Registered Nurse First Assistant Fee Schedule

Note: The base fee below is reimbursed for services to adults age 21 and over. For services provided to children under the age of 21, there is a 4% increase over the adult fee.

To calculate reimbursement for services to children, multiply the base fee by 1.04. Example: \$38.82 X 1.04 = \$40.37. Fees are rounded to the nearest hundredth.

10 can	Jaiato	reimbursement for services to children, multiply the base fee by 1.04. Example: \$38.82 X 1.04 = \$40.37. Fee	aro rouna		rioui	Hyster-		Abor-		\neg
Code	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
10030		Guide Cathet Fluid Drainage	50.58	1	0					AS
11004		Debridement Of Skin, Subcutaneous Tissue, Muscle And Fascia For Necrotizing	38.82	1	0					AS
12018		Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/	17.03	1	0					AS
12047		Layer Closure Of Wounds Of Neck, Hands, Feet And/Or External Genitalia; Ove	35.32	1	10					AS
12057		Layer Closure Of Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Me	38.00	1	10					AS
15002		Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	23.99	1	0					AS
15003		Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	5.25	20						AS
15004		Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	27.57	1	0					AS
15005		Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	8.52	20						AS
15731		Forehead Flap With Preservation Of Vascular Pedicle (Eg, Axial Pattern Flap	77.64	1	90					AS
15732		Muscle, Myocutaneous, Or Fasciocutaneous Flap; Head And Neck (Eg, Temporali	89.01	1	90					AS
15734		Muscle, Myocutaneous, Or Fasciocutaneous Flap; Trunk	102.72	1	90					AS
15738		Muscle, Myocutaneous, Or Fasciocutaneous Flap; Lower Extremity	96.39	1	90					AS
15750		Flap; Neurovascular Pedicle	62.50	1	90					AS
15756		Free Muscle Or Myocutaneous Flap With Microvascular Anastomosis	159.35	1	90					AS
15757		Free Skin Flap With Microvascular Anastomosis	157.31	1	90					AS
15758		Free Fascial Flap With Microvascular Anastomosis	157.12	1	90					AS
15770		Graft; Derma-Fat-Fascia	46.50	1	90					AS
15830		Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Abdo	80.03	1	90				Υ	AS
15832		Excision, Excessive Skin And Subcutaneous Tissue; thigh	61.68	1	90				Υ	AS
15834		Excision, Excessive Skin And Subcutaneous Tissue; hip	58.86	1	90				Υ	AS
15835		Excision, Excessive Skin And Subcutaneous Tissue; buttock	62.10	1	90				Υ	AS
15841		Graft For Facial Nerve Paralysis; Free Muscle Graft (Including Obtaining Gr	109.09	1	90					AS
15842		Graft For Facial Nerve Paralysis; Free Muscle Flap By Microsurgical Techniq	180.25	1	90					AS
15845		Graft For Facial Nerve Paralysis; Regional Muscle Transfer	69.74	1	90					AS
15847		Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy), Abdo	37.68	1	90				Υ	AS
15922		Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Flap Closure	53.86	1	90					AS

January 1, 2015 1/91

						Hyster-				
Code	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
15935		Excision, Sacral Pressure Ulcer, With Skin Flap Closure; With Ostectomy	75.61	1	90					AS
15937		Excision, Sacral Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure;	71.11	1	90					AS
15946		Excision, Ischial Pressure Ulcer, With Ostectomy, In Preparation For Muscle	112.02	1	90					AS
15952		Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure;	62.73	1	90					AS
15958		Excision, Trochanteric Pressure Ulcer, With Muscle Or Myocutaneous Flap Clo	80.60	1	90					AS
17311		Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	44.76	1	0					AS
17312		Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	26.79	1						AS
17313		Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	40.84	1	0					AS
17314		Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	24.84	1						AS
17315		Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	5.32	1						AS
19081		Bx Breast 1St Lesion Strtctc	43.64	1	0					AS
19082		Bx Breast Add Lesion Strtctc	35.25	3						AS
19083		Bx Breast 1St Lesion Us Imag	43.34	1	0					AS
19084		Bx Breast Add Lesion Us Imag	34.77	1						AS
19085		Bx Breast 1St Lesion Mr Imag	65.59	1	0					AS
19086		Bx Breast Add Lesion Mr Imag	52.28	1						AS
19260		Excision Of Chest Wall Tumor Including Ribs	83.03	1	90					AS
19271		Excision Of Chest Wall Tumor Involving Ribs, With Plastic Reconstruction; W	112.09	1	90					AS
19272		Excision Of Chest Wall Tumor Involving Ribs, With Plastic Reconstruction; W	123.98	1	90					AS
19281		Perq Device Breast 1St Imag	15.72	1	0					AS
19282		Perq Device Breast Ea Imag	10.91	1						AS
19283		Perq Dev Breast 1St Strtctc	17.85	1	0					AS
19284		Perq Dev Breast Add Strtctc	13.09	1						AS
19285		Perq Dev Breast 1St Us Imag	30.21	1	0					AS
19286		Perq Dev Breast Add Us Imag	25.32	1						AS
19287		Perq Dev Breast 1St Mr Guide	55.97	1	0					AS
19288		Perq Dev Breast Add Mr Guide	44.55	1						AS
19300		Mastectomy For Gynecomastia	35.93	1	90					AS
19301		Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentecto	44.14	1	90					AS
19302		Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentecto	60.82	1	90					AS

January 1, 2015 2/91

					Hyster-	Sterili-	Abor-		
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
19303	Mastectomy, Simple, Complete	68.34	1	90					AS
19304	Mastectomy, Subcutaneous	39.21	1	90					AS
19305	Mastectomy, Radical, Including Pectoral Muscles, Axillary Lymph Nodes	76.55	1	90					AS
19306	Mastectomy, Radical, Including Pectoral Muscles, Axillary And Internal Mamm	81.40	1	90					AS
19307	Mastectomy, Modified Radical, Including Axillary Lymph Nodes, With Or Witho	81.06	1	90					AS
19316	Mastopexy	52.62	1	90				Υ	AS
19318	Reduction Mammaplasty	75.90	1	90				Υ	AS
19325	Mammaplasty, Augmentation; With Prosthetic Implant	44.46	1	90				Υ	AS
19357	Breast Reconstruction, Immediate Or Delayed, With Tissue Expander, Includin	104.25	1	90				Υ	AS
19361	Breast Reconstruction With Latissimus Dorsi Flap, Without Prosthetic Implan	108.47	1	90				Υ	AS
19364	Breast Reconstruction With Free Flap	189.12	1	90				Υ	AS
19366	Breast Reconstruction With Other Technique	95.04	1	90				Υ	AS
19367	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap (T	123.02	1	90				Υ	AS
19368	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap (T	151.28	1	90				Υ	AS
19369	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap (T	140.42	1	90				Υ	AS
20100	Exploration Of Penetrating Wound (Separate Procedure); Neck	40.68	1	10					AS
20102	Exploration Of Penetrating Wound (Separate Procedure); Abdomen/Flank/Back	34.24	1	10					AS
20150	Excision Of Epiphyseal Bar, With Or Without Autogenous Soft Tissue Graft Ob	68.46	1	90					AS
20251	Biopsy, Vertebral Body, Open; Lumbar Or Cervical	28.56	1	10					AS
20692	Application Of A Multiplane (Pins Or Wires In More Than One Plane), Unilate	76.04	1	90					AS
20802	Replantation, Arm (Includes Surgical Neck Of Humerus Through Elbow Joint);	155.59	1	90					AS
20805	Replantation, Forearm (Includes Radius And Ulna To Radial Carpal Joint); Co	208.14	1	90					AS
20808	Replantation, Hand (Includes Hand Through Metacarpophalangeal Joints); Comp	245.70	1	90					AS
20816	Replantation, Digit, Excluding Thumb (Includes Metacarpophalangeal Joint To	134.43	1	90					AS
20822	Replantation, Digit, Excluding Thumb (Includes Distal Tip To Sublimis Tendo	124.08	1	90					AS
20824	Replantation, Thumb (Includes Carpometacarpal Joint To Mp Joint); Complete	145.14	1	90					AS
20827	Replantation, Thumb (Includes Distal Tip To Mp Joint); Complete Amputation	127.49	1	90					AS
20838	Replantation, Foot; Complete Amputation	176.33	1	90					AS
20900	Bone Graft, Any Donor Area; Minor Or Small (Eg, Dowel Or Button)	32.45	1	0					AS
20902	Bone Graft, Any Donor Area; Major Or Large	31.06	1	0					AS

January 1, 2015 3/91

					Hyster-	Sterili-	Abor-		
Code Sp	ec Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
20922	Fascia Lata Graft; By Incision And Area Exposure, Complex Or Sheet	42.10	1	90					AS
20924	Tendon Graft, From A Distance (Eg, Palmaris, Toe Extensor, Plantaris)	34.49	1	90					AS
20937	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselize	11.30	1						AS
20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structura	12.42	1						AS
20955	Bone Graft With Microvascular Anastomosis; Fibula	170.74	1	90					AS
20956	Bone Graft With Microvascular Anastomosis; Iliac Crest	179.28	1	90					AS
20957	Bone Graft With Microvascular Anastomosis; Metatarsal	163.54	1	90					AS
20962	Bone Graft With Microvascular Anastomosis; Other Than Fibula, Iliac Crest,	147.54	1	90				Υ	AS
20969	Free Osteocutaneous Flap With Microvascular Anastomosis; Other Than Iliac C	189.99	1	90					AS
20970	Free Osteocutaneous Flap With Microvascular Anastomosis; Iliac Crest	186.11	1	90					AS
20972	Free Osteocutaneous Flap With Microvascular Anastomosis; Metatarsal	147.15	1	90					AS
20973	Free Osteocutaneous Flap With Microvascular Anastomosis; Great Toe With Web	190.68	1	90					AS
20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	12.01	1	0					AS
21011	Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm	24.11	1	90					AS
21012	Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; 2 Cm Or Greater	22.96	1	90					AS
21013	Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal,	35.77	1	90					AS
21014	Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal,	35.48	1	90					AS
21016	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Face Or	70.49	1	90					AS
21034	Excision Of Malignant Tumor Of Maxilla Or Zygoma	90.94	1	90					AS
21044	Excision Of Malignant Tumor Of Mandible;	60.53	1	90					AS
21045	Excision Of Malignant Tumor Of Mandible; Radical Resection	83.67	1	90					AS
21046	Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotom	75.83	1	90					AS
21048	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy	77.81	1	90					AS
21049	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy	83.08	1	90					AS
21060	Meniscectomy, Partial Or Complete, Temporomandibular Joint (Separate Proced	56.47	1	90					AS
21121	Genioplasty; Sliding Osteotomy, Single Piece	53.12	1	90				Υ	AS
21125	Augmentation, Mandibular Body Or Angle; Prosthetic Material	54.43	1	90					AS
21127	Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interposi	64.65	1	90					AS
21141	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir	92.98	1	90					AS
21142	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc	95.57	1	90					AS

January 1, 2015 4/91

					Hyster-	Sterili-	Abor-		\neg
Code Spe	Description Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
21143	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In	101.14	1	90					AS
21145	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir	102.03	1	90					AS
21146	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc	109.87	1	90					AS
21147	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In	117.98	1	90					AS
21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins	104.00	1	90					AS
21151	Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In	126.87	1	90					AS
21154	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone	136.34	1	90					AS
21155	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone	146.40	1	90					AS
21159	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A	174.59	1	90					AS
21160	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A	176.74	1	90					AS
21172	Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement	127.35	1	90					AS
21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead	164.71	1	90					AS
21179	Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	96.62	1	90					AS
21180	Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	104.23	1	90					AS
21182	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Follow	143.53	1	90					AS
21183	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Follow	162.00	1	90					AS
21184	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Follow	149.40	1	90					AS
21188	Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Graft	107.80	1	90					AS
21193	Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Os	85.05	1	90					AS
21194	Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" O	93.16	1	90					AS
21195	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Inte	91.76	1	90					AS
21196	Reconstruction Of Mandibular Rami, Sagittal Split; With Internal Rigid Fix	100.77	1	90					AS
21198	Osteotomy, Mandible, Segmental	79.57	1	90					AS
21199	Osteotomy, Mandible, Segmental; With Genioglossus Advancement	68.55	1	90					AS
21206	Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard)	86.35	1	90					AS
21240	Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes	75.12	1	90					AS
21242	Arthroplasty, Temporomandibular Joint, With Allograft	68.71	1	90					AS
21243	Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement	113.72	1	90					AS
21244	Reconstruction Of Mandible, Extraoral, With Transosteal Bone Plate (Eg, Man	73.52	1	90					AS
21245	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Partial	77.26	1	90					AS

January 1, 2015 5/91

					Hyster-	Sterili-	Abor-		
Code Sp	Description Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
21246	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Complete	56.13	1	90					AS
21247	Reconstruction Of Mandibular Condyle With Bone And Cartilage Autografts (In	108.24	1	90					AS
21255	Reconstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage	91.12	1	90					AS
21256	Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Graft	83.92	1	90					AS
21260	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Extrac	84.38	1	90					AS
21261	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Combin	147.70	1	90					AS
21263	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; With F	127.49	1	90					AS
21267	Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Graft	114.41	1	90					AS
21268	Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Graft	122.01	1	90					AS
21270	Malar Augmentation, Prosthetic Material	67.61	1	90					AS
21275	Secondary Revision Of Orbitocraniofacial Reconstruction	57.78	1	90					AS
21339	Open Treatment Of Nasoethmoid Fracture; With External Fixation	59.20	1	90					AS
21343	Open Treatment Of Depressed Frontal Sinus Fracture	84.45	1	90					AS
21344	Open Treatment Of Complicated (Eg, Comminuted Or Involving Posterior Wall)	106.41	1	90					AS
21347	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); Requirin	76.45	1	90					AS
21348	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); With Bon	80.65	1	90					AS
21360	Open Treatment Of Depressed Malar Fracture, Including Zygomatic Arch And Ma	36.55	1	90					AS
21365	Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Fo	76.15	1	90					AS
21366	Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Fo	87.96	1	90					AS
21385	Open Treatment Of Orbital Floor "Blowout" Fracture; Transantral Approach	47.05	1	90					AS
21386	Open Treatment Of Orbital Floor "Blowout" Fracture; Periorbital Approach	48.13	1	90					AS
21387	Open Treatment Of Orbital Floor "Blowout" Fracture; Combined Approach	50.60	1	90					AS
21390	Open Treatment Of Orbital Floor "Blowout" Fracture; Periorbital Approach,	55.35	1	90					AS
21395	Open Treatment Of Orbital Floor "Blowout" Fracture; Periorbital Approach	67.24	1	90					AS
21401	Closed Treatment Of Fracture Of Orbit, Except "Blowout"; With Manipulatio	32.82	1	90					AS
21406	Open Treatment Of Fracture Of Orbit, Except "Blowout"; Without Implant	38.52	1	90					AS
21407	Open Treatment Of Fracture Of Orbit, Except "Blowout"; With Implant	45.03	1	90					AS
21408	Open Treatment Of Fracture Of Orbit, Except "Blowout"; With Bone Grafting	61.17	1	90					AS
21422	Open Treatment Of Palatal Or Maxillary Fracture (Lefort I Type);	45.68	1	90					AS
21423	Open Treatment Of Palatal Or Maxillary Fracture (Lefort I Type); Complicate	57.11	1	90					AS

January 1, 2015 6/91

					Hyster-	Sterili-	Abor-		
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
21431	Closed Treatment Of Craniofacial Separation (Lefort Iii Type) Using Interde	49.59	1	90					AS
21432	Open Treatment Of Craniofacial Separation (Lefort Iii Type); With Wiring An	49.48	1	90					AS
21433	Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated (E	119.97	1	90					AS
21435	Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated, U	93.78	1	90					AS
21436	Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated, M	123.93	1	90					AS
21445	Open Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate	53.47	1	90					AS
21461	Open Treatment Of Mandibular Fracture; Without Interdental Fixation	152.01	1	90					AS
21462	Open Treatment Of Mandibular Fracture; With Interdental Fixation	159.76	1	90					AS
21465	Open Treatment Of Mandibular Condylar Fracture	64.47	1	90					AS
21470	Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Appr	82.60	1	90					AS
21490	Open Treatment Of Temporomandibular Dislocation	63.64	1	90					AS
21495	Open Treatment Of Hyoid Fracture	49.91	1	90					AS
21502	Incision And Drainage, Deep Abscess Or Hematoma, Soft Tissues Of Neck Or Th	34.40	1	90					AS
21552	Biopsy, Soft Tissue Of Neck Or Thorax 3 Cm Or Greater	30.41	1	90					AS
21554	Biopsy, Soft Tissue Of Neck Or Thorax 5 Cm Or Greater	49.59	1	90					AS
21557	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Neck Or	44.42	1	90					AS
21558	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Neck Or	91.10	1	90					AS
21600	Excision Of Rib, Partial	38.80	1	90					AS
21610	Costotransversectomy (Separate Procedure)	77.32	1	90					AS
21615	Excision First And/Or Cervical Rib;	43.86	1	90					AS
21616	Excision First And/Or Cervical Rib For Outlet Compression Syndrome Or Other	57.34	1	90					AS
21620	Ostectomy Of Sternum, Partial	35.16	1	90					AS
21627	Sternal Debridement	37.58	1	90					AS
21630	Radical Resection Of Sternum;	83.51	1	90					AS
21632	Radical Resection Of Sternum; With Mediastinal Lymphadenectomy	83.54	1	90					AS
21685	Hyoid Myotomy And Suspension	68.29	1	90					AS
21700	Division Of Scalenus Anticus; Without Resection Of Cervical Rib	25.51	1	90					AS
21705	Division Of Scalenus Anticus; With Resection Of Cervical Rib	37.93	1	90					AS
21720	Division Of Sternocleidomastoid For Torticollis, Open Operation; Without Ca	33.23	1	90					AS
21725	Division Of Sternocleidomastoid For Torticollis, Open Operation; With Cast	33.53	1	90					AS

January 1, 2015 7/91

					Hyster-	Sterili-	Abor-		\neg
Code Spe	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
21740	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Open	82.73	1	90					AS
21742	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive	63.11	1	90					AS
21743	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive	63.11	1	90					AS
21750	Closure Of Median Sternotomy Separation With Or Without Debridement (Separa	47.16	1	90					AS
21825	Open Treatment Of Sternum Fracture With Or Without Skeletal Fixation	37.63	1	90					AS
21931	Excision, Tumor, Soft Tissue Of Back Or Flank, Subcutaneous; 3 Cm Or Greater	32.06	1	90					AS
21932	Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial	45.01	1	90					AS
21933	Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (Eg, Intramuscular)	50.17	1	90					AS
21936	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Back Or	95.61	1	90					AS
22100	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lam	63.53	1	90					AS
22101	Partial Resection Of Vertebral Component, Spinous Processes; Thoracic	59.88	1	90					AS
22102	Partial Resection Of Vertebral Component, Spinous Processes; Lumbar	54.93	1	90					AS
22103	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lam	9.53	1						AS
22110	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Deco	73.59	1	90					AS
22112	Partial Excision Of Vertebrae (Eg, For Osteomyelitis); Thoracic	72.88	1	90					AS
22114	Partial Excision Of Vertebrae (Eg, For Osteomyelitis); Lumbar	68.02	1	90					AS
22116	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Deco	9.40	1						AS
22206	Osteotomy Of Spine For Correction Fixed Deformity,	159.85	1	90					AS
22207	Osteotomy Of Spine For Correction Fixed Deformity,	162.05	1	90					AS
22208	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, On	39.72	1						AS
22210	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Seg	120.48	1	90					AS
22212	Osteotomy Of Spine, Posterior Approach, For Correction Of Deformity, Single	100.33	1	90					AS
22214	Osteotomy Of Spine, Posterior Approach, For Correction Of Deformity, Single	100.84	1	90					AS
22216	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Seg	24.57	6						AS
22220	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebr	110.69	1	90					AS
22224	Osteotomy Of Spine, Anterior Approach, For Correction Of Deformity, Single	107.97	1	90					AS
22226	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebr	24.61	4						AS
22318	Open Treatment And/Or Reduction Of Odontoid Fracture(S) And Or Dislocation(111.27	1	90					AS
22319	Open Treatment And/Or Reduction Of Odontoid Fracture(S) And Or Dislocation(124.24	1	90					AS
22325	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/ Or Dislocatio	98.25	1	90					AS

January 1, 2015 8/91

					Hyster-				
Code Spe	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
22326	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/ Or Dislocatio	101.36	1	90					AS
22327	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/ Or Dislocatio	101.30	1	90					AS
22328	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation	19.11	4						AS
22532	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy	121.37	1	90					AS
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy	114.01	1	90					AS
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy	24.52	3						AS
22548	Arthrodesis, Anterior Transoral Or Extraoral Technique, Clivus-C1-C2 (Atlas	133.52	1	90					AS
22551	Neck Spine Fuse & Remove Addl	116.77	1	90					AS
22552	Addl Neck Spine Fusion	26.65	1						AS
22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Diskectomy To	86.63	1	90					AS
22556	Arthrodesis, Anterior Interbody Technique, Including Minimal Diskectomy To	113.28	1	90					AS
22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Diskectomy To	104.85	1	90					AS
22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Diskectomy To	22.64	5						AS
22586	Fusion of spine bones with removal of disc at lower spinal column with posterior instrumentation and image	103.70	1	90					AS
22590	Arthrodesis, Posterior Technique, Craniocervical (Occiput-C2)	107.69	1	90					AS
22595	Arthrodesis, Posterior Technique, Atlas-Axis (C1-C2)	102.58	1	90					AS
22600	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Cervical	88.10	1	90					AS
22610	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Thoracic	86.12	1	90					AS
22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumbar (W	108.54	1	90					AS
22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Each Addi	26.45	4						AS
22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or	105.26	1	90					AS
22632	Arthrodesis, Posterior Interbody Technique, Single Interspace; Each Additio	21.61	3						AS
22633	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including	125.02	1	90					AS
	Laminectomy And/ Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single								
00/01	Interspace And Segment; Lumbar	22.55	_						
22634	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including	33.55	1						AS
	Laminectomy And/ Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace And Segment (List Separately In Addition To Code For								
	Interspace And Segment; Each Additional Interspace And Segment (List Separately In Addition To Code For Primary Procedure)								
22800	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; Up To 6	92.38	1	90					AS
22802	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 7 To 12	142.36	1	90					AS

January 1, 2015 9/91

					Hyster-				
Code Spec	·	Base Fee	UNOS		ectomy	zation	tion	PA	AS
22804	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 13 Or M	163.75	1	90					AS
22808	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 2 To 3 V	124.12	1	90					AS
22810	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 4 To 7 V	138.01	1	90					AS
22812	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 8 Or Mor	150.00	1	90					AS
22818	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Se	149.15	1	90				Υ	AS
22819	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Se	186.27	1	90				Υ	AS
22830	Exploration Of Spinal Fusion	55.44	1	90					AS
22840	Posterior Non-Segmental Instrumentation (Eg, Harrington Rod Technique), Ped	51.59	1						AS
22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With M	51.63	1						AS
22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With M	54.91	1						AS
22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With M	66.05	1						AS
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments	49.85	1						AS
22846	Anterior Instrumentation; 4 To 7 Vertebral Segments	51.70	1						AS
22847	Anterior Instrumentation; 8 Or More Vertebral Segments	58.99	1						AS
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony	24.15	1						AS
22849	Reinsertion Of Spinal Fixation Device	88.49	1	90					AS
22850	Removal Of Posterior Nonsegmental Instrumentation (Eg, Harrington Rod)	49.41	1	90					AS
22851	Application Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage(S	27.64	6						AS
22852	Removal Of Posterior Segmental Instrumentation	47.30	1	90					AS
22855	Removal Of Anterior Instrumentation	76.36	1	90					AS
22899	Unlisted Procedure, Spine		1	90				Υ	AS
22900	Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid)	31.86	1	90					AS
22901	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (Eg, Intramuscular);	45.10	1	90					AS
22902	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; Less Than 3 Cm	29.95	1	90					AS
22903	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; 3 Cm Or Greater	29.63	1	90					AS
22904	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of	71.46	1	90					AS
22905	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of	90.23	1	90					AS
23000	Removal Of Subdeltoid Calcareous Deposits, Open	39.41	1	90					AS
23020	Capsular Contracture Release (Eg, Sever Type Procedure)	46.94	1	90					AS
	Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area	46.36	1	90					AS

January 1, 2015 10/91

					Hyster-	Sterili-	Abor-		
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
23040	Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal	49.00	1	90					AS
23071	Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater	28.60	1	90					AS
23073	Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater	47.03	1	90					AS
23077	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Shoulde	77.28	1	90					AS
23078	Radical Resection Of Tumor (Eg, Malignant Neoplasm),	97.58	1	90					AS
23105	Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy	43.52	1	90					AS
23107	Arthrotomy, Glenohumeral Joint, With Joint Exploration, With Or Without Rem	45.06	1	90					AS
23120	Claviculectomy; Partial	40.04	1	90					AS
23125	Claviculectomy; Total	48.17	1	90					AS
23145	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula;	47.23	1	90					AS
23150	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus;	44.99	1	90					AS
23155	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; Wit	53.90	1	90					AS
23156	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; Wit	46.11	1	90					AS
23172	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Scapula	38.62	1	90					AS
23174	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Humeral Head To Sur	51.61	1	90					AS
23182	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg,	45.15	1	90					AS
23184	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg,	50.01	1	90					AS
23190	Ostectomy Of Scapula, Partial (Eg, Superior Medial Angle)	38.82	1	90					AS
23195	Resection Humeral Head	51.34	1	90					AS
23200	Radical Resection For Tumor; Clavicle	68.15	1	90					AS
23210	Radical Resection For Tumor; Scapula	71.58	1	90					AS
23220	Radical Resection Of Bone Tumor, Proximal Humerus;	82.44	1	90					AS
23333	Remove Shoulder Fb Deep	29.82	1	90					AS
23333	Remove Shoulder Fb Deep	29.82	1	90					AS
23334	Shoulder Prosthesis Removal	70.38	1	90					AS
23335	Shoulder Prosthesis Removal	83.92	1	90					AS
23395	Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single	87.48	1	90					AS
23397	Muscle Transfer, Any Type For Paralysis Of Shoulder Or Upper Arm; Multiple	77.37	1	90					AS
23400	Scapulopexy (Eg, Sprengel'S Deformity Or For Paralysis)	65.89	1	90					AS
23405	Tenotomy, Shoulder Area; Single Tendon	42.74	1	90					AS

January 1, 2015 11/91

					Hyster-	Sterili-	Abor-		\neg
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
23406	Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision	52.46	1	90					AS
23410	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open; Acute	55.97	1	90					AS
23412	Repair Of Ruptured Supraspinatus Tendon (Rotator Cuff) Or Musculotendinous	58.05	1	90					AS
23420	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Inclu	66.00	1	90					AS
23430	Tenodesis Of Long Tendon Of Biceps	51.06	1	90					AS
23440	Resection Or Transplantation Of Long Tendon Of Biceps	51.43	1	90					AS
23450	Capsulorrhaphy, Anterior; Putti-Platt Procedure Or Magnuson Type Operation	64.38	1	90					AS
23455	Capsulorrhaphy, Anterior; With Labral Repair (Eg, Bankart Procedure)	68.09	1	90					AS
23460	Capsulorrhaphy, Anterior, Any Type; With Bone Block	73.93	1	90					AS
23462	Capsulorrhaphy For Recurrent Dislocation, Anterior, Any Type; With Coracoid	72.47	1	90					AS
23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, With Or Without Bone Block	75.90	1	90					AS
23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability	76.45	1	90					AS
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty	81.91	1	90					AS
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Hume	99.33	1	90					AS
23473	Repair of shoulder	110.62	1	90					AS
23474	Repair of shoulder	119.52	1	90					AS
23485	Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For	65.09	1	90					AS
23490	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	58.53	1	90					AS
23491	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	68.84	1	90					AS
23515	Open Treatment Of Clavicular Fracture, With Or Without Internal Or External	49.18	1	90					AS
23530	Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic;	38.98	1	90					AS
23532	Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic; With Fasc	42.47	1	90					AS
23550	Open Treatment Of Acromioclavicular Dislocation, Acute Or Chronic;	38.85	1	90					AS
23552	Open Treatment Of Acromioclavicular Dislocation, Acute Or Chronic; With Fas	44.78	1	90					AS
23585	Open Treatment Of Scapular Fracture (Body, Glenoid Or Acromion) With Or Wit	66.85	1	90					AS
23615	Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture,	60.32	1	90					AS
23616	Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture,	84.38	1	90					AS
23630	Open Treatment Of Greater Humeral Tuberosity Fracture, With Or Without Inte	53.42	1	90					AS
23660	Open Treatment Of Acute Shoulder Dislocation	39.83	1	90					AS
23670	Open Treatment Of Shoulder Dislocation, With Fracture Of Greater Humeral Tu	59.82	1	90					AS

