS
60240		THYROIDECTOMY, TOTAL OR COMPLETE	64.44	61.96	90	1		AS
60252		THYROIDECTOMY, TOTAL OR SUBTOTAL FC	87.09	83.74	90	1		AS
60254		THYROIDECTOMY, TOTAL OR SUBTOTAL FC	111.04	106.76	90	1		AS
60260		THYROIDECTOMY, REMOVAL OF ALL REMAI	72.62	69.83	90	1		AS
60270		THYROIDECTOMY, INCLUDING SUBSTERNAL	91.70	88.17	90	1		AS
60271		THYROIDECTOMY, INCLUDING SUBSTERNAL	69.94	67.25	90	1		AS
60280		EXCISION OF THYROGLOSSAL DUCT CYST (	29.03	27.91	90	1		AS
60281		EXCISION OF THYROGLOSSAL DUCT CYST (	38.54	37.06	90	1		AS
60500		PARATHYROIDECTOMY OR EXPLORATION C	67.33	64.74	90	1		AS
60502		PARATHYROIDECTOMY OR EXPLORATION C	84.40	81.16	90	1		AS
60505		PARATHYROIDECTOMY OR EXPLORATION C	92.27	88.72	90	1		AS
60512		PARATHYROID AUTOTRANSPLANTATION (LI	16.34	15.71	0	1		AS
60520		THYMECTOMY, PARTIAL OR TOTAL; TRANS	68.95	66.30	90	1		AS
60521		THYMECTOMY, PARTIAL OR TOTAL; STERN/	79.66	76.60	90	1		AS
60522		THYMECTOMY, PARTIAL OR TOTAL; STERN/	95.97	92.28	90	1		AS
60540		ADRENALECTOMY, PARTIAL OR COMPLETE.	73.67	70.83	90	1		AS
60545		ADRENALECTOMY, PARTIAL OR COMPLETE.	83.49	80.28	90	1		AS
60600		EXCISION OF CAROTID BODY TUMOR; WITH	95.30	91.63	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
60605		EXCISION OF CAROTID BODY TUMOR; WITH	120.73	116.08	90	1		AS
60659	R	UNLISTED LAPAROSCOPY PROCEDURE, EN			0	1		AS
60699	R	UNLISTED PROCEDURE, ENDOCRINE SYSTE			90	1		AS
61140		BURR HOLE(S) OR TREPHINE; WITH BIOPSY	82.87	79.68	90	1		AS
61154		BURR HOLE(S) WITH EVACUATION AND/OR I	83.62	80.40	90	1		AS
61156		BURR HOLE(S); WITH ASPIRATION OF HEMA	82.55	79.38	90	1		AS
61250		BURR HOLE(S) OR TREPHINE, SUPRATENTC	55.84	53.69	90	1		AS
61253		BURR HOLE(S) OR TREPHINE, INFRATENTOI	60.48	58.16	90	1		AS
61304		CRANIECTOMY OR CRANIOTOMY, EXPLORA	108.74	104.56	90	1		AS
61305		CRANIECTOMY OR CRANIOTOMY, EXPLORA	130.71	125.68	90	1		AS
61312		CRANIECTOMY OR CRANIOTOMY FOR EVAC	135.89	130.67	90	1		AS
61313		CRANIECTOMY OR CRANIOTOMY FOR EVAC	130.37	125.36	90	1		AS
61314		CRANIECTOMY OR CRANIOTOMY FOR EVAC	121.38	116.71	90	1		AS
61315		CRANIECTOMY OR CRANIOTOMY FOR EVAC	136.99	131.72	90	1		AS
61320		CRANIECTOMY OR CRANIOTOMY, DRAINAG	126.75	121.87	90	1		AS
61321		CRANIECTOMY OR CRANIOTOMY, DRAINAG	138.47	133.15	90	1		AS
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPI	155.31	149.34	90	1		AS
61330		DECOMPRESSION OF ORBIT ONLY, TRANSC	103.82	99.82	90	1		AS
61332		EXPLORATION OF ORBIT (TRANSCRANIAL A	121.72	117.04	90	1		AS
61333		EXPLORATION OF ORBIT (TRANSCRANIAL A	122.55	117.84	90	1		AS
61334		EXPLORATION OF ORBIT (TRANSCRANIAL A	78.36	75.34	90	1		AS
61340		SUBTEMPORAL CRANIAL DECOMPRESSION	94.51	90.88	90	1		AS
61343		CRANIECTOMY, SUBOCCIPITAL WITH CERVI	145.69	140.09	90	1		AS
61345		OTHER CRANIAL DECOMPRESSION, POSTEI	135.24	130.04	90	1		AS
61440		CRANIOTOMY FOR SECTION OF TENTORIUM	133.08	127.96	90	1		AS
61450		CRANIECTOMY, SUBTEMPORAL, FOR SECTI	124.64	119.84	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
61458		CRANIECTOMY, SUBOCCIPITAL; FOR EXPLC	133.55	128.41	90	1		AS
61460		CRANIECTOMY, SUBOCCIPITAL; FOR SECTIC	133.52	128.39	90	1		AS
61470		CRANIECTOMY, SUBOCCIPITAL; FOR MEDUI	125.60	120.77	90	1		AS
61480		CRANIECTOMY, SUBOCCIPITAL; FOR MESEN	119.66	115.06	90	1		AS
61490		CRANIOTOMY FOR LOBOTOMY, INCLUDING	126.83	121.95	90	1		AS
61500		CRANIECTOMY; WITH EXCISION OF TUMOR	88.96	85.54	90	1		AS
61501		CRANIECTOMY; FOR OSTEOMYELITIS	76.32	73.39	90	1		AS
61510		CRANIECTOMY, TREPHINATION, BONE FLAP	144.28	138.74	90	1		AS
61512		CRANIECTOMY, TREPHINATION, BONE FLAP	169.74	163.22	90	1		AS
61514		CRANIECTOMY, TREPHINATION, BONE FLAP	126.38	121.52	90	1		AS
61516		CRANIECTOMY, TREPHINATION, BONE FLAP	123.15	118.42	90	1		AS
61518		CRANIECTOMY FOR EXCISION OF BRAIN TU	182.75	175.72	90	1		AS
61519		CRANIECTOMY FOR EXCISION OF BRAIN TU	196.43	188.87	90	1		AS
61520		CRANIECTOMY FOR EXCISION OF BRAIN TU	247.84	238.31	90	1		AS
61521		CRANIECTOMY FOR EXCISION OF BRAIN TU	210.89	202.78	90	1		AS
61522		CRANIECTOMY, INFRATENTORIAL OR POST	145.43	139.84	90	1		AS
61524		CRANIECTOMY, INFRATENTORIAL OR POST	137.07	131.80	90	1		AS
61531		SUBDURAL IMPLANTATION OF STRIP ELECT	80.18	77.10	90	1		AS
61533		CRANIOTOMY WITH ELEVATION OF BONE FI	100.59	96.72	90	1		AS
61534		CRANIOTOMY WITH ELEVATION OF BONE FI	108.72	104.53	90	1		AS
61535		CRANIOTOMY WITH ELEVATION OF BONE FI	65.43	62.92	90	1		AS
61536		CRANIOTOMY WITH ELEVATION OF BONE FI	172.06	165.45	90	1		AS
61537		CRANIOTOMY WITH ELEVATION OF BONE FI	159.48	153.34	90	1		AS
61538		CRANIOTOMY WITH ELEVATION OF BONE FI	170.94	164.37	90	1		AS
61539		CRANIOTOMY WITH ELEVATION OF BONE FI	155.75	149.76	90	1		AS
61540		CRANIOTOMY WITH ELEVATION OF BONE FI	146.42	140.79	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
61541		CRANIOTOMY WITH ELEVATION OF BONE FI	139.83	134.45	90	1		AS
61542		CRANIOTOMY WITH ELEVATION OF BONE FI	152.05	146.20	90	1		AS
61543		CRANIOTOMY WITH ELEVATION OF BONE FI	141.99	136.53	90	1		AS
61544		CRANIOTOMY WITH ELEVATION OF BONE FI	115.44	111.00	90	1		AS
61545		CRANIOTOMY WITH ELEVATION OF BONE FI	208.73	200.70	90	1		AS
61546		CRANIOTOMY FOR HYPOPHYSECTOMY OR	151.50	145.68	90	1		AS
61548		HYPOPHYSECTOMY OR EXCISION OF PITUI	100.90	97.02	90	1		AS
61550		CRANIECTOMY FOR CRANIOSYNOSTOSIS; S	57.68	55.46	90	1		AS
61552		CRANIECTOMY FOR CRANIOSYNOSTOSIS; M	87.82	84.44	90	1		AS
61556		CRANIOTOMY FOR CRANIOSYNOSTOSIS; FF	108.58	104.41	90	1		AS
61557		CRANIOTOMY FOR CRANIOSYNOSTOSIS; BI	111.71	107.42	90	1		AS
61558		EXTENSIVE CRANIECTOMY FOR MULTIPLE (	111.40	107.12	90	1		AS
61559		EXTENSIVE CRANIECTOMY FOR MULTIPLE (	159.40	153.27	90	1		AS
61563		EXCISION, INTRA AND EXTRACRANIAL, BEN	126.90	122.02	90	1		AS
61564		EXCISION, INTRA AND EXTRACRANIAL, BEN	161.04	154.85	90	1		AS
61566		CRANIOTOMY WITH ELEVATION OF BONE FI	147.18	141.52	90	1		AS
61567		CRANIOTOMY WITH ELEVATION OF BONE FI	164.19	157.88	90	1		AS
61570		CRANIECTOMY OR CRANIOTOMY; WITH EXC	121.04	116.39	90	1		AS
61571		CRANIECTOMY OR CRANIOTOMY; WITH TRE	131.93	126.86	90	1		AS
61575		TRANSORAL APPROACH TO SKULL BASE, BI	152.57	146.70	90	1		AS
61576		TRANSORAL APPROACH TO SKULL BASE, BI	243.07	233.72	90	1		AS
61580		CRANIOFACIAL APPROACH TO ANTERIOR C	158.98	152.87	90	1		AS
61582		CRANIOFACIAL APPROACH TO ANTERIOR C	189.99	182.68	90	1		AS
61583		CRANIOFACIAL APPROACH TO ANTERIOR C	192.10	184.71	90	1		AS
61584		ORBITOCRANIAL APPROACH TO ANTERIOR	186.60	179.43	90	1		AS
61585		ORBITOCRANIAL APPROACH TO ANTERIOR	194.58	187.09	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
61586		BICORONAL, TRANSZYGOMATIC AND/OR LE	139.93	134.55	90	1		AS
61590		INFRATEMPORAL PRE-AURICULAR APPROA	203.28	195.46	90	1		AS
61591		INFRATEMPORAL POST-AURICULAR APPRO	204.45	196.59	90	1		AS
61592		ORBITOCRANIAL ZYGOMATIC APPROACH TO	210.66	202.55	90	1		AS
61595		TRANSTEMPORAL APPROACH TO POSTERIC	154.87	148.91	90	1		AS
61596		TRANSCOCHLEAR APPROACH TO POSTERIC	167.95	161.49	90	1		AS
61597		TRANSCONDYLAR (FAR LATERAL) APPROAC	190.28	182.96	90	1		AS
61598		TRANSPETROSAL APPROACH TO POSTERIC	165.50	159.13	90	1		AS
61600		RESECTION OR EXCISION OF NEOPLASTIC,	140.14	134.75	90	1		AS