January 1, 2015 12/91

					Hyster-				
Code Spec	'	Base Fee	UNOS		ectomy	zation	tion	PA	AS
23680	Open Treatment Of Shoulder Dislocation, With Surgical Or Anatomical Neck Fr	63.21	1	90					AS
23800	Arthrodesis, Glenohumeral Joint;	69.62	1	90					AS
23802	Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining	87.16	1	90					AS
23900	Interthoracoscapular Amputation (Forequarter)	94.08	1	90					AS
23920	Disarticulation Of Shoulder;	76.50	1	90					AS
23929	Unlisted Procedure, Shoulder		1	90				Υ	AS
24006	Arthrotomy Of The Elbow, With Capsular Excision For Capsular Release (Separ	48.42	1	90					AS
24071	Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 3 Cm Or Greater	27.69	1	90					AS
24073	Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 5 Cm Or Greater	46.87	1	90					AS
24077	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Upper A	62.58	1	90					AS
24079	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Upper A	89.95	1	90					AS
24100	Arthrotomy, Elbow; With Synovial Biopsy Only	28.56	1	90					AS
24101	Arthrotomy, Elbow; With Joint Exploration, With Or Without Biopsy, With Or	34.10	1	90					AS
24102	Arthrotomy, Elbow; With Synovectomy	41.87	1	90					AS
24115	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Autograft	48.65	1	90					AS
24116	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Allograft	58.49	1	90					AS
24125	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radiu	42.21	1	90					AS
24126	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radiu	44.14	1	90					AS
24134	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Shaft Or Distal Hum	50.76	1	90					AS
24138	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Olecranon Process	46.02	1	90					AS
24140	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg,	47.69	1	90					AS
24149	Radical Resection Of Capsule, Soft Tissue, And Heterotopic Bone, Elbow, Wit	79.62	1	90					AS
24150	Radical Resection For Tumor, Shaft Or Distal Humerus;	75.19	1	90					AS
24152	Radical Resection For Tumor, Radial Head Or Neck;	56.27	1	90					AS
24155	Resection Of Elbow Joint (Arthrectomy)	57.91	1	90					AS
24301	Muscle Or Tendon Transfer, Any Type, Upper Arm Or Elbow, Single (Excluding	50.76	1	90					AS
24320	Tenoplasty, With Muscle Transfer, With Or Without Free Graft, Elbow To Shou	53.03	1	90					AS
24330	Flexor-Plasty, Elbow (Eg, Steindler Type Advancement);	48.77	1	90					AS
24331	Flexor-Plasty, Elbow (Eg, Steindler Type Advancement); With Extensor Advanc	53.40	1	90					AS
24340	Tenodesis Of Biceps Tendon At Elbow (Separate Procedure)	41.92	1	90					AS

January 1, 2015 13/91

					Hyster-	Sterili-	Abor-		\neg
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
24341	Repair, Tendon Or Muscle, Upper Arm Or Elbow, Each Tendon Or Muscle, Primar	51.13	1	90					AS
24342	Reinsertion Of Ruptured Biceps Or Triceps Tendon, Distal, With Or Without T	52.85	1	90					AS
24343	Repair Lateral Collateral Ligament, Elbow, With Local Tissue	48.04	1	90					AS
24344	Reconstruction Lateral Collateral Ligament, Elbow, With Tendon Graft (Inclu	74.60	1	90					AS
24345	Repair Medial Collateral Ligament, Elbow, With Local Tissue	47.78	1	90					AS
24346	Reconstruction Medial Collateral Ligament, Elbow, With Tendon Graft (Includ	74.69	1	90					AS
24357	Tenotomy, Elbow, Lateral Or Medial (Eg, Epicondylitis, Tennis Elbow, Golfer	30.09	1	90					AS
24361	Arthroplasty, Elbow; With Distal Humeral Prosthetic Replacement	68.25	1	90					AS
24362	Arthroplasty, Elbow; With Implant And Fascia Lata Ligament Reconstruction	71.92	1	90					AS
24363	Arthroplasty, Elbow; With Distal Humerus And Proximal Ulnar Prosthetic Repl	98.68	1	90					AS
24365	Arthroplasty, Radial Head;	43.43	1	90					AS
24366	Arthroplasty, Radial Head; With Implant	46.18	1	90					AS
24370	Revision of total elbow repair	104.55	1	90					AS
24371	Revision of total elbow repair	120.46	1	90					AS
24400	Osteotomy, Humerus, With Or Without Internal Fixation	55.92	1	90					AS
24410	Multiple Osteotomies With Realignment On Intramedullary Rod, Humeral Shaft	69.18	1	90					AS
24420	Osteoplasty, Humerus (Eg, Shortening Or Lengthening) (Excluding 64876)	67.49	1	90					AS
24430	Repair Of Nonunion Or Malunion, Humerus; Without Graft (Eg, Compression Tec	71.89	1	90					AS
24435	Repair Of Nonunion Or Malunion, Humerus; With Iliac Or Other Autograft (Inc	73.29	1	90					AS
24470	Hemiepiphyseal Arrest (Eg, Cubitus Varus Or Valgus, Distal Humerus)	39.56	1	90					AS
24498	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring), With Or Witho	58.94	1	90					AS
24515	Open Treatment Of Humeral Shaft Fracture With Plate/Screws, With Or Without	59.65	1	90					AS
24516	Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Impla	58.49	1	90					AS
24545	Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, With Or	63.21	1	90					AS
24546	Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, With Or	70.72	1	90					AS
24575	Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral, With Or	50.03	1	90					AS
24579	Open Treatment Of Humeral Condylar Fracture, Medial Or Lateral, With Or Wit	56.90	1	90					AS
24586	Open Treatment Of Periarticular Fracture And/Or Dislocation Of The Elbow (F	73.45	1	90					AS
24587	Open Treatment Of Periarticular Fracture And/Or Dislocation Of The Elbow (F	73.57	1	90					AS
24615	Open Treatment Of Acute Or Chronic Elbow Dislocation	48.40	1	90					AS

January 1, 2015 14/91

					Hyster-				\Box
Code Spec	Description	Base Fee	UNOS		ectomy	zation	tion	PA	AS
24635	Open Treatment Of Monteggia Type Of Fracture Dislocation At Elbow (Fracture	53.14	1	90					AS
24665	Open Treatment Of Radial Head Or Neck Fracture, With Or Without Internal Fi	44.44	1	90					AS
24666	Open Treatment Of Radial Head Or Neck Fracture, With Or Without Internal Fi	49.89	1	90					AS
24685	Open Treatment Of Ulnar Fracture Proximal End (Olecranon Process), With Or	44.69	1	90					AS
24800	Arthrodesis, Elbow Joint; Local	56.35	1	90					AS
24802	Arthrodesis, Elbow Joint; With Autogenous Graft (Includes Obtaining Graft)	67.95	1	90					AS
24900	Amputation, Arm Through Humerus; With Primary Closure	49.89	1	90					AS
24920	Amputation, Arm Through Humerus; Open, Circular (Guillotine)	45.38	1	90					AS
24925	Amputation, Arm Through Humerus; Secondary Closure Or Scar Revision	38.52	1	90					AS
24930	Amputation, Arm Through Humerus; Re-Amputation	52.55	1	90					AS
24931	Amputation, Arm Through Humerus; With Implant	52.00	1	90					AS
24940	Cineplasty, Upper Extremity, Complete Procedure	68.16	1	90					AS
25071	Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater	29.01	1	90					AS
25073	Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater	36.19	1	90					AS
25078	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Fore	79.43	1	90					AS
25085	Capsulotomy, Wrist (Eg, Contracture)	30.73	1	90					AS
25107	Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilag	41.85	1	90					AS
25109	Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each	36.51	1	90					AS
25119	Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; With Resect	33.83	1	90					AS
25126	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Exclu	40.63	1	90					AS
25135	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Au	38.00	1	90					AS
25136	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Al	33.62	1	90					AS
25145	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Forearm And/Or Wris	35.20	1	90					AS
25151	Partial Excision (Craterization, Saucerization Or Diaphysectomy) Of Bone (E	39.81	1	90					AS
25170	Radical Resection For Tumor, Radius Or Ulna	63.12	1	90					AS
25215	Carpectomy; All Bones Of Proximal Row	41.78	1	90					AS
25250	Removal Of Wrist Prosthesis; (Separate Procedure)	36.07	1	90					AS
25251	Removal Of Wrist Prosthesis; Complicated, Including "Total Wrist"	48.86	1	90					AS
25263	Repair, Tendon Or Muscle, Flexor, Forearm And/Or Wrist; Secondary, Single,	42.86	1	90					AS
25265	Repair, Tendon Or Muscle, Flexor, Forearm And/Or Wrist; Secondary, With Fre	50.83	1	90					AS

January 1, 2015 15/91

					Hyster-	Sterili-	Abor-		
Code Sp	ec Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
25300	Tenodesis At Wrist; Flexors Of Fingers	46.87	1	90					AS
25301	Tenodesis At Wrist; Extensors Of Fingers	43.68	1	90					AS
25310	Tendon Transplantation Or Transfer, Flexor Or Extensor, Forearm And/Or Wris	41.96	1	90					AS
25312	Tendon Transplantation Or Transfer, Flexor Or Extensor, Forearm And/Or Wris	48.77	1	90					AS
25315	Flexor Origin Slide (Eg, For Cerebral Palsy, Volkmann Contracture), Forearm	52.30	1	90					AS
25316	Flexor Origin Slide For Cerebral Palsy, Forearm And/Or Wrist; With Tendon(S	60.62	1	90					AS
25320	Capsulorrhaphy Or Reconstruction, Wrist, Open (Eg, Capsulodesis, Ligament R	67.15	1	90					AS
25332	Arthroplasty, Wrist, With Or Without Interposition, With Or Without Externa	57.29	1	90					AS
25335	Centralization Of Wrist On Ulna (Eg, Radial Club Hand)	61.51	1	90					AS
25350	Osteotomy, Radius; Distal Third	45.68	1	90					AS
25355	Osteotomy, Radius; Middle Or Proximal Third	52.02	1	90					AS
25360	Osteotomy; Ulna	44.48	1	90					AS
25365	Osteotomy; Radius And Ulna	62.06	1	90					AS
25370	Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type	65.72	1	90					AS
25375	Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type	60.40	1	90					AS
25390	Osteoplasty, Radius Or Ulna; Shortening	52.07	1	90					AS
25391	Osteoplasty, Radius Or Ulna; Lengthening With Autograft	67.54	1	90					AS
25392	Osteoplasty, Radius And Ulna; Shortening (Excluding 64876)	68.75	1	90					AS
25393	Osteoplasty, Radius And Ulna; Lengthening With Autograft	76.59	1	90					AS
25394	Osteoplasty, Carpal Bone, Shortening	53.21	1	90					AS
25400	Repair Of Nonunion Or Malunion, Radius Or Ulna; Without Graft (Eg, Compress	54.43	1	90					AS
25405	Repair Of Nonunion Or Malunion, Radius Or Ulna; With Autograft (Includes Ob	70.13	1	90					AS
25415	Repair Of Nonunion Or Malunion, Radius And Ulna; Without Graft (Eg, Compres	65.59	1	90					AS
25420	Repair Of Nonunion Or Malunion, Radius And Ulna; With Autograft (Includes O	79.18	1	90					AS
25425	Repair Of Defect With Autograft; Radius Or Ulna	65.29	1	90					AS
25426	Repair Of Defect With Autograft; Radius And Ulna	76.11	1	90					AS
25431	Repair Of Nonunion Of Carpal Bone (Excluding Carpal Scaphoid (Navicular)) (53.58	1	90					AS
25440	Repair Of Nonunion, Scaphoid Carpal (Navicular) Bone, With Or Without Radia	52.07	1	90					AS
25441	Arthroplasty With Prosthetic Replacement; Distal Radius	62.08	1	90					AS
25442	Arthroplasty With Prosthetic Replacement; Distal Ulna	53.24	1	90					AS

January 1, 2015 16/91

						Hyster-	Sterili-	Abor-		\neg
Code	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
25443		Arthroplasty With Prosthetic Replacement; Scaphoid Carpal (Navicular)	53.05	1	90					AS
25444		Arthroplasty With Prosthetic Replacement; Lunate	53.33	1	90					AS
25446		Arthroplasty With Prosthetic Replacement; Distal Radius And Partial Or Enti	78.81	1	90					AS
25447		Arthroplasty, Interposition, Intercarpal Or Carpometacarpal Joints	56.08	1	90					AS
25449		Revision Of Arthroplasty, Including Removal Of Implant, Wrist Joint	70.52	1	90					AS
25490		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	47.33	1	90					AS
25491		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	50.21	1	90					AS
25492		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	55.05	1	90					AS
25515		Open Treatment Of Radial Shaft Fracture, With Or Without Internal Or Extern	45.61	1	90					AS
25525		Open Treatment Of Radial Shaft Fracture, With Internal And/ Or External Fix	53.17	1	90					AS
25526		Open Treatment Of Radial Shaft Fracture, With Internal And/Or External Fixa	64.90	1	90					AS
25545		Open Treatment Of Ulnar Shaft Fracture, With Or Without Internal Or Externa	42.47	1	90					AS
25574		Open Treatment Of Radial And Ulnar Shaft Fractures, With Internal Or Extern	45.93	1	90					AS
25575		Open Treatment Of Radial And Ulnar Shaft Fractures, With Internal Or Extern	61.21	1	90					AS
25606		Percutaneous Skeletal Fixation Of Distal Radial Fracture Or Epiphyseal Sepa	45.15	1	90					AS
25607		Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Sepa	50.07	1	90					AS
25608		Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Sepa	55.99	1	90					AS
25609		Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Sepa	71.11	1	90					AS
25628		Open Treatment Of Carpal Scaphoid (Navicular) Fracture, With Or Without Int	48.79	1	90					AS
25645		Open Treatment Of Carpal Bone Fracture (Other Than Carpal Scaphoid (Navicul	38.73	1	90					AS
25652		Open Treatment Of Ulnar Styloid Fracture	42.28	1	90					AS
25670		Open Treatment Of Radiocarpal Or Intercarpal Dislocation, One Or More Bones	41.00	1	90					AS
25671		Percutaneous Skeletal Fixation Of Distal Radioulnar Dislocation	36.26	1	90					AS
25676		Open Treatment Of Distal Radioulnar Dislocation, Acute Or Chronic	42.83	1	90					AS
25685		Open Treatment Of Trans-Scaphoperilunar Type Of Fracture Dislocation	49.94	1	90					AS
25695		Open Treatment Of Lunate Dislocation	42.99	1	90					AS
25800		Arthrodesis, Wrist; Complete, Without Bone Graft (Includes Radiocarpal And/	49.62	1	90					AS
25805		Arthrodesis, Wrist Joint (Including Radiocarpal And/Or Ulnocarpal Fusion);	57.32	1	90					AS
25810		Arthrodesis, Wrist Joint (Including Radiocarpal And/Or Ulnocarpal Fusion);	58.81	1	90					AS
25820		Arthrodesis, Wrist; Limited, Without Bone Graft (Eg, Intercarpal Or Radioca	41.92	1	90					AS

January 1, 2015 17/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
25825	Intercarpal Fusion; With Autograft (Includes Obtaining Graft)	51.43	1	90					AS
25830	Arthrodesis, Distal Radioulnar Joint With Segmental Resection Of Ulna, With	65.38	1	90					AS
25905	Amputation, Forearm, Through Radius And Ulna; Open, Circular (Guillotine)	47.62	1	90					AS
25907	Amputation, Forearm, Through Radius And Ulna; Secondary Closure Or Scar Rev	41.51	1	90					AS
25909	Amputation, Forearm, Through Radius And Ulna; Re-Amputation	46.52	1	90					AS
25915	Krukenberg Procedure	69.94	1	90					AS
25922	Disarticulation Through Wrist; Secondary Closure Or Scar Revision	39.44	1	90					AS
25924	Disarticulation Through Wrist; Re-Amputation	45.98	1	90					AS
25929	Transmetacarpal Amputation; Secondary Closure Or Scar Revision	40.59	1	90					AS
26185	Sesamoidectomy, Thumb Or Finger (Separate Procedure)	37.54	1	90					AS
26260	Radical Resection, Proximal Or Middle Phalanx Of Finger (Eg, Tumor);	41.17	1	90					AS
26262	Radical Resection, Distal Phalanx Of Finger (Eg, Tumor)	34.41	1	90					AS
26352	Flexor Tendon Repair Or Advancement, Single, Not In "No Man'S Land"; Seco	55.71	1	90					AS
26357	Repair Or Advancement, Flexor Tendon, In Zone 2 Digital Flexor Tendon Sheat	59.24	1	90					AS
26358	Flexor Tendon Repair Or Advancement, Single, In "No Man'S Land"; Secondar	62.50	1	90					AS
26372	Repair Or Advancement Of Profundus Tendon, With Intact Superficialis Tendon	60.25	1	90					AS
26373	Repair Or Advancement Of Profundus Tendon, With Intact Superficialis Tendon	57.84	1	90					AS
26390	Excision Flexor Tendon, With Implantation Of Synthetic Rod For Delayed Tend	56.35	1	90					AS
26392	Removal Of Synthetic Rod And Insertion Of Flexor Tendon Graft, Hand Or Fing	65.54	1	90					AS
26420	Extensor Tendon Repair, Dorsum Of Finger, Single, Primary Or Secondary; Wit	48.22	1	90					AS
26434	Extensor Tendon Repair, Distal Insertion ("Mallet Finger"), Open, Primary	44.09	1	90					AS
26474	Tenodesis; Of Distal Joint, Each Joint	33.83	1	90					AS
26479	Shortening Of Tendon, Flexor, Hand Or Finger, Each Tendon	41.94	1	90					AS
26483	Tendon Transfer Or Transplant, Carpometacarpal Area Or Dorsum Of Hand, Sing	57.18	1	90					AS
26485	Transfer Or Transplant Of Tendon, Palmar; Without Free Tendon Graft, Each T	54.80	1	90					AS
26492	Opponensplasty; Tendon Transfer With Graft (Includes Obtaining Graft), Each	59.82	1	90					AS
26494	Opponensplasty; Hypothenar Muscle Transfer	54.25	1	90					AS
26497	Transfer Of Tendon To Restore Intrinsic Function; Ring And Small Finger	58.30	1	90					AS
26498	Tendon Transfer To Restore Intrinsic Function; All Four Fingers	77.19	1	90					AS
26499	Correction Claw Finger, Other Methods	55.90	1	90					AS

January 1, 2015 18/91

					Hyster-				
Code Spec	·	Base Fee	UNOS		ectomy	zation	tion	PA	\vdash
26502	Tendon Pulley Reconstruction; With Tendon Or Fascial Graft (Includes Obtain	48.31	1	90					AS
26517	Capsulodesis For M-P Joint Stabilization; Two Digits	55.55	1	90					AS
26518	Capsulodesis For M-P Joint Stabilization; Three Or Four Digits	56.70	1	90					AS
26530	Arthroplasty, Metacarpophalangeal Joint; Each Joint	36.39	1	90					AS
26531	Arthroplasty, Metacarpophalangeal Joint; With Prosthetic Implant, Each Join	42.21	1	90					AS
26541	Reconstruction, Collateral Ligament, Metacarpophalangeal Joint, Single, Wit	54.02	1	90					AS
26546	Repair Non-Union, Metacarpal Or Phalanx, (Includes Obtaining Bone Graft Wit	67.29	1	90					AS
26550	Pollicization Of A Digit	110.30	1	90					AS
26551	Transfer, Toe-To-Hand With Microvascular Anastomosis; Great Toe 'Wrap-Arou	197.76	1	90					AS
26553	Toe-To-Hand Transfer With Microvascular Anastomosis; Other Than Great Toe,	182.54	1	90					AS
26554	Toe-To-Hand Transfer With Microvascular Anastomosis; Other Than Great Toe,	213.46	1	90					AS
26555	Transfer, Finger To Another Position Without Microvascular Anastomosis	92.79	1	90					AS
26556	Transfer, Free Toe Joint, With Microvascular Anastomosis	196.50	1	90					AS
26560	Repair Of Syndactyly (Web Finger) Each Web Space; With Skin Flaps	40.29	1	90					AS
26561	Repair Of Syndactyly (Web Finger) Each Web Space; With Skin Flaps And Graft	64.01	1	90					AS
26562	Repair Of Syndactyly (Web Finger) Each Web Space; Complex (Eg, Involving Bo	83.35	1	90					AS
26565	Osteotomy; Metacarpal, Each	46.18	1	90					AS
26568	Osteoplasty, Lengthening, Metacarpal Or Phalanx	61.26	1	90					AS
26580	Repair Cleft Hand	95.87	1	90					AS
26587	Reconstruction Of Polydactylous Digit, Soft Tissue And Bone	68.09	1	90					AS
26590	Repair Macrodactylia, Each Digit	86.61	1	90					AS
26596	Excision Of Constricting Ring Of Finger, With Multiple Z-Plasties	51.59	1	90					AS
26686	Open Treatment Of Carpometacarpal Dislocation, Other Than Thumb (Bennett Fr	42.42	1	90					AS
26820	Fusion In Opposition, Thumb, With Autogenous Graft (Includes Obtaining Graf	53.44	1	90					AS
26842	Arthrodesis, Carpometacarpal Joint, Thumb, With Or Without Internal Fixatio	53.28	1	90					AS
26843	Arthrodesis, Carpometacarpal Joint, Digit, Other Than Thumb, Each;	50.14	1	90					AS
26844	Arthrodesis, Carpometacarpal Joint, Digits, Other Than Thumb; With Autograf	55.14	1	90					AS
26852	Arthrodesis, Metacarpophalangeal Joint, With Or Without Internal Fixation;	53.54	1	90					AS
26862	Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With	49.00	1	90					AS
26863	Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With	15.91	5						AS

January 1, 2015 19/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
27001	Tenotomy, Adductor Of Hip, Open	37.01	1	90					AS
27003	Tenotomy, Adductor, Subcutaneous, Open, With Obturator Neurectomy	40.56	1	90					AS
27005	Tenotomy, Hip Flexor(S), Open (Separate Procedure)	49.41	1	90					AS
27006	Tenotomy, Abductors And/Or Extensor(S) Of Hip, Open (Separate Procedure)	50.23	1	90					AS
27030	Arthrotomy, Hip, With Drainage (Eg, Infection)	61.42	1	90					AS
27033	Arthrotomy, Hip, Including Exploration Or Removal Of Loose Or Foreign Body	66.09	1	90					AS
27035	Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches	68.07	1	90					AS
27036	Capsulectomy Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic B	68.62	1	90					AS
27043	Biopsy, Soft Tissue Of Pelvis And Hip Area; 3 Cm Or Greater	32.08	1	90					AS
27045	Biopsy, Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater	50.63	1	90					AS
27048	Excision, Tumor, Pelvis And Hip Area; Deep, Subfascial, Intramuscular	36.56	1	90					AS
27049	Radical Resection Of Tumor, Soft Tissue Of Pelvis And Hip Area (Eg, Maligna	77.74	1	90					AS
27052	Arthrotomy, For Biopsy; Hip Joint	39.53	1	90					AS
27054	Arthrotomy With Synovectomy, Hip Joint	46.73	1	90					AS
27059	Decompression Fasciotomy(les), Pelvic (Buttock) Compartment(S) (Eg,	122.11	1	90					AS
27065	Excision Of Bone Cyst Or Benign Tumor; Superficial (Wing Of Ilium, Symphysi	35.27	1	90					AS
27066	Excision Of Bone Cyst Or Benign Tumor; Deep, With Or Without Autograft	55.26	1	90					AS
27067	Excision Of Bone Cyst Or Benign Tumor; With Autograft Requiring Separate In	70.22	1	90					AS
27070	Partial Excision (Craterization, Saucerization) (Eg, Osteomyelitis Or Bone	57.75	1	90					AS
27071	Partial Excision (Craterization, Saucerization) (Eg, Osteomyelitis Or Bone	62.50	1	90					AS
27075	Radical Resection Of Tumor Or Infection; Wing Of Ilium, One Pubic Or Ischia	142.18	1	90					AS
27076	Radical Resection For Tumor Or Infection; Ilium, Including Acetabulum, Both	124.73	1	90					AS
27077	Radical Resection For Tumor Or Infection; Innominate Bone, Total	191.87	1	90					AS
27078	Radical Resection For Tumor Or Infection; Ischial Tuberosity And Greater Tr	78.77	1	90					AS
27080	Coccygectomy, Primary	35.09	1	90					AS
27087	Removal Of Foreign Body, Pelvis Or Hip; Deep (Subfascial Or Intramuscular)	42.83	1	90					AS
27090	Removal Of Hip Prosthesis; (Separate Procedure)	56.49	1	90					AS
27091	Removal Of Hip Prosthesis; Complicated, Including Total Hip Prosthesis, Met	108.56	1	90					AS
27097	Release Or Recession, Hamstring, Proximal	46.11	1	90					AS
27098	Transfer, Adductor To Ischium	46.48	1	90					AS

January 1, 2015 20/91

					Hyster-	Sterili-	Abor-		\neg
Code Spe	Description Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
27100	Transfer External Oblique Muscle To Greater Trochanter Including Fascial Or	56.10	1	90					AS
27105	Transfer Paraspinal Muscle To Hip (Includes Fascial Or Tendon Extension Gra	58.81	1	90					AS
27110	Transfer Iliopsoas; To Greater Trochanter Of Femur	65.75	1	90					AS
27111	Transfer Iliopsoas; To Femoral Neck	61.03	1	90					AS
27120	Acetabuloplasty; (Eg, Whitman, Colonna, Haygroves, Or Cup Type)	87.59	1	90					AS
27122	Acetabuloplasty; Resection, Femoral Head (Eg, Girdlestone Procedure)	74.73	1	90					AS
27125	Hemiarthroplasty, Hip, Partial (Eg, Femoral Stem Prosthesis, Bipolar Arthro	77.05	1	90					AS
27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total	97.97	1	90					AS
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Witho	113.90	1	90					AS
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autogr	130.10	1	90					AS
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or With	100.10	1	90					AS
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without	104.07	1	90					AS
27140	Osteotomy And Transfer Of Greater Trochanter Of Femur (Separate Procedure)	60.96	1	90					AS
27146	Osteotomy, Iliac, Acetabular Or Innominate Bone;	87.20	1	90					AS
27147	Osteotomy, Iliac, Acetabular Or Innominate Bone; With Open Reduction Of Hip	99.67	1	90					AS
27151	Osteotomy, Iliac, Acetabular Or Innominate Bone; With Femoral Osteotomy	107.85	1	90					AS
27156	Osteotomy, Iliac, Acetabular Or Innominate Bone; With Femoral Osteotomy And	116.19	1	90					AS
27158	Osteotomy, Pelvis, Bilateral (Eg, Congenital Malformation)	86.12	1	90					AS
27161	Osteotomy, Femoral Neck (Separate Procedure)	82.50	1	90					AS
27165	Osteotomy, Intertrochanteric Or Subtrochanteric Including Internal Or Exter	93.46	1	90					AS
27170	Bone Graft, Femoral Head, Neck, Intertrochanteric Or Subtrochanteric Area (79.94	1	90					AS
27176	Treatment Of Slipped Femoral Epiphysis; By Single Or Multiple Pinning, In S	62.38	1	90					AS
27177	Open Treatment Of Slipped Femoral Epiphysis; Single Or Multiple Pinning Or	75.61	1	90					AS
27178	Open Treatment Of Slipped Femoral Epiphysis; Closed Manipulation With Singl	62.38	1	90					AS
27179	Open Treatment Of Slipped Femoral Epiphysis; Osteoplasty Of Femoral Neck (H	66.23	1	90					AS
27181	Open Treatment Of Slipped Femoral Epiphysis; Osteotomy And Internal Fixatio	76.32	1	90					AS
27187	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	67.47	1	90					AS
27202	Open Treatment Of Coccygeal Fracture	39.60	1	90					AS
27215	Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing Fractu	40.52	1	90					AS
27216	Percutaneous Skeletal Fixation Of Posterior Pelvic Ring Fracture And/Or Dis	60.04	1	90					AS