61601		RESECTION OR EXCISION OF NEOPLASTIC,	156.12	150.11	90	1		AS
61605		RESECTION OR EXCISION OF NEOPLASTIC,	144.36	138.81	90	1		AS
61606		RESECTION OR EXCISION OF NEOPLASTIC,	199.45	191.78	90	1		AS
61607		RESECTION OR EXCISION OF NEOPLASTIC,	182.49	175.47	90	1		AS
61608		RESECTION OR EXCISION OF NEOPLASTIC,	215.69	207.39	90	1		AS
61609		TRANSECTION OR LIGATION, CAROTID ARTI	41.04	39.46	0	1		AS
61610		TRANSECTION OR LIGATION, CAROTID ARTI	127.79	122.87	0	1		AS
61611		TRANSECTION OR LIGATION, CAROTID ARTI	28.78	27.67	0	1		AS
61612		TRANSECTION OR LIGATION, CAROTID ARTI	110.12	105.89	0	1		AS
61613		OBLITERATION OF CAROTID ANEURYSM, AF	208.08	200.07	90	1		AS
61615		RESECTION OR EXCISION OF NEOPLASTIC,	162.32	156.07	90	1		AS
61616		RESECTION OR EXCISION OF NEOPLASTIC,	214.80	206.54	90	1		AS
61618		SECONDARY REPAIR OF DURA FOR CEREBI	85.63	82.33	90	1		AS
61619		SECONDARY REPAIR OF DURA FOR CSF LE	97.90	94.14	90	1		AS
61680		SURGERY OF INTRACRANIAL ARTERIOVENC	150.43	144.65	90	1		AS
61682		SURGERY OF INTRACRANIAL ARTERIOVENC	281.25	270.43	90	1		AS
61684		SURGERY OF INTRACRANIAL ARTERIOVENC	187.26	180.05	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
61686		SURGERY OF INTRACRANIAL ARTERIOVENC	301.21	289.62	90	1		AS
61690		SURGERY OF INTRACRANIAL ARTERIOVENC	142.54	137.06	90	1		AS
61692		SURGERY OF INTRACRANIAL ARTERIOVENC	243.72	234.35	90	1		AS
61697		SURGERY OF COMPLEX INTRACRANIAL ANE	276.14	265.52	90	1		AS
61698		SURGERY OF COMPLEX INTRACRANIAL ANE	298.58	287.09	90	1		AS
61700		SURGERY OF SIMPLE INTRACRANIAL ANEUI	229.78	220.94	90	1		AS
61702		SURGERY OF INTRACRANIAL ANEURYSM, IN	257.87	247.96	90	1		AS
61703		SURGERY OF INTRACRANIAL ANEURYSM, C	88.73	85.32	90	1		AS
61705		SURGERY OF ANEURYSM, VASCULAR MALF	169.33	162.81	90	1		AS
61708		SURGERY OF ANEURYSM, VASCULAR MALF	142.70	137.21	90	1		AS
61711		ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-	173.00	166.35	90	1		AS
61850		TWIST DRILL OR BURR HOLE(S) FOR IMPLAI	64.91	62.42	90	1		AS
61860		CRANIECTOMY OR CRANIOTOMY FOR IMPLA	102.59	98.65	90	1		AS
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, O	100.51	96.64	90	1		AS
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, O	30.46	29.29	0	1		AS
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, O	144.57	139.01	90	1		AS
61868		TWIST DRILL, BURR HOLE, CRANIOTOMY, O	42.84	41.19	90	1		AS
61870		CRANIECTOMY FOR IMPLANTATION OF NEU	78.12	75.12	90	1		AS
61875		CRANIECTOMY FOR IMPLANTATION OF NEU	64.40	61.92	90	1		AS
61880		REVISION OR REMOVAL OF INTRACRANIAL I	36.40	35.00	90	1		AS
62005		ELEVATION OF DEPRESSED SKULL FRACTU	82.47	79.30	90	1		AS
62010		ELEVATION OF DEPRESSED SKULL FRACTU	100.12	96.27	90	1		AS
62100		CRANIOTOMY FOR REPAIR OF DURAL/CERE	105.51	101.45	90	1		AS
62115		REDUCTION OF CRANIOMEGALIC SKULL (EC	110.06	105.82	90	1		AS
62116		REDUCTION OF CRANIOMEGALIC SKULL (EC	117.84	113.30	90	1		AS
62117		REDUCTION OF CRANIOMEGALIC SKULL (EC	124.59	119.79	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
62120		REPAIR OF ENCEPHALOCELE, SKULL VAULT	117.05	112.55	90	1		AS
62121		CRANIOTOMY FOR REPAIR OF ENCEPHALO	107.88	103.73	90	1		AS
62140		CRANIOPLASTY FOR SKULL DEFECT; UP TO	69.34	66.67	90	1		AS
62141		CRANIOPLASTY FOR SKULL DEFECT; LARGE	76.14	73.21	90	1		AS
62142		REMOVAL OF BONE FLAP OR PROSTHETIC I	58.29	56.05	90	1		AS
62143		REPLACEMENT OF BONE FLAP OR PROSTHI	68.19	65.57	90	1		AS
62145		CRANIOPLASTY FOR SKULL DEFECT WITH F	92.87	89.30	90	1		AS
62146		CRANIOPLASTY WITH AUTOGRAFT (INCLUD	79.35	76.30	90	1		AS
62147		CRANIOPLASTY WITH AUTOGRAFT (INCLUD	94.20	90.58	90	1		AS
62161		NEUROENDOSCOPY, INTRACRANIAL; WITH I	100.01	96.17	90	1		AS
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH I	123.99	119.22	90	1		AS
62163		NEUROENDOSCOPY, INTRACRANIAL; WITH I	80.86	77.75	90	1		AS
62164		NEUROENDOSCOPY, INTRACRANIAL; WITH I	131.99	126.91	90	1		AS
62165		NEUROENDOSCOPY, INTRACRANIAL; WITH I	100.19	96.34	90	1		AS
62180		VENTRICULOCISTERNOSTOMY (TORKILDSE	104.68	100.65	90	1		AS
62192		CREATION OF SHUNT; SUBARACHNOID/SUB	63.66	61.21	90	1		AS
62200		VENTRICULOCISTERNOSTOMY, THIRD VENT	90.66	87.17	90	1		AS
62220		CREATION OF SHUNT; VENTRICULO-ATRIAL	66.89	64.32	90	1		AS
62223		CREATION OF SHUNT; VENTRICULO-PERITC	68.98	66.32	90	1		AS
62230		REPLACEMENT OR REVISION OF CEREBRO:	55.58	53.45	90	1		
62252		REPROGRAMMING OF PROGRAMMABLE CEI	43.16	41.50	0	1		AS
62256		REMOVAL OF COMPLETE CEREBROSPINAL	38.91	37.41	90	1		AS
62258		REMOVAL OF COMPLETE CSF SHUNT SYSTI	74.53	71.66	90	1		
62270		SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	62.22	59.82	0	1		
62273		INJECTION, EPIDURAL, OF BLOOD OR CLOT	64.82	62.33	0	1		
62280		INJECTION/INFUSION OF NEUROLYTIC SUB	117.10	112.59	10	1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
62282		INJECTION/INFUSION OF NEUROLYTIC SUBS	58.97	56.70	10	1		
62310		INJECTION, SINGLE (NOT VIA INDWELLING C	42.31	40.68	0	1		
62311		INJECTION, SINGLE (NOT VIA INDWELLING C	70.03	67.34	0	1		
62318		INJECTION, INCLUDING CATHETER PLACEM	42.31	40.68	0	1		
62319		INJECTION, INCLUDING CATHETER PLACEM	39.53	38.01	0	1		AS
62351		IMPLANTATION, REVISION OR REPOSITIONII	55.95	53.80	90	1		AS
63001		LAMINECTOMY WITH EXPLORATION AND/OF	81.59	78.45	90	1		AS
63003		LAMINECTOMY WITH EXPLORATION AND/OF	81.80	78.65	90	1		AS
63005		LAMINECTOMY WITH EXPLORATION AND/OF	77.50	74.52	90	1		AS
63011		LAMINECTOMY WITH EXPLORATION AND/OF	73.95	71.11	90	1		AS
63012		LAMINECTOMY WITH REMOVAL OF ABNORM	78.75	75.72	90	1		AS
63015		LAMINECTOMY WITH EXPLORATION AND/OF	98.01	94.24	90	1		AS
63016		LAMINECTOMY WITH EXPLORATION AND/OF	100.48	96.62	90	1		AS
63017		LAMINECTOMY WITH EXPLORATION AND/OF	81.88	78.73	90	1		AS
63020		LAMINOTOMY (HEMILAMINECTOMY), WITH C	77.84	74.84	90	1		AS
63030		LAMINOTOMY (HEMILAMINECTOMY), WITH C	64.60	62.11	90	1		AS
63035		LAMINOTOMY (HEMILAMINECTOMY), WITH C	13.58	13.05	90	11		AS
63040		LAMINOTOMY (HEMILAMINECTOMY), WITH C	94.20	90.58	90	1		AS
63042		LAMINOTOMY (HEMILAMINECTOMY), WITH C	87.95	84.56	90	1		AS
63043		LAMINOTOMY (HEMILAMINECTOMY), WITH C	15.76	15.15	90	5		AS
63044		LAMINOTOMY (HEMILAMINECTOMY), WITH C	15.76	15.15	90	4		AS
63045		LAMINECTOMY, FACETECTOMY AND FORAM	84.35	81.11	90	1		AS
63046		LAMINECTOMY, FACETECTOMY AND FORAM	80.23	77.15	90	1		AS
63047		LAMINECTOMY, FACETECTOMY AND FORAM	73.07	70.26	90	1		AS
63048		LAMINECTOMY, FACETECTOMY AND FORAM	14.57	14.01	90	23		AS
63050		LAMINOPLASTY, CERVICAL, WITH DECOMPF	101.45	97.54	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
63051		LAMINOPLASTY, CERVICAL, WITH DECOMP	113.69	109.32	90	1		AS
63055		TRANSPEDICULAR APPROACH WITH DECOM	108.30	104.13	90	1		AS
63056		TRANSPEDICULAR APPROACH WITH DECOM	99.49	95.66	90	1		AS
63057		TRANSPEDICULAR APPROACH WITH DECOM	22.33	21.47	90	16		AS
63064		COSTOVERTEBRAL APPROACH WITH DECO	117.91	113.38	90	1		AS
63066		COSTOVERTEBRAL APPROACH WITH DECO	13.71	13.18	90	11		AS
63075		DISKECTOMY, ANTERIOR, WITH DECOMP	92.19	88.65	90	1		AS
63076		DISKECTOMY, ANTERIOR, WITH DECOMP	17.25	16.59	90	3		AS
63077		DISKECTOMY, ANTERIOR, WITH DECOMP	99.96	96.12	90	1		AS
63078		DISKECTOMY, ANTERIOR, WITH DECOMP	13.63	13.10	90	11		AS
63081		VERTEBRAL CORPECTOMY (VERTEBRAL BC	118.51	113.96	90	1		AS
63082		VERTEBRAL CORPECTOMY (VERTEBRAL BC	18.58	17.86	90	6		AS
63085		VERTEBRAL CORPECTOMY (VERTEBRAL BC	124.74	119.94	90	1		AS
63086		VERTEBRAL CORPECTOMY (VERTEBRAL BC	13.08	12.58	90	11		AS
63087		VERTEBRAL CORPECTOMY (VERTEBRAL BC	159.71	153.57	90	1		AS
63088		VERTEBRAL CORPECTOMY (VERTEBRAL BC	17.95	17.26	90	16		AS
63090		VERTEBRAL CORPECTOMY (VERTEBRAL BC	130.24	125.23	90	1		AS
63091		VERTEBRAL CORPECTOMY (VERTEBRAL BC	12.30	11.83	90	17		AS
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BC	149.78	144.02	90	1		AS
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BC	148.95	143.22	90	1		AS
63103		VERTEBRAL CORPECTOMY (VERTEBRAL BC	19.47	18.72	90	2		AS
63170		LAMINECTOMY WITH MYELOTOMY (EG, BISC	102.12	98.20	90	1		AS
63172		LAMINECTOMY WITH DRAINAGE OF INTRAM	92.19	88.65	90	1		AS
63173		LAMINECTOMY WITH DRAINAGE OF INTRAM	114.03	109.65	90	1		AS
63180		LAMINECTOMY AND SECTION OF DENTATE	91.65	88.12	90	1		AS
63182		LAMINECTOMY AND SECTION OF DENTATE	98.40	94.61	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
63185		LAMINECTOMY WITH RHIZOTOMY; ONE OR	75.44	72.54	90	1		AS
63190		LAMINECTOMY WITH RHIZOTOMY; MORE TH	86.04	82.74	90	1		AS
63191		LAMINECTOMY WITH SECTION OF SPINAL A	94.22	90.60	90	1		AS
63194		LAMINECTOMY WITH CORDOTOMY, WITH SE	96.94	93.21	90	1		AS
63195		LAMINECTOMY WITH CORDOTOMY, WITH SE	99.91	96.07	90	1		AS
63196		LAMINECTOMY WITH CORDOTOMY, WITH SE	117.39	112.88	90	1		AS
63197		LAMINECTOMY WITH CORDOTOMY, WITH SE	112.36	108.04	90	1		AS
63198		LAMINECTOMY WITH CORDOTOMY WITH SE	126.23	121.37	90	1		AS
63199		LAMINECTOMY WITH CORDOTOMY WITH SE	109.80	105.57	90	1		AS
63200		LAMINECTOMY, WITH RELEASE OF TETHERI	100.30	96.44	90	1		AS
63250		LAMINECTOMY FOR EXCISION OR OCCLUSI	193.95	186.49	90	1		AS
63251		LAMINECTOMY FOR EXCISION OR OCCLUSI	200.73	193.01	90	1		AS
63252		LAMINECTOMY FOR EXCISION OR OCCLUSI	201.27	193.53	90	1		AS
63265		LAMINECTOMY FOR EXCISION OR EVACUAT	110.75	106.49	90	1		AS
63266		LAMINECTOMY FOR EXCISION OR EVACUAT	113.61	109.24	90	1		AS
63267		LAMINECTOMY FOR EXCISION OR EVACUAT	91.52	88.00	90	1		AS
63268		LAMINECTOMY FOR EXCISION OR EVACUAT	91.88	88.35	90	1		AS
63270		LAMINECTOMY FOR EXCISION OF INTRASPI	136.05	130.82	90	1		AS
63271		LAMINECTOMY FOR EXCISION OF INTRASPI	136.96	131.70	90	1		AS
63272		LAMINECTOMY FOR EXCISION OF INTRASPI	125.89	121.05	90	1		AS
63273		LAMINECTOMY FOR EXCISION OF INTRASPI	117.99	113.45	90	1		AS
63275		LAMINECTOMY FOR BIOPSY/EXCISION OF I	118.62	114.06	90	1		AS
63276		LAMINECTOMY FOR BIOPSY/EXCISION OF I	118.28	113.73	90	1		AS
63277		LAMINECTOMY FOR BIOPSY/EXCISION OF I	103.53	99.55	90	1		AS
63278		LAMINECTOMY FOR BIOPSY/EXCISION OF I	100.98	97.09	90	1		AS
63280		LAMINECTOMY FOR BIOPSY/EXCISION OF I	140.59	135.18	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
63281		LAMINECTOMY FOR BIOPSY/EXCISION OF IN	138.92	133.57	90	1		AS
63282		LAMINECTOMY FOR BIOPSY/EXCISION OF IN	131.20	126.16	90	1		AS
63283		LAMINECTOMY FOR BIOPSY/EXCISION OF IN	124.06	119.29	90	1		AS
63285		LAMINECTOMY FOR BIOPSY/EXCISION OF IN	171.86	165.25	90	1		AS
63286		LAMINECTOMY FOR BIOPSY/EXCISION OF IN	171.54	164.94	90	1		AS
63287		LAMINECTOMY FOR BIOPSY/EXCISION OF IN	181.03	174.06	90	1		AS
63290		LAMINECTOMY FOR BIOPSY/EXCISION OF IN	182.85	175.82	90	1		AS
63295		OSTEOPLASTIC RECONSTRUCTION OF DOR	21.65	20.82	90	1		AS
63300		VERTEBRAL CORPECTOMY (VERTEBRAL BC	122.08	117.39	90	1		AS
63301		VERTEBRAL CORPECTOMY (VERTEBRAL BC	135.58	130.37	90	1		AS
63302		VERTEBRAL CORPECTOMY (VERTEBRAL BC	134.67	129.49	90	1		AS
63303		VERTEBRAL CORPECTOMY (VERTEBRAL BC	139.20	133.85	90	1		AS
63304		VERTEBRAL CORPECTOMY (VERTEBRAL BC	150.43	144.65	90	1		AS
63305		VERTEBRAL CORPECTOMY (VERTEBRAL BC	151.37	145.55	90	1		AS
63306		VERTEBRAL CORPECTOMY (VERTEBRAL BC	162.86	156.60	90	1		AS
63307		VERTEBRAL CORPECTOMY (VERTEBRAL BC	147.91	142.22	90	1		AS
63308		VERTEBRAL CORPECTOMY (VERTEBRAL BC	22.44	21.57	90	3		AS
63655		LAMINECTOMY FOR IMPLANTATION OF NEU	56.44	54.27	90	1		AS
63661		REMOVAL OF SPINAL NEUROSTIMULATOR E	38.62	37.13	10	1		AS
63662		REMOVAL OF SPINAL NEUROSTIMULATOR E	49.62	47.71	90	1		AS
63663		REVISION INCLUDING REPLACEMENT, WHEI	57.22	55.02	10	1		AS
63664		REVISION INCLUDING REPLACEMENT, WHEI	51.65	49.66	90	1		AS
63685		INSERTION OR REPLACEMENT OF SPINAL N	32.85	31.59	90	1		AS
63700		REPAIR OF MENINGOCELE; LESS THAN 5 CM	81.04	77.93	90	1		AS
63702		REPAIR OF MENINGOCELE; LARGER THAN 5	91.88	88.35	90	1		AS
63704		REPAIR OF MYELOMENINGOCELE; LESS TH	101.11	97.22	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
63706		REPAIR OF MYELOMENINGOCELE; LARGER	120.02	115.41	90	1		AS
63707		REPAIR OF DURAL/CEREBROSPINAL FLUID |	60.04	57.73	90	1		AS
63709		REPAIR OF DURAL/CEREBROSPINAL FLUID |	72.62	69.83	90	1		AS
63710		DURAL GRAFT, SPINAL	73.15	70.33	90	1		AS
63740		CREATION OF SHUNT, LUMBAR, SUBARACH	62.80	60.39	90	1		AS
63741		CREATION OF SHUNT, LUMBAR, SUBARACH	39.92	38.39	90	1		AS
63744		REPLACEMENT, IRRIGATION OR REVISION C	42.32	40.69	90	1		
64400		INJECTION, ANESTHETIC AGENT; TRIGEMIN	42.18	40.56	0	1		
64402		INJECTION, ANESTHETIC AGENT; FACIAL NE	44.46	42.75	0	1		
64405		INJECTION, ANESTHETIC AGENT; GREATER	41.53	39.94	0	1		
64408		INJECTION, ANESTHETIC AGENT; VAGUS NE	49.19	47.30	0	1		
64410		INJECTION, ANESTHETIC AGENT; PHRENIC I	54.72	52.62	0	1		
64412		INJECTION, ANESTHETIC AGENT; SPINAL AC	54.89	52.78	0	1		
64413		INJECTION, ANESTHETIC AGENT; CERVICAL	45.44	43.69	0	1		
64415		INJECTION, ANESTHETIC AGENT; BRACHIAL	48.37	46.51	0	1		
64417		INJECTION, ANESTHETIC AGENT; AXILLARY	48.05	46.20	0	1		
64418		INJECTION, ANESTHETIC AGENT; SUPRASC.	52.12	50.11	0	1		
64420		INJECTION, ANESTHETIC AGENT; INTERCOS	60.10	57.78	0	1		
64421		INJECTION, ANESTHETIC AGENT; INTERCOS	87.14	83.78	0	1		
64425		INJECTION, ANESTHETIC AGENT; ILIOINGUII	51.95	49.95	0	1		
64430		INJECTION, ANESTHETIC AGENT; PUDENDA	64.33	61.86	0	1		
64435		INJECTION, ANESTHETIC AGENT; PARACER'	58.31	56.06	0	1		
64445		INJECTION, ANESTHETIC AGENT; SCIATIC N	51.79	49.80	0	1		
64450		INJECTION, ANESTHETIC AGENT; OTHER PE	43.16	41.50	0	1		
64455		INJECTION(S), ANESTHETIC AGENT AND/OR	22.15	21.30		8		
64479		INJECTION, ANESTHETIC AGENT AND/OR ST	144.93	139.36	0	1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
64480		INJECTION, ANESTHETIC AGENT AND/OR S1	67.65	65.05	0	2		
64483		INJECTION, ANESTHETIC AGENT AND/OR S1	144.93	139.36	0	1		
64484		INJECTION, ANESTHETIC AGENT AND/OR S1	69.77	67.09	0	2		
64490		INJECTION(S), DIAGNOSTIC OR THERAPEUT	73.78	70.94	0	1		
64491		INJECTION(S), DIAGNOSTIC OR THERAPEUT	36.32	34.92	0	1		
64492		INJECTION(S), DIAGNOSTIC OR THERAPEUT	36.81	35.39	0	1		
64493		INJECTION(S), DIAGNOSTIC OR THERAPEUT	66.78	64.21	0	1		
64494		INJECTION(S), DIAGNOSTIC OR THERAPEUT	32.58	31.33	0	1		
64495		INJECTION(S), DIAGNOSTIC OR THERAPEUT	33.06	31.80	0	1		
64505		*INJECTION, ANESTHETIC AGENT; SPHENOF	41.86	40.25	0	1		
64508		INJECTION, ANESTHETIC AGENT; CAROTID :	53.75	51.68	0	1		