January 1, 2015 21/91

					Hyster-	Sterili-	Abor-		\neg
Code Spe	Description Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
27217	Open Treatment Of Anterior Ring Fracture And/Or Dislocation With Internal F	56.38	1	90					AS
27218	Open Treatment Of Posterior Ring Fracture And/Or Dislocation With Internal	77.62	1	90					AS
27226	Open Treatment Of Posterior Or Anterior Acetabular Wall Fracture, With Inte	71.78	1	90					AS
27227	Open Treatment Of Acetabular Fracture(S) Involving Anterior Or Posterior (O	112.66	1	90					AS
27228	Open Treatment Of Acetabular Fracture(S) Involving Anterior And Posterior (128.16	1	90					AS
27236	Open Treatment Of Femoral Fracture, Proximal End, Neck, Internal Fixation O	81.40	1	90					AS
27244	Treatment Of Intertrochanteric, Pertrochanteric, Or Subtrochanteric Femoral	83.67	1	90					AS
27245	Open Treatment Of Intertrochanteric, Pertrochanteric Or Subtrochanteric Fem	83.70	1	90					AS
27248	Open Treatment Of Greater Trochanteric Fracture, With Or Without Internal O	50.51	1	90					AS
27253	Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation	64.03	1	90					AS
27254	Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femo	85.62	1	90					AS
27258	Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Con	75.22	1	90					AS
27259	Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Con	105.24	1	90					AS
27267	Closed Treatment Of Femoral Fracture, Proximal End, Head; Without Manipulat	29.93	1	90					AS
27268	Closed Treatment Of Femoral Fracture, Proximal End, Head; With Manipulation	36.62	1	90					AS
27269	Open Treatment Of Femoral Fracture, Proximal End, Head, Includes Internal F	84.31	1	90					AS
27280	Arthrodesis, Sacroiliac Joint (Including Obtaining Graft)	70.93	1	90					AS
27282	Arthrodesis, Symphysis Pubis (Including Obtaining Graft)	58.05	1	90					AS
27284	Arthrodesis, Hip Joint (Including Obtaining Graft);	109.62	1	90					AS
27286	Arthrodesis, Hip Joint (Includes Obtaining Graft); With Subtrochanteric Ost	112.02	1	90					AS
27290	Interpelviabdominal Amputation (Hindquarter Amputation)	110.12	1	90					AS
27295	Disarticulation Of Hip	85.67	1	90					AS
27299	Unlisted Procedure, Pelvis Or Hip Joint		1	90				Υ	AS
27303	Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelit	43.50	1	90					AS
27305	Fasciotomy, Iliotibial (Tenotomy), Open	33.00	1	90					AS
27306	Tenotomy, Percutaneous, Adductor Or Hamstring; Single Tendon (Separate Proc	24.82	1	90					AS
27310	Arthrotomy, Knee, With Exploration, Drainage, Or Removal Of Foreign Body (E	49.80	1	90					AS
27325	Neurectomy, Hamstring Muscle	37.75	1	90					AS
27326	Neurectomy, Popliteal (Gastrocnemius)	35.04	1	90					AS
27329	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Thigh O	70.24	1	90					AS

January 1, 2015 22/91

					Hyster-	Sterili-	Abor-		
Code Spe	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
27331	Arthrotomy, Knee; Including Joint Exploration, Biopsy, Or Removal Of Loose	32.54	1	90					AS
27332	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Media	43.68	1	90					AS
27333	Arthrotomy, Knee, For Excision Of Semilunar Cartilage (Meniscectomy); Media	39.92	1	90					AS
27334	Arthrotomy, With Synovectomy Knee; Anterior Or Posterior	46.66	1	90					AS
27335	Arthrotomy, Knee, For Synovectomy; Anterior And Posterior Including Poplite	52.05	1	90					AS
27337	Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater	28.62	1	90					AS
27339	Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater	51.11	1	90					AS
27345	Excision Of Synovial Cyst Of Popliteal Space (Eg, Baker'S Cyst)	32.82	1	90					AS
27347	Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee	36.12	1	90					AS
27350	Patellectomy Or Hemipatellectomy	44.51	1	90					AS
27355	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur;	41.09	1	90					AS
27356	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Allograft	50.23	1	90					AS
27357	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Autograft	55.37	1	90					AS
27358	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Internal	18.75	1						AS
27360	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Fem	58.19	1	90					AS
27364	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone,	105.56	1	90					AS
27365	Radical Resection Of Tumor, Bone, Femur Or Knee	95.62	1	90					AS
27380	Suture Of Infrapatellar Tendon; Primary	40.66	1	90					AS
27381	Suture Of Infrapatellar Tendon; Secondary Reconstruction, Including Fascial	54.41	1	90					AS
27385	Suture Of Quadriceps Or Hamstring Muscle Rupture; Primary	39.49	1	90					AS
27386	Suture Of Quadriceps Or Hamstring Muscle Rupture; Secondary Reconstruction,	56.84	1	90					AS
27390	Tenotomy, Open, Hamstring, Knee To Hip; Single Tendon	30.62	1	90					AS
27392	Tenotomy, Open, Hamstring, Knee To Hip; Multiple Tendons, Bilateral	48.42	1	90					AS
27393	Lengthening Of Hamstring Tendon; Single Tendon	34.77	1	90					AS
27394	Lengthening Of Hamstring Tendon; Multiple Tendons, One Leg	44.37	1	90					AS
27395	Lengthening Of Hamstring Tendon; Multiple Tendons, Bilateral	59.65	1	90					AS
27396	Transplant, Hamstring Tendon To Patella; Single Tendon	41.89	1	90					AS
27397	Transplant, Hamstring Tendon To Patella; Multiple Tendons	62.27	1	90					AS
27400	Transfer, Tendon Or Muscle, Hamstrings To Femur (Eg, Egger'S Type Procedure	47.23	1	90					AS
27403	Arthrotomy With Meniscus Repair, Knee	43.64	1	90					AS

January 1, 2015 23/91

					Hyster-	Sterili-	Abor-		\neg
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
27405	Repair, Primary, Torn Ligament And/Or Capsule, Knee; Collateral	46.20	1	90					AS
27407	Repair, Primary, Torn Ligament And/Or Capsule, Knee; Cruciate	53.86	1	90					AS
27409	Repair, Primary, Torn Ligament And/Or Capsule, Knee; Collateral And Cruciat	65.52	1	90					AS
27412	Autologous Chondrocyte Implantation, Knee	112.20	1	90					AS
27415	Osteochondral Allograft, Knee, Open	93.30	1	90					AS
27418	Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure)	56.65	1	90					AS
27420	Reconstruction Of Dislocating Patella; (Eg, Hauser Type Procedure)	49.55	1	90					AS
27422	Reconstruction Of Dislocating Patella; With Extensor Realignment And/Or Mus	50.65	1	90					AS
27424	Reconstruction For Recurrent Dislocating Patella; With Patellectomy	50.81	1	90					AS
27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular	48.84	1	90					AS
27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular (Open)	75.79	1	90					AS
27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular (Open) And	84.96	1	90					AS
27430	Quadricepsplasty (Eg, Bennett Or Thompson Type)	50.49	1	90					AS
27435	Capsulotomy, Posterior Capsular Release, Knee	55.23	1	90					AS
27438	Arthroplasty, Patella; With Prosthesis	57.29	1	90					AS
27440	Arthroplasty, Knee, Tibial Plateau;	54.20	1	90					AS
27441	Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectom	55.97	1	90					AS
27442	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee;	59.15	1	90					AS
27443	Arthroplasty, Knee, Femoral Condyles Or Tibial Plateaus; With Debridement A	55.48	1	90					AS
27445	Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type)	85.14	1	90					AS
27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment	75.15	1	90					AS
27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments Wi	104.60	1	90					AS
27448	Osteotomy, Femur, Shaft Or Supracondylar; Without Fixation	55.97	1	90					AS
27450	Osteotomy, Femur, Shaft Or Supracondylar; With Fixation	69.12	1	90					AS
27454	Osteotomy, Multiple, With Realignment On Intramedullary Rod, Femoral Shaft	88.16	1	90					AS
27455	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Include	63.96	1	90					AS
27457	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Include	65.25	1	90					AS
27465	Osteoplasty, Femur; Shortening (Excluding 64876)	84.89	1	90					AS
27466	Osteoplasty, Femur; Lengthening	80.17	1	90					AS
27468	Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segme	91.01	1	90					AS

January 1, 2015 24/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
27470	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft	80.07	1	90					AS
27472	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or	86.01	1	90					AS
27479	Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Pro	58.65	1	90					AS
27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; One Compone	95.73	1	90					AS
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And	119.52	1	90					AS
27488	Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate	81.79	1	90					AS
27495	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	76.71	1	90					AS
27498	Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments;	44.53	1	90					AS
27499	Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With De	47.52	1	90					AS
27506	Open Treatment Of Femoral Shaft Fracture, With Or Without External Fixation	91.03	1	90					AS
27507	Open Treatment Of Femoral Shaft Fracture With Plate/Screws, With Or Without	66.12	1	90					AS
27511	Open Treatment Of Femoral Supracondylar Or Transcondylar Fracture Without I	67.70	1	90					AS
27513	Open Treatment Of Femoral Supracondylar Or Transcondylar Fracture With Inte	84.18	1	90					AS
27514	Open Treatment Of Femoral Fracture, Distal End, Medial Or Lateral Condyle,	69.46	1	90					AS
27519	Open Treatment Of Distal Femoral Epiphyseal Separation, With Or Without Int	60.39	1	90					AS
27524	Open Treatment Of Patellar Fracture, With Internal Fixation And/Or Partial	51.31	1	90					AS
27535	Open Treatment Of Tibial Fracture, Proximal (Plateau); Unicondylar, With Or	60.94	1	90					AS
27536	Open Treatment Of Tibial Fracture, Proximal (Plateau); Bicondylar, With Or	80.97	1	90					AS
27540	Open Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of T	55.23	1	90					AS
27556	Open Treatment Of Knee Dislocation, With Or Without Internal Or External Fi	59.43	1	90					AS
27557	Open Treatment Of Knee Dislocation, With Or Without Internal Or External Fi	70.95	1	90					AS
27558	Open Treatment Of Knee Dislocation, With Or Without Internal Or External Fi	80.81	1	90					AS
27566	Open Treatment Of Patellar Dislocation, With Or Without Partial Or Total Pa	60.69	1	90					AS
27580	Arthrodesis, Knee, Any Technique	97.88	1	90					AS
27590	Amputation, Thigh, Through Femur, Any Level;	55.69	1	90					AS
27591	Amputation, Thigh, Through Femur, Any Level; Immediate Fitting Technique In	64.97	1	90					AS
27592	Amputation, Thigh, Through Femur, Any Level; Open, Circular (Guillotine)	47.62	1	90					AS
27598	Disarticulation At Knee	50.33	1	90					AS
27599	Unlisted Procedure, Femur Or Knee		1	90				Υ	AS
27602	Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compa	34.35	1	90					AS

January 1, 2015 25/91

					Hyster-	Sterili-	Abor-		\neg
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
27612	Arthrotomy, Posterior Capsular Release, Ankle, With Or Without Achilles Ten	38.09	1	90					AS
27616	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Leg	85.44	1	90					AS
27620	Arthrotomy, Ankle, With Joint Exploration, With Or Without Biopsy, With Or	30.98	1	90					AS
27625	Arthrotomy, Ankle, With Synovectomy;	39.42	1	90					AS
27626	Arthrotomy, Ankle, For Synovectomy; Including Tenosynovectomy	42.42	1	90					AS
27632	Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion),	28.44	1	90					AS
27634	Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion),	46.48	1	90					AS
27637	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With A	51.75	1	90					AS
27638	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With A	52.89	1	90					AS
27645	Radical Resection Of Tumor, Bone; Tibia	80.22	1	90					AS
27646	Resection For Tumor, Radical; Fibula	70.37	1	90					AS
27647	Radical Resection Of Tumor, Bone; Talus Or Calcaneus	63.27	1	90					AS
27650	Repair, Primary, Open Or Percutaneous, Ruptured Achilles Tendon;	45.51	1	90					AS
27654	Repair, Secondary, Achilles Tendon, With Or Without Graft	48.13	1	90					AS
27656	Repair, Fascial Defect Of Leg	40.08	1	90					AS
27658	Repair, Flexor Tendon, Leg; Primary, Without Graft, Each Tendon	25.87	1	90					AS
27659	Repair, Flexor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon	33.25	1	90					AS
27665	Repair, Extensor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon	28.46	1	90					AS
27675	Repair, Dislocating Peroneal Tendons; Without Fibular Osteotomy	33.48	1	90					AS
27676	Repair For Dislocating Peroneal Tendons; With Fibular Osteotomy	42.58	1	90					AS
27685	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Single Tendon (Separate	46.02	1	90					AS
27687	Gastrocnemius Recession (Eg, Strayer Procedure)	31.30	1	90					AS
27690	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouti	43.18	1	90					AS
27691	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouti	51.43	1	90					AS
27692	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouti	7.20	5						AS
27698	Repair, Secondary Disrupted Ligament, Ankle, Collateral (Eg, Watson-Jones P	43.89	1	90					AS
27700	Arthroplasty, Ankle;	40.27	1	90					AS
27702	Arthroplasty, Ankle; With Implant ("Total Ankle")	66.26	1	90					AS
27703	Arthroplasty, Ankle; Revision, Total Ankle	77.03	1	90					AS
27705	Osteotomy; Tibia	51.75	1	90					AS

January 1, 2015 26/91

					Hyster-	Sterili-	Abor-		
Code Spe	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
27709	Osteotomy; Tibia And Fibula	79.55	1	90					AS
27712	Osteotomy; Multiple, With Realignment On Intramedullary Rod (Eg, Sofield Ty	75.10	1	90					AS
27715	Osteoplasty, Tibia And Fibula, Lengthening Or Shortening	72.28	1	90					AS
27720	Repair Of Nonunion Or Malunion, Tibia; Without Graft, (Eg, Compression Tech	59.84	1	90					AS
27722	Repair Of Nonunion Or Malunion, Tibia; With Sliding Graft	60.48	1	90					AS
27724	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autograft (Inclu	86.12	1	90					AS
27725	Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Meth	82.94	1	90					AS
27727	Repair Of Congenital Pseudarthrosis, Tibia	70.40	1	90					AS
27740	Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Dis	41.89	1	90					AS
27742	Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Dis	46.09	1	90					AS
27745	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	51.66	1	90					AS
27756	Percutaneous Skeletal Fixation Of Tibial Shaft Fracture (With Or Without Fi	39.56	1	90					AS
27758	Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture)	60.71	1	90					AS
27759	Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By In	67.93	1	90					AS
27767	Closed Treatment Of Posterior Malleolus Fracture; Without Manipulation	18.98	1	90					AS
27768	Closed Treatment Of Posterior Malleolus Fracture; With Manipulation	30.16	1	90					AS
27769	Open Treatment Of Posterior Malleolus Fracture, Includes Internal Fixation,	50.01	1	90					AS
27814	Open Treatment Of Bimalleolar Ankle Fracture, With Or Without Internal Or E	52.76	1	90					AS
27822	Open Treatment Of Trimalleolar Ankle Fracture, With Or Without Internal Or	57.57	1	90					AS
27823	Open Treatment Of Trimalleolar Ankle Fracture, With Or Without Internal Or	65.18	1	90					AS
27826	Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of	57.29	1	90					AS
27827	Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of	74.09	1	90					AS
27828	Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of	88.30	1	90					AS
27829	Open Treatment Of Distal Tibiofibular Joint (Syndesmosis) Disruption, With	46.96	1	90					AS
27832	Open Treatment Of Proximal Tibiofibular Joint Dislocation, With Or Without	51.47	1	90					AS
27846	Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal	49.96	1	90					AS
27848	Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal	55.14	1	90					AS
27870	Arthrodesis, Ankle, Open	70.59	1	90					AS
27871	Arthrodesis, Tibiofibular Joint, Proximal Or Distal	46.98	1	90					AS
27880	Amputation Leg, Through Tibia And Fibula;	63.25	1	90					AS

January 1, 2015 27/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
27881	Amputation Leg, Through Tibia And Fibula; With Immediate Fitting Technique	60.87	1	90					AS
27888	Amputation, Ankle, Through Malleoli Of Tibia And Fibula (Eg, Syme, Pirogoff	46.48	1	90					AS
27894	Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compa	59.63	1	90					AS
28039	Exc Foot/Toe Tum Sc > 1.5 Cm 1.5 Cm Or Greater	36.14	1	90					AS
28041	Exc Foot/Toe Tum Deep >1.5Cm	31.56	1	90					AS
28047	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of	68.98	1	90					AS
28055	Neurectomy, Intrinsic Musculature Of Foot	25.55	1	90					AS
28086	Synovectomy, Tendon Sheath, Foot; Flexor	38.34	1	90					AS
28100	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus;	42.79	1	90					AS
28102	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; Wit	36.24	1	90					AS
28103	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; Wit	26.56	1	90					AS
28104	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, E	36.21	1	90					AS
28106	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bo	30.89	1	90					AS
28107	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bo	35.77	1	90					AS
28114	Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal P	74.57	1	90					AS
28118	Ostectomy, Calcaneus;	41.53	1	90					AS
28122	Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphyse	41.78	1	90					AS
28130	Talectomy (Astragalectomy)	49.54	1	90					AS
28171	Radical Resection Of Tumor, Bone; Tarsal (Except Talus Or Calcaneus)	49.45	1	90					AS
28202	Repair Or Suture Of Tendon, Foot, Flexor, Single; Secondary With Free Graft	41.16	1	90					AS
28210	Repair Or Suture Of Tendon, Foot, Extensor, Single; Secondary With Free Gra	40.24	1	90					AS
28238	Reconstruction (Advancement), Posterior Tibial Tendon With Excision Of Acce	46.22	1	90					AS
28250	Division Of Plantar Fascia And Muscle (Eg, Steindler Stripping) (Separate P	40.31	1	90					AS
28260	Capsulotomy, Midfoot; Medial Release Only (Separate Procedure)	46.82	1	90					AS
28262	Capsulotomy, Midfoot; Extensive, Including Posterior Talotibial Capsulotomy	100.49	1	90					AS
28264	Capsulotomy, Midtarsal (Eg, Heyman Type Procedure)	66.97	1	90					AS
28289	Hallux Rigidus Correction With Cheilectomy, Debridement And Capsular Releas	51.27	1	90					AS
28292	Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; Keller,	54.75	1	90					AS
28293	Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; Resectio	72.37	1	90					AS
28294	Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; With Te	51.79	1	90					AS

January 1, 2015 28/91

						Hyster-	Sterili-	Abor-		
Code	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
28296		Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; With Met	49.32	1	90					AS
28297		Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; Lapidus	56.84	1	90					AS
28298		Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; By Phala	50.14	1	90					AS
28299		Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; By Doub	61.58	1	90					AS
28300		Osteotomy; Calcaneus (Eg, Dwyer Or Chambers Type Procedure), With Or Withou	44.92	1	90					AS
28302		Osteotomy; Talus	48.68	1	90					AS
28304		Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus;	56.29	1	90					AS
28305		Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; With Autograft (Inc	44.30	1	90					AS
28306		Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, M	43.13	1	90					AS
28308		Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, M	39.30	1	90					AS
28320		Repair, Nonunion Or Malunion; Tarsal Bones	41.89	1	90					AS
28322		Repair Of Nonunion Or Malunion; Metatarsal, With Or Without Bone Graft (Inc	54.89	1	90					AS
28360		Reconstruction, Cleft Foot	74.39	1	90					AS
28415		Open Treatment Of Calcaneal Fracture, With Or Without Internal Or External	75.81	1	90					AS
28420		Open Treatment Of Calcaneal Fracture, With Or Without Internal Or External	85.37	1	90					AS
28445		Open Treatment Of Talus Fracture, With Or Without Internal Or External Fixa	72.63	1	90					AS
28555		Open Treatment Of Tarsal Bone Dislocation, With Or Without Internal Or Exte	61.24	1	90					AS
28585		Open Treatment Of Talotarsal Joint Dislocation, With Or Without Internal Or	60.66	1	90					AS
28615		Open Treatment Of Tarsometatarsal Joint Dislocation, With Or Without Intern	54.04	1	90					AS
28705		Arthrodesis; Pantalar	87.55	1	90					AS
28715		Arthrodesis; Triple	63.87	1	90					AS
28725		Arthrodesis; Subtalar	52.96	1	90					AS
28730		Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse;	50.19	1	90					AS
28735		Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse; With Ost	53.37	1	90					AS
28737		Arthrodesis, With Tendon Lengthening And Advancement, Midtarsal, Tarsal Nav	47.07	1	90					AS
28740		Arthrodesis, Midtarsal Or Tarsometatarsal, Single Joint	59.06	1	90					AS
28760		Arthrodesis, With Extensor Hallucis Longus Transfer To First Metatarsal Nec	54.22	1	90					AS
28800		Amputation, Foot; Midtarsal (Eg, Chopart Type Procedure)	37.63	1	90					AS
29804		Arthroscopy, Temporomandibular Joint, Surgical	44.44	1	90					AS
29820		Arthroscopy, Shoulder, Surgical; Synovectomy, Partial	36.90	1	90					AS

January 1, 2015 29/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete	40.24	1	90					AS
29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited	39.33	1	90					AS
29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive	42.90	1	90					AS
29824	Arthroscopy, Shoulder, Surgical; Distal Claviculectomy Including Distal Art	46.34	1	90					AS
29825	Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, Wit	40.04	1	90					AS
29826	Arthroscopy, Shoulder, Surgical; Decompression Of Subacromial Space With Pa	34.44	1						AS
29827	Arthroscopy, Shoulder, Surgical; With Rotator Cuff Repair	73.18	1	90					AS
29834	Arthroscopy, Elbow, Surgical; With Removal Of Loose Body Or Foreign Body	33.53	1	90					AS
29835	Arthroscopy, Elbow, Surgical; Synovectomy, Partial	34.63	1	90					AS
29836	Arthroscopy, Elbow, Surgical; Synovectomy, Complete	39.30	1	90					AS
29837	Arthroscopy, Elbow, Surgical; Debridement, Limited	36.16	1	90					AS
29843	Arthroscopy, Wrist, Surgical; For Infection, Lavage And Drainage	33.07	1	90					AS
29844	Arthroscopy, Wrist, Surgical; Synovectomy, Partial	33.94	1	90					AS
29845	Arthroscopy, Wrist, Surgical; Synovectomy, Complete	39.44	1	90					AS
29847	Arthroscopy, Wrist, Surgical; Internal Fixation For Fracture Or Instability	37.06	1	90					AS
29851	Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosit	63.37	1	90					AS
29855	Arthroscopically Aided Treatment Of Tibial Fracture, Proximal (Plateau); Un	53.65	1	90					AS
29856	Arthroscopically Aided Treatment Of Tibial Fracture, Proximal (Plateau); Bi	67.74	1	90					AS
29860	Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Proc	45.49	1	90					AS
29861	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	49.59	1	90					AS
29862	Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage	55.87	1	90					AS
29863	Arthroscopy, Hip, Surgical; With Synovectomy	55.92	1	90					AS
29884	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions, With Or Without Manip	42.47	1	90					AS
29885	Arthroscopy, Knee, Surgical; Drilling For Osteochondritis Dissecans With Bo	51.29	1	90					AS
29887	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans	51.11	1	90					AS
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Re	67.38	1	90					AS
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or R	83.14	1	90					AS
29891	Arthroscopy, Ankle, Surgical; Excision Of Osteochondral Defect Of Talus And	46.45	1	90					AS
29892	Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Ta	42.01	1	90					AS
29893	Endoscopic Plantar Fasciotomy	42.47	1	90					AS

January 1, 2015 30/91

						Hyster-	Sterili-	Abor-		\Box
Code S	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
29894		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Remo	35.48	1	90					AS
29895		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Synovecto	32.91	1	90					AS
29897		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debrideme	35.13	1	90					AS
29898		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debrideme	38.66	1	90					AS
29899		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Ankl	71.62	1	90					AS
29904		Arthroscopy, Subtalar Joint, Surgical; With Removal Of Loose Body Or Foreig	43.45	1	90					AS
29905		Arthroscopy, Subtalar Joint, Surgical; With Synovectomy	47.12	1	90					AS
29906		Arthroscopy, Subtalar Joint, Surgical; With Debridement	48.20	1	90					AS
29907		Arthroscopy, Subtalar Joint, Surgical; With Subtalar Arthrodesis	59.65	1	90					AS
29914		Arthroscopy, Hip, Surgical; With Femoroplasty (le, Treatment Of Cam Lesion)	68.82	1	90					AS
29915		Arthroscopy, Hip, Surgical; With Acetabuloplasty (le, Treatment Of Pincer Lesion)	70.20	1	90					AS
29916		Arthroscopy, Hip, Surgical; With Labral Repair	70.27	1	90					AS
30118		Excision Or Destruction, Any Method (Including Laser), Intranasal Lesion; E	52.53	1	90					AS
30125		Excision Dermoid Cyst, Nose; Complex, Under Bone Or Cartilage	42.03	1	90					AS
30160		Rhinectomy; Total	53.26	1	90					AS
30460		Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Pa	56.10	1	90					AS
30462		Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Pa	98.84	1	90					AS
30540		Repair Choanal Atresia; Intranasal	47.60	1	90					AS
30545		Repair Choanal Atresia; Transpalatine	58.05	1	90					AS
31075		Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lync	53.88	1	90					AS
31080		Sinusotomy Frontal; Obliterative Without Osteoplastic Flap, Brow Incision (70.98	1	90					AS
31081		Sinusotomy Frontal; Obliterative, Without Osteoplastic Flap, Coronal Incisi	96.47	1	90					AS
31084		Sinusotomy Frontal; Obliterative, With Osteoplastic Flap, Brow Incision	79.23	1	90					AS
31085		Sinusotomy Frontal; Obliterative, With Osteoplastic Flap, Coronal Incision	96.11	1	90					AS
31086		Sinusotomy Frontal; Nonobliterative, With Osteoplastic Flap, Brow Incision	77.05	1	90					AS
31087		Sinusotomy Frontal; Nonobliterative, With Osteoplastic Flap, Coronal Incisi	74.07	1	90					AS
31205		Ethmoidectomy; Extranasal, Total	62.61	1	90					AS
31225		Maxillectomy; Without Orbital Exenteration	127.97	1	90					AS
31230		Maxillectomy; With Orbital Exenteration (En Bloc)	141.63	1	90					AS
31300		Laryngotomy (Thyrotomy, Laryngofissure); With Removal Of Tumor Or Laryngoce	86.68	1	90					AS

January 1, 2015 31/91

					Hyster-	Sterili-	Abor-		
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
31360	Laryngectomy; Total, Without Radical Neck Dissection	142.27	1	90					AS
31365	Laryngectomy; Total, With Radical Neck Dissection	175.82	1	90					AS
31367	Laryngectomy; Subtotal Supraglottic, Without Radical Neck Dissection	151.30	1	90					AS
31368	Laryngectomy; Subtotal Supraglottic, With Radical Neck Dissection	167.39	1	90					AS
31370	Partial Laryngectomy (Hemilaryngectomy); Horizontal	142.32	1	90					AS
31375	Partial Laryngectomy (Hemilaryngectomy); Laterovertical	135.14	1	90					AS
31380	Partial Laryngectomy (Hemilaryngectomy); Anterovertical	133.29	1	90					AS
31382	Partial Laryngectomy (Hemilaryngectomy); Antero-Latero-Vertical	146.10	1	90					AS
31390	Pharyngolaryngectomy, With Radical Neck Dissection; Without Reconstruction	195.58	1	90					AS
31395	Pharyngolaryngectomy, With Radical Neck Dissection; With Reconstruction	205.57	1	90					AS
31400	Arytenoidectomy Or Arytenoidopexy, External Approach	68.91	1	90					AS
31420	Epiglottidectomy	57.32	1	90					AS
31580	Laryngoplasty; For Laryngeal Web, Two Stage, With Keel Insertion And Remova	84.31	1	90					AS
31584	Laryngoplasty; With Open Reduction Of Fracture	103.54	1	90					AS
31587	Laryngoplasty, Cricoid Split	68.46	1	90					AS
31588	Laryngoplasty, Not Otherwise Specified (Eg, For Burns, Reconstruction After	78.61	1	90					AS
31590	Laryngeal Reinnervation By Neuromuscular Pedicle	62.20	1	90					AS
31595	Section Recurrent Laryngeal Nerve, Therapeutic (Separate Procedure), Unilat	52.83	1	90					AS
31601	Tracheostomy, Planned (Separate Procedure); Under Two Years	17.65	1	0					AS
31611	Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Al	37.54	1	90					AS
31750	Tracheoplasty; Cervical	95.48	1	90					AS
31755	Tracheoplasty; Tracheopharyngeal Fistulization, Each Stage	120.18	1	90					AS
31760	Tracheoplasty; Intrathoracic	93.92	1	90					AS
31766	Carinal Reconstruction	121.46	1	90					AS
31770	Bronchoplasty; Graft Repair	91.03	1	90					AS
31775	Bronchoplasty; Excision Stenosis And Anastomosis	93.53	1	90					AS
31780	Excision Tracheal Stenosis And Anastomosis; Cervical	80.74	1	90					AS
31781	Excision Tracheal Stenosis And Anastomosis; Cervicothoracic	104.66	1	90					AS
31785	Excision Of Tracheal Tumor Or Carcinoma; Cervical	73.61	1	90					AS
31786	Excision Of Tracheal Tumor Or Carcinoma; Thoracic	98.62	1	90					AS