64510		INJECTION, ANESTHETIC AGENT; STELLATE	52.12	50.11	0	1		AS
64517		INJECTION, ANESTHETIC AGENT; SUPERIOF	10.63	10.22	0	1		
64520		INJECTION, ANESTHETIC AGENT; LUMBAR C	66.29	63.74	0	1		
64530		INJECTION, ANESTHETIC AGENT; CELIAC PL	71.98	69.22	0	1		AS
64580		INCISION FOR IMPLANTATION OF NEUROST	19.13	18.39	90	1		AS
64585		REVISION OR REMOVAL OF PERIPHERAL NE	11.94	11.48	10	1		AS
64590		INSERTION OR REPLACEMENT OF PERIPHE	23.57	22.67	10	1		
64600		DESTRUCTION BY NEUROLYTIC AGENT, TRI	150.48	144.70	10	1		
64605		DESTRUCTION BY NEUROLYTIC AGENT, TRI	228.01	219.24	10	1		
64610		DESTRUCTION BY NEUROLYTIC AGENT, TRI	291.69	280.47	10	1		
64620		DESTRUCTION BY NEUROLYTIC AGENT; INT	105.21	101.17	10	1		
64630		DESTRUCTION BY NEUROLYTIC AGENT; PUI	97.07	93.34	10	1		
64632		DESTRUCTION BY NEUROLYTIC AGENT; PLA	35.83	34.46	10	8		
64633		DESTRUCTION BY NEUROLYTIC AGENT, PAI	216.46	208.13	10	4		
64634		DESTRUCTION BY NEUROLYTIC AGENT, PAI	99.20	95.38	0	4		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
64640		DESTRUCTION BY NEUROLYTIC AGENT; OTI	88.60	85.19	10	1		
64650		CHEMODENERVATION OF ECCRINE GLANDS	24.18	23.25	0	1		
64653		CHEMODENERVATION OF ECCRINE GLANDS	27.93	26.86	0	1		
64680		DESTRUCTION BY NEUROLYTIC AGENT, WI	116.94	112.44	10	1		AS
64681		DESTRUCTION BY NEUROLYTIC AGENT, WI	13.93	13.39	10	1		AS
64704		NEUROPLASTY; NERVE OF HAND OR FOOT	22.46	21.60	90	1		AS
64708		NEUROPLASTY, MAJOR PERIPHERAL NERVE	31.84	30.62	90	1		AS
64712		NEUROPLASTY, MAJOR PERIPHERAL NERVE	36.35	34.95	90	1		AS
64713		NEUROPLASTY, MAJOR PERIPHERAL NERVE	51.75	49.76	90	1		AS
64714		NEUROPLASTY, MAJOR PERIPHERAL NERVE	44.12	42.42	90	1		AS
64716		NEUROPLASTY AND/OR TRANSPOSITION; C	34.06	32.75	90	1		AS
64722		DECOMPRESSION; UNSPECIFIED NERVE(S)	22.20	21.35	90	1		AS
64732		TRANSECTION OR AVULSION OF; SUPRAOR	26.03	25.03	90	1		AS
64736		TRANSECTION OR AVULSION OF; MENTAL N	25.82	24.83	90	1		AS
64738		TRANSECTION OR AVULSION OF; INFERIOR	30.59	29.42	90	1		AS
64740		TRANSECTION OR AVULSION OF; LINGUAL N	30.10	28.94	90	1		AS
64742		TRANSECTION OR AVULSION OF; FACIAL NE	30.80	29.62	90	1		AS
64746		TRANSECTION OR AVULSION OF; PHRENIC |	29.11	27.99	90	1		AS
64752		TRANSECTION OR AVULSION OF; VAGUS NE	33.38	32.10	90	1		AS
64755		TRANSECTION OR AVULSION OF; VAGUS NE	59.83	57.53	90	1		AS
64760		TRANSECTION OR AVULSION OF; VAGUS NE	31.71	30.49	90	1		AS
64761		TRANSECTION OR AVULSION OF; PUDENDA	29.89	28.74	90	1		AS
64763		TRANSECTION OR AVULSION OF OBTURATC	32.17	30.94	90	1		AS
64766		TRANSECTION OR AVULSION OF OBTURATC	41.82	40.22	90	1		AS
64771		TRANSECTION OR AVULSION OF OTHER CR	39.45	37.94	90	1		AS
64772		TRANSECTION OR AVULSION OF OTHER SP	38.36	36.88	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
64786		EXCISION OF NEUROMA; SCIATIC NERVE	71.56	68.80	90	1		AS
64792		EXCISION OF NEUROFIBROMA OR NEUROLI	71.69	68.93	90	1		AS
64802		SYMPATHECTOMY, CERVICAL	39.30	37.78	90	1		AS
64804		SYMPATHECTOMY, CERVICOTHORACIC	60.35	58.03	90	1		AS
64809		SYMPATHECTOMY, THORACOLUMBAR	57.54	55.32	90	1		AS
64818		SYMPATHECTOMY, LUMBAR	44.09	42.39	90	1		AS
64835		SUTURE OF ONE NERVE, HAND OR FOOT; M	53.65	51.59	90	1		AS
64836		SUTURE OF ONE NERVE, HAND OR FOOT; U	53.60	51.54	90	1		AS
64837		SUTURE OF EACH ADDITIONAL NERVE, HAN	25.93	24.93	90	4		AS
64840		SUTURE OF POSTERIOR TIBIAL NERVE	60.61	58.28	90	1		AS
64857		SUTURE OF MAJOR PERIPHERAL NERVE, AF	70.51	67.80	90	1		AS
64858		SUTURE OF SCIATIC NERVE	82.19	79.03	90	1		AS
64859		SUTURE OF EACH ADDITIONAL MAJOR PERI	17.56	16.89	90	3		AS
64861		SUTURE OF; BRACHIAL PLEXUS	92.40	88.85	90	1		AS
64862		SUTURE OF; LUMBAR PLEXUS	89.67	86.22	90	1		AS
64864		SUTURE OF FACIAL NERVE; EXTRACRANIAL	57.30	55.10	90	1		AS
64865		SUTURE OF FACIAL NERVE; INFRATEMPOR/	75.62	72.71	90	1		AS
64866		ANASTOMOSIS; FACIAL-SPINAL ACCESSOR`	79.43	76.37	90	1		AS
64868		ANASTOMOSIS; FACIAL-HYPOGLOSSAL	69.29	66.62	90	1		AS
64870		ANASTOMOSIS; FACIAL-PHRENIC	67.41	64.82	90	1		AS
64872		SUTURE OF NERVE; REQUIRING SECONDAF	8.18	7.87	90	1		AS
64874		SUTURE OF NERVE; REQUIRING EXTENSIVE	12.04	11.58	90	1		AS
64876		SUTURE OF NERVE; REQUIRING SHORTENII	12.95	12.45	90	1		AS
64885		NERVE GRAFT (INCLUDES OBTAINING GRAF	74.32	71.46	90	1		AS
64886		NERVE GRAFT (INCLUDES OBTAINING GRAF	88.44	85.04	90	1		AS
64890		NERVE GRAFT (INCLUDES OBTAINING GRAF	72.65	69.86	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
64891		NERVE GRAFT (INCLUDES OBTAINING GRAF	76.59	73.64	90	1		AS
64892		NERVE GRAFT (INCLUDES OBTAINING GRAF	71.56	68.80	90	1		AS
64893		NERVE GRAFT (INCLUDES OBTAINING GRAF	74.55	71.69	90	1		AS
64895		NERVE GRAFT (INCLUDES OBTAINING GRAF	88.39	84.99	90	1		AS
64896		NERVE GRAFT (INCLUDES OBTAINING GRAF	97.85	94.09	90	1		AS
64897		NERVE GRAFT (INCLUDES OBTAINING GRAF	84.77	81.51	90	1		AS
64898		NERVE GRAFT (INCLUDES OBTAINING GRAF	92.45	88.90	90	1		AS
64901		NERVE GRAFT, EACH ADDITIONAL NERVE; €	40.83	39.26	90	3		AS
64902		NERVE GRAFT, EACH ADDITIONAL NERVE; M	46.90	45.10	90	1		AS
64905		NERVE PEDICLE TRANSFER; FIRST STAGE	68.25	65.62	90	1		AS
64907		NERVE PEDICLE TRANSFER; SECOND STAG	76.89	73.93	90	1		AS
65105		ENUCLEATION OF EYE; WITH IMPLANT, MUS	49.90	47.98	90	1		AS
65110		EXENTERATION OF ORBIT (DOES NOT INCLI	73.01	70.21	90	1		AS
65112		EXENTERATION OF ORBIT (DOES NOT INCLI	86.04	82.74	90	1		AS
65114		EXENTERATION OF ORBIT (DOES NOT INCLI	89.35	85.92	90	1		
65210		REMOVAL OF FOREIGN BODY, EXTERNAL E'	26.22	25.22	0	1		
65220		REMOVAL OF FOREIGN BODY, EXTERNAL E'	22.15	21.30	0	1		AS
65260		REMOVAL OF FOREIGN BODY, INTRAOCULA	57.20	55.00	90	1		AS
65265		REMOVAL OF FOREIGN BODY, INTRAOCULA	64.39	61.91	90	1		AS
65285		REPAIR OF LACERATION; CORNEA AND/OR	62.33	59.93	90	1		AS
65710		KERATOPLASTY (CORNEAL TRANSPLANT); I	65.80	63.27	90	1		AS
65730		KERATOPLASTY (CORNEAL TRANSPLANT); I	73.30	70.48	90	1		AS
65750		KERATOPLASTY (CORNEAL TRANSPLANT); I	74.16	71.31	90	1		AS
65755		KERATOPLASTY (CORNEAL TRANSPLANT); I	73.75	70.91	90	1		AS
65756		KERATOPLASTY (CORNEAL TRANSPLANT); I	72.66	69.86		1		AS
65770		KERATOPROSTHESIS	84.79	81.53	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
65900		REMOVAL OF EPITHELIAL DOWNGROWTH, /	57.30	55.10	90	1		AS
66165		FISTULIZATION OF SCLERA FOR GLAUCOM/	50.19	48.26	90	1		AS
66170		FISTULIZATION OF SCLERA FOR GLAUCOM/	70.67	67.95	90	1		AS
66172		FISTULIZATION OF SCLERA FOR GLAUCOM/	88.99	85.57	90	1		AS
66180		AQUEOUS SHUNT TO EXTRAOCULAR RESEI	70.15	67.45	90	1		AS
66185		REVISION OF AQUEOUS SHUNT TO EXTRAC	44.48	42.77	90	1		AS
66220		REPAIR OF SCLERAL STAPHYLOMA; WITHOI	43.70	42.02	90	1		AS
66225		REPAIR OF SCLERAL STAPHYLOMA; WITH G	55.82	53.67	90	1		AS
67010		REMOVAL OF VITREOUS, ANTERIOR APPRO	32.52	31.27	90	1		AS
67027		IMPLANTATION OF INTRAVITREAL DRUG DE	51.28	49.31	90	1		AS
67030		DISCISSION OF VITREOUS STRANDS (WITHC	31.01	29.82	90	1		AS
67036		VITRECTOMY, MECHANICAL, PARS PLANA A	57.67	55.45	90	1		AS
67039		VITRECTOMY, MECHANICAL, PARS PLANA A	73.77	70.93	90	1		AS
67040		VITRECTOMY, MECHANICAL, PARS PLANA A	85.13	81.86	90	1		AS
67107		REPAIR OF RETINAL DETACHMENT; SCLER/	72.78	69.98	90	1		AS
67108		REPAIR OF RETINAL DETACHMENT; WITH VI	96.83	93.11	90	1		AS
67112		REPAIR OF RETINAL DETACHMENT; BY SCLI	80.03	76.95	90	1		AS
67113		REPAIR OF COMPLEX RETINAL DETACHMEN	95.11	91.45	90	1		AS
67121		REMOVAL OF IMPLANTED MATERIAL, POSTE	54.33	52.24	90	1		AS
67255		SCLERAL REINFORCEMENT (SEPARATE PRO	49.80	47.88	90	1		AS
67332		STRABISMUS SURGERY ON PATIENT WITH S	20.74	19.94	90	1		AS
67340		STRABISMUS SURGERY INVOLVING EXPLOF	22.41	21.55	90	1		AS
67343		RELEASE OF EXTENSIVE SCAR TISSUE WITI	38.91	37.41	90	1		AS
67399	R	UNLISTED PROCEDURE, OCULAR MUSCLE			90	1		AS
67400		ORBITOTOMY WITHOUT BONE FLAP (FRONT	55.30	53.17	90	1		AS
67405		ORBITOTOMY WITHOUT BONE FLAP (FRONT	47.19	45.38	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
67412		ORBITOTOMY WITHOUT BONE FLAP (FRONT	50.74	48.78	90	1		AS
67413		ORBITOTOMY WITHOUT BONE FLAP (FRONT	51.00	49.03	90	1		AS
67414		ORBITOTOMY WITHOUT BONE FLAP (FRONT	79.84	76.77	90	1		AS
67420		ORBITOTOMY WITH BONE FLAP OR WINDOV	98.03	94.26	90	1		AS
67430		ORBITOTOMY WITH BONE FLAP OR WINDOV	74.37	71.51	90	1		AS
67440		ORBITOTOMY WITH BONE FLAP OR WINDOV	71.63	68.88	90	1		AS
67445		ORBITOTOMY WITH BONE FLAP OR WINDOV	84.98	81.71	90	1		AS
67450		ORBITOTOMY WITH BONE FLAP OR WINDOV	74.40	71.54	90	1		
67500		RETROBULBAR INJECTION; MEDICATION (SI	34.20	32.89	0	1		AS
67570		OPTIC NERVE DECOMPRESSION (EG, INCISI	68.87	66.22	90	1		AS
67599	R	UNLISTED PROCEDURE, ORBIT			90	1		AS
67971		RECONSTRUCTION OF EYELID, FULL THICKI	43.96	42.27	90	1		AS
67973		RECONSTRUCTION OF EYELID, FULL THICKI	56.94	54.75	90	1		AS
67974		RECONSTRUCTION OF EYELID, FULL THICKI	56.70	54.52	90	1		AS
68720		DACRYOCYSTORHINOSTOMY (FISTULIZATIC	45.32	43.57	90	1		AS
68745		CONJUNCTIVORHINOSTOMY (FISTULIZATIO	45.68	43.92	90	1		AS
68750		CONJUNCTIVORHINOSTOMY (FISTULIZATIO	46.83	45.03	90	1		AS
69155		RADICAL EXCISION EXTERNAL AUDITORY C	110.88	106.61	90	1		
69210		REMOVAL IMPACTED CERUMEN (SEPARATE	20.19	19.42	0	1		
69220		DEBRIDEMENT, MASTOIDECTOMY CAVITY, &	55.70	53.56	0	1		AS
69320		RECONSTRUCTION EXTERNAL AUDITORY C	100.51	96.64	90	1		AS
69530		PETROUS APICECTOMY INCLUDING RADICA	108.85	104.66	90	1		AS
69550		EXCISION AURAL GLOMUS TUMOR; TRANSC	68.14	65.52	90	1		AS
69552		EXCISION AURAL GLOMUS TUMOR; TRANSM	103.24	99.27	90	1		AS
69554		EXCISION AURAL GLOMUS TUMOR; EXTEND	162.06	155.82	90	1		AS
69605		REVISION MASTOIDECTOMY; WITH APICECT	102.77	98.82	90	1		AS

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
69670		MASTOID OBLITERATION (SEPARATE PROC	61.94	59.56	90	1		AS
69725		DECOMPRESSION FACIAL NERVE, INTRATEI	126.02	121.17	90	1		AS
69740		SUTURE FACIAL NERVE, INTRATEMPORAL, 1	77.65	74.67	90	1		AS
69745		SUTURE FACIAL NERVE, INTRATEMPORAL, 1	73.15	70.34	90	1		AS
69805		ENDOLYMPHATIC SAC OPERATION; WITHOL	69.60	66.92	90	1		AS
69820		FENESTRATION SEMICIRCULAR CANAL	56.68	54.50	90	1		AS
69840		REVISION FENESTRATION OPERATION	58.84	56.58	90	1		AS
69915		VESTIBULAR NERVE SECTION, TRANSLABYI	102.12	98.20	90	1		AS
69950		VESTIBULAR NERVE SECTION, TRANSCRAN	121.02	116.36	90	1		AS
69955		TOTAL FACIAL NERVE DECOMPRESSION AN	132.43	127.34	90	1		AS
69960		DECOMPRESSION INTERNAL AUDITORY CAI	128.10	123.18	90	1		AS
69970		REMOVAL OF TUMOR, TEMPORAL BONE	142.67	137.18	90	1		
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZE	10.00	10.00		1		
80048		BASIC METABOLIC PANEL	6.40	6.40		1		
80069		RENAL FUNCTION PANEL	6.40	6.40		1		
80074		ACUTE HEPATITIS PANEL	36.80	36.80		1		
80076		HEPATIC FUNCTION PANEL	6.00	6.00		1		
81000		URINALYSIS, BY DIP STICK OR TABLET REA	2.40	2.40		4		
81001		URINALYSIS, BY DIP STICK OR TABLET REA	2.62	2.62		4		
81002		URINALYSIS, BY DIP STICK OR TABLET REA	1.60	1.60		1		
81015		URINALYSIS; MICROSCOPIC ONLY	1.60	1.60		1		
81025		URINE PREGNANCY TEST, BY VISUAL COLO	5.20	5.20		1		
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY	1.60	1.60		1		
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN C	1.60	1.60		1		
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	2.80	2.80		10		
82948		GLUCOSE; BLOOD, REAGENT STRIP	2.40	2.40		10		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
82950		GLUCOSE; POST GLUCOSE DOSE (INCLUDE	3.20	3.20	1			
82951		GLUCOSE; TOLERANCE TEST (GTT), THREE	10.40	10.40	1			
82962		GLUCOSE, BLOOD BY GLUCOSE MONITORIN	2.20	2.20	1			
83026		HEMOGLOBIN; BY COPPER SULFATE METHC	2.00	2.00	1			
83655		LEAD	8.40	8.40	1			
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL	8.80	8.80	1			
84702		GONADOTROPIN, CHORIONIC (HCG); QUANT	12.40	12.40	1			
84703		GONADOTROPIN, CHORIONIC (HCG); QUALI	5.60	5.60	1			
84704		GONADOTROPIN, CHORIONIC (HCG); FREE I	11.80	11.80	1			
85002		BLEEDING TIME	3.60	3.60	1			
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL	4.80	4.80	1			
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPI	2.80	2.80	10			
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	2.00	2.00	1			
85014		BLOOD COUNT; HEMATOCRIT (HCT)	1.60	1.60	10			
85018		BLOOD COUNT; HEMOGLOBIN (HGB)	1.60	1.60	10			
85025		BLOOD COUNT; COMPLETE (CBC), AUTOMA	6.40	6.40	4			
85049		BLOOD COUNT; PLATELET, AUTOMATED	3.20	3.20	1			
85651		SEDIMENTATION RATE, ERYTHROCYTE, NO	2.80	2.80	1			
85660		SICKLING OF RBC, REDUCTION	3.20	3.20	1			
86318		IMMUNOASSAY FOR INFECTIOUS AGENT AM	11.20	11.20	1			
86403		PARTICLE AGGLUTINATION; SCREEN, EACH	8.80	8.80	1			
86580		SKIN TEST; TUBERCULOSIS, INTRADERMAL	2.77	2.77	1			
86592		SYPHILIS TEST; QUALITATIVE (EG, VDRL, RF	3.20	3.20	1			
87040		CULTURE, BACTERIAL; BLOOD, AEROBIC, W	8.40	8.40	3			
87210		SMEAR, PRIMARY SOURCE WITH INTERPRE	3.20	3.20	1			
87220		TISSUE EXAMINATION BY KOH SLIDE OF SA	3.20	3.20	1			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
87430		INFECTIOUS AGENT ANTIGEN DETECTION B	9.20	9.20	1			
87650		INFECTIOUS AGENT DETECTION BY NUCLEI	9.60	9.60	1			
87804		INFECTIOUS AGENT ANTIGEN DETECTION B	9.20	9.20	2			
87880		INFECTIOUS AGENT DETECTION BY IMMUNO	9.20	9.20	1			
89190		NASAL SMEAR FOR EOSINOPHILS	3.60	3.60	1			
90472		EACH ADDITIONAL VACCINE (SINGLE OR CC	4.00		5			
90632		HEPATITIS A VACCINE, ADULT DOSAGE, FOI	57.53		1			
90633		HEPATITIS A VACCINE, PEDIATRIC/ADOLESC	8.00		1			
90634		HEPATITIS A VACCINE, PEDIATRIC/ADOLESC	8.00		1			
90645		HEMOPHILUS INFLUENZA B VACCINE (HIB),	8.00		1			
90647		HEMOPHILUS INFLUENZA B VACCINE (HIB),	8.00		1			
90648		HEMOPHILUS INFLUENZA B VACCINE (HIB),	8.00		1			
90649	R	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, '	8.00		1			
90649	HA	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, '	114.25		1			
90655		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, F	8.00		1			
90656	HA	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, F	20.71		1			
90656		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, F	8.00		1			
90657		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, V	8.00		1			
90658		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, V	8.00		1			
90658	HA	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3	20.71		1			
90660		INFLUENZA VIRUS VACCINE, LIVE, FOR INTF	23.51		1			
90669		PNEUMOCOCCAL CONJUGATE VACCINE, PC	8.00		1			
90680		ROTAVIRUS VACCINE, PENTAVALENT, 3 DO	8.00		1			