January 1, 2015 32/91

						Hyster-	Sterili-	Abor-		\neg
Code	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
31805		Suture Of External Tracheal Wound Or Injury; Intrathoracic	56.01	1	90					AS
32035		Thoracostomy; With Rib Resection For Empyema	49.82	1	90					AS
32036		Thoracostomy; With Open Flap Drainage For Empyema	53.63	1	90					AS
32096		Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral	55.62	1	90					AS
32097		Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral	55.62	1	90					AS
32098		Thoracotomy, With Biopsy(les) Of Pleura	53.93	1	90					AS
32100		Thoracotomy, Major; With Exploration And Biopsy	56.10	1	90					AS
32110		Thoracotomy, Major; With Control Of Traumatic Hemorrhage And/Or Repair Of L	100.40	1	90					AS
32120		Thoracotomy, Major; For Postoperative Complications	60.00	1	90					AS
32124		Thoracotomy, Major; With Open Intrapleural Pneumonolysis	63.92	1	90					AS
32140		Thoracotomy, Major; With Cyst(S) Removal, With Or Without A Pleural Procedu	68.09	1	90					AS
32141		Thoracotomy, Major; With Excision-Plication Of Bullae, With Or Without Any	104.50	1	90					AS
32150		Thoracotomy, Major; With Removal Of Intrapleural Foreign Body Or Fibrin Dep	68.98	1	90					AS
32151		Thoracotomy, Major; With Removal Of Intrapulmonary Foreign Body	69.12	1	90					AS
32160		Thoracotomy, Major; With Cardiac Massage	54.25	1	90					AS
32200		Pneumonostomy, With Open Drainage Of Abscess Or Cyst	77.81	1	90					AS
32215		Pleural Scarification For Repeat Pneumothorax	55.12	1	90					AS
32220		Decortication, Pulmonary, (Separate Procedure); Total	109.22	1	90					AS
32225		Decortication, Pulmonary, (Separate Procedure); Partial	68.41	1	90					AS
32310		Pleurectomy, Parietal (Separate Procedure)	63.05	1	90					AS
32320		Decortication And Parietal Pleurectomy	109.78	1	90					AS
32440		Removal Of Lung, Total Pneumonectomy;	107.32	1	90					AS
32442		Removal Of Lung, Total Pneumonectomy; With Resection Of Segment Of Trachea	208.99	1	90					AS
32445		Removal Of Lung, Total Pneumonectomy; Extrapleural	241.41	1	90					AS
32480		Removal Of Lung, Other Than Total Pneumonectomy; Single Lobe (Lobectomy)	101.53	1	90					AS
32482		Removal Of Lung, Other Than Total Pneumonectomy; Two Lobes (Bilobectomy)	108.68	1	90					AS
32484		Removal Of Lung, Other Than Total Pneumonectomy; Single Segment (Segmentect	98.45	1	90					AS
32486		Removal Of Lung, Other Than Total Pneumonectomy; With Circumferential Resec	160.77	1	90					AS
32488		Removal Of Lung, Other Than Total Pneumonectomy; All Remaining Lung Followi	163.04	1	90					AS
32501		Resection And Repair Of Portion Of Bronchus (Bronchoplasty) When Performed	16.66	1						AS

January 1, 2015 33/91

0-4-6	D	D 5	LINGS	בניה	Hyster-			D.4	۸.
Code Spec	·	Base Fee				zation	tion		\mathbf{H}
32503	Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall R	123.94	1						AS
32504	Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall R	139.96	1	90					AS
32505	Thoracotomy; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial	65.80	1	90					AS
32506	Thoracotomy; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial	11.30	1						AS
32507	Thoracotomy; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List Separately In Addition To Code For Primary Procedure)	11.30	1						AS
32540	Extrapleural Enucleation Of Empyema (Empyemectomy)	118.28	1	90					AS
32550	Insertion Of Indwelling Tunneled Pleural Catheter With Cuff	55.76	1	0					AS
32551	Tube Thoracostomy, Includes Water Seal (Eg, For Abscess, Hemothorax, Empyema), When Performed (Separate Procedure)	11.99	1	0					AS
32552	Removal Of Indwelling Tunneled Pleural Catheter With Cuff	13.25	1	10					AS
32561	Instillation(S), Via Chest Tube/Catheter, Agent For Fibrinolysis (Eg, Fibri	6.51	1	0					AS
32562	Instillation(S), Via Chest Tube/Catheter, Agent For Fibrinolysis (Eg, Fibri	5.89	1	0					AS
32650	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical)	45.90	1	90					AS
32651	Thoracoscopy, Surgical; With Partial Pulmonary Decortication	75.12	1	90					AS
32652	Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intra	113.76	1	90					AS
32653	Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin	72.42	1	90					AS
32654	Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage	80.78	1	90					AS
32655	Thoracoscopy, Surgical; With Excision-Plication Of Bullae, Including Any Pl	65.82	1	90					AS
32656	Thoracoscopy, Surgical; With Parietal Pleurectomy	54.82	1	90					AS
32658	Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardi	49.07	1	90					AS
32659	Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Rese	50.10	1	90					AS
32661	Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass	54.84	1	90					AS
32662	Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass	61.17	1	90					AS
32663	Thoracoscopy, Surgical; With Lobectomy, Total Or Segmental	95.93	1	90					AS
32664	Thoracoscopy, Surgical; With Thoracic Sympathectomy	58.23	1	90					AS
32665	Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type)	83.42	1	90					AS
32666	Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral	61.26	1	90					AS
32667	Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass Or Nodule), Each Additional Resection, Ipsilateral (List Separately In Addition To Code For Primary Procedure)	11.30	1						AS

January 1, 2015 34/91

0 1 0	5		LINIOG	E1.15	Hyster-			D.4	
Code Spec	· · · · · · · · · · · · · · · · · · ·	Base Fee		FUD	ectomy	zation	tion	PA	_
32668	Thoracoscopy, Surgical; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List	11.34	1						AS
32669	Separately In Addition To Code For Primary Procedure) Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy)	92.11	1	90					AS
32670	Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy)	109.82	1	90					AS
32671	Thoracoscopy, Surgical; With Removal Of Lung (Pneumonectomy)	121.72	1	90					AS
32672	Thoracoscopy, Surgical; With Resection-Plication For Emphysematous Lung (Bullous Or Non-Bullous) For	104.18	1	90					AS
32072	Lung Volume Reduction (Lvrs), Unilateral Includes Any Pleural Procedure, When Performed	104.10	'	70					AS
32673	Thoracoscopy, Surgical; With Resection Of Thymus, Unilateral Or Bilateral	82.07	1	90					AS
32674	Thoracoscopy, Surgical; With Mediastinal And Regional Lymphadenectomy (List Separately In Addition To	14.71	1						AS
	Code For Primary Procedure)								i I
32800	Repair Lung Hernia Through Chest Wall	64.79	1	90					AS
32810	Closure Of Chest Wall Following Open Flap Drainage For Empyema (Clagett Typ	61.95	1	90					AS
32815	Open Closure Of Major Bronchial Fistula	192.21	1	90					AS
32820	Major Reconstruction, Chest Wall (Post-Traumatic)	96.69	1	90					AS
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	206.32	1	90					AS
32852	Lung Transplant, Single; With Cardiopulmonary Bypass	226.47	1	90					AS
32853	Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardiopu	246.70	1	90					AS
32854	Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardiopulmo	269.10	1	90					AS
32900	Resection Of Ribs, Extrapleural, All Stages	95.29	1	90					AS
32905	Thoracoplasty, Schede Type Or Extrapleural (All Stages);	91.51	1	90					AS
32906	Thoracoplasty, Schede Type Or Extrapleural (All Stages); With Closure Of Br	112.92	1	90					AS
32940	Pneumonolysis, Extraperiosteal, Including Filling Or Packing Procedures	84.63	1	90					AS
32998	Ablation Therapy For Reduction Or Eradication Of One Or More Pulmonary Tumo	208.02	1	0					AS
32999	Unlisted Procedure, Lungs And Pleura		1	90				Υ	AS
33020	Pericardiotomy For Removal Of Clot Or Foreign Body (Primary Procedure)	60.16	1	90					AS
33025	Creation Of Pericardial Window Or Partial Resection For Drainage	55.03	1	90					AS
33030	Pericardiectomy, Subtotal Or Complete; Without Cardiopulmonary Bypass	105.26	1	90					AS
33031	Pericardiectomy, Subtotal Or Complete; With Cardiopulmonary Bypass	117.66	1	90					AS
33050	Excision Of Pericardial Cyst Or Tumor	68.78	1	90					AS
33120	Excision Of Intracardiac Tumor, Resection With Cardiopulmonary Bypass	128.52	1	90					AS
33130	Resection Of External Cardiac Tumor	95.54	1	90					AS

January 1, 2015 35/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
33140	Transmyocardial Laser Revascularization, By Thoracotomy (Separate Procedure	108.84	1	90					AS
33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed At The T	9.05	1						AS
33243	Removal Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator	93.80	1	90					AS
33250	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg,	101.62	1	90					AS
33251	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg,	111.98	1	90					AS
33254	Operative Tissue Ablation And Reconstruction Of Atria, Limited (Eg, Modifie	94.54	1	90					AS
33255	Operative Tissue Ablation And Reconstruction Of Atria, Extensive (Eg, Maze	113.53	1	90					AS
33256	Operative Tissue Ablation And Reconstruction Of Atria, Extensive (Eg, Maze	134.71	1	90					AS
33257	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Tim	40.40	1						AS
33258	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Tim	45.47	1						AS
33259	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Tim	58.65	1						AS
33261	Operative Ablation Of Ventricular Arrhythmogenic Focus With Cardiopulmonary	112.48	1	90					AS
33265	Endoscopy, Surgical; Operative Tissue Ablation And Reconstruction Of Atria,	93.66	1	90					AS
33266	Endoscopy, Surgical; Operative Tissue Ablation And Reconstruction Of Atria,	127.72	1	90					AS
33300	Repair Of Cardiac Wound; Without Bypass	168.26	1	90					AS
33305	Repair Of Cardiac Wound; With Cardiopulmonary Bypass	281.52	1	90					AS
33310	Cardiotomy, Exploratory (Includes Removal Of Foreign Body, Atrial Or Ventri	80.44	1	90					AS
33315	Cardiotomy, Exploratory (Includes Removal Of Foreign Body); With Cardiopulm	122.76	1	90					AS
33320	Suture Repair Of Aorta Or Great Vessels; Without Shunt Or Cardiopulmonary B	72.53	1	90					AS
33321	Suture Repair Of Aorta Or Great Vessels; With Shunt Bypass	82.32	1	90					AS
33322	Suture Repair Of Aorta Or Great Vessels; With Cardiopulmonary Bypass	96.05	1	90					AS
33330	Insertion Of Graft, Aorta Or Great Vessels; Without Shunt, Or Cardiopulmona	105.19	1	90					AS
33335	Insertion Of Graft, Aorta Or Great Vessels; With Cardiopulmonary Bypass	129.64	1	90					AS
33400	Valvuloplasty, Aortic Valve; Open, With Cardiopulmonary Bypass	157.15	1	90					AS
33401	Valvuloplasty, Aortic Valve; Open, With Inflow Occlusion	97.93	1	90					AS
33403	Valvuloplasty, Aortic Valve; Using Transventricular Dilation, With Cardiopu	103.22	1	90					AS
33404	Construction Of Apical-Aortic Conduit	120.96	1	90					AS
33405	Replacement, Aortic Valve, With Cardiopulmonary Bypass; With Prosthetic Val	155.89	1	90					AS
33406	Replacement, Aortic Valve, With Cardiopulmonary Bypass; With Allograft Valv	198.49	1	90					AS
33410	Replacement, Aortic Valve, With Cardiopulmonary Bypass; With Stentless Tiss	175.18	1	90					AS

January 1, 2015 36/91

					Hyster-	Sterili-	Abor-		\neg
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
33411	Replacement, Aortic Valve; With Aortic Annulus Enlargement, Noncoronary Cus	231.40	1	90					AS
33412	Replacement, Aortic Valve; With Transventricular Aortic Annulus Enlargement	205.43	1	90					AS
33413	Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve W	222.58	1	90					AS
33414	Repair Of Left Ventricular Outflow Tract Obstruction By Patch Enlargement O	148.51	1	90					AS
33415	Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic	140.60	1	90					AS
33416	Ventriculomyotomy (-Myectomy) For Idiopathic Hypertrophic Subaortic Stenosi	140.30	1	90					AS
33417	Aortoplasty (Gusset) For Supravalvular Stenosis	114.79	1	90					AS
33422	Valvotomy, Mitral Valve; Open Heart, With Cardiopulmonary Bypass	116.38	1	90					AS
33425	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass;	188.77	1	90					AS
33426	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass; With Prosthetic R	164.53	1	90					AS
33427	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass; Radical Reconstru	168.58	1	90					AS
33430	Replacement, Mitral Valve, With Cardiopulmonary Bypass	192.30	1	90					AS
33460	Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass	167.48	1	90					AS
33463	Valvuloplasty, Tricuspid Valve; Without Ring Insertion	212.86	1	90					AS
33464	Valvuloplasty, Tricuspid Valve; With Ring Insertion	168.81	1	90					AS
33465	Replacement, Tricuspid Valve, With Cardiopulmonary Bypass	190.28	1	90					AS
33468	Tricuspid Valve Repositioning And Plication For Ebstein Anomaly	156.62	1	90					AS
33470	Valvotomy, Pulmonary Valve, Closed Heart; Transventricular	89.75	1	90					AS
33474	Valvotomy, Pulmonary Valve, Open Heart; With Cardiopulmonary Bypass	149.10	1	90					AS
33475	Replacement, Pulmonary Valve	162.19	1	90					AS
33476	Right Ventricular Resection For Infundibular Stenosis, With Or Without Comm	105.42	1	90					AS
33478	Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infu	108.90	1	90					AS
33496	Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary	115.25	1	90					AS
33500	Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Ca	108.95	1	90					AS
33501	Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without	78.01	1	90					AS
33502	Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligati	88.60	1	90					AS
33504	Repair Of Anomalous Coronary Artery; By Graft, With Cardiopulmonary Bypass	101.55	1	90					AS
33505	Repair Of Anomalous Coronary Artery; With Construction Of Intrapulmonary Ar	142.48	1	90					AS
33506	Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery	140.62	1	90					AS
33507	Repair Of Anomalous (Eg, Intramural) Aortic Origin Of Coronary Artery By Un	117.96	1	90					AS

January 1, 2015 37/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
33508	Endoscopy, Surgical, Including Video-Assisted Harvest Of Vein(S) For Corona	1.10	1						AS
33510	Coronary Artery Bypass, Vein Only; Single Coronary Venous Graft	133.59	1	90					AS
33511	Coronary Artery Bypass, Vein Only; Two Coronary Venous Grafts	146.70	1	90					AS
33512	Coronary Artery Bypass, Vein Only; Three Coronary Venous Grafts	166.66	1	90					AS
33513	Coronary Artery Bypass, Vein Only; Four Coronary Venous Grafts	171.42	1	90					AS
33514	Coronary Artery Bypass, Vein Only; Five Coronary Venous Grafts	180.75	1	90					AS
33516	Coronary Artery Bypass, Vein Only; Six Or More Coronary Venous Grafts	188.52	1	90					AS
33517	Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Single	12.88	1						AS
33518	Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Two Ve	28.33	1						AS
33519	Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Three	37.45	1						AS
33521	Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Four V	45.01	1						AS
33522	Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Five V	50.53	1						AS
33523	Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Six Or	57.41	1						AS
33530	Reoperation, Coronary Artery Bypass Procedure Or Valve Procedure, More Than	36.14	1						AS
33533	Coronary Artery Bypass, Using Arterial Graft(S); Single Arterial Graft	128.41	1	90					AS
33534	Coronary Artery Bypass, Using Arterial Graft(S); Two Coronary Arterial Graf	151.81	1	90					AS
33535	Coronary Artery Bypass, Using Arterial Graft(S); Three Coronary Arterial Gr	169.13	1	90					AS
33536	Coronary Artery Bypass, Using Arterial Graft(S); Four Or More Coronary Arte	181.10	1	90					AS
33542	Myocardial Resection (Eg, Ventricular Aneurysmectomy)	181.39	1	90					AS
33545	Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard	212.77	1	90					AS
33548	Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When	204.68	1	90					AS
33572	Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir	15.88	1						AS
33600	Closure Of Atrioventricular Valve (Mitral Or Tricuspid) By Suture Or Patch	117.93	1	90					AS
33602	Closure Of Semilunar Valve (Aortic Or Pulmonary) By Suture Or Patch	113.12	1	90					AS
33606	Anastomosis Of Pulmonary Artery To Aorta (Damus-Kaye-Stansel Procedure)	120.36	1	90					AS
33608	Repair Of Complex Cardiac Anomaly Other Than Pulmonary Atresia With Ventric	123.55	1	90					AS
33610	Repair Of Complex Cardiac Anomalies (Eg, Single Ventricle With Subaortic Ob	126.53	1	90					AS
33611	Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair	134.89	1	90					AS
33612	Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair	135.81	1	90					AS
33615	Repair Of Complex Cardiac Anomalies (Eg, Tricuspid Atresia) By Closure Of A	136.77	1	90					AS

January 1, 2015 38/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
33617	Repair Of Complex Cardiac Anomalies (Eg, Single Ventricle) By Modified Font	148.12	1	90					AS
33619	Repair Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch	186.78	1	90					AS
33620	Application Of Right And Left Pulmonary Artery Bands (Eg, Hybrid Approach St	103.37	1	90					AS
33621	Transthoracic Insertion Of Catheter For Stent Placement With Cathet	59.70	1	90					AS
33622	Redo Compl Cardiac Anomaly	234.79	1	90					AS
33641	Repair Atrial Septal Defect, Secundum, With Cardiopulmonary Bypass, With Or	112.92	1	90					AS
33645	Direct Or Patch Closure, Sinus Venosus, With Or Without Anomalous Pulmonary	119.77	1	90					AS
33647	Repair Of Atrial Septal Defect And Ventricular Septal Defect, With Direct O	125.66	1	90					AS
33660	Repair Of Incomplete Or Partial Atrioventricular Canal (Ostium Primum Atria	121.49	1	90					AS
33665	Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or With	132.37	1	90					AS
33670	Repair Of Complete Atrioventricular Canal, With Or Without Prosthetic Valve	136.38	1	90					AS
33675	Closure Of Multiple Ventricular Septal Defects;	136.31	1	90					AS
33676	Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or	146.65	1	90					AS
33677	Closure Of Multiple Ventricular Septal Defects; With Removal Of Pulmonary A	145.76	1	90					AS
33681	Closure Of Single Ventricular Septal Defect, With Or Without Patch;	126.73	1	90					AS
33684	Closure Of Ventricular Septal Defect, With Or Without Patch With Pulmonary	130.72	1	90					AS
33688	Closure Of Ventricular Septal Defect, With Or Without Patch With Removal Of	130.29	1	90					AS
33690	Banding Of Pulmonary Artery	82.53	1	90					AS
33692	Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia;	141.91	1	90					AS
33694	Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia; With Transan	141.06	1	90					AS
33697	Complete Repair Tetralogy Of Fallot With Pulmonary Atresia Including Constr	140.92	1	90					AS
33702	Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass;	107.16	1	90					AS
33710	Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; With Repair	139.78	1	90					AS
33720	Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass	106.22	1	90					AS
33722	Closure Of Aortico-Left Ventricular Tunnel	112.41	1	90					AS
33724	Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg, Scimitar	105.47	1	90					AS
33726	Repair Of Pulmonary Venous Stenosis	147.02	1	90					AS
33730	Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or	138.68	1	90					AS
33732	Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left	114.25	1	90					AS
33735	Atrial Septectomy Or Septostomy; Closed Heart (Blalock-Hanlon Type Operatio	88.81	1	90					AS

January 1, 2015 39/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
33736	Atrial Septectomy Or Septostomy; Open Heart With Cardiopulmonary Bypass	97.45	1	90					AS
33737	Atrial Septectomy Or Septostomy; Open Heart, With Inflow Occlusion	92.27	1	90					AS
33750	Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation)	97.95	1	90					AS
33755	Shunt; Ascending Aorta To Pulmonary Artery (Waterston Type Operation)	92.68	1	90					AS
33762	Shunt; Descending Aorta To Pulmonary Artery (Potts-Smith Type Operation)	92.34	1	90					AS
33764	Shunt; Central, With Prosthetic Graft	89.42	1	90					AS
33766	Shunt; Superior Vena Cava To Pulmonary Artery For Flow To One Lung (Classic	94.08	1	90					AS
33767	Shunt; Superior Vena Cava To Pulmonary Artery For Flow To Both Lungs (Bidir	98.43	1	90					AS
33768	Anastomosis, Cavopulmonary, Second Superior Vena Cava (List Separately In A	30.16	1						AS
33770	Repair Of Transposition Of The Great Arteries With Ventricular Septal Defec	151.92	1	90					AS
33771	Repair Of Transposition Of The Great Arteries With Ventricular Septal Defec	158.36	1	90					AS
33774	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	124.70	1	90					AS
33775	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	133.54	1	90					AS
33776	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	141.08	1	90					AS
33777	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	136.63	1	90					AS
33778	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	162.88	1	90					AS
33779	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	169.02	1	90					AS
33780	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	172.00	1	90					AS
33781	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	168.22	1	90					AS
33782	Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Sten	220.67	1	90					AS
33783	Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Sten	238.41	1	90					AS
33786	Total Repair, Truncus Arteriosus (Rastelli Type Operation)	157.47	1	90					AS
33788	Reimplantation Of An Anomalous Pulmonary Artery	112.04	1	90					AS
33800	Aortic Suspension (Aortopexy) For Tracheal Decompression (Eg, For Tracheoma	63.18	1	90					AS
33802	Division Of Aberrant Vessel (Vascular Ring);	79.75	1	90					AS
33803	Division Of Aberrant Vessel (Vascular Ring); With Reanastomosis	79.64	1	90					AS
33813	Obliteration Of Aortopulmonary Septal Defect; Without Cardiopulmonary Bypas	88.10	1	90					AS
33814	Obliteration Of Aortopulmonary Septal Defect; With Cardiopulmonary Bypass	105.65	1	90					AS
33820	Repair Of Patent Ductus Arteriosus; By Ligation	67.22	1	90					AS
33822	Repair Of Patent Ductus Arteriosus; By Division, Under 18 Years	73.36	1	90					AS

January 1, 2015 40/91

					Hyster-	Sterili-	Abor-		
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
33824	Repair Of Patent Ductus Arteriosus; By Division, 18 Years And Older	81.08	1	90					AS
33840	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus	85.90	1	90					AS
33845	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus	92.50	1	90					AS
33851	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus	88.26	1	90					AS
33852	Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosth	96.90	1	90					AS
33853	Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosth	126.87	1	90					AS
33860	Ascending Aorta Graft, With Cardiopulmonary Bypass, With Or Without Valve S	221.38	1	90					AS
33863	Ascending Aorta Graft, With Cardiopulmonary Bypass, With Or Without Valve S	216.78	1	90					AS
33864	Ascending Aorta Graft, With Cardiopulmonary Bypass With Valve Suspension, W	221.41	1	90					AS
33875	Descending Thoracic Aorta Graft, With Or Without Bypass	164.96	1	90					AS
33877	Repair Of Thoracoabdominal Aortic Aneurysm With Graft, With Or Without Card	251.48	1	90					AS
33880	Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneur	125.18	1	90					AS
33881	Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneur	107.46	1	90					AS
33883	Placement Of Proximal Extension Prosthesis For Endovascular Repair Of Desce	77.83	1	90					AS
33884	Placement Of Proximal Extension Prosthesis For Endovascular Repair Of Desce	28.37	3						AS
33886	Placement Of Distal Extension Prosthesis(S) Delayed After Endovascular Repa	67.84	1	90					AS
33889	Open Subclavian To Carotid Artery Transposition Performed In Conjunction Wi	55.09	1	0					AS
33891	Bypass Graft, With Other Than Vein, Transcervical Retropharyngeal Carotid-C	67.77	1	0					AS
33910	Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass	138.58	1	90					AS
33915	Pulmonary Artery Embolectomy; Without Cardiopulmonary Bypass	94.33	1	90					AS
33916	Pulmonary Endarterectomy, With Or Without Embolectomy, With Cardiopulmonary	140.37	1	90					AS
33917	Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft	100.17	1	90					AS
33920	Repair Of Pulmonary Atresia With Ventricular Septal Defect, By Construction	125.08	1	90					AS
33922	Transection Of Pulmonary Artery With Cardiopulmonary Bypass	96.32	1	90					AS
33924	Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In	19.48	1						AS
33925	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Witho	117.70	1	90					AS
33926	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With	166.86	1	90					AS
33935	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	286.38	1	90				Υ	AS
33945	Heart Transplant, With Or Without Recipient Cardiectomy	333.80	1	90					AS
33968	Removal Of Intra-Aortic Balloon Assist Device, Percutaneous	2.29	1	0					AS

January 1, 2015 41/91

					Hyster-	Sterili-	Abor-		
Code S	ec Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
33970	Insertion Of Intra-Aortic Balloon Assist Device Through The Femoral Artery,	24.22	1	0					AS
33973	Insertion Of Intra-Aortic Balloon Assist Device Through The Ascending Aorta	35.22	1	0					AS
33975	Insertion Of Ventricular Assist Device; Extracorporeal, Single Ventricle	90.71	1	0					AS
33976	Insertion Of Ventricular Assist Device; Extracorporeal, Biventricular	104.32	1	0					AS
33977	Removal Of Ventricular Assist Device; Extracorporeal, Single Ventricle	77.71	1	0					AS
33978	Removal Of Ventricular Assist Device; Extracorporeal, Biventricular	92.82	1	0					AS
33981	Replacement Of Extracorporeal Ventricular Assist Device, Single Or Biv	54.15	1	0					AS
33982	Replacement Of Ventricular Assist Device Pump(S); Implantable Intracorpor	54.15	1	0					AS
33983	Replacement Of Ventricular Assist Device Pump(S); Implantable Intracorpor	63.79	1	0					AS
33990	Insertion of lower heart chamber blood flow assist device	29.63	1	0					AS
33991	Insertion of lower heart chamber blood flow assist device	43.18	1	0					AS
33992	Removal of lower heart chamber blood flow assist device	14.09	1	0					AS
33993	Repositioning of lower heart chamber blood flow assist device with imaging guidance	12.38	1	0					AS
33999	Unlisted Procedure, Cardiac Surgery		1	90				Υ	AS
34001	Embolectomy Or Thrombectomy, With Or Without Catheter; Carotid, Subclavian	67.86	1	90					AS
34051	Embolectomy Or Thrombectomy, With Or Without Catheter; Innominate, Subclavi	69.19	1	90					AS
34101	Embolectomy Or Thrombectomy, With Or Without Catheter; Axillary, Brachial,	42.28	1	90					AS
34111	Embolectomy Or Thrombectomy, With Or Without Catheter; Radial Or Ulnar Arte	42.31	1	90					AS
34151	Embolectomy Or Thrombectomy, With Or Without Catheter; Renal, Celiac, Mesen	98.32	1	90					AS
34201	Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aor	72.63	1	90					AS
34203	Embolectomy Or Thrombectomy, With Or Without Catheter; Popliteal-Tibio-Pero	67.38	1	90					AS
34401	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal	100.77	1	90					AS
34421	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac, Femoropopliteal Ve	51.22	1	90					AS
34451	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac, Femoropopliteal Ve	112.38	1	90					AS
34501	Valvuloplasty, Femoral Vein	63.18	1	90					AS
34502	Reconstruction Of Vena Cava, Any Method	105.99	1	90					AS
34510	Venous Valve Transposition, Any Vein Donor	81.31	1	90					AS
34520	Cross-Over Vein Graft To Venous System	69.81	1	90					AS
34530	Saphenopopliteal Vein Anastomosis	65.34	1	90					AS
34802	Endovascular Repair Of Infrarenal Abdominal Aortic Aneurysm Or Dissection;	86.79	1	90					AS

January 1, 2015 42/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
34803	Endovascular Repair Of Infrarenal Abdominal Aortic Aneurysm Or Dissection;	89.63	1	90					AS
34805	Endovascular Repair Of Infrarenal Abdominal Aortic Aneurysm Or Dissection;	83.17	1	90					AS
34806	Transcatheter Placement Of Wireless Physiologic Sensor In Aneurysmal Sac Du	7.08	1						AS
34833	Open Iliac Artery Exposure With Creation Of Conduit For Delivery Of Aortic	42.47	1	0					AS
34834	Open Brachial Artery Exposure To Assist In The Deployment Of Aortic Or Ilia	19.18	1	0					AS
34900	Endovascular Graft Replacement For Repair Of Iliac Artery (Eg, Aneurysm, Ps	62.24	1	90					AS
35001	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	79.73	1	90					AS
35002	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	81.33	1	90					AS
35005	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	80.42	1	90					AS
35011	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	69.99	1	90					AS
35013	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	87.57	1	90					AS
35021	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	87.06	1	90					AS
35022	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	99.49	1	90					AS
35045	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	69.19	1	90					AS
35081	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	123.18	1	90					AS
35082	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	153.43	1	90					AS
35091	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	125.68	1	90					AS
35092	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	182.52	1	90					AS
35102	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	133.06	1	90					AS
35103	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	157.47	1	90					AS
35111	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	92.18	1	90					AS
35112	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	128.39	1	90					AS
35121	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	115.28	1	90					AS
35122	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	148.00	1	90					AS
35131	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	97.40	1	90					AS
35132	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	114.47	1	90					AS
35141	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	78.10	1	90					AS
35142	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	93.16	1	90					AS
35151	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	87.59	1	90					AS
35152	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	98.50	1	90					AS