90700		DIPHThERIA, TETANUS TOXOIDS, AND ACEL	8.00		1			
90702		DIPHThERIA AND TETANUS TOXOIDS (DT) A	8.00		1			
90704	HA	MUMPS VIRUS VACCINE, LIVE, FOR SUBCUT	26.47		1			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
90704		MUMPS VIRUS VACCINE, LIVE, FOR SUBCUT	8.00		1			
90707		MEASLES, MUMPS AND RUBELLA VIRUS VAC	8.00		1			
90707	HA	MEASLES, MUMPS AND RUBELLA VIRUS VAC	44.12		1			
90708		MEASLES AND RUBELLA VIRUS VACCINE, LI	8.00		1			
90710		MEASLES, MUMPS, RUBELLA, AND VARICEL	8.00		1			
90713		POLIOVIRUS VACCINE, INACTIVATED, (IPV),	8.00		1			
90714		TETANUS AND DIPHTHERIA TOXOIDS (TD) A	8.00		1			
90714	HA	TETANUS AND DIPHTHERIA TOXOIDS(TD) AI	23.75		1			
90715		TETANUS, DIPHTHERIA TOXOIDS AND ACEL	8.00		1			
90715	HA	TETANUS, DIPHTHERIA TOXOIDS AND ACEL	38.92		1			
90716		VARICELLA VIRUS VACCINE, LIVE, FOR SUB	8.00		1			
90716	HA	VARICELLA VIRUS VACCINE, LIVE, FOR SUB	75.84		1			
90718	HA	TETANUS AND DIPHTHERIA TOXOIDS (TD) A	13.03		1			
90718		TETANUS AND DIPHTHERIA TOXOIDS (TD) A	8.00		1			
90721		DIPHTHERIA, TETANUS TOXOIDS, AND ACEL	8.00		1			
90723		DIPHTHERIA, TETANUS TOXOIDS, ACELLULA	8.00		1			
90732	HA	PNEUMOCOCCAL POLYSACCHARIDE VACCI	55.96		1			
90732		PNEUMOCOCCAL POLYSACCHARIDE VACCI	8.00		1			
90733		MENINGOCOCCAL POLYSACCHARIDE VACC	87.86		1			
90734		MENINGOCOCCAL CONJUGATE VACCINE, S	8.00		1			
90734	HA	MENINGOCOCCAL CONJUGATE VACCINE, S	86.35		1			
90743		HEPATITIS B VACCINE, ADOLESCENT (2 DOSE	8.00		1			
90744		HEPATITIS B VACCINE, PEDIATRIC/ADOLESC	8.00		1			
90746		HEPATITIS B VACCINE, ADULT DOSAGE, FOI	57.91		1			
90748		HEPATITIS B AND HEMOPHILUS INFLUENZA	8.00		1			
90749	R	UNLISTED VACCINE/TOXOID		NA	1			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
90801		PSYCHIATRIC DIAGNOSTIC INTERVIEW EXA	70.20	67.50	1			
90802		INTERACTIVE PSYCHIATRIC DIAGNOSTIC IN	74.76	71.88	1			
90804		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORI	28.99	27.87	1			
90805		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORI	32.41	31.16	1			
90806		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORI	39.58	38.06	1			
90807		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORI	45.11	43.38	1			
90810		INDIVIDUAL PSYCHOTHERAPY, INTERACTIV	30.78	29.60	1			
90811		INDIVIDUAL PSYCHOTHERAPY, INTERACTIV	36.16	34.77	1			
90812		INDIVIDUAL PSYCHOTHERAPY, INTERACTIV	43.16	41.50	1			
90813		INDIVIDUAL PSYCHOTHERAPY, INTERACTIV	48.86	46.98	1			
90816		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORI	26.22	25.22	1			
90817		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORI	29.32	28.19	1			
90818		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORI	38.76	37.27	1			
90819		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORI	41.86	40.25	1			
90823		INDIVIDUAL PSYCHOTHERAPY, INTERACTIV	28.34	27.25	1			
90824		INDIVIDUAL PSYCHOTHERAPY, INTERACTIV	31.60	30.38	1			
90826		INDIVIDUAL PSYCHOTHERAPY, INTERACTIV	41.04	39.46	1			
90827		INDIVIDUAL PSYCHOTHERAPY, INTERACTIV	43.97	42.28	1			
90862		PHARMACOLOGIC MANAGEMENT, INCLUDIN	25.73	24.74	1			
90951		(ESRD) RELATED SERVICES MONTHLY, FOR	428.99	412.49				
90952		(ESRD) RELATED SERVICES MONTHLY, FOR	198.21	190.58				
90953		(ESRD) RELATED SERVICES MONTHLY, FOR	131.60	126.54				
90954		(ESRD) RELATED SERVICES MONTHLY, FOR	358.79	344.99				
90955		(ESRD) RELATED SERVICES MONTHLY, FOR	198.21	190.58				
90956		(ESRD) RELATED SERVICES MONTHLY, FOR	131.60	126.54				
90957		(ESRD) RELATED SERVICES MONTHLY, FOR	286.81	275.78				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
90958		(ESRD) RELATED SERVICES MONTHLY, FOR	190.39	183.06				
90959		(ESRD) RELATED SERVICES MONTHLY, FOR	121.82	117.14				
90960		(ESRD) RELATED SERVICES MONTHLY, FOR	124.76	119.96				
90961		END-STAGE RENAL DISEASE (ESRD) RELATI	99.84	96.00				
90962		END-STAGE RENAL DISEASE (ESRD) RELATI	70.84	68.12				
90963		(ESRD) RELATED SERVICES FOR HOME DIAI	228.99	220.18				
90964		(ESRD) RELATED SERVICES FOR HOME DIAI	199.67	191.99				
90965		(ESRD) RELATED SERVICES FOR HOME DIAI	190.23	182.91				
90966		END-STAGE RENAL DISEASE (ESRD) RELATI	98.37	94.58				
90967		END-STAGE RENAL DISEASE (ESRD) RELATI	8.47	8.14				
90968		END-STAGE RENAL DISEASE (ESRD) RELATI	6.84	6.58				
90969		END-STAGE RENAL DISEASE (ESRD) RELATI	6.68	6.42				
90970		END-STAGE RENAL DISEASE (ESRD) RELATI	3.42	3.29				
92504		BINOCULAR MICROSCOPY (SEPARATE DIAG	12.70	12.22		1		
92526		TREATMENT OF SWALLOWING DYSFUNCTION	35.02	33.67		1		
92567		TYMPANOMETRY (IMPEDANCE TESTING)	8.99	8.64		1		
92950		CARDIOPULMONARY RESUSCITATION (EG, I	117.43	112.91		1		AS
92992		ATRIAL SEPTECTOMY OR SEPTOSTOMY; TR	64.44	61.97	90	1		AS
92993		ATRIAL SEPTECTOMY OR SEPTOSTOMY; BL	38.76	37.27	90	1		
93000		ELECTROCARDIOGRAM, ROUTINE ECG WITI	8.63	8.30		1		
94010		SPIROMETRY, INCLUDING GRAPHIC RECOR	14.98	14.41		1		
94011		MEASUREMENT OF SPIROMETRIC FORCED	43.49	41.82		1		
94012		MEASUREMENT OF SPIROMETRIC FORCED	66.93	64.36		1		
94013		MEASUREMENT OF LUNG VOLUMES (IE, FUI	14.18	13.62		1		
94060		BRONCHODILATION RESPONSIVENESS, SPI	26.87	25.84		1		
94070		BRONCHOSPASM PROVOCATION EVALUATI	27.85	26.78		1		

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
94150		VITAL CAPACITY, TOTAL (SEPARATE PROCE	9.31	8.95	1			
94200		MAXIMUM BREATHING CAPACITY, MAXIMAL	10.42	10.02	1			
94250		EXPIRED GAS COLLECTION, QUANTITATIVE	10.42	10.02	1			
94375		RESPIRATORY FLOW VOLUME LOOP	16.94	16.29	1			
94400		BREATHING RESPONSE TO CO2 (CO2 RESP	24.27	23.34	1			
94450		BREATHING RESPONSE TO HYPOXIA (HYPO	23.29	22.39	1			
94610		INTRAPULMONARY SURFACTANT ADMINIST	29.15	28.03	1			
94640		PRESSURIZED OR NONPRESSURIZED INHAL	6.35	6.10	3			
94644		CONTINUOUS INHALATION TREATMENT WIT	15.31	14.72	1			
94645		CONTINUOUS INHALATION TREATMENT WIT	6.02	5.79	1			
94664		DEMONSTRATION AND/OR EVALUATION OF	7.01	6.74	1			
94667		MANIPULATION CHEST WALL, SUCH AS CUF	9.29	8.93	1			
94680		OXYGEN UPTAKE, EXPIRED GAS ANALYSIS;	22.47	21.61	1			
94681		OXYGEN UPTAKE, EXPIRED GAS ANALYSIS;	22.31	21.46	1			
94690		OXYGEN UPTAKE, EXPIRED GAS ANALYSIS;	18.73	18.01	1			
94750		PULMONARY COMPLIANCE STUDY (EG, PLE	33.55	32.26	1			
94770		CARBON DIOXIDE, EXPIRED GAS DETERMIN	16.94	16.29	1			
95115		PROFESSIONAL SERVICES FOR ALLERGEN	3.91	3.76	1			
95117		PROFESSIONAL SERVICES FOR ALLERGEN	4.88	4.70	1			
95806		SLEEP STUDY, SIMULTANEOUS RECORDING	96.41	92.70	1			
95992		CANALITH REPOSITIONING PROCEDURE(S)	18.40	17.70				
96101		PSYCHOLOGICAL TESTING (INCLUDES PSYC	36.97	35.55	4			
96102		PSYCHOLOGICAL TESTING (INCLUDES PSYC	24.59	23.65	1			
96103		PSYCHOLOGICAL TESTING (INCLUDES PSYC	23.61	22.70	1			
96116		NEUROBEHAVIORAL STATUS EXAM (CLINIC)	42.02	40.40	3			
96118		NEUROPSYCHOLOGICAL TESTING (EG, HAL	46.58	44.78	3			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
96119		NEUROPSYCHOLOGICAL TESTING (EG, HAL	35.18	33.82	3			
96120		NEUROPSYCHOLOGICAL TESTING (EG, WIS	34.36	33.04	1			
96401		CHEMOTHERAPY ADMINISTRATION, SUBCU	33.06	31.79	1			
96402		CHEMOTHERAPY ADMINISTRATION, SUBCU	15.48	14.88	1			
96409		CHEMOTHERAPY ADMINISTRATION; INTRAV	49.67	47.76	1			