January 1, 2015 43/91

					Hyster-	Sterili-	Abor-		
Code S	ec Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
35180	Repair, Congenital Arteriovenous Fistula; Head And Neck	63.76	1	90					AS
35182	Repair, Congenital Arteriovenous Fistula; Thorax And Abdomen	120.94	1	90					AS
35184	Repair, Congenital Arteriovenous Fistula; Extremities	73.18	1	90					AS
35188	Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck	63.83	1	90					AS
35189	Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen	107.26	1	90					AS
35190	Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities	53.17	1	90					AS
35201	Repair Blood Vessel, Direct; Neck	65.91	1	90					AS
35206	Repair Blood Vessel, Direct; Upper Extremity	54.34	1	90					AS
35211	Repair Blood Vessel, Direct; Intrathoracic, With Bypass	95.34	1	90					AS
35216	Repair Blood Vessel, Direct; Intrathoracic, Without Bypass	141.08	1	90					AS
35221	Repair Blood Vessel, Direct; Intra-Abdominal	100.10	1	90					AS
35226	Repair Blood Vessel, Direct; Lower Extremity	58.67	1	90					AS
35231	Repair Blood Vessel With Vein Graft; Neck	83.42	1	90					AS
35236	Repair Blood Vessel With Vein Graft; Upper Extremity	68.89	1	90					AS
35241	Repair Blood Vessel With Vein Graft; Intrathoracic, With Bypass	99.78	1	90					AS
35246	Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass	100.72	1	90					AS
35251	Repair Blood Vessel With Vein Graft; Intra-Abdominal	117.91	1	90					AS
35256	Repair Blood Vessel With Vein Graft; Lower Extremity	71.57	1	90					AS
35261	Repair Blood Vessel With Graft Other Than Vein; Neck	73.45	1	90					AS
35266	Repair Blood Vessel With Graft Other Than Vein; Upper Extremity	60.25	1	90					AS
35271	Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass	96.09	1	90					AS
35276	Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa	100.72	1	90					AS
35281	Repair Blood Vessel With Graft Other Than Vein; Intra-Abdominal	113.60	1	90					AS
35286	Repair Blood Vessel With Graft Other Than Vein; Lower Extremity	65.54	1	90					AS
35301	Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Verteb	73.84	1	90					AS
35302	Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem	79.41	1	90					AS
35303	Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter	87.64	1	90					AS
35304	Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal T	90.27	1	90					AS
35305	Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron	86.77	1	90					AS
35306	Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional	31.33	2						AS

January 1, 2015 44/91

						Hyster-				П
Code S	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
35311		Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate,	107.44	1	90					AS
35321		Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial	62.52	1	90					AS
35331		Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta	102.51	1	90					AS
35341		Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or	96.76	1	90					AS
35351		Thromboendarterectomy, With Or Without Patch Graft; Iliac	90.11	1	90					AS
35355		Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral	72.95	1	90					AS
35361		Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac	107.28	1	90					AS
35363		Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor	120.71	1	90					AS
35371		Thromboendarterectomy, With Or Without Patch Graft; Common Femoral	57.82	1	90					AS
35372		Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral	69.07	1	90					AS
35390		Reoperation, Carotid, Thromboendarterectomy, More Than One Month After Orig	11.14	1						AS
35450		Transluminal Balloon Angioplasty, Open; Renal Or Other Visceral Artery	35.66	1	0					AS
35452		Transluminal Balloon Angioplasty, Open; Aortic	24.98	1	0					AS
35458		Transluminal Balloon Angioplasty, Open; Brachiocephalic Trunk Or Branches,	34.24	1	0					AS
35500		Harvest Of Upper Extremity Vein, One Segment, For Lower Extremity Or Corona	22.41	1						AS
35501		Bypass Graft, With Vein; Common Carotid-Ipsilateral Internal Carotid	105.97	1	90					AS
35506		Bypass Graft, With Vein; Carotid-Subclavian Or Subclavian-Carotid	94.19	1	90					AS
35508		Bypass Graft, With Vein; Carotid-Vertebral	94.54	1	90					AS
35509		Bypass Graft, With Vein; Carotid-Contralateral Carotid	99.71	1	90					AS
35510		Bypass Graft, With Vein; Carotid-Brachial	86.74	1	90					AS
35511		Bypass Graft, With Vein; Subclavian-Subclavian	89.72	1	90					AS
35512		Bypass Graft, With Vein; Subclavian-Brachial	85.09	1	90					AS
35515		Bypass Graft, With Vein; Subclavian-Vertebral	93.78	1	90					AS
35516		Bypass Graft, With Vein; Subclavian-Axillary	86.06	1	90					AS
35518		Bypass Graft, With Vein; Axillary-Axillary	89.46	1	90					AS
35521		Bypass Graft, With Vein; Axillary-Femoral	96.05	1	90					AS
35522		Bypass Graft, With Vein; Axillary-Brachial	87.36	1	90					AS
35523		Bypass Graft, With Vein; Brachial-Ulnar Or -Radial	89.81	1	90					AS
35525		Bypass Graft, With Vein; Brachial-Brachial	80.21	1	90					AS
35526		Bypass Graft, With Vein; Aortosubclavian Or Carotid	120.80	1	90					AS

January 1, 2015 45/91

						Hyster-	Sterili-	Abor-		
Code	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
35531		Bypass Graft, With Vein; Aortoceliac Or Aortomesenteric	142.00	1	90					AS
35533		Bypass Graft, With Vein; Axillary-Femoral-Femoral	106.15	1	90					AS
35535		Bypass Graft, With Vein; Hepatorenal	119.54	1	90					AS
35536		Bypass Graft, With Vein; Splenorenal	132.28	1	90					AS
35537		Bypass Graft, With Vein; Aortoiliac	146.86	1	90					AS
35538		Bypass Graft, With Vein; Aortobi-Iliac	164.39	1	90					AS
35539		Bypass Graft, With Vein; Aortofemoral	154.44	1	90					AS
35540		Bypass Graft, With Vein; Aortobifemoral	180.16	1	90					AS
35556		Bypass Graft, With Vein; Femoral-Popliteal	98.91	1	90					AS
35558		Bypass Graft, With Vein; Femoral-Femoral	87.32	1	90					AS
35560		Bypass Graft, With Vein; Aortorenal	120.09	1	90					AS
35563		Bypass Graft, With Vein; Ilioiliac	94.56	1	90					AS
35565		Bypass Graft, With Vein; Iliofemoral	92.77	1	90					AS
35566		Bypass Graft, With Vein; Femoral-Anterior Tibial, Posterior Tibial, Peronea	117.93	1	90					AS
35570		Bypass Graft, With Vein; Tibial-Tibial, Peroneal-Tibial, Or Tibial/Peroneal Trunk-Tibial	95.84	2	90					AS
35571		Bypass Graft, With Vein; Popliteal-Tibial, -Peroneal Artery Or Other Distal	93.66	1	90					AS
35572		Harvest Of Femoropopliteal Vein, One Segment, For Vascular Reconstruction P	24.11	1						AS
35583		In-Situ Vein Bypass; Femoral-Popliteal	101.73	1	90					AS
35585		In-Situ Vein Bypass; Femoral-Anterior Tibial, Posterior Tibial, Or Peroneal	118.28	1	90					AS
35587		In-Situ Vein Bypass; Popliteal-Tibial, Peroneal	96.25	1	90					AS
35600		Harvest Of Upper Extremity Artery, One Segment, For Coronary Artery Bypass	17.69	1						AS
35601		Bypass Graft, With Other Than Vein; Common Carotid-Ipsilateral Internal Car	99.39	1	90					AS
35606		Bypass Graft, With Other Than Vein; Carotid-Subclavian	82.89	1	90					AS
35612		Bypass Graft, With Other Than Vein; Subclavian-Subclavian	73.75	1	90					AS
35616		Bypass Graft, With Other Than Vein; Subclavian-Axillary	76.52	1	90					AS
35621		Bypass Graft, With Other Than Vein; Axillary-Femoral	77.48	1	90					AS
35623		Bypass Graft, With Other Than Vein; Axillary-Popliteal Or -Tibial	92.59	1	90					AS
35626		Bypass Graft, With Other Than Vein; Aortosubclavian Or Carotid	109.91	1	90					AS
35631		Bypass Graft, With Other Than Vein; Aortoceliac, Aortomesenteric, Aortorena	129.71	1	90					AS
35632		Bypass Graft, With Other Than Vein; Ilio-Celiac	113.53	1	90					AS

January 1, 2015 46/91

					Hyster-	Sterili-	Abor-		
Code Sp	Description Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
35633	Bypass Graft, With Other Than Vein; Ilio-Mesenteric	126.50	1	90					AS
35634	Bypass Graft, With Other Than Vein; Iliorenal	111.11	1	90					AS
35636	Bypass Graft, With Other Than Vein; Splenorenal (Splenic To Renal Arterial	112.36	1	90					AS
35642	Bypass Graft, With Other Than Vein; Carotid-Vertebral	71.74	1	90					AS
35645	Bypass Graft, With Other Than Vein; Subclavian-Vertebral	74.66	1	90					AS
35646	Bypass Graft, With Other Than Vein; Aortobifemoral	120.84	1	90					AS
35647	Bypass Graft, With Other Than Vein; Aortofemoral	109.73	1	90					AS
35650	Bypass Graft, With Other Than Vein; Axillary-Axillary	74.94	1	90					AS
35654	Bypass Graft, With Other Than Vein; Axillary-Femoral-Femoral	96.16	1	90					AS
35656	Bypass Graft, With Other Than Vein; Femoral-Popliteal	76.43	1	90					AS
35661	Bypass Graft, With Other Than Vein; Femoral-Femoral	76.71	1	90					AS
35663	Bypass Graft, With Other Than Vein; Ilioiliac	88.78	1	90					AS
35665	Bypass Graft, With Other Than Vein; Iliofemoral	82.87	1	90					AS
35666	Bypass Graft, With Other Than Vein; Femoral-Anterior Tibial, Posterior Tibi	89.79	1	90					AS
35671	Bypass Graft, With Other Than Vein; Popliteal-Tibial Or -Peroneal Artery	79.34	1	90					AS
35681	Bypass Graft; Composite, Prosthetic And Vein (List Separately In Addition T	5.59	1						AS
35682	Bypass Graft; Autogenous Composite, Two Segments Of Veins From Two Location	24.71	1						AS
35683	Bypass Graft; Autogenous Composite, Three Or More Segments Of Vein From Two	28.72	1						AS
35685	Placement Of Vein Patch Or Cuff At Distal Anastomosis Of Bypass Graft, Synt	13.98	1						AS
35686	Creation Of Distal Arteriovenous Fistula During Lower Extremity Bypass Surg	11.55	1						AS
35691	Transposition And/Or Reimplantation; Vertebral To Carotid Artery	66.71	1	90					AS
35693	Transposition And/Or Reimplantation; Vertebral To Subclavian Artery	60.87	1	90					AS
35694	Transposition And/Or Reimplantation; Subclavian To Carotid Artery	69.65	1	90					AS
35695	Transposition And/Or Reimplantation; Carotid To Subclavian Artery	72.30	1	90					AS
35697	Reimplantation, Visceral Artery To Infrarenal Aortic Prosthesis, Each Arter	10.36	1						AS
35700	Reoperation, Femoral-Popliteal Or Femoral (Popliteal) -Anterior Tibial, Pos	10.73	1						AS
35701	Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	39.58	1	90					AS
35721	Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	31.95	1	90					AS
35741	Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	35.93	1	90					AS
35761	Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	27.27	1	90					AS

January 1, 2015 47/91

					Hyster-				
Code Spec	,	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
35800	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Neck	39.50	1	90					AS
35820	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Chest	138.65	1	90					AS
35840	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Abdomen	51.99	1	90					AS
35860	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Extremit	33.32	1	90					AS
35870	Repair Of Graft-Enteric Fistula	87.77	1	90					AS
35876	Thrombectomy Of Arterial Or Venous Graft; With Revision Of Arterial Or Veno	66.74	1	90					AS
35879	Revision, Lower Extremity Arterial Bypass, Without Thrombectomy, Open; With	65.45	1	90					AS
35881	Revision, Lower Extremity Arterial Bypass, Without Thrombectomy, Open; With	72.17	1	90					AS
35883	Revision, Femoral Anastomosis Of Synthetic Arterial Bypass Graft In Groin,	85.28	1	90					AS
35884	Revision, Femoral Anastomosis Of Synthetic Arterial Bypass Graft In Groin,	87.45	1	90					AS
35901	Excision Of Infected Graft; Neck	35.22	1	90					AS
35903	Excision Of Infected Graft; Extremity	40.11	1	90					AS
35905	Excision Of Infected Graft; Thorax	118.37	1	90					AS
35907	Excision Of Infected Graft; Abdomen	134.53	1	90					AS
36147	Introduction Of Needle And/Or Catheter, Arteriovenous Shunt Created For Dial	59.54	1	0					AS
36148	Introduction Of Needle And/Or Catheter, Arteriovenous Shunt Created For Dial	18.56	1						AS
36261	Revision Of Implanted Intra-Arterial Infusion Pump	27.75	1	90					AS
36460	Transfusion, Intrauterine, Fetal	24.73	1	0					AS
36819	Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition	51.47	1	90					AS
36820	Insertion Of Cannula For Hemodialysis, Other Purpose; Arteriovenous, Intern	56.33	1	90					AS
36821	Arteriovenous Anastomosis, Open; Direct, Any Site (Eg, Cimino Type) (Separa	43.54	1	90					AS
36825	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anasto	47.72	1	90					AS
36830	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anasto	45.79	1	90					AS
36831	Thrombectomy, Open, Arteriovenous Fistula Without Revision, Autogenous Or N	31.81	1	90					AS
36832	Revision, Open, Arteriovenous Fistula; Without Thrombectomy, Autogenous Or	40.40	1	90					AS
36833	Revision, Arteriovenous Fistula; With Thrombectomy, Autogenous Or Nonautoge	45.68	1	90					AS
36838	Distal Revascularization And Interval Ligation (Dril), Upper Extremity Hemo	80.35	1	90					AS
37145	Venous Anastomosis; Renoportal	120.51	1	90					AS
37160	Venous Anastomosis; Caval-Mesenteric	104.54	1	90					AS
37180	Venous Anastomosis; Splenorenal, Proximal	117.00	1	90					AS

January 1, 2015 48/91

						Hyster-	Sterili-	Abor-		
Code S	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
37181		Anastomosis; Splenorenal, Distal (Selective Decompression Of Esophagogastri	126.52	1	90					AS
37182		Insertion Of Transvenous Intrahepatic Portosystemic Shunt(S) (Tips) (Includ	56.56	1	0				Υ	AS
37183		Revision Of Transvenous Intrahepatic Portosystemic Shunt(S) (Tips) (Include	36.02	1	0				Υ	AS
37217		Stent Placemt Retro Carotid	74.48	1	90					AS
37220		Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Unilate	161.87	1	0					AS
37221		Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Unila	176.56	1	0					AS
37222		Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Each A	121.33	1						AS
37223		Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Each A	151.69	1						AS
37224		Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	172.45	1	0					AS
37225		Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	185.98	1	0					AS
37226		Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	171.43	1	0					AS
37227		Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	153.05	1	0					AS
37228		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	182.91	1	0					AS
37229		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	216.40	1	0					AS
37230		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	166.77	1	0					AS
37231		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	207.27	1	0					AS
37232		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	136.35	1						AS
37233		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	145.71	1						AS
37234		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	103.26	1						AS
37235		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	239.36	1						AS
37236		Open/Perq Place Stent 1st	183.14	1	0					AS
37236		Open/Perq Place Stent 1St	183.13	1	0					AS
37237		Open/Perq Place Stent Ea Add	79.55	1						AS
37237		Open/Perq Place Stent Ea Add	79.55	1						AS
37238		Open/Perq Place Stent Same	123.06	1	0					AS
37238		Open/Perq Place Stent Same	123.06	1	0					AS
37239		Open/Perq Place Stent Ea Add	133.11	1						AS
37239		Open/Perq Place Stent Ea Add	133.11	1						AS
37500		Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial	44.87	1	90					AS
37600		Ligation; External Carotid Artery	48.91	1	90					AS

January 1, 2015 49/91

					Hyster-				
Code Spec	·	Base Fee	UNOS		ectomy	zation	tion	PA	\vdash
37605	Ligation; Internal Or Common Carotid Artery	56.26	1	90					AS
37606	Ligation; Internal Or Common Carotid Artery, With Gradual Occlusion, As Wit	39.74	1	90					AS
37615	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Neck	35.68	1	90					AS
37616	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Chest	75.06	1	90					AS
37617	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Abdomen	92.11	1	90					AS
37618	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Extremity	27.04	1	90					AS
37660	Ligation Of Common Iliac Vein	80.11	1	90					AS
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Vei	44.71	1	90					AS
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), With Or Wi	42.33	1	90					AS
37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guid	38.32	1	90					AS
38100	Splenectomy; Total (Separate Procedure)	77.94	1	90					AS
38101	Splenectomy; Partial (Separate Procedure)	78.70	1	90					AS
38102	Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Othe	17.58	1						AS
38115	Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenecto	85.90	1	90					AS
38129	Unlisted Laparoscopy Procedure, Spleen		1	0				Υ	AS
38308	Lymphangiotomy Or Other Operations On Lymphatic Channels	30.89	1	90					AS
38380	Suture And/Or Ligation Of Thoracic Duct; Cervical Approach	39.30	1	90					AS
38381	Suture And/Or Ligation Of Thoracic Duct; Thoracic Approach	54.93	1	90					AS
38382	Suture And/Or Ligation Of Thoracic Duct; Abdominal Approach	45.88	1	90					AS
38530	Biopsy Or Excision Of Lymph Node(S); Open, Internal Mammary Node(S)	37.61	1	90					AS
38542	Dissection, Deep Jugular Node(S)	32.39	1	90					AS
38555	Excision Of Cystic Hygroma, Axillary Or Cervical; With Deep Neurovascular D	64.49	1	90					AS
38562	Limited Lymphadenectomy For Staging (Separate Procedure); Pelvic And Para-A	47.44	1	90					AS
38564	Limited Lymphadenectomy For Staging (Separate Procedure); Retroperitoneal (47.44	1	90					AS
38570	Laparoscopy, Surgical; With Retroperitoneal Lymph Node Sampling (Biopsy), S	35.73	1	10					AS
38571	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy	52.28	1	10					AS
	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy And Peri	64.12	1	10					AS
	Unlisted Laparoscopy Procedure, Lymphatic System		1	0				Υ	AS
	Suprahyoid Lymphadenectomy	55.23	1	90					AS
	Cervical Lymphadenectomy (Complete)	91.88	1	90					AS

January 1, 2015 50/91

					Hyster-				
Code Spec	·	Base Fee	UNOS		ectomy	zation	tion	PA	
38724	Cervical Lymphadenectomy (Modified Radical Neck Dissection)	99.37	1	90					AS
38740	Axillary Lymphadenectomy; Superficial	47.05	1	90					AS
38745	Axillary Lymphadenectomy; Complete	59.49	1	90					AS
38746	Thoracic Lymphadenectomy, Regional, Including Mediastinal And Peritracheal	14.71	1						AS
38747	Abdominal Lymphadenectomy, Regional, Including Celiac, Gastric, Portal, Per	17.90	1						AS
38760	Inguinofemoral Lymphadenectomy, Superficial, Including Cloquet'S Node (Sepa	57.09	1	90					AS
38765	Inguinofemoral Lymphadenectomy, Superficial, In Continuity With Pelvic Lymp	86.93	1	90					AS
38770	Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturato	53.63	1	90					AS
38780	Retroperitoneal Transabdominal Lymphadenectomy, Extensive, Including Pelvic	68.80	1	90					AS
38900	Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S), Includes	9.24	1						AS
38999	Unlisted Procedure, Hemic Or Lymphatic System		1	90				Υ	AS
39000	Mediastinotomy With Exploration, Drainage, Removal Of Foreign Body, Or Biop	34.44	1	90					AS
39010	Mediastinotomy With Exploration, Drainage, Removal Of Foreign Body, Or Biop	54.45	1	90					AS
39200	Excision Of Mediastinal Cyst	60.00	1	90					AS
39220	Excision Of Mediastinal Tumor	78.29	1	90					AS
39499	Unlisted Procedure, Mediastinum		1	90				Υ	AS
39501	Repair, Laceration Of Diaphragm, Any Approach	57.87	1	90					AS
39503	Repair, Neonatal Diaphragmatic Hernia, With Or Without Chest Tube Insertion	413.71	1	90					AS
39540	Repair, Diaphragmatic Hernia (Other Than Neonatal), Traumatic; Acute	58.92	1	90					AS
39541	Repair, Diaphragmatic Hernia (Other Than Neonatal), Traumatic; Chronic	63.96	1	90					AS
39545	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal,	61.42	1	90					AS
39560	Resection, Diaphragm; With Simple Repair (Eg, Primary Suture)	53.81	1	90					AS
39561	Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local M	85.16	1	90					AS
	Unlisted Procedure, Diaphragm		1	90				Υ	AS
	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary Bilateral, One Stage P	73.86	1	90					AS
	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary Bilateral, One Of Two	60.95	1	90					AS
	Unlisted Procedure, Lips		1	90				Υ	AS
	Vestibuloplasty; Anterior	56.31	1	90					AS
	Vestibuloplasty; Posterior, Bilateral	76.27	1	90					AS
	Vestibuloplasty; Entire Arch	93.23	1	90					AS

January 1, 2015 51/91

					Hyster-				
Code Spec	· ·	Base Fee				zation	tion	PA	_
41120	Glossectomy; Less Than One-Half Tongue	73.59	1	90					AS
41130	Glossectomy; Hemiglossectomy	90.69	1	90					AS
41135	Glossectomy; Partial, With Unilateral Radical Neck Dissection	148.64	1	90					AS
41140	Glossectomy; Complete Or Total, With Or Without Tracheostomy, Without Radic	150.96	1	90					AS
41145	Glossectomy; Complete Or Total, With Or Without Tracheostomy, With Unilater	190.56	1	90					AS
41150	Glossectomy; Composite Procedure With Resection Floor Of Mouth And Mandibul	151.28	1	90					AS
41153	Glossectomy; Composite Procedure With Resection Floor Of Mouth, With Suprah	164.02	1	90					AS
41155	Glossectomy; Composite Procedure With Resection Floor Of Mouth, Mandibular	205.66	1	90					AS
42120	Resection Of Palate Or Extensive Resection Of Lesion	69.58	1	90					AS
42200	Palatoplasty For Cleft Palate, Soft And/Or Hard Palate Only	58.94	1	90					AS
42205	Palatoplasty For Cleft Palate, With Closure Of Alveolar Ridge; Soft Tissue	61.35	1	90					AS
42210	Palatoplasty For Cleft Palate, With Closure Of Alveolar Ridge; With Bone Gr	70.70	1	90					AS
42215	Palatoplasty For Cleft Palate; Major Revision	50.53	1	90					AS
42220	Palatoplasty For Cleft Palate; Secondary Lengthening Procedure	36.12	1	90					AS
42225	Palatoplasty For Cleft Palate; Attachment Pharyngeal Flap	61.69	1	90					AS
42226	Lengthening Of Palate, And Pharyngeal Flap	62.61	1	90					AS
42227	Lengthening Of Palate, With Island Flap	58.69	1	90					AS
42235	Repair Of Anterior Palate, Including Vomer Flap	51.66	1	90					AS
42260	Repair Of Nasolabial Fistula	58.69	1	90					AS
42299	Unlisted Procedure, Palate, Uvula		1	90				Υ	AS
42409	Marsupialization Of Sublingual Salivary Cyst (Ranula)	23.86	1	90					AS
42410	Excision Of Parotid Tumor Or Parotid Gland; Lateral Lobe, Without Nerve Dis	42.99	1	90					AS
42415	Excision Of Parotid Tumor Or Parotid Gland; Lateral Lobe, With Dissection A	72.58	1	90					AS
42420	Excision Of Parotid Tumor Or Parotid Gland; Total, With Dissection And Pres	81.43	1	90					AS
42425	Excision Of Parotid Tumor Or Parotid Gland; Total, En Bloc Removal With Sac	57.57	1	90					AS
42426	Excision Of Parotid Tumor Or Parotid Gland; Total, With Unilateral Radical	92.56	1	90					AS
42440	Excision Of Submandibular (Submaxillary) Gland	28.53	1	90					AS
42507	Parotid Duct Diversion, Bilateral (Wilke Type Procedure);	36.07	1	90					AS
42510	Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Ligation Of	43.93	1	90					AS
42699	Unlisted Procedure, Salivary Glands Or Ducts		1	90				Υ	AS

January 1, 2015 52/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS		ectomy	zation	tion	PA	\mathbf{H}
42725	Incision And Drainage Abscess; Retropharyngeal Or Parapharyngeal, External	55.90	1	90					AS
42810	Excision Branchial Cleft Cyst Or Vestige, Confined To Skin And Subcutaneous	27.75	1	90					AS
42815	Excision Branchial Cleft Cyst, Vestige, Or Fistula, Extending Beneath Subcu	39.07	1	90					AS
42844	Radical Resection Of Tonsil, Tonsillar Pillars, And/Or Retromolar Trigone;	95.13	1	90					AS
42845	Radical Resection Of Tonsil, Tonsillar Pillars, And/Or Retromolar Trigone;	153.11	1	90					AS
42890	Limited Pharyngectomy	98.13	1	90					AS
42892	Resection Of Lateral Pharyngeal Wall Or Pyriform Sinus, Direct Closure By A	130.06	1	90					AS
42894	Resection Of Pharyngeal Wall Requiring Closure With Myocutaneous Flap	163.65	1	90					AS
42950	Pharyngoplasty (Plastic Or Reconstructive Operation On Pharynx)	55.85	1	90					AS
42953	Pharyngoesophageal Repair	66.87	1	90					AS
42955	Pharyngostomy (Fistulization Of Pharynx, External For Feeding)	53.01	1	90					AS
42961	Control Oropharyngeal Hemorrhage, Primary Or Secondary (Eg, Posttonsillecto	29.47	1	90					AS
42962	Control Oropharyngeal Hemorrhage, Primary Or Secondary (Eg, Posttonsillecto	36.00	1	90					AS
42971	Control Of Nasopharyngeal Hemorrhage, Primary Or Secondary (Eg, Postadenoid	31.76	1	90					AS
42972	Control Of Nasopharyngeal Hemorrhage, Primary Or Secondary (Eg, Postadenoid	35.50	1	90					AS
43020	Esophagotomy, Cervical Approach; With Removal Of Foreign Body	36.42	1	90					AS
43030	Cricopharyngeal Myotomy	35.87	1	90					AS
43045	Esophagotomy, Thoracic Approach, With Removal Of Foreign Body	89.38	1	90					AS
43100	Excision Of Lesion, Esophagus, With Primary Repair; Cervical Approach	43.29	1	90					AS
43101	Excision Of Lesion, Esophagus, With Primary Repair; Thoracic Or Abdominal A	69.07	1	90					AS
43107	Total Or Near Total Esophagectomy, Without Thoracotomy; With Pharyngogastro	173.40	1	90					AS
43108	Total Or Near Total Esophagectomy, Without Thoracotomy; With Colon Interpos	316.47	1	90					AS
43112	Total Or Near Total Esophagectomy, With Thoracotomy; With Pharyngogastrosto	182.79	1	90					AS
43113	Total Or Near Total Esophagectomy, With Thoracotomy; With Colon Interpositi	293.62	1	90					AS
43116	Partial Esophagectomy, Cervical, With Free Intestinal Graft, Including Micr	356.19	1	90					AS
43117	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abd	167.78	1	90					AS
43118	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abd	258.21	1	90					AS
43121	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy Only, With Or Wi	195.60	1	90					AS
43122	Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or With	173.97	1	90					AS
43123	Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or With	304.30	1	90					AS

January 1, 2015 53/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
43124	Total Or Partial Esophagectomy, Without Reconstruction (Any Approach), With	260.53	1	90					AS
43130	Diverticulectomy Of Hypopharynx Or Esophagus, With Or Without Myotomy; Cerv	54.13	1	90					AS
43135	Diverticulectomy Of Hypopharynx Or Esophagus, With Or Without Myotomy; Thor	101.59	1	90					AS
43280	Laparoscopy, Surgical, Esophagogastric Fundoplasty (Eg, Nissen, Toupet Proc	73.31	1	90					AS
43281	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundopl	104.46	1	90					AS
43282	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundopl	117.38	1	90					AS
43283	Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis	10.59	1						AS
43289	Unlisted Laparoscopy Procedure, Esophagus		1	0				Υ	AS
43300	Esophagoplasty, (Plastic Repair Or Reconstruction), Cervical Approach; With	42.54	1	90					AS
43305	Esophagoplasty, (Plastic Repair Or Reconstruction), Cervical Approach; With	74.85	1	90					AS
43310	Esophagoplasty, (Plastic Repair Or Reconstruction), Thoracic Approach; With	101.57	1	90					AS
43312	Esophagoplasty, (Plastic Repair Or Reconstruction), Thoracic Approach; With	109.11	1	90					AS
43313	Esophagoplasty For Congenital Defect, (Plastic Repair Or Reconstruction), T	211.21	1	90					AS
43314	Esophagoplasty For Congenital Defect, (Plastic Repair Or Reconstruction), T	197.16	1	90					AS
43320	Esophagogastrostomy (Cardioplasty), With Or Without Vagotomy And Pyloroplas	94.44	1	90					AS
43325	Esophagogastric Fundoplasty; With Fundic Patch (Thal-Nissen Procedure)	90.96	1	90					AS
43327	Esophagogastric Fundoplasty Partial Or Complete; Laparotomy	55.35	1	90					AS
43328	Esophagogastric Fundoplasty Partial Or Complete; Thoracotomy	79.04	1	90					AS
43330	Esophagomyotomy (Heller Type); Abdominal Approach	90.41	1	90					AS
43331	Esophagomyotomy ((Heller Type), With Or Without Hiatal Hernia Repair); Thor	92.01	1	90					AS
43332	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via La	78.79	1	90					AS
43333	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via La	85.64	1	90					AS
43334	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via	84.91	1	90					AS
43335	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via	90.50	1	90					AS
43336	Repair, Paraesophageal Hiatal Hernia, (Including Fundoplication), Via	103.50	1	90					AS
43337	Repair, Paraesophageal Hiatal Hernia, (Including Fundoplication), Via	111.49	1	90					AS
43338	Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge	8.14	1						AS
43340	Esophagojejunostomy (Without Total Gastrectomy); Abdominal Approach	93.23	1	90					AS
43341	Esophagojejunostomy (Without Total Gastrectomy); Thoracic Approach	101.75	1	90					AS
43351	Esophagostomy, Fistulization Of Esophagus, External; Thoracic Approach	90.36	1	90					AS

January 1, 2015 54/91

					Hyster-	Sterili-	Abor-		П
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
43352	Esophagostomy, Fistulization Of Esophagus, External; Cervical Approach	73.34	1	90					AS
43360	Gastrointestinal Reconstruction For Previous Esophagectomy, For Obstructing	154.42	1	90					AS
43361	Gastrointestinal Reconstruction For Previous Esophagectomy, For Obstructing	172.23	1	90					AS
43400	Ligation, Direct, Esophageal Varices	106.13	1	90					AS
43401	Transection Of Esophagus With Repair, For Esophageal Varices	106.15	1	90					AS
43405	Ligation Or Stapling At Gastroesophageal Junction For Pre-Existing Esophage	98.82	1	90					AS
43410	Suture Of Esophageal Wound Or Injury; Cervical Approach	74.85	1	90					AS
43415	Suture Of Esophageal Wound Or Injury; Transthoracic Or Transabdominal Appro	135.25	1	90					AS
43425	Closure Of Esophagostomy Or Fistula; Transthoracic Or Transabdominal Approa	97.88	1	90					AS
43499	Unlisted Procedure, Esophagus		1	90				Υ	AS
43500	Gastrotomy; With Exploration Or Foreign Body Removal	53.35	1	90					AS
43501	Gastrotomy; With Suture Repair Of Bleeding Ulcer	91.12	1	90					AS
43502	Gastrotomy; With Suture Repair Of Pre-Existing Esophagogastric Laceration (103.04	1	90					AS
43510	Gastrotomy; With Esophageal Dilation And Insertion Of Permanent Intralumina	61.85	1	90					AS
43520	Pyloromyotomy, Cutting Of Pyloric Muscle (Fredet-Ramstedt Type Operation)	46.71	1	90					AS
43605	Biopsy Of Stomach; By Laparotomy	56.68	1	90					AS
43610	Excision, Local; Ulcer Or Benign Tumor Of Stomach	66.42	1	90					AS
43611	Excision, Local; Malignant Tumor Of Stomach	82.66	1	90					AS
43620	Gastrectomy, Total; With Esophagoenterostomy	132.35	1	90					AS
43621	Gastrectomy, Total; With Roux-En-Y Reconstruction	152.79	1	90					AS
43622	Gastrectomy, Total; With Formation Of Intestinal Pouch, Any Type	154.92	1	90					AS
43631	Gastrectomy, Partial, Distal; With Gastroduodenostomy	98.16	1	90					AS
43632	Gastrectomy, Partial, Distal; With Gastrojejunostomy	137.03	1	90					AS
43633	Gastrectomy, Partial, Distal; With Roux-En-Y Reconstruction	129.71	1	90					AS
43634	Gastrectomy, Partial, Distal; With Formation Of Intestinal Pouch	143.42	1	90					AS
43635	Vagotomy When Performed With Partial Distal Gastrectomy (List Separately In	7.54	1						AS
43640	Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Truncal Or Se	79.85	1	90					AS
43641	Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Parietal Cell	81.36	1	90					AS
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass A	117.13	1	90					AS
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass A	124.92	1	90					AS

January 1, 2015 55/91

					Hyster-	Sterili-	Abor-		\neg
Code S	Description Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
43651	Laparoscopy, Surgical; Transection Of Vagus Nerves, Truncal	44.55	1	90					AS
43652	Laparoscopy, Surgical; Transection Of Vagus Nerves, Selective Or Highly Sel	51.93	1	90					AS
43653	Laparoscopy, Surgical; Gastrostomy, Without Construction Of Gastric Tube (E	39.21	1	90					AS
43659	Unlisted Laparoscopy Procedure, Stomach		1	0				Υ	AS
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustab	75.93	1	90					AS
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustabl	86.22	1	90				Υ	AS
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable	64.61	1	90				Υ	AS
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replaceme	86.12	1	90				Υ	AS
43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable	65.13	1	90				Υ	AS
43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal	86.65	1	90					AS
43800	Pyloroplasty	63.02	1	90					AS
43810	Gastroduodenostomy	68.84	1	90					AS
43820	Gastrojejunostomy; Without Vagotomy	90.69	1	90					AS
43825	Gastrojejunostomy; With Vagotomy, Any Type	87.45	1	90					AS
43830	Gastrostomy, Open; Without Construction Of Gastric Tube (Eg, Stamm Procedur	47.60	1	90					AS
43831	Gastrostomy, Temporary (Tube, Rubber Or Plastic) (Separate Procedure); Neon	40.77	1	90					AS
43832	Gastrostomy, Open; With Construction Of Gastric Tube (Eg, Janeway Procedure	70.86	1	90					AS
43840	Gastrorrhaphy, Suture Of Perforated Duodenal Or Gastric Ulcer, Wound, Or In	91.95	1	90					AS
43842	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity;	77.48	1	90					AS
43843	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity;	86.65	1	90					AS
43846	Gastric Restrictive Procedure, With Gastric Bypass For Morbid Obesity; With	110.00	1	90					AS
43847	Gastric Restrictive Procedure, With Gastric Bypass For Morbid Obesity; With	121.83	1	90					AS
43848	Revision, Open, Of Gastric Restrictive Procedure For Morbid Obesity, Other	130.33	1	90					AS
43850	Revision Of Gastroduodenal Anastomosis (Gastroduodenostomy) With Reconstruc	110.03	1	90					AS
43855	Revision Of Gastroduodenal Anastomosis (Gastroduodenostomy) With Reconstruc	114.11	1	90					AS
43860	Revision Of Gastrojejunal Anastomosis (Gastrojejunostomy) With Reconstructi	110.44	1	90					AS
43865	Revision Of Gastrojejunal Anastomosis (Gastrojejunostomy) With Reconstructi	115.44	1	90					AS
43870	Closure Of Gastrostomy, Surgical	48.42	1	90					AS
43880	Closure Of Gastrocolic Fistula	107.76	1	90					AS
43886	Gastric Restrictive Procedure, Open; Revision Of Subcutaneous Port Componen	25.05	1	90					AS

January 1, 2015 56/91

					Hyster-	Sterili-	Abor-		
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
43887	Gastric Restrictive Procedure, Open; Removal Of Subcutaneous Port Component	22.53	1	90					AS
43888	Gastric Restrictive Procedure, Open; Removal And Replacement Of Subcutaneou	31.49	1	90				Υ	AS
44005	Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	74.07	1	90					AS
44010	Duodenotomy, For Exploration, Biopsy(S), Or Foreign Body Removal	59.04	1	90					AS
44015	Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperativ	9.58	1						AS
44020	Enterotomy, Small Intestine, Other Than Duodenum; For Exploration, Biopsy(S	66.00	1	90					AS
44021	Enterotomy, Small Bowel, Other Than Duodenum; For Decompression (Eg, Baker	66.16	1	90					AS
44025	Colotomy, For Exploration, Biopsy(S), Or Foreign Body Removal	67.10	1	90					AS
44050	Reduction Of Volvulus, Intussusception, Internal Hernia, By Laparotomy	63.39	1	90					AS
44055	Correction Of Malrotation By Lysis Of Duodenal Bands And/Or Reduction Of Mi	101.25	1	90					AS
44110	Excision Of One Or More Lesions Of Small Or Large Intestine Not Requiring A	57.68	1	90					AS
44111	Excision Of One Or More Lesions Of Small Or Large Bowel Not Requiring Anast	66.87	1	90					AS
44120	Enterectomy, Resection Of Small Intestine; Single Resection And Anastomosis	82.76	1	90					AS
44121	Enterectomy, Resection Of Small Intestine; Each Additional Resection And An	16.25	10						AS
44125	Enterectomy, Resection Of Small Intestine; With Enterostomy	80.05	1	90					AS
44126	Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Re	166.47	1	90					AS
44127	Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Re	192.30	1	90					AS
44128	Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Re	16.34	1						AS
44130	Enteroenterostomy, Anastomosis Of Intestine, With Or Without Cutaneous Ente	89.04	1	90					AS
44139	Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With P	8.14	1						AS
44140	Colectomy, Partial; With Anastomosis	90.87	1	90					AS
44141	Colectomy, Partial; With Skin Level Cecostomy Or Colostomy	124.08	1	90					AS
44143	Colectomy, Partial; With End Colostomy And Closure Of Distal Segment (Hartm	112.98	1	90					AS
44144	Colectomy, Partial; With Resection, With Colostomy Or Ileostomy And Creatio	120.18	1	90					AS
44145	Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis)	112.43	1	90					AS
44146	Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis), With Col	144.04	1	90					AS
44147	Colectomy, Partial; Abdominal And Transanal Approach	131.46	1	90					AS
44150	Colectomy, Total, Abdominal, Without Proctectomy; With Ileostomy Or Ileopro	127.58	1	90					AS
44151	Colectomy, Total, Abdominal, Without Proctectomy; With Continent Ileostomy	145.89	1	90					AS
44155	Colectomy, Total, Abdominal, With Proctectomy; With Ileostomy	141.75	1	90					AS

January 1, 2015 57/91

					Hyster-	Sterili-	Abor-		
Code Spe	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
44156	Colectomy, Total, Abdominal, With Proctectomy; With Continent Ileostomy	157.10	1	90					AS
44157	Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, I	147.68	1	90					AS
44158	Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, C	151.60	1	90					AS
44160	Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy	84.20	1	90					AS
44180	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separa	62.31	1	90					AS
44186	Laparoscopy, Surgical; Jejunostomy (Eg, For Decompression Or Feeding)	44.37	1	90					AS
44187	Laparoscopy, Surgical; Ileostomy Or Jejunostomy, Non-Tube	75.90	1	90					AS
44188	Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy	83.90	1	90					AS
44202	Laparoscopy, Surgical; Enterectomy, Resection Of Small Intestine, Single Re	93.99	1	90					AS
44203	Laparoscopy, Surgical; Each Additional Small Intestine Resection And Anasto	16.27	1						AS
44204	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis	104.50	1	90					AS
44205	Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum W	90.96	1	90					AS
44206	Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure O	119.33	1	90					AS
44207	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproct	124.03	1	90					AS
44208	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproct	135.49	1	90					AS
44210	Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, Wi	122.40	1	90					AS
44211	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With	152.59	1	90					AS
44212	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With	140.97	1	90					AS
44213	Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performe	12.74	1						AS
44227	Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, Wi	113.28	1	90					AS
44238	Unlisted Laparoscopy Procedure, Intestine (Except Rectum)		1	0				Υ	AS
44300	Enterostomy Or Cecostomy, Tube (Eg, For Decompression Or Feeding) (Separate	57.27	1	90					AS
44310	Ileostomy Or Jejunostomy, Non-Tube	70.93	1	90					AS
44314	Revision Of Ileostomy; Complicated (Reconstruction In-Depth) (Separate Proc	68.50	1	90					AS
44316	Continent Ileostomy (Kock Procedure) (Separate Procedure)	95.66	1	90					AS
44320	Colostomy Or Skin Level Cecostomy;	81.75	1	90					AS
44322	Colostomy Or Skin Level Cecostomy; With Multiple Biopsies (Eg, For Congenit	69.05	1	90					AS
44345	Revision Of Colostomy; Complicated (Reconstruction In-Depth) (Separate Proc	71.71	1	90					AS
44346	Revision Of Colostomy; With Repair Of Paracolostomy Hernia (Separate Proced	80.58	1	90					AS
44602	Suture Of Small Intestine (Enterorrhaphy) For Perforated Ulcer, Diverticulu	95.25	1	90					AS

January 1, 2015 58/91

					Hyster-	Sterili-	Abor-		
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
44603	Suture Of Small Intestine (Enterorrhaphy) For Perforated Ulcer, Diverticulu	109.46	1	90					AS
44604	Suture Of Large Intestine (Colorrhaphy) For Perforated Ulcer, Diverticulum,	71.50	1	90					AS
44605	Suture Of Large Intestine (Colorrhaphy) For Perforated Ulcer, Diverticulum,	88.35	1	90					AS
44615	Intestinal Stricturoplasty (Enterotomy And Enterorrhaphy) With Or Without D	72.92	1	90					AS
44620	Closure Of Enterostomy, Large Or Small Intestine;	58.99	1	90					AS
44625	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Anasto	69.37	1	90					AS
44626	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Colore	108.65	1	90					AS
44640	Closure Of Intestinal Cutaneous Fistula	95.02	1	90					AS
44650	Closure Of Enteroenteric Or Enterocolic Fistula	98.34	1	90					AS
44660	Closure Of Enterovesical Fistula; Without Intestinal Or Bladder Resection	89.81	1	90					AS
44661	Closure Of Enterovesical Fistula; With Intestine And/Or Bladder Resection	104.76	1	90					AS
44680	Intestinal Plication (Separate Procedure)	72.51	1	90					AS
44700	Exclusion Of Small Intestine From Pelvis By Mesh Or Other Prosthesis, Or Na	69.30	1	90					AS
44701	Intraoperative Colonic Lavage (List Separately In Addition To Code For Prim	11.28	1						AS
44799	Unlisted Procedure, Intestine		1	90				Υ	AS
44800	Excision Of Meckel'S Diverticulum (Diverticulectomy) Or Omphalomesenteric D	51.98	1	90					AS
44820	Excision Of Lesion Of Mesentery (Separate Procedure)	57.02	1	90					AS
44850	Suture Of Mesentery (Separate Procedure)	51.18	1	90					AS
44899	Unlisted Procedure, Meckel'S Diverticulum And The Mesentery		1	90				Υ	AS
44900	Incision And Drainage Of Appendiceal Abscess; Open	52.62	1	90					AS
44950	Appendectomy;	43.50	1	90					AS
44955	Appendectomy; When Done For Indicated Purpose At Time Of Other Major Proced	5.64	1						AS
44960	Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis	59.17	1	90					AS
44970	Laparoscopy, Surgical, Appendectomy	40.84	1	90					AS
44979	Unlisted Laparoscopy Procedure, Appendix		1	0				Υ	AS
45110	Proctectomy; Complete, Combined Abdominoperineal, With Colostomy	126.32	1	90					AS
45111	Proctectomy; Partial Resection Of Rectum, Transabdominal Approach	74.18	1	90					AS
45112	Proctectomy, Combined Abdominoperineal, Pull-Through Procedure (Eg, Colo-An	128.25	1	90					AS
45113	Proctectomy, Partial, With Rectal Mucosectomy, Ileoanal Anastomosis, Creati	135.51	1	90					AS
45114	Proctectomy, Partial, With Anastomosis; Abdominal And Transsacral Approach	122.79	1	90					AS

January 1, 2015 59/91

					Hyster-	Sterili-	Abor-		
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
45116	Proctectomy, Partial, With Anastomosis; Transacral Approach Only (Kraske Ty	106.96	1	90					AS
45119	Proctectomy, Combined Abdominoperineal Pull-Through Procedure (Eg, Colo-Ana	132.99	1	90					AS
45120	Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Ap	107.32	1	90					AS
45121	Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Ap	117.52	1	90					AS
45123	Proctectomy, Partial, Without Anastomosis, Perineal Approach	76.52	1	90					AS
45126	Pelvic Exenteration For Colorectal Malignancy, With Proctectomy (With Or Wi	194.00	1	90				Υ	AS
45130	Excision Of Rectal Procidentia, With Anastomosis; Perineal Approach	74.55	1	90					AS
45135	Excision Of Rectal Procidentia, With Anastomosis; Abdominal And Perineal Ap	92.93	1	90					AS
45136	Excision Of Ileoanal Reservoir With Ileostomy	124.26	1	90					AS
45160	Excision Of Rectal Tumor By Proctotomy, Transacral Or Transcoccygeal Approa	69.42	1	90					AS
45190	Destruction Of Rectal Tumor (Eg, Electrodessication, Electrosurgery, Laser	47.21	1	90					AS
45395	Laparoscopy, Surgical; Proctectomy, Complete, Combined Abdominoperineal, Wi	135.54	1	90					AS
45397	Laparoscopy, Surgical; Proctectomy, Combined Abdominoperineal Pull-Through	146.92	1	90					AS
45400	Laparoscopy, Surgical; Proctopexy (For Prolapse)	78.77	1	90					AS
45402	Laparoscopy, Surgical; Proctopexy (For Prolapse), With Sigmoid Resection	104.25	1	90					AS
45540	Proctopexy (Eg, For Prolapse); Abdominal Approach	72.12	1	90					AS
45541	Proctopexy For Prolapse; Perineal Approach	63.50	1	90					AS
45550	Proctopexy (Eg, For Prolapse); With Sigmoid Resection, Abdominal Approach	99.83	1	90					AS
45560	Repair Of Rectocele (Separate Procedure)	47.44	1	90					AS
45562	Exploration, Repair, And Presacral Drainage For Rectal Injury;	76.06	1	90					AS
45563	Exploration, Repair, And Presacral Drainage For Rectal Injury; With Colosto	111.79	1	90					AS
45800	Closure Of Rectovesical Fistula;	80.78	1	90					AS
45805	Closure Of Rectovesical Fistula; With Colostomy	99.19	1	90					AS
45820	Closure Of Rectourethral Fistula;	74.57	1	90					AS
45825	Closure Of Rectourethral Fistula; With Colostomy	99.74	1	90					AS
46705	Anoplasty, Plastic Operation For Stricture; Infant	35.32	1	90					AS
46710	Repair Of Ileoanal Pouch Fistula/Sinus (Eg, Perineal Or Vaginal), Pouch Adv	75.12	1	90					AS
46712	Repair Of Ileoanal Pouch Fistula/Sinus (Eg, Perineal Or Vaginal), Pouch Adv	138.38	1	90					AS
46715	Repair Of Low Imperforate Anus; With Anoperineal Fistula ("Cut-Back" Proc	33.87	1	90					AS
46716	Repair Of Low Imperforate Anus; With Transposition Of Anoperineal Or Anoves	75.65	1	90					AS

January 1, 2015 60/91

					Hyster-				
Code Spec		Base Fee	UNOS		ectomy	zation	tion	PA	AS
46730	Repair Of High Imperforate Anus Without Fistula; Perineal Or Sacroperineal	123.18	1	90					AS
46735	Repair Of High Imperforate Anus Without Fistula; Combined Transabdominal An	137.32	1	90					AS
46740	Repair Of High Imperforate Anus With Rectourethral Or Rectovaginal Fistula;	135.28	1	90					AS
46742	Repair Of High Imperforate Anus With Rectourethral Or Rectovaginal Fistula;	163.95	1	90					AS
46744	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Sacrop	228.21	1	90					AS
46746	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Combin	236.78	1	90					AS
46748	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Combin	260.32	1	90					AS
46750	Sphincteroplasty, Anal, For Incontinence Or Prolapse; Adult	52.07	1	90					AS
46751	Sphincteroplasty, Anal, For Incontinence Or Prolapse; Child	41.09	1	90					AS
46760	Sphincteroplasty, Anal, For Incontinence, Adult; Muscle Transplant	74.99	1	90					AS
46761	Sphincteroplasty, Anal, For Incontinence, Adult; Levator Muscle Imbrication	63.37	1	90					AS
46762	Sphincteroplasty, Anal, For Incontinence, Adult; Implantation Artificial Sp	63.25	1	90					AS
47010	Hepatotomy; For Open Drainage Of Abscess Or Cyst, One Or Two Stages	81.59	1	90					AS
47015	Laparotomy, With Aspiration And/Or Injection Of Hepatic Parasitic (Eg, Amoe	78.91	1	90					AS
47100	Biopsy Of Liver, Wedge	57.55	1	90					AS
47120	Hepatectomy, Resection Of Liver; Partial Lobectomy	157.28	1	90					AS
47122	Hepatectomy, Resection Of Liver; Trisegmentectomy	230.64	1	90					AS
47125	Hepatectomy, Resection Of Liver; Total Left Lobectomy	207.20	1	90					AS
47130	Hepatectomy, Resection Of Liver; Total Right Lobectomy	221.98	1	90					AS
47135	Liver Allotransplantation; Orthotopic, Partial Or Whole, From Cadaver Or Li	330.47	1	90					AS
47136	Liver Allotransplantation; Heterotopic, Partial Or Whole, From Cadaver Or L	283.49	1	90					AS
47300	Marsupialization Of Cyst Or Abscess Of Liver	76.96	1	90					AS
47350	Management Of Liver Hemorrhage; Simple Suture Of Liver Wound Or Injury	92.86	1	90					AS
47360	Management Of Liver Hemorrhage; Complex Suture Of Liver Wound Or Injury, Wi	126.92	1	90					AS
47361	Management Of Liver Hemorrhage; Exploration Of Hepatic Wound, Extensive Deb	203.97	1	90					AS
47362	Management Of Liver Hemorrhage; Re-Exploration Of Hepatic Wound For Removal	98.11	1	90					AS
47370	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequen	83.76	1	90					AS
47371	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical	85.00	1	90					AS
	Unlisted Laparoscopic Procedure, Liver		1	0				Υ	AS
47380	Ablation, Open, Of One Or More Liver Tumor(S); Radiofrequency	96.99	1	90					AS

January 1, 2015 61/91

					Hyster-			.	
Code Spec	· · · · · · · · · · · · · · · · · · ·	Base Fee	UNOS		ectomy	zation	tion	PA	
47381	Ablation, Open, Of One Or More Liver Tumor(S); Cryosurgical	100.06	1	90					AS
47382	Ablation, One Or More Liver Tumor(S), Percutaneous, Radiofrequency	69.61	1	10					AS
47399	Unlisted Procedure, Liver		1	90				Υ	AS
47400	Hepaticotomy Or Hepaticostomy With Exploration, Drainage, Or Removal Of Cal	145.53	1	90					AS
47420	Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of	91.21	1	90					AS
47425	Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of	92.61	1	90					AS
47460	Transduodenal Sphincterotomy Or Sphincteroplasty, With Or Without Transduod	85.99	1	90					AS
47480	Cholecystotomy Or Cholecystostomy With Exploration, Drainage, Or Removal Of	59.75	1	90					AS
47550	Biliary Endoscopy, Intraoperative (Choledochoscopy) (List Separately In Add	11.12	1						AS
47562	Laparoscopy, Surgical; Cholecystectomy	45.82	1	90					AS
47563	Laparoscopy, Surgical; Cholecystectomy With Cholangiography	48.49	1	90					AS
47564	Laparoscopy, Surgical; Cholecystectomy With Exploration Of Common Duct	65.88	1	90					AS
47570	Laparoscopy, Surgical; Cholecystoenterostomy	52.53	1	90					AS
47579	Unlisted Laparoscopy Procedure, Biliary Tract		1	0				Υ	AS
47600	Cholecystectomy;	72.42	1	90					AS
47605	Cholecystectomy; With Cholangiography	73.22	1	90					AS
47610	Cholecystectomy With Exploration Of Common Duct;	84.93	1	90					AS
47612	Cholecystectomy With Exploration Of Common Duct; With Choledochoenterostomy	85.73	1	90					AS
47620	Cholecystectomy With Exploration Of Common Duct; With Transduodenal Sphinct	93.25	1	90					AS
47700	Exploration For Congenital Atresia Of Bile Ducts, Without Repair, With Or W	71.53	1	90					AS
47711	Excision Of Bile Duct Tumor, With Or Without Primary Repair Of Bile Duct; E	104.89	1	90					AS
47712	Excision Of Bile Duct Tumor, With Or Without Primary Repair Of Bile Duct; I	135.10	1	90					AS
47715	Excision Of Choledochal Cyst	90.20	1	90					AS
47720	Cholecystoenterostomy; Direct	78.29	1	90					AS
47721	Cholecystoenterostomy; With Gastroenterostomy	91.83	1	90					AS
47740	Cholecystoenterostomy; Roux-En-Y	88.99	1	90					AS
47741	Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy	99.99	1	90					AS
47760	Anastomosis, Of Extrahepatic Biliary Ducts And Gastrointestinal Tract	152.13	1	90					AS
47765	Anastomosis, Of Intrahepatic Ducts And Gastrointestinal Tract	205.07	1	90					AS
47780	Anastomosis, Roux-En-Y, Of Extrahepatic Biliary Ducts And Gastrointestinal	166.84	1	90					AS

January 1, 2015 62/91

					Hyster-	Sterili-	Abor-		
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
47785	Anastomosis, Roux-En-Y, Of Intrahepatic Biliary Ducts And Gastrointestinal	218.57	1	90					AS
47800	Reconstruction, Plastic, Of Extrahepatic Biliary Ducts With End-To-End Anas	107.07	1	90					AS
47801	Placement Of Choledochal Stent	68.75	1	90					AS
47802	U-Tube Hepaticoenterostomy	103.43	1	90					AS
47900	Suture Of Extrahepatic Biliary Duct For Pre-Existing Injury (Separate Proce	93.23	1	90					AS
47999	Unlisted Procedure, Biliary Tract		1	90				Υ	AS
48000	Placement Of Drains, Peripancreatic, For Acute Pancreatitis;	125.08	1	90					AS
48001	Placement Of Drains, Peripancreatic, For Acute Pancreatitis; With Cholecyst	155.82	1	90					AS
48020	Removal Of Pancreatic Calculus	79.85	1	90					AS
48100	Biopsy Of Pancreas, Open (Eg, Fine Needle Aspiration, Needle Core Biopsy, W	60.07	1	90					AS
48105	Resection Or Debridement Of Pancreas And Peripancreatic Tissue For Acute Ne	192.46	1	90					AS
48120	Excision Of Lesion Of Pancreas (Eg, Cyst, Adenoma)	75.15	1	90					AS
48140	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; Without Pancr	105.51	1	90					AS
48145	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; With Pancreat	110.39	1	90					AS
48146	Pancreatectomy, Distal, Near-Total With Preservation Of Duodenum (Child-Typ	126.44	1	90					AS
48148	Excision Of Ampulla Of Vater	84.59	1	90					AS
48150	Pancreatectomy, Proximal Subtotal With Total Duodenectomy, Partial Gastrect	209.51	1	90					AS
48152	Pancreatectomy, Proximal Subtotal With Total Duodenectomy, Partial Gastrect	195.10	1	90					AS
48153	Pancreatectomy, Proximal Subtotal With Near-Total Duodenectomy, Choledochoe	208.76	1	90					AS
48154	Pancreatectomy, Proximal Subtotal With Near-Total Duodenectomy, Choledochoe	195.95	1	90					AS
48155	Pancreatectomy, Total	123.16	1	90					AS
48500	Marsupialization Of Pancreatic Cyst	78.22	1	90					AS
48510	External Drainage, Pseudocyst Of Pancreas; Open	73.50	1	90					AS
48520	Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Direct	74.07	1	90					AS
48540	Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Roux-En-	88.60	1	90					AS
48545	Pancreatorrhaphy For Injury	91.10	1	90					AS
48547	Duodenal Exclusion With Gastrojejunostomy For Pancreatic Injury	121.07	1	90					AS
48548	Pancreaticojejunostomy, Side-To-Side Anastomosis (Puestow-Type Operation)	112.41	1	90					AS
48554	Transplantation Of Pancreatic Allograft	174.84	1	90					AS
48556	Removal Of Transplanted Pancreatic Allograft	86.84	1	90					AS