96411		CHEMOTHERAPY ADMINISTRATION; INTRAV	28.34	27.25	1			
96413		CHEMOTHERAPY ADMINISTRATION, INTRAV	63.84	61.38	1			
96415		CHEMOTHERAPY ADMINISTRATION, INTRAV	14.66	14.10	7			
96416		CHEMOTHERAPY ADMINISTRATION, INTRAV	70.03	67.34	1			
96417		CHEMOTHERAPY ADMINISTRATION, INTRAV	32.25	31.01	1			
96523		IRRIGATION OF IMPLANTED VENOUS ACCES	11.07	10.65	1			
97602		REMOVAL OF DEVITALIZED TISSUE FROM W	17.22	16.56	1			
99050		SERVICES PROVIDED IN THE OFFICE AT TIM	6.06	5.82	1			
99070	R	SUPPLIES AND MATERIALS (EXCEPT SPECT			1			
99143		MODERATE SEDATION SERVICES (OTHER T	44.40	42.69	1			
99144		MODERATE SEDATION SERVICES (OTHER T	44.40	42.69	1			
99145		MODERATE SEDATION SERVICES (OTHER T	22.20	21.34	4			
99148		MODERATE SEDATION SERVICES (OTHER T	44.40	42.69	1			
99149		MODERATE SEDATION SERVICES (OTHER T	44.40	42.69	1			
99150		MODERATE SEDATION SERVICES (OTHER T	22.20	21.34	4			
99195		PHLEBOTOMY, THERAPEUTIC (SEPARATE P	39.74	38.21	1			
99201		OFFICE OR OTHER OUTPATIENT VISIT FOR	25.96	24.96	1			
99202		OFFICE OR OTHER OUTPATIENT VISIT FOR	27.21	26.17	1			
99203		OFFICE AND OUTPATIENT VISIT FOR A NEW	40.50	38.94	1			
99204		OFFICE OR OTHER OUTPATIENT VISIT FOR	57.27	55.07	1			
99205		OFFICE OR OTHER OUTPATIENT VISIT FOR	72.78	69.98	1			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
99211	FP	OFFICE OR OTHER OUTPATIENT VISIT FOR	8.17	7.86	1			
99211		OFFICE OR OTHER OUTPATIENT VISIT FOR	10.38	9.98	1			
99212		OFFICE OR OTHER OUTPATIENT VISIT FOR	18.17	17.47	1			
99213		OFFICE OR OTHER OUTPATIENT VISIT FOR	22.14	21.29	1			
99214		OFFICE OR OUTPATIENT VISIT FOR THE EV/	34.49	33.17	1			
99215		OFFICE OR OTHER OUTPATIENT VISIT FOR	50.15	48.22	1			
99217		OBSERVATION CARE DISCHARGE DAY MAN.	29.97	28.82	1			
99218		INITIAL OBSERVATION CARE, PER DAY, FOR	28.17	27.09	1			
99219		INITIAL OBSERVATION CARE, PER DAY, FOR	46.58	44.78	1			
99221		INITIAL HOSPITAL CARE, PER DAY, FOR THE	40.88	39.30	1			
99222		INITIAL HOSPITAL CARE, PER DAY, FOR THE	55.38	53.25	1			
99223		INITIAL HOSPITAL CARE, PER DAY, FOR THE	81.76	78.62	1			
99231		SUBSEQUENT HOSPITAL CARE, PER DAY, FI	16.94	16.29	1			
99232		SUBSEQUENT HOSPITAL CARE, PER DAY, FI	30.46	29.29	1			
99233		SUBSEQUENT HOSPITAL CARE, PER DAY, FI	43.65	41.97	1			
99234		OBSERVATION OR INPATIENT HOSPITAL CA	57.17	54.97	1			
99235		OBSERVATION OR INPATIENT HOSPITAL CA	74.76	71.88	1			
99238		HOSPITAL DISCHARGE DAY MANAGEMENT,	29.80	28.66	1			
99239		HOSPITAL DISCHARGE DAY MANAGEMENT,	43.16	41.50	1			
99241		OFFICE CONSULTATION FOR A NEW OR EST	21.99	21.14	1			
99242		OFFICE CONSULTATION FOR A NEW OR EST	41.37	39.78	1			
99243		OFFICE CONSULTATION FOR A NEW OR EST	56.52	54.34	1			
99244		OFFICE CONSULTATION FOR A NEW OR EST	83.72	80.50	1			
99251		INPATIENT CONSULTATION FOR A NEW OR	22.31	21.46	1			
99252		INPATIENT CONSULTATION FOR A NEW OR	34.36	33.04	1			
99253		INPATIENT CONSULTATION FOR A NEW OR	52.44	50.42	1			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
99254		INPATIENT CONSULTATION FOR A NEW OR	75.73	72.82	1			
99281		EMERGENCY DEPARTMENT VISIT FOR THE	11.84	11.38	1			
99282		EMERGENCY DEPARTMENT VISIT FOR THE	18.34	17.63	1			
99283		EMERGENCY DEPARTMENT VISIT FOR THE	33.80	32.50	1			
99284		EMERGENCY DEPARTMENT VISIT FOR THE	51.75	49.76	1			
99285		EMERGENCY DEPARTMENT VISIT FOR THE	81.54	78.41	1			
99304		INITIAL NURSING FACILITY CARE, PER DAY,	36.64	35.23	1			
99305		INITIAL NURSING FACILITY CARE, PER DAY,	50.98	49.02	1			
99306		INITIAL NURSING FACILITY CARE, PER DAY,	65.64	63.11	1			
99307		SUBSEQUENT NURSING FACILITY CARE, PE	18.08	17.38	1			
99308		SUBSEQUENT NURSING FACILITY CARE, PE	27.36	26.31	1			
99309		SUBSEQUENT NURSING FACILITY CARE, PE	36.32	34.92	1			
99310		SUBSEQUENT NURSING FACILITY CARE, PE	54.07	51.99	1			
99318		EVALUATION AND MANAGEMENT OF A PATI	38.11	36.65	1			
99324		DOMICILIARY OR REST HOME VISIT FOR TH	24.27	23.34	1			
99325		DOMICILIARY OR REST HOME VISIT FOR TH	35.02	33.67	1			
99326		DOMICILIARY OR REST HOME VISIT FOR TH	58.14	55.90	1			
99327		DOMICILIARY OR REST HOME VISIT FOR TH	75.73	72.82	1			
99328		DOMICILIARY OR REST HOME VISIT FOR TH	88.92	85.50	1			
99334		DOMICILIARY OR REST HOME VISIT FOR TH	25.24	24.27	1			
99335		DOMICILIARY OR REST HOME VISIT FOR TH	38.92	37.42	1			
99336		DOMICILIARY OR REST HOME VISIT FOR TH	54.56	52.46	1			
99337		DOMICILIARY OR REST HOME VISIT FOR TH	78.01	75.01	1			
99339		INDIVIDUAL PHYSICIAN SUPERVISION OF A	33.39	32.10	1			
99340		INDIVIDUAL PHYSICIAN SUPERVISION OF A	46.58	44.78	1			
99341		HOME VISIT FOR THE EVALUATION AND MAI	24.27	23.34	1			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
99342		HOME VISIT FOR THE EVALUATION AND MAI	35.02	33.67	1			
99343		HOME VISIT FOR THE EVALUATION AND MAI	56.52	54.34	1			
99344		HOME VISIT FOR THE EVALUATION AND MAI	74.26	71.41	1			
99347		HOME VISIT FOR THE EVALUATION AND MAI	23.94	23.02	1			
99348		HOME VISIT FOR THE EVALUATION AND MAI	35.67	34.30	1			
99349		HOME VISIT FOR THE EVALUATION AND MAI	51.79	49.80	1			
99350		HOME VISIT FOR THE EVALUATION AND MAI	71.83	69.06	1			
99354		PROLONGED PHYSICIAN SERVICE IN THE O	41.21	39.62	1			
99355		PROLONGED PHYSICIAN SERVICE IN THE O	40.55	38.99	1			
99356		PROLONGED PHYSICIAN SERVICE IN THE IN	37.46	36.02	1			
99357		PROLONGED PHYSICIAN SERVICE IN THE IN	37.62	36.18	1			
99381		INITIAL COMPREHENSIVE PREVENTIVE MED	57.27		1			
99382		INITIAL EVALUATION AND MANAGEMENT OF	57.27		1			
99383		INITIAL EVALUATION AND MANAGEMENT OF	57.27		1			
99383	FP	INITIAL COMPREHENSIVE PREVENTIVE MED	39.70		1			
99384		INITIAL EVALUATION AND MANAGEMENT OF	57.27		1			
99384	FP	INITIAL EVALUATION AND MANAGEMENT OF	43.30		1			
99385		INITIAL EVALUATION AND MANAGEMENT OF	57.27	55.07	1			
99385	EP	INITIAL COMPREHENSIVE PREVENTIVE MED	57.27	55.07	1			
99385	FP	INITIAL COMPREHENSIVE PREVENTIVE MED	43.30	41.63	1			
99386	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVAL		48.54	1			
99386		INITIAL EVALUATION AND MANAGEMENT OF A HEALTH'		52.62	1			
99387		INITIAL EVALUATION AND MANAGEMENT OF A HEALTH'		57.94	1			
99391		PERIODIC COMPREHENSIVE PREVENTIVE N	57.27		1			
99392		PERIODIC REEVALUATION AND MANAGEME	57.27		1			
99393		PERIODIC REEVALUATION AND MANAGEME	57.27		1			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
99393	FP	PERIODIC COMPREHENSIVE PREVENTIVE M	34.80		1			
99394		PERIODIC REEVALUATION AND MANAGEME	57.27		1			
99394	FP	PERIODIC COMPREHENSIVE PREVENTIVE M	38.24		1			
99395	FP	PERIODIC COMPREHENSIVE PREVENTIVE M	38.24	36.77	1			
99395	EP	PERIODIC REEVALUATION AND MANAGEME	57.27	55.07	1			
99395		PERIODIC REEVALUATION AND MANAGEME	57.27	55.07	1			
99396		PERIODIC REEVALUATION AND MANAGEMENT OF A HE		43.69	1			
99396	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE RI		40.22	1			
99397		PERIODIC REEVALUATION AND MANAGEMENT OF A HE		49.02	1			
99401		PREVENTIVE MEDICINE COUNSELING AND/(	15.14	14.56	1			
99402		COUNSELING AND/OR RISK FACTOR REDUC	26.06	25.06	1			
99403	FP	COUNSELING AND/OR RISK FACTOR REDUC	33.99	32.68	1			
99460		INITIAL HOSPITAL OR BIRTHING CENTER CA	25.24		1			