January 1, 2015 63/91

					Hyster-	Sterili-	Abor-		
Code Spe	Description Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
48999	Unlisted Procedure, Pancreas		1	90				Υ	AS
49000	Exploratory Laparotomy, Exploratory Celiotomy With Or Without Biopsy(S) (Se	52.25	1	90					AS
49002	Reopening Of Recent Laparotomy	70.79	1	90					AS
49010	Exploration, Retroperitoneal Area With Or Without Biopsy(S) (Separate Proce	63.34	1	90					AS
49020	Drainage Of Peritoneal Abscess Or Localized Peritonitis, Exclusive Of Appen	107.64	1	90					AS
49040	Drainage Of Subdiaphragmatic Or Subphrenic Abscess; Open	68.09	1	90					AS
49062	Drainage Of Extraperitoneal Lymphocele To Peritoneal Cavity, Open	50.05	1	90					AS
49215	Excision Of Presacral Or Sacrococcygeal Tumor	149.06	1	90					AS
49220	Staging Laparotomy For Hodgkins Disease Or Lymphoma (Includes Splenectomy,	64.33	1	90					AS
49255	Omentectomy, Epiploectomy, Resection Of Omentum (Separate Procedure)	53.86	1	90					AS
49320	Laparoscopy, Abdomen, Peritoneum, And Omentum, Diagnostic, With Or Without	22.30	1	10					AS
49321	Laparoscopy, Surgical; With Biopsy (Single Or Multiple)	23.63	1	10					AS
49322	Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Aspiration Of	25.23	1	10					AS
49323	Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Drainage Of L	44.05	1	90					AS
49324	Laparoscopy, Surgical; With Insertion Of Intraperitoneal Cannula Or Cathete	26.79	1	10					AS
49325	Laparoscopy, Surgical; With Revision Of Previously Placed Intraperitoneal C	28.60	1	10					AS
49326	Laparoscopy, Surgical; With Omentopexy (Omental Tacking Procedure) (List Se	12.70	1						AS
49329	Unlisted Laparoscopy Procedure, Abdomen, Peritoneum And Omentum		1	0				Υ	AS
49425	Insertion Of Peritoneal-Venous Shunt	51.18	1	90					AS
49435	Insertion Of Subcutaneous Extension To Intraperitoneal Cannula Or Catheter	8.04	1						AS
49436	Delayed Creation Of Exit Site From Embedded Subcutaneous Segment Of Intrape	12.83	1	10					AS
49491	Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestati	53.86	1	90					AS
49492	Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestati	63.14	1	90					AS
49495	Repair, Initial Inguinal Hernia, Full Term Infant Under Age 6 Months, Or Pr	26.79	1	90					AS
49496	Repair Initial Inguinal Hernia, Under Age 6 Months, With Or Without Hydroce	38.82	1	90					AS
49500	Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or With	25.42	1	90					AS
49501	Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or With	41.14	1	90					AS
49505	Repair Initial Inguinal Hernia, Age 5 Years Or Over; Reducible	35.41	1	90					AS
49507	Repair Initial Inguinal Hernia, Age 5 Years Or Over; Incarcerated Or Strang	39.81	1	90					AS
49520	Repair Recurrent Inguinal Hernia, Any Age; Reducible	42.88	1	90					AS

January 1, 2015 64/91

						Hyster-				
Code	Spec Description		Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
49521	Repair Recurrent Inguinal Hernia, Any Age; Incarcerated Or Strangulate	ed	48.54	1	90					AS
49525	Repair Inguinal Hernia, Sliding, Any Age		38.89	1	90					AS
49540	Repair Lumbar Hernia		45.86	1	90					AS
49550	Repair Initial Femoral Hernia, Any Age, Reducible;		39.14	1	90					AS
49553	Repair Initial Femoral Hernia, Any Age; Incarcerated Or Strangulated		42.86	1	90					AS
49555	Repair Recurrent Femoral Hernia; Reducible		40.52	1	90					AS
49557	Repair Recurrent Femoral Hernia; Incarcerated Or Strangulated		48.98	1	90					AS
49560	Repair Initial Incisional Or Ventral Hernia; Reducible		49.96	1	90					AS
49561	Repair Initial Incisional Hernia; Incarcerated Or Strangulated		62.95	1	90					AS
49565	Repair Recurrent Incisional Or Ventral Hernia; Reducible		52.07	1	90					AS
49566	Repair Recurrent Incisional Hernia; Incarcerated Or Strangulated		63.62	1	90					AS
49568	Implantation Of Mesh Or Other Prosthesis For Incisional Or Ventral Her	nia R	17.97	1						AS
49570	Repair Epigastric Hernia (Eg, Preperitoneal Fat); Reducible (Separate F	Proce	28.49	1	90					AS
49572	Repair Epigastric Hernia (Eg, Preperitoneal Fat); Incarcerated Or Strang	gula	35.11	1	90					AS
49580	Repair Umbilical Hernia, Under Age 5 Years; Reducible		22.85	1	90					AS
49582	Repair Umbilical Hernia, Under Age 5 Years; Incarcerated Or Strangula	ted	32.93	1	90					AS
49585	Repair Umbilical Hernia, Age 5 Years Or Over; Reducible		30.30	1	90					AS
49587	Repair Umbilical Hernia, Age 5 Years Or Over; Incarcerated Or Strangu	lated	32.43	1	90					AS
49590	Repair Spigelian Hernia		38.94	1	90					AS
49600	Repair Of Small Omphalocele, With Primary Closure		49.55	1	90					AS
49605	Repair Of Large Omphalocele Or Gastroschisis; With Or Without Prosth	esis	332.08	1	90					AS
49606	Repair Of Large Omphalocele Or Gastroschisis; With Removal Of Prosi	hesis, F	76.50	1	90					AS
49610	Repair Of Omphalocele (Gross Type Operation); First Stage		41.94	1	90					AS
49611	Repair Of Omphalocele (Gross Type Operation); Second Stage		34.95	1	90					AS
49650	Laparoscopy, Surgical; Repair Initial Inguinal Hernia		29.20	1	90					AS
49651	Laparoscopy, Surgical; Repair Recurrent Inguinal Hernia		38.00	1	90					AS
49652	Laparoscopy, Surgical, Repair, Ventral, Umbilical, Spigelian Or Epigasti When Performed); Reducible	ic Hernia (Includes Mesh Insertion,	46.66	1	90					AS
49653	Laparoscopy, Surgical, Repair, Ventral, Umbilical, Spigelian Or Epigasti When Performed); Incarcerated Or Strangulated	ic Hernia (Includes Mesh Insertion,	58.19	1	90					AS
49654	Laparoscopy, Surgical, Repair, Incisional Hernia (Includes Mesh Inserti	on, When Performed); Reducible	52.89	1	90					AS

January 1, 2015 65/91

					Hyster-				
Code Spec		Base Fee	UNOS		ectomy	zation	tion	-	_
49655	Laparoscopy, Surgical, Repair, Incisional Hernia (Includes Mesh Insertion, When Performed); Incarcerated Or	64.54	1	90					AS
49656	Strangulated Laparoscopy, Surgical, Repair, Recurrent Incisional Hernia (Includes Mesh Insertion, When Performed);	57.34	1	90					AS
49657	Laparoscopy, Surgical, Repair, Recurrent Incisional Hernia (Includes Mesh Insertion, When Performed);	82.27	1	90					AS
47037	Incarcerated Or Strangulated	02.27	'	70					73
49900	Suture, Secondary, Of Abdominal Wall For Evisceration Or Dehiscence	55.60	1	90					AS
49904	Omental Flap, Extra-Abdominal (Eg, For Reconstruction Of Sternal And Chest	99.05	1	90				Υ	AS
49905	Omental Flap, Intra-Abdominal (List Separately In Addition To Code For Prim	23.70	1						AS
49999	Unlisted Procedure, Abdomen, Peritoneum And Omentum		1	90				Υ	AS
50010	Renal Exploration, Not Necessitating Other Specific Procedures	49.34	1	90					AS
50045	Nephrotomy, With Exploration	61.67	1	90					AS
50060	Nephrolithotomy; Removal Of Calculus	75.33	1	90					AS
50065	Nephrolithotomy; Secondary Surgical Operation For Calculus	79.91	1	90					AS
50070	Nephrolithotomy; Complicated By Congenital Kidney Abnormality	78.38	1	90					AS
50075	Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis An	96.32	1	90					AS
50081	Percutaneous Nephrostolithotomy Or Pyelostolithotomy, With Or Without Dilat	84.50	1	90					AS
50100	Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure)	67.07	1	90					AS
50120	Pyelotomy; With Exploration	62.79	1	90					AS
50125	Pyelotomy; With Drainage, Pyelostomy	69.65	1	90					AS
50130	Pyelotomy; With Removal Of Calculus (Pyelolithotomy, Pelviolithotomy, Inclu	68.32	1	90					AS
50135	Pyelotomy; Complicated (Eg, Secondary Operation, Congenital Kidney Abnormal	74.18	1	90					AS
50205	Renal Biopsy; By Surgical Exposure Of Kidney	50.83	1	90					AS
50220	Nephrectomy, Including Partial Ureterectomy, Any Open Approach Including Ri	69.46	1	90					AS
50225	Nephrectomy, Including Partial Ureterectomy, Any Approach Including Rib Res	79.50	1	90					AS
50230	Nephrectomy, Including Partial Ureterectomy, Any Approach Including Rib Res	84.73	1	90					AS
50234	Nephrectomy With Total Ureterectomy And Bladder Cuff; Through Same Incision	86.03	1	90					AS
50236	Nephrectomy With Total Ureterectomy And Bladder Cuff; Through Separate Inci	96.94	1	90					AS
50240	Nephrectomy, Partial	87.61	1	90					AS
50250	Ablation, Open, One Or More Renal Mass Lesion(S), Cryosurgical, Including I	80.67	1	90					AS
50280	Excision Or Unroofing Of Cyst(S) Of Kidney	63.50	1	90					AS
50290	Excision Of Perinephric Cyst	59.47	1	90					AS

January 1, 2015 66/91

					Hyster-	Sterili-	Abor-		\neg
Code S	ec Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
50340	Recipient Nephrectomy (Separate Procedure)	64.72	1	90					AS
50360	Renal Allotransplantation, Implantation Of Graft; Without Recipient Nephrec	174.33	1	90					AS
50365	Renal Allotransplantation, Implantation Of Graft; With Recipient Nephrectom	193.65	1	90					AS
50370	Removal Of Transplanted Renal Allograft	81.43	1	90					AS
50380	Renal Autotransplantation, Reimplantation Of Kidney	136.43	1	90					AS
50400	Pyeloplasty (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With	76.64	1	90					AS
50405	Pyeloplasty (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With	92.24	1	90					AS
50500	Nephrorrhaphy, Suture Of Kidney Wound Or Injury	85.48	1	90					AS
50520	Closure Of Nephrocutaneous Or Pyelocutaneous Fistula	68.55	1	90					AS
50525	Closure Of Nephrovisceral Fistula (Eg, Renocolic), Including Visceral Repai	99.23	1	90					AS
50526	Closure Of Nephrovisceral Fistula (Eg, Renocolic), Including Visceral Repai	95.96	1	90					AS
50540	Symphysiotomy For Horseshoe Kidney With Or Without Pyeloplasty And/Or Other	75.86	1	90					AS
50541	Laparoscopy, Surgical; Ablation Of Renal Cysts	60.89	1	90					AS
50542	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S)	77.19	1	90					AS
50543	Laparoscopy, Surgical; Partial Nephrectomy	98.55	1	90					AS
50544	Laparoscopy, Surgical; Pyeloplasty	82.41	1	90					AS
50545	Laparoscopy, Surgical; Radical Nephrectomy (Includes Removal Of Gerota±S Fa	88.74	1	90					AS
50546	Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy	79.64	1	90					AS
50548	Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy	89.01	1	90					AS
50562	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or With	38.46	1	90					AS
50592	Ablation, One Or More Renal Tumor(S), Percutaneous, Unilateral, Radiofreque	31.02	1	10					AS
50600	Ureterotomy With Exploration Or Drainage (Separate Procedure)	62.08	1	90					AS
50605	Ureterotomy For Insertion Of Indwelling Stent, All Types	65.59	1	90					AS
50610	Ureterolithotomy; Upper One-Third Of Ureter	62.52	1	90					AS
50620	Ureterolithotomy; Middle One-Third Of Ureter	59.82	1	90					AS
50630	Ureterolithotomy; Lower One-Third Of Ureter	59.08	1	90					AS
50650	Ureterectomy, With Bladder Cuff (Separate Procedure)	68.62	1	90					AS
50660	Ureterectomy, Total, Ectopic Ureter, Combination Abdominal, Vaginal And/Or	75.61	1	90					AS
50700	Ureteroplasty, Plastic Operation On Ureter (Eg, Stricture)	61.26	1	90					AS
50715	Ureterolysis, With Or Without Repositioning Of Ureter For Retroperitoneal F	80.53	1	90					AS

January 1, 2015 67/91

					Hyster-				
Code Spec		Base Fee	UNOS		ectomy	zation	tion	PA	_
50722	Ureterolysis For Ovarian Vein Syndrome	71.37	1	90					AS
50725	Ureterolysis For Retrocaval Ureter, With Reanastomosis Of Upper Urinary Tra	72.88	1	90					AS
50727	Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy);	33.69	1	90					AS
50728	Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy); With Repair	46.29	1	90					AS
50740	Ureteropyelostomy, Anastomosis Of Ureter And Renal Pelvis	82.76	1	90					AS
50750	Ureterocalycostomy, Anastomosis Of Ureter To Renal Calyx	76.25	1	90					AS
50760	Ureteroureterostomy	75.33	1	90					AS
50770	Transureteroureterostomy, Anastomosis Of Ureter To Contralateral Ureter	76.25	1	90					AS
50780	Ureteroneocystostomy; Anastomosis Of Single Ureter To Bladder	73.54	1	90					AS
50782	Ureteroneocystostomy; Anastomosis Of Duplicated Ureter To Bladder	81.20	1	90					AS
50783	Ureteroneocystostomy; With Extensive Ureteral Tailoring	74.55	1	90					AS
50785	Ureteroneocystostomy; With Vesico-Psoas Hitch Or Bladder Flap	80.10	1	90					AS
50800	Ureteroenterostomy, Direct Anastomosis Of Ureter To Intestine	61.65	1	90					AS
50810	Ureterosigmoidostomy, With Creation Of Sigmoid Bladder And Establishment Of	88.67	1	90					AS
50815	Ureterocolon Conduit, Including Intestine Anastomosis	80.88	1	90					AS
50820	Ureteroileal Conduit (Ileal Bladder), Including Intestine Anastomosis (Bric	87.45	1	90					AS
50825	Continent Diversion, Including Intestine Anastomosis Using Any Segment Of S	109.84	1	90					AS
50830	Urinary Undiversion (Eg, Taking Down Of Ureteroileal Conduit, Ureterosigmoi	119.08	1	90					AS
50840	Replacement Of All Or Part Of Ureter By Intestine Segment, Including Intest	81.34	1	90					AS
50845	Cutaneous Appendico-Vesicostomy	82.96	1	90					AS
50860	Ureterostomy, Transplantation Of Ureter To Skin	62.54	1	90					AS
50900	Ureterorrhaphy, Suture Of Ureter (Separate Procedure)	56.40	1	90					AS
50920	Closure Of Ureterocutaneous Fistula	58.35	1	90					AS
50930	Closure Of Ureterovisceral Fistula (Including Visceral Repair)	78.24	1	90					AS
50940	Deligation Of Ureter	58.76	1	90					AS
50945	Laparoscopy, Surgical, Ureterolithotomy	64.35	1	90					AS
50947	Laparoscopy, Surgical; Ureteroneocystostomy With Cystoscopy And Ureteral St	91.58	1	90					AS
50948	Laparoscopy, Surgical; Ureteroneocystostomy Without Cystoscopy And Ureteral	84.25	1	90					AS
50949	Unlisted Laparoscopy Procedure, Ureter		1	90				Υ	AS
51020	Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive M	31.24	1	90					AS

January 1, 2015 68/91

					Hyster-	Sterili-	Abor-		\neg
Code S	ec Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
51040	Cystostomy, Cystotomy With Drainage	19.30	1	90					AS
51045	Cystotomy, With Insertion Of Ureteral Catheter Or Stent (Separate Procedure	32.86	1	90					AS
51050	Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Re	31.37	1	90					AS
51060	Transvesical Ureterolithotomy	38.59	1	90					AS
51080	Drainage Of Perivesical Or Prevesical Space Abscess	27.18	1	90					AS
51500	Excision Of Urachal Cyst Or Sinus, With Or Without Umbilical Hernia Repair	42.21	1	90					AS
51520	Cystotomy; For Simple Excision Of Vesical Neck (Separate Procedure)	39.42	1	90					AS
51525	Cystotomy; For Excision Of Bladder Diverticulum, Single Or Multiple (Separa	57.00	1	90					AS
51530	Cystotomy; For Excision Of Bladder Tumor	52.64	1	90					AS
51535	Cystotomy For Excision, Incision, Or Repair Of Ureterocele	51.56	1	90					AS
51550	Cystectomy, Partial; Simple	64.42	1	90					AS
51555	Cystectomy, Partial; Complicated (Eg, Postradiation, Previous Surgery, Diff	84.36	1	90					AS
51565	Cystectomy, Partial, With Reimplantation Of Ureter(S) Into Bladder (Uretero	85.87	1	90					AS
51570	Cystectomy, Complete; (Separate Procedure)	97.84	1	90					AS
51575	Cystectomy, Complete; With Bilateral Pelvic Lymphadenectomy, Including Exte	120.25	1	90					AS
51580	Cystectomy, Complete, With Ureterosigmoidostomy Or Ureterocutaneous Transpl	125.27	1	90					AS
51585	Cystectomy, Complete, With Ureterosigmoidostomy Or Ureterocutaneous Transpl	139.43	1	90					AS
51590	Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Includi	127.74	1	90					AS
51595	Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Includi	144.70	1	90					AS
51596	Cystectomy, Complete, With Continent Diversion, Any Open Technique, Using A	155.47	1	90					AS
51597	Pelvic Exenteration, Complete, For Vesical, Prostatic Or Urethral Malignanc	151.76	1	90					AS
51800	Cystoplasty Or Cystourethroplasty, Plastic Operation On Bladder And/Or Vesi	69.21	1	90					AS
51820	Cystourethroplasty With Unilateral Or Bilateral Ureteroneocystostomy	71.66	1	90					AS
51840	Anterior Vesicourethropexy, Or Urethropexy (Eg, Marshall-Marchetti-Krantz,	44.53	1	90					AS
51841	Anterior Vesicourethropexy, Or Urethropexy (Marshall-Marchetti-Krantz Type)	52.92	1	90					AS
51845	Abdomino-Vaginal Vesical Neck Suspension, With Or Without Endoscopic Contro	39.28	1	90					AS
51860	Cystorrhaphy, Suture Of Bladder Wound, Injury Or Rupture; Simple	50.17	1	90					AS
51865	Cystorrhaphy, Suture Of Bladder Wound, Injury Or Rupture; Complicated	59.86	1	90					AS
51880	Closure Of Cystostomy (Separate Procedure)	31.35	1	90					AS
51900	Closure Of Vesicovaginal Fistula, Abdominal Approach	55.14	1	90					AS

January 1, 2015 69/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
51920	Closure Of Vesicouterine Fistula;	54.84	1	90					AS
51925	Closure Of Vesicouterine Fistula; With Hysterectomy	71.00	1	90	Υ				AS
51940	Closure, Exstrophy Of Bladder	108.72	1	90					AS
51960	Enterocystoplasty, Including Intestinal Anastomosis	92.22	1	90					AS
51980	Cutaneous Vesicostomy	47.23	1	90					AS
51990	Laparoscopy, Surgical; Urethral Suspension For Stress Incontinence	51.01	1	90					AS
51992	Laparoscopy, Surgical; Sling Operation For Stress Incontinence (Eg, Fascia	57.94	1	90					AS
53085	Drainage Of Perineal Urinary Extravasation; Complicated	43.91	1	90					AS
53210	Urethrectomy, Total, Including Cystostomy; Female	51.50	1	90					AS
53215	Urethrectomy, Total, Including Cystostomy; Male	61.35	1	90					AS
53230	Excision Of Urethral Diverticulum (Separate Procedure); Female	40.59	1	90					AS
53235	Excision Of Urethral Diverticulum (Separate Procedure); Male	41.94	1	90					AS
53400	Urethroplasty; First Stage, For Fistula, Diverticulum, Or Stricture (Eg, Jo	53.37	1	90					AS
53405	Urethroplasty; Second Stage (Formation Of Urethra), Including Urinary Diver	57.82	1	90					AS
53410	Urethroplasty, One-Stage Reconstruction Of Male Anterior Urethra	64.88	1	90					AS
53415	Urethroplasty, Transpubic Or Perineal, One Stage, For Reconstruction Or Rep	74.80	1	90					AS
53425	Urethroplasty, Two-Stage Reconstruction Or Repair Of Prostatic Or Membranou	61.95	1	90					AS
53430	Urethroplasty, Reconstruction Of Female Urethra	64.47	1	90					AS
53431	Urethroplasty With Tubularization Of Posterior Urethra And/Or Lower Bladder	76.29	1	90					AS
53440	Sling Operation For Correction Of Male Urinary Incontinence (Eg, Fascia Or	52.77	1	90					AS
53442	Removal Or Revision Of Sling For Male Urinary Incontinence (Eg, Fascia Or S	51.93	1	90					AS
53444	Insertion Of Tandem Cuff (Dual Cuff)	52.53	1	90					AS
53445	Insertion Of Inflatable Urethral/Bladder Neck Sphincter, Including Placemen	52.42	1	90					AS
53446	Removal Of Inflatable Urethral/Bladder Neck Sphincter, Including Pump, Rese	42.65	1	90					AS
53447	Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Inclu	53.58	1	90					AS
53448	Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Inclu	84.66	1	90					AS
53500	Urethrolysis, Transvaginal, Secondary, Open, Including Cystourethroscopy (E	50.12	1	90					AS
53505	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Penile	32.27	1	90					AS
53510	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal	41.85	1	90					AS
53515	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Prostatomembranous	52.64	1	90					AS

January 1, 2015 70/91

					Hyster-	Sterili-	Abor-		\neg
Code Sp	ec Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
54110	Excision Of Penile Plaque (Peyronie Disease);	41.39	1	90					AS
54111	Excision Of Penile Plaque (Peyronie Disease); With Graft To 5 Cm In Length	52.99	1	90					AS
54112	Excision Of Penile Plaque (Peyronie Disease); With Graft Greater Than 5 Cm	62.01	1	90					AS
54115	Removal Foreign Body From Deep Penile Tissue (Eg, Plastic Implant)	30.07	1	90					AS
54120	Amputation Of Penis; Partial	41.92	1	90					AS
54125	Amputation Of Penis; Complete	53.88	1	90					AS
54130	Amputation Of Penis, Radical; With Bilateral Inguinofemoral Lymphadenectomy	78.93	1	90					AS
54135	Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphaden	99.92	1	90					AS
54205	Injection Procedure For Peyronie Disease; With Surgical Exposure Of Plaque	35.34	1	90					AS
54300	Plastic Operation Of Penis For Straightening Of Chordee (Eg, Hypospadias),	42.51	1	90					AS
54304	Plastic Operation On Penis For Correction Of Chordee Or For First Stage Hyp	49.66	1	90					AS
54308	Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Divers	47.39	1	90					AS
54312	Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Divers	54.20	1	90					AS
54316	Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Divers	66.03	1	90					AS
54318	Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scro	46.36	1	90					AS
54322	One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	51.70	1	90					AS
54324	One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	64.08	1	90					AS
54326	One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	62.61	1	90					AS
54328	One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	62.18	1	90					AS
54332	One Stage Proximal Penile Or Penoscrotal Hypospadias Repair Requiring Exten	67.10	1	90					AS
54336	One Stage Perineal Hypospadias Repair Requiring Extensive Dissection To Cor	82.16	1	90					AS
54340	Repair Of Hypospadias Complications (le, Fistula, Stricture, Diverticula);	37.81	1	90					AS
54344	Repair Of Hypospadias Complications (le, Fistula, Stricture, Diverticula);	62.75	1	90					AS
54348	Repair Of Hypospadias Complications (le, Fistula, Stricture, Diverticula);	66.00	1	90					AS
54352	Repair Of Hypospadias Cripple Requiring Extensive Dissection And Excision O	93.71	1	90					AS
54360	Plastic Operation On Penis To Correct Angulation	47.76	1	90					AS
54380	Plastic Operation On Penis For Epispadias Distal To External Sphincter;	60.85	1	90					AS
54385	Plastic Operation On Penis For Epispadias Distal To External Sphincter; Wit	66.09	1	90					AS
54390	Plastic Operation On Penis For Epispadias Distal To External Sphincter; Wit	85.60	1	90					AS
54406	Removal Of All Components Of A Multi-Component, Inflatable Penile Prosthesi	48.38	1	90					AS

January 1, 2015 71/91

					Hyster-	Sterili-	Abor-		\neg
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PΑ	AS
54415	Removal Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penil	35.11	1	90					AS
54420	Corpora Cavernosa-Saphenous Vein Shunt (Priapism Operation), Unilateral Or	46.73	1	90					AS
54430	Corpora Cavernosa-Corpus Spongiosum Shunt (Priapism Operation), Unilateral	42.49	1	90					AS
54440	Plastic Operation Of Penis For Injury	17.70	1	90					AS
54512	Excision Of Extraparenchymal Lesion Of Testis	35.80	1	90					AS
54522	Orchiectomy, Partial	40.13	1	90					AS
54530	Orchiectomy, Radical, For Tumor; Inguinal Approach	33.67	1	90					AS
54535	Orchiectomy, Radical, For Tumor; With Abdominal Exploration	49.30	1	90					AS
54550	Exploration For Undescended Testis (Inguinal Or Scrotal Area)	32.68	1	90					AS
54560	Exploration For Undescended Testis With Abdominal Exploration	45.51	1	90					AS
54650	Orchiopexy, Abdominal Approach, For Intra-Abdominal Testis (Eg, Fowler-Step	47.21	1	90					AS
54680	Transplantation Of Testis(Es) To Thigh (Because Of Scrotal Destruction)	52.14	1	90					AS
54690	Laparoscopy, Surgical; Orchiectomy	50.12	1	90					AS
55150	Resection Of Scrotum	32.79	1	90					AS
55520	Excision Of Lesion Of Spermatic Cord (Separate Procedure)	30.92	1	90					AS
55535	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; Abdom	28.60	1	90					AS
55540	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; With	36.65	1	90					AS
55550	Laparoscopy, Surgical, With Ligation Of Spermatic Veins For Varicocele	28.46	1	90					AS
55559	Unlisted Laparoscopy Procedure, Spermatic Cord		1	0				Υ	AS
55650	Vesiculectomy, Any Approach	47.62	1	90					AS
55720	Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Simple	29.98	1	90					AS
55725	Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Complic	39.42	1	90					AS
55801	Prostatectomy, Perineal, Subtotal (Including Control Of Postoperative Bleed	72.37	1	90					AS
55810	Prostatectomy, Perineal Radical;	87.20	1	90					AS
55812	Prostatectomy, Perineal Radical; With Lymph Node Biopsy(S) (Limited Pelvic	106.38	1	90					AS
55815	Prostatectomy, Perineal Radical; With Bilateral Pelvic Lymphadenectomy, Inc	116.51	1	90					AS
55821	Prostatectomy (Including Control Of Postoperative Bleeding, Vasectomy, Meat	57.87	1	90					AS
55831	Prostatectomy (Including Control Of Postoperative Bleeding, Vasectomy, Meat	62.54	1	90					AS
55840	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing;	88.46	1	90					AS
55842	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing; With Lymp	94.74	1	90					AS

January 1, 2015 72/91

					Hyster-	Sterili-	Abor-		
Code Sp	ec Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
55845	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing; With Bila	108.08	1	90					AS
55862	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;	72.53	1	90					AS
55865	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;	88.21	1	90					AS
55866	Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sp	114.86	1	90					AS
56620	Vulvectomy Simple; Partial	34.95	1	90					AS
56625	Vulvectomy Simple; Complete	41.76	1	90					AS
56630	Vulvectomy, Radical, Partial;	61.33	1	90					AS
56631	Vulvectomy, Radical, Partial; With Unilateral Inguinofemoral Lymphadenectom	77.78	1	90					AS
56632	Vulvectomy, Radical, Partial; With Bilateral Inguinofemoral Lymphadenectomy	90.71	1	90					AS
56633	Vulvectomy, Radical, Complete;	79.69	1	90					AS
56634	Vulvectomy, Radical, Complete; With Unilateral Inguinofemoral Lymphadenecto	84.68	1	90					AS
56637	Vulvectomy, Radical, Complete; With Bilateral Inguinofemoral Lymphadenectom	98.64	1	90					AS
56640	Vulvectomy, Radical, Complete, With Inguinofemoral, Iliac, And Pelvic Lymph	96.23	1	90					AS
56700	Partial Hymenectomy Or Revision Of Hymenal Ring	12.90	1	10					AS
56800	Plastic Repair Of Introitus	16.45	1	10				Υ	AS
56805	Clitoroplasty For Intersex State	78.65	1	90				Υ	AS
56810	Perineoplasty, Repair Of Perineum, Non-Obstetrical (Separate Procedure)	17.78	1	10					AS
57106	Vaginectomy, Partial Removal Of Vaginal Wall;	33.25	1	90					AS
57107	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal T	96.53	1	90					AS
57109	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal T	113.03	1	90					AS
57110	Vaginectomy, Complete Removal Of Vaginal Wall;	61.51	1	90					AS
57111	Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal	110.05	1	90					AS
57112	Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal	111.54	1	90					AS
57120	Colpocleisis (Le Fort Type)	35.02	1	90					AS
57130	Excision Of Vaginal Septum	12.22	1	10					AS
57200	Colporrhaphy, Suture Of Injury Of Vagina (Nonobstetrical)	20.56	1	90					AS
57210	Colpoperineorrhaphy, Suture Of Injury Of Vagina And/Or Perineum (Nonobstetr	25.12	1	90					AS
57220	Plastic Operation On Urethral Sphincter, Vaginal Approach (Eg, Kelly Urethr	22.00	1	90					AS
57230	Plastic Repair Of Urethrocele	27.20	1	90					AS
57240	Anterior Colporrhaphy, Repair Of Cystocele With Or Without Repair Of Urethr	45.38	1	90					AS