99461		INITIAL CARE, PER DAY, FOR EVALUATION A	41.37		1			
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FI	13.52		1			
99463		INITIAL HOSPITAL OR BIRTHING CENTER CA	33.55		1			
99464		ATTENDANCE AT DELIVERY (WHEN REQUES	30.88		1			
99465		DELIVERY/BIRTHING ROOM RESUSCITATION	65.64		1			
99468		INITIAL INPATIENT NEONATAL CRITICAL CAF	388.27		1			
99469		SUBSEQUENT INPATIENT NEONATAL CRITIC	169.38		1			
99499	SC	FLUORIDE VARNISH	22.46		1			
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE	45.76	44.00	1			
G0101		CERVICAL OR VAGINAL CANCER SCREENIN	15.48	14.88	1			
G9141		INFLUENZA A H1N1,ADMIN W COU	8.32	8.00	1			
H0004		INDIVIDUAL/FAMILY THERAPY-45 MINUTES	45.76	44.00	1			
H1000		PRENATAL CARE, AT RISK ASSESSMENT	43.26	41.60	1			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy	Sterilization	Abortion	PA	AS
H1001		PRENATAL CARE,AT-RISK ENHANCED SERV	86.53	83.20	1					
H1001	TG	PRENATAL CARE,AT-RISK ENHANCED SERV	129.79	124.80	1					
J0207		INJECTION, AMIFOSTINE, 500 MG								
J0290		INJECTION, AMPICILLIN SODIUM, 500 MG								
J0295		INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM								
J0690		INJECTION, CEFAZOLIN SODIUM, 500 MG								
J0696		INJECTION, CEFTRIAZONE SODIUM, PER 250 MG								
J0698		CEFOTAXIME SODIUM, PER GM								
J0740		INJECTION, CIDOFOVIR, 375 MG								
J0881		INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)								
J0882		INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)								
J0885		INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS								
J0886		INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)								
J1000		INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG								
J1020		INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG								
J1030		INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG								
J1040		INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG								
J1051		INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG								
J1055		INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 1								
J1056		INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5M								
J1100		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG								
J1200		INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG								
J1325		INJECTION, EPOPROSTENOL, 0.5 MG								
J1364		INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG								
J1440		INJECTION, FILGRASTIM (G-CSF), 300 MCG								

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy	Sterilization	Abortion	PA	AS
J1441		INJECTION, FILGRASTIM (G-CSF), 480 MCG								
J1570		INJECTION, GANCICLOVIR SODIUM, 500 MG								
J1626		INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG								
J1642		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS								
J1885		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG								
J1940		INJECTION, FUROSEMIDE, UP TO 20 MG								
J1950		INJECTION, LEUPROLIDE ACETATE PER 3.75 MG.								
J2060		INJECTION, LORAZEPAM, 2 MG								
J2210		INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG								
J2550		INJECTION, PROMETHAZINE HCL, UP TO 50 MG								
J2590		INJECTION, OXYTOCIN, UP TO 10 UNITS								
J2790		INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG								
J2820		INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG								
J2930		INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG								
J2950		INJECTION, PROMAZINE HCL, UP TO 25 MG								
J3030		INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDIC								
J3105		INJECTION, TERBUTALINE SULFATE, UP TO 1 MG								
J3301		INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG								
J3410		INJECTION, HYDROXYZINE HCL, UP TO 25 MG								
J3430		INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG								
J3490	R	UNCLASSIFIED DRUGS								
J7030		INFUSION, NORMAL SALINE SOLUTION , 1000 CC								
J7040		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)								
J7042		5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)								
J7050		INFUSION, NORMAL SALINE SOLUTION , 250 CC								
J7060		5% DEXTROSE/WATER (500 ML = 1 UNIT)								

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
J7070		INFUSION, D5W, 1000 CC						
J7120		RINGERS LACTATE INFUSION, UP TO 1000 CC						
J7130		HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL						
J7300		INTRAUTERINE COPPER CONTRACEPTIVE						
J7302		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG						
J7307		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AI						
J9201		GEMCITABINE HCL, 200 MG						
J9206		IRINOTECAN, 20 MG						
J9260		METHOTREXATE SODIUM, 50 MG						
J9600	R	PORFIMER SODIUM, 75 MG						
Q0111		WET MOUNTS, INCLUDING PREPARATIONS I	3.33	3.20	1			
Q0112		ALL POTASSIUM HYDROXIDE (KOH) PREPAF	3.33	3.20	1			
Q0113		PINWORM EXAMINATIONS	4.16	4.00				
Q0114		FERN TEST	3.33	3.20	1			
Q4003		CAST SUPPLIES, SHOULDER CAST, ADULT (	18.05	18.05	1			
Q4004		CAST SUPPLIES, SHOULDER CAST, ADULT (	62.48	62.48	1			
Q4005		CAST SUPPLIES, LONG ARM CAST, ADULT (	6.65	6.65	1			
Q4006		CAST SUPPLIES, LONG ARM CAST, ADULT (	14.99	14.99	1			
Q4007		CAST SUPPLIES, LONG ARM CAST, PEDIATR	3.33	3.33	1			
Q4008		CAST SUPPLIES, LONG ARM CAST, PEDIATR	7.50	7.50	1			
Q4009		CAST SUPPLIES, SHORT ARM CAST, ADULT	4.44	4.44	1			
Q4010		CAST SUPPLIES, SHORT ARM CAST, ADULT	10.00	10.00	1			
Q4011		CAST SUPPLIES, SHORT ARM CAST, PEDIAT	2.22	2.22	1			
Q4012		CAST SUPPLIES, SHORT ARM CAST, PEDIAT	5.00	5.00	1			
Q4013		CAST SUPPLIES, GAUNTLET CAST (INCLUDE	8.08	8.08	1			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
Q4014		CAST SUPPLIES, GAUNTLET CAST (INCLUDE	13.64	13.64	1			
Q4015		CAST SUPPLIES, GAUNTLET CAST (INCLUDE	4.04	4.04	1			
Q4016		CAST SUPPLIES, GAUNTLET CAST (INCLUDE	6.82	6.82	1			
Q4017		CAST SUPPLIES, LONG ARM SPLINT, ADULT	4.68	4.68	1			
Q4018		CAST SUPPLIES, LONG ARM SPLINT, ADULT	7.46	7.46	1			
Q4019		CAST SUPPLIES, LONG ARM SPLINT, PEDIA	2.34	2.34	1			
Q4020		CAST SUPPLIES, LONG ARM SPLINT, PEDIA	3.73	3.73	1			
Q4021		CAST SUPPLIES, SHORT ARM SPLINT, ADUL	3.46	3.46	1			
Q4022		CAST SUPPLIES, SHORT ARM SPLINT, ADUL	6.24	6.24	1			
Q4023		CAST SUPPLIES, SHORT ARM SPLINT, PEDIA	1.74	1.74	1			
Q4032		CAST SUPPLIES, LONG LEG CAST, PEDIATR	19.52	19.52	2			
Q4037		CAST SUPPLIES, SHORT LEG CAST, ADULT (	8.44	8.44	1			
Q4038		CAST SUPPLIES, SHORT LEG CAST, ADULT (	21.15	21.15	1			
Q4039		CAST SUPPLIES, SHORT LEG CAST, PEDIAT	4.23	4.23	1			
Q4040		CAST SUPPLIES, SHORT LEG CAST, PEDIAT	10.58	10.58	1			
Q4045		CAST SUPPLIES, SHORT LEG SPLINT, ADUL	5.96	5.96	1			
Q4046		CAST SUPPLIES, SHORT LEG SPLINT, ADUL	9.58	9.58	1			
Q4047		CAST SUPPLIES, SHORT LEG SPLINT, PEDIA	2.98	2.98	1			
Q4048		CAST SUPPLIES, SHORT LEG SPLINT, PEDIA	4.80	4.80	1			
Q4049		FINGER SPLINT, STATIC	1.09	1.09	1			
Q4050	R	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIAL			1			
Q4051	R	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERM			1			
S0195		PNEUMOCOCCAL CONJUGATE VACCINE, PC	10.00	10.00	1			
S4005		LABOR MANAGEMENT FEE	200.00	200.00	1			
S4989		PROGESTASERT INTRAUTERINE DEVICE	106.86	106.86	1			