January 1, 2015 73/91

						Hyster-	Sterili-	Abor-		
Code S	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
57250		Posterior Colporrhaphy, Repair Of Rectocele With Or Without Perineorrhaphy	46.32	1	90					AS
57260		Combined Anteroposterior Colporrhaphy;	56.97	1	90					AS
57265		Combined Anteroposterior Colporrhaphy; With Enterocele Repair	62.38	1	90					AS
57267		Insertion Of Mesh Or Other Prosthesis For Repair Of Pelvic Floor Defect, Ea	17.37	1						AS
57268		Repair Of Enterocele, Vaginal Approach (Separate Procedure)	33.12	1	90					AS
57270		Repair Of Enterocele, Abdominal Approach (Separate Procedure)	54.70	1	90					AS
57280		Colpopexy, Abdominal Approach	64.97	1	90					AS
57282		Colpopexy, Vaginal; Extra-Peritoneal Approach (Sacrospinous, Iliococcygeus)	34.24	1	90					AS
57283		Colpopexy, Vaginal; Intra-Peritoneal Approach (Uterosacral, Levator Myorrha	47.23	1	90					AS
57284		Paravaginal Defect Repair (Including Repair Of Cystocele, Stress Urinary In	55.46	1	90					AS
57285		Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed); Va	45.93	1	90					AS
57287		Removal Or Revision Of Sling For Stress Incontinence (Eg, Fascia Or Synthet	45.93	1	90					AS
57288		Sling Operation For Stress Incontinence (Eg, Fascia Or Synthetic)	48.13	1	90					AS
57289		Pereyra Procedure, Including Anterior Colporrhaphy	48.29	1	90					AS
57291		Construction Of Artificial Vagina; Without Graft	36.51	1	90				Υ	AS
57292		Construction Of Artificial Vagina; With Graft	56.06	1	90				Υ	AS
57295		Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach	32.61	1	90					AS
57296		Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal Ap	65.13	1	90					AS
57300		Closure Of Rectovaginal Fistula; Vaginal Or Transanal Approach	38.32	1	90					AS
57305		Closure Of Rectovaginal Fistula; Abdominal Approach	63.64	1	90					AS
57307		Closure Of Rectovaginal Fistula; Abdominal Approach, With Concomitant Colos	72.60	1	90					AS
57308		Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body	44.02	1	90					AS
57310		Closure Of Urethrovaginal Fistula;	30.57	1	90					AS
57311		Closure Of Urethrovaginal Fistula; With Bulbocavernosus Transplant	34.77	1	90					AS
57320		Closure Of Vesicovaginal Fistula; Vaginal Approach	35.57	1	90					AS
57330		Closure Of Vesicovaginal Fistula; Transvesical And Vaginal Approach	48.93	1	90					AS
57335		Vaginoplasty For Intersex State	79.43	1	90					AS
57423		Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed), La	62.82	1	90					AS
57425		Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex)	66.21	1	90					AS
57530		Trachelectomy (Cervicectomy), Amputation Of Cervix (Separate Procedure)	23.70	1	90					AS

January 1, 2015 74/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
57531	Radical Trachelectomy, With Bilateral Total Pelvic Lymphadenectomy And Para	119.35	1	90					AS
57540	Excision Of Cervical Stump, Abdominal Approach;	53.49	1	90					AS
57545	Excision Of Cervical Stump, Abdominal Approach; With Pelvic Floor Repair	56.40	1	90					AS
57550	Excision Of Cervical Stump, Vaginal Approach;	28.10	1	90					AS
57555	Excision Of Cervical Stump, Vaginal Approach; With Anterior And/Or Posterio	41.30	1	90					AS
57556	Excision Of Cervical Stump, Vaginal Approach; With Repair Of Enterocele	38.73	1	90					AS
57720	Trachelorrhaphy, Plastic Repair Of Uterine Cervix, Vaginal Approach	21.18	1	90					AS
58140	Myomectomy, Excision Of Fibroid Tumor(S) Of Uterus, 1 To 4 Intramural Myoma	63.05	1	90					AS
58145	Myomectomy, Excision Of Fibroid Tumor Of Uterus, Single Or Multiple (Separa	37.38	1	90					AS
58150	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal O	68.50	1	90	Υ				AS
58152	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal O	85.41	1	90	Υ				AS
58180	Supracervical Abdominal Hysterectomy (Subtotal Hysterectomy), With Or Witho	65.68	1	90	Υ				AS
58200	Total Abdominal Hysterectomy, Including Partial Vaginectomy, With Para-Aort	90.59	1	90	Υ				AS
58210	Radical Abdominal Hysterectomy, With Bilateral Total Pelvic Lymphadenectomy	121.40	1	90	Υ				AS
58240	Pelvic Exenteration For Gynecologic Malignancy, With Total Abdominal Hyster	193.01	1	90	Υ				AS
58260	Vaginal Hysterectomy, For Uterus 250 Grams Or Less;	56.74	1	90	Υ				AS
58262	Vaginal Hysterectomy; With Removal Of Tube(S), And/Or Ovary(S)	63.25	1	90	Υ				AS
58263	Vaginal Hysterectomy; With Removal Of Tube(S), And/Or Ovary(S), With Repair	67.91	1	90	Υ				AS
58267	Vaginal Hysterectomy; With Colpo-Urethrocystopexy (Marshall-Marchetti-Krant	72.33	1	90	Υ				AS
58270	Vaginal Hysterectomy; With Repair Of Enterocele	60.41	1	90	Υ				AS
58275	Vaginal Hysterectomy, With Total Or Partial Vaginectomy;	67.51	1	90	Υ				AS
58280	Vaginal Hysterectomy, With Total Or Partial Colpectomy; With Repair Of Ente	72.28	1	90	Υ				AS
58285	Vaginal Hysterectomy, Radical (Schauta Type Operation)	89.81	1	90	Υ				AS
58290	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams;	78.56	1	90	Υ				AS
58291	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Removal Of Tu	85.46	1	90	Υ				AS
58292	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Removal Of Tu	90.09	1	90	Υ				AS
58293	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Colpo-Urethro	93.71	1	90	Υ				AS
58294	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Repair Of Ent	83.58	1	90	Υ				AS
58353	Endometrial Ablation, Thermal, Without Hysteroscopic Guidance	17.36	1	10				Υ	AS
58356	Endometrial Cryoablation With Ultrasonic Guidance, Including Endometrial Cu	27.46	1	10					AS

January 1, 2015 75/91

					Hyster-				\Box
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
58520	Hysterorrhaphy, Repair Of Ruptured Uterus (Nonobstetrical)	55.46	1	90					AS
58540	Hysteroplasty, Repair Of Uterine Anomaly (Strassman Type)	62.36	1	90					AS
58541	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G Or Less	59.31	1	90	Υ				AS
58542	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G Or Less	66.26	1	90	Υ				AS
58543	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than	67.31	1	90	Υ				AS
58544	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than	72.90	1	90	Υ				AS
58545	Laparoscopy, Surgical, Myomectomy, Excision; 1 To 4 Intramural Myomas With	61.40	1	90					AS
58546	Laparoscopy, Surgical, Myomectomy, Excision; 5 Or More Intramural Myomas An	77.23	1	90					AS
58548	Laparoscopy, Surgical, With Radical Hysterectomy, With Bilateral Total Pelv	124.74	1	90	Υ				AS
58550	Laparoscopy Surgical, With Vaginal Hysterectomy, For Uterus 250 Grams Or Le	60.57	1	90	Υ				AS
58552	Laparoscopy Surgical, With Vaginal Hysterectomy, For Uterus 250 Grams Or Le	67.31	1	90	Υ				AS
58553	Laparoscopy, Surgical, With Vaginal Hysterectomy, For Uterus Greater Than 2	77.81	1	90	Υ				AS
58554	Laparoscopy, Surgical, With Vaginal Hysterectomy, For Uterus Greater Than 2	90.25	1	90	Υ				AS
58560	Hysteroscopy, Surgical; With Division Or Resection Of Intrauterine Septum (26.49	1	0	Υ				AS
58570	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less;	63.78	1	90	Υ				AS
58571	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less; W	71.16	1	90	Υ				AS
58572	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250	79.34	1	90	Υ				AS
58573	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250	91.05	1	90	Υ				AS
58578	Unlisted Laparoscopy Procedure, Uterus		1	0				Υ	AS
58579	Unlisted Hysteroscopy Procedure, Uterus		1	0				Υ	AS
58600	Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach	25.09	1	90		Υ			AS
58605	Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach	22.64	1	90		Υ			AS
58611	Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesar	5.29	1			Υ			AS
58615	Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vagi	16.78	1	10		Υ			AS
58660	Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis)	46.11	1	90					AS
58661	Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total	44.07	1	10		Υ			AS
58662	Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary	48.36	1	90					AS
58672	Laparoscopy, Surgical; With Fimbrioplasty	50.44	1	90					AS
58673	Laparoscopy, Surgical; With Salpingostomy (Salpingoneostomy)	54.80	1	90					AS
58679	Unlisted Laparoscopy Procedure, Oviduct, Ovary		1	0				Υ	AS

January 1, 2015 76/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
58700	Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Proce	53.35	1	90		Υ			AS
58720	Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separa	49.71	1	90					AS
58740	Lysis Of Adhesions (Salpingolysis, Ovariolysis)	60.23	1	90					AS
58770	Salpingostomy (Salpingoneostomy)	58.46	1	90					AS
58805	Drainage Of Ovarian Cyst(S), Unilateral Or Bilateral, (Separate Procedure);	27.73	1	90					AS
58820	Drainage Of Ovarian Abscess; Vaginal Approach, Open	21.52	1	90					AS
58822	Drainage Of Ovarian Abscess; Abdominal Approach	51.11	1	90					AS
58825	Transposition, Ovary(S)	47.67	1	90				Υ	AS
58900	Biopsy Of Ovary, Unilateral Or Bilateral (Separate Procedure)	29.13	1	90					AS
58920	Wedge Resection Or Bisection Of Ovary, Unilateral Or Bilateral	48.04	1	90					AS
58925	Ovarian Cystectomy, Unilateral Or Bilateral	50.83	1	90					AS
58940	Oophorectomy, Partial Or Total, Unilateral Or Bilateral;	35.75	1	90					AS
58943	Oophorectomy, Partial Or Total, Unilateral Or Bilateral; For Ovarian, Tubal	77.87	1	90					AS
58950	Resection (Initial) Of Ovarian, Tubal Or Primary Peritoneal Malignancy With	74.71	1	90					AS
58951	Resection Of Ovarian Malignancy With Bilateral Salpingo-Oophorectomy And Om	95.77	1	90		Υ			AS
58952	Resection Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral	108.15	1	90	Υ				AS
58953	Bilateral Salpingo-Oophorectomy With Omentectomy, Total Abdominal Hysterect	133.82	1	90	Υ				AS
58954	Bilateral Salpingo-Oophorectomy With Omentectomy, Total Abdominal Hysterect	144.98	1	90	Υ				AS
58956	Bilateral Salpingo-Oophorectomy With Total Omentectomy, Total Abdominal Hys	91.35	1	90	Υ				AS
58957	Resection (Tumor Debulking) Of Recurrent Ovarian, Tubal, Primary Peritoneal	104.83	1	90					AS
58958	Resection (Tumor Debulking) Of Recurrent Ovarian, Tubal, Primary Peritoneal	114.96	1	90					AS
58960	Laparotomy, For Staging Or Restaging Of Ovarian, Tubal Or Primary Peritonea	64.19	1	90					AS
58999	Unlisted Procedure, Female Genital System (Nonobstetrical)		1	90				Υ	AS
59100	Hysterotomy, Abdominal (Eg, For Hydatidiform Mole, Abortion)	57.78	1	90			Υ		AS
59120	Surgical Treatment Of Ectopic Pregnancy; Tubal Or Ovarian, Requiring Salpin	54.96	1	90					AS
59121	Surgical Treatment Of Ectopic Pregnancy; Tubal Or Ovarian, Without Salpinge	54.98	1	90					AS
59136	Surgical Treatment Of Ectopic Pregnancy; Interstitial, Uterine Pregnancy Wi	63.16	1	90					AS
59140	Surgical Treatment Of Ectopic Pregnancy; Cervical, With Evacuation	24.80	1	90					AS
59150	Laparoscopic Treatment Of Ectopic Pregnancy; Without Salpingectomy And/Or O	53.21	1	90					AS
59151	Laparoscopic Treatment Of Ectopic Pregnancy; With Salpingectomy And/Or Ooph	51.70	1	90					AS

January 1, 2015 77/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
59350	Hysterorrhaphy Of Ruptured Uterus	19.41	1	0					AS
59515	Cesarean Delivery Only; Including Postpartum Care	106.50	1	45					AS
59525	Subtotal Or Total Hysterectomy After Cesarean Delivery (List Separately In	40.27	1		Υ				AS
59622	Cesarean Delivery Only, Following Attempted Vaginal Delivery After Previous	106.50	1	45					AS
59866	Multifetal Pregnancy Reduction(S) (Mpr)	14.58	1	0			Υ	Υ	AS
59870	Uterine Evacuation And Curettage For Hydatidiform Mole	32.75	1	90					AS
59899	Unlisted Procedure, Maternity Care And Delivery		1	0				Υ	AS
60200	Excision Of Cyst Or Adenoma Of Thyroid, Or Transection Of Isthmus	45.22	1	90					AS
60210	Partial Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	48.38	1	90					AS
60212	Partial Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectom	68.78	1	90					AS
60220	Total Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	48.36	1	90					AS
60225	Total Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy,	63.60	1	90					AS
60240	Thyroidectomy, Total Or Complete	62.61	1	90					AS
60252	Thyroidectomy, Total Or Subtotal For Malignancy; With Limited Neck Dissecti	89.72	1	90					AS
60254	Thyroidectomy, Total Or Subtotal For Malignancy; With Radical Neck Dissecti	113.44	1	90					AS
60260	Thyroidectomy, Removal Of All Remaining Thyroid Tissue Following Previous R	74.32	1	90					AS
60270	Thyroidectomy, Including Substernal Thyroid; Sternal Split Or Transthoracic	93.25	1	90					AS
60271	Thyroidectomy, Including Substernal Thyroid Gland; Cervical Approach	71.87	1	90					AS
60280	Excision Of Thyroglossal Duct Cyst Or Sinus;	30.57	1	90					AS
60281	Excision Of Thyroglossal Duct Cyst Or Sinus; Recurrent	40.47	1	90					AS
60500	Parathyroidectomy Or Exploration Of Parathyroid(S);	65.73	1	90					AS
60502	Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration	87.55	1	90					AS
60505	Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Explor	95.11	1	90					AS
60512	Parathyroid Autotransplantation (List Separately In Addition To Code For Pr	16.39	1						AS
60520	Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure)	70.59	1	90					AS
60521	Thymectomy, Partial Or Total; Sternal Split Or Transthoracic Approach, With	76.98	1	90					AS
60522	Thymectomy, Partial Or Total; Sternal Split Or Transthoracic Approach, With	93.71	1	90					AS
60540	Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or	71.21	1	90					AS
60545	Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or	81.77	1	90					AS
60600	Excision Of Carotid Body Tumor; Without Excision Of Carotid Artery	94.60	1	90					AS

January 1, 2015 78/91

					Hyster-				
Code Spec	' '	Base Fee	UNOS		ectomy	zation	tion	PA	AS
60605	Excision Of Carotid Body Tumor; With Excision Of Carotid Artery	119.45	1	90					AS
60659	Unlisted Laparoscopy Procedure, Endocrine System		1	0				Υ	AS
60699	Unlisted Procedure, Endocrine System		1	90				Υ	AS
61140	Burr Hole(S) Or Trephine; With Biopsy Of Brain Or Intracranial Lesion	86.31	1	90					AS
61154	Burr Hole(S) With Evacuation And/Or Drainage Of Hematoma, Extradural Or Sub	86.95	1	90					AS
61156	Burr Hole(S); With Aspiration Of Hematoma Or Cyst, Intracerebral	84.77	1	90					AS
61250	Burr Hole(S) Or Trephine, Supratentorial, Exploratory, Not Followed By Othe	59.33	1	90					AS
61253	Burr Hole(S) Or Trephine, Infratentorial, Unilateral Or Bilateral	51.11	1	90					AS
61304	Craniectomy Or Craniotomy, Exploratory; Supratentorial	111.63	1	90					AS
61305	Craniectomy Or Craniotomy, Exploratory; Infratentorial (Posterior Fossa)	136.68	1	90					AS
61312	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Supratentorial; Extra	141.42	1	90					AS
61313	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Supratentorial; Intra	135.26	1	90					AS
61314	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Infratentorial; Extra	124.47	1	90					AS
61315	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Infratentorial; Intra	140.78	1	90					AS
61320	Craniectomy Or Craniotomy, Drainage Of Intracranial Abscess; Supratentorial	129.42	1	90					AS
61321	Craniectomy Or Craniotomy, Drainage Of Intracranial Abscess; Infratentorial	144.79	1	90					AS
61322	Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For T	161.59	1	90					AS
61330	Decompression Of Orbit Only, Transcranial Approach	120.79	1	90					AS
61332	Exploration Of Orbit (Transcranial Approach); With Biopsy	128.57	1	90					AS
61332	Exploration Of Orbit (Transcranial Approach); With Removal Of Lesion	142.59	1	90					AS
61340	Subtemporal Cranial Decompression (Pseudotumor Cerebri, Slit Ventricle Synd	98.55	1	90					AS
61343	Craniectomy, Suboccipital With Cervical Laminectomy For Decompression Of Me	149.45	1	90					AS
61345	Other Cranial Decompression, Posterior Fossa	138.68	1	90					AS
61450	Craniectomy, Subtemporal, For Section, Compression, Or Decompression Of Sen	130.68	1	90					AS
61458	Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerv	136.59	1	90					AS
61460	Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves	143.01	1	90					AS
61480	Craniectomy, Suboccipital; For Mesencephalic Tractotomy Or Pedunculotomy	113.24	1	90					AS
61500	Craniectomy; With Excision Of Tumor Or Other Bone Lesion Of Skull	90.87	1	90					AS
61501	Craniectomy; For Osteomyelitis	78.29	1	90					AS
61510	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Brain Tumo	148.97	1	90					AS

January 1, 2015 79/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
61512	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Meningioma	173.42	1	90					AS
61514	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Brain Absc	129.76	1	90					AS
61516	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Or Fenestrati	126.25	1	90					AS
61518	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	187.86	1	90					AS
61519	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	200.16	1	90					AS
61520	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	253.65	1	90					AS
61521	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	215.91	1	90					AS
61522	Craniectomy, Infratentorial Or Posterior Fossa; For Excision Of Brain Absce	148.57	1	90					AS
61524	Craniectomy, Infratentorial Or Posterior Fossa; For Excision Or Fenestratio	141.54	1	90					AS
61531	Subdural Implantation Of Strip Electrodes Through One Or More Burr Or Treph	83.54	1	90					AS
61533	Craniotomy With Elevation Of Bone Flap; For Subdural Implantation Of An Ele	103.93	1	90					AS
61534	Craniotomy With Elevation Of Bone Flap; For Excision Of Epileptogenic Focus	112.07	1	90					AS
61535	Craniotomy With Elevation Of Bone Flap; For Removal Of Epidural Or Subdural	68.43	1	90					AS
61536	Craniotomy With Elevation Of Bone Flap; For Excision Of Cerebral Epileptoge	175.02	1	90					AS
61537	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Temporal Lobe, Witho	167.37	1	90					AS
61538	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Temporal Lobe, With	180.98	1	90					AS
61539	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Other Than Temporal	160.29	1	90					AS
61540	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Other Than Temporal	148.32	1	90					AS
61541	Craniotomy With Elevation Of Bone Flap; For Transection Of Corpus Callosum	146.01	1	90					AS
61543	Craniotomy With Elevation Of Bone Flap; For Partial Or Subtotal (Functional	147.57	1	90					AS
61544	Craniotomy With Elevation Of Bone Flap; For Excision Or Coagulation Of Chor	116.40	1	90					AS
61545	Craniotomy With Elevation Of Bone Flap; For Excision Of Craniopharyngioma	216.16	1	90					AS
61546	Craniotomy For Hypophysectomy Or Excision Of Pituitary Tumor, Intracranial	156.67	1	90					AS
61548	Hypophysectomy Or Excision Of Pituitary Tumor, Transnasal Or Transseptal Ap	105.74	1	90					AS
61550	Craniectomy For Craniosynostosis; Single Cranial Suture	63.94	1	90					AS
61552	Craniectomy For Craniosynostosis; Multiple Cranial Sutures	79.02	1	90					AS
61556	Craniotomy For Craniosynostosis; Frontal Or Parietal Bone Flap	115.96	1	90					AS
61557	Craniotomy For Craniosynostosis; Bifrontal Bone Flap	114.57	1	90					AS
61558	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Clo	108.97	1	90					AS
61559	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Clo	124.15	1	90					AS

January 1, 2015 80/91

			Ī		Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
61563	Excision, Intra And Extracranial, Benign Tumor Of Cranial Bone (Eg, Fibrous	134.57	1	90					AS
61564	Excision, Intra And Extracranial, Benign Tumor Of Cranial Bone (Eg, Fibrous	147.97	1	90					AS
61566	Craniotomy With Elevation Of Bone Flap; For Selective Amygdalohippocampecto	152.68	1	90					AS
61567	Craniotomy With Elevation Of Bone Flap; For Multiple Subpial Transections,	174.13	1	90					AS
61570	Craniectomy Or Craniotomy; With Excision Of Foreign Body From Brain	127.03	1	90					AS
61571	Craniectomy Or Craniotomy; With Treatment Of Penetrating Wound Of Brain	135.19	1	90					AS
61575	Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biops	170.05	1	90					AS
61576	Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biops	233.94	1	90					AS
61580	Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Late	169.96	1	90					AS
61582	Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Unil	210.68	1	90					AS
61583	Craniofacial Approach To Anterior Cranial Fossa; Intradural, Including Unil	198.54	1	90					AS
61584	Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Sup	195.44	1	90					AS
61585	Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Sup	221.66	1	90					AS
61586	Bicoronal, Transzygomatic And/Or Lefort I Osteotomy Approach To Anterior Cr	162.81	1	90					AS
61590	Infratemporal Pre-Auricular Approach To Middle Cranial Fossa (Parapharyngea	208.87	1	90					AS
61591	Infratemporal Post-Auricular Approach To Middle Cranial Fossa (Internal Aud	211.71	1	90					AS
61592	Orbitocranial Zygomatic Approach To Middle Cranial Fossa (Cavernous Sinus A	217.26	1	90					AS
61595	Transtemporal Approach To Posterior Cranial Fossa, Jugular Foramen Or Midli	162.37	1	90					AS
61596	Transcochlear Approach To Posterior Cranial Fossa, Jugular Foramen Or Midli	167.87	1	90					AS
61597	Transcondylar (Far Lateral) Approach To Posterior Cranial Fossa, Jugular Fo	197.44	1	90					AS
61598	Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum	192.55	1	90					AS
61600	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	146.74	1	90					AS
61601	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	164.25	1	90					AS
61605	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Infra	149.26	1	90					AS
61606	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Infra	204.33	1	90					AS
61607	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Paras	196.54	1	90					AS
61608	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Paras	221.70	1	90					AS
61610	Transection Or Ligation, Carotid Artery In Cavernous Sinus; With Repair By	126.83	1						AS
61611	Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (L	25.05	1						AS
61612	Transection Or Ligation, Carotid Artery In Petrous Canal; With Repair By An	94.15	1						AS

January 1, 2015 81/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
61613	Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Ca	224.02	1	90					AS
61615	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	154.63	1	90					AS
61616	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	226.79	1	90					AS
61618	Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or	89.08	1	90					AS
61619	Secondary Repair Of Dura For Csf Leak, Anterior, Middle Or Posterior Crania	100.33	1	90					AS
61680	Surgery Of Intracranial Arteriovenous Malformation; Supratentorial, Simple	153.87	1	90					AS
61682	Surgery Of Intracranial Arteriovenous Malformation; Supratentorial, Complex	283.38	1	90					AS
61684	Surgery Of Intracranial Arteriovenous Malformation; Infratentorial, Simple	193.01	1	90					AS
61686	Surgery Of Intracranial Arteriovenous Malformation; Infratentorial, Complex	304.87	1	90					AS
61690	Surgery Of Intracranial Arteriovenous Malformation; Dural, Simple	148.62	1	90					AS
61692	Surgery Of Intracranial Arteriovenous Malformation; Dural, Complex	248.11	1	90					AS
61697	Surgery Of Complex Intracranial Aneurysm, Intracranial Approach; Carotid Ci	286.26	1	90					AS
61698	Surgery Of Complex Intracranial Aneurysm, Intracranial Approach; Vertebroba	313.95	1	90					AS
61700	Surgery Of Simple Intracranial Aneurysm, Intracranial Approach; Carotid Cir	231.74	1	90					AS
61702	Surgery Of Intracranial Aneurysm, Intracranial Approach; Vertebral-Basilar	272.90	1	90					AS
61703	Surgery Of Intracranial Aneurysm, Cervical Approach By Application Of Occlu	92.63	1	90					AS
61705	Surgery Of Aneurysm, Vascular Malformation Or Carotid-Cavernous Fistula; By	176.65	1	90					AS
61708	Surgery Of Aneurysm, Vascular Malformation Or Carotid-Cavernous Fistula; By	147.06	1	90					AS
61711	Anastomosis, Arterial, Extracranial-Intracranial (Eg, Middle Cerebral/Corti	177.20	1	90					AS
61850	Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes;	67.06	1	90					AS
61860	Craniectomy Or Craniotomy For Implantation Of Neurostimulator Electrodes, C	106.43	1	90					AS
61863	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	102.53	1	90					AS
61864	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	23.73	1						AS
61867	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	155.06	1	90					AS
61868	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	33.80	1						AS
61870	Craniectomy For Implantation Of Neurostimulator Electrodes, Cerebellar; Cor	80.69	1	90					AS
61880	Revision Or Removal Of Intracranial Neurostimulator Electrodes	39.33	1	90					AS
62005	Elevation Of Depressed Skull Fracture; Compound Or Comminuted, Extradural	86.61	1	90					AS
62010	Elevation Of Depressed Skull Fracture; With Repair Of Dura And/Or Debrideme	104.30	1	90					AS
62100	Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery	108.77	1	90					AS

January 1, 2015 82/91

					Hyster-	Sterili-	Abor-		\neg
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
62115	Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring	85.72	1	90					AS
62117	Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Cra	106.66	1	90					AS
62120	Repair Of Encephalocele, Skull Vault, Including Cranioplasty	114.82	1	90					AS
62121	Craniotomy For Repair Of Encephalocele, Skull Base	113.10	1	90					AS
62140	Cranioplasty For Skull Defect; Up To 5 Cm Diameter	70.84	1	90					AS
62141	Cranioplasty For Skull Defect; Larger Than 5 Cm Diameter	78.10	1	90					AS
62142	Removal Of Bone Flap Or Prosthetic Plate Of Skull	60.71	1	90					AS
62143	Replacement Of Bone Flap Or Prosthetic Plate Of Skull	71.37	1	90					AS
62145	Cranioplasty For Skull Defect With Reparative Brain Surgery	96.64	1	90					AS
62146	Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Up To 5 Cm Di	85.12	1	90					AS
62147	Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Larger Than 5	99.16	1	90					AS
62161	Neuroendoscopy, Intracranial; With Dissection Of Adhesions, Fenestration Of	103.43	1	90					AS
62162	Neuroendoscopy, Intracranial; With Fenestration Or Excision Of Colloid Cyst	128.57	1	90					AS
62163	Neuroendoscopy, Intracranial; With Retrieval Of Foreign Body	83.60	1	90					AS
62164	Neuroendoscopy, Intracranial; With Excision Of Brain Tumor, Including Place	142.25	1	90					AS
62165	Neuroendoscopy, Intracranial; With Excision Of Pituitary Tumor, Transnasal	105.21	1	90					AS
62180	Ventriculocisternostomy (Torkildsen Type Operation)	108.95	1	90					AS
62192	Creation Of Shunt; Subarachnoid/Subdural-Peritoneal, -Pleural, Other Termin	66.64	1	90					AS
62200	Ventriculocisternostomy, Third Ventricle;	93.73	1	90					AS
62220	Creation Of Shunt; Ventriculo-Atrial, -Jugular, -Auricular	70.40	1	90					AS
62223	Creation Of Shunt; Ventriculo-Peritoneal, -Pleural, Other Terminus	72.28	1	90					AS
62230	Replacement Or Revision Of Cerebrospinal Fluid Shunt, Obstructed Valve, Or	57.82	1	90					AS
62256	Removal Of Complete Cerebrospinal Fluid Shunt System; Without Replacement	41.25	1	90					AS
62258	Removal Of Complete Csf Shunt System; With Replacement By Similar Or Other	76.89	1	90					AS
62351	Implantation, Revision Or Repositioning Of Intrathecal Or Epidural Catheter	60.27	1	90					AS
63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	84.41	1	90					AS
63003	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	84.41	1	90					AS
63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	80.56	1	90					AS
63011	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	74.48	1	90					AS
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis W	81.36	1	90					AS

January 1, 2015 83/91

					Hyster-				丁
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	101.27	1	90					AS
63016	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	103.18	1	90					AS
63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	85.60	1	90					AS
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	79.89	1	90					AS
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	66.05	1	90					AS
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	12.97	6						AS
63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	95.57	1	90					AS
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	88.71	1	90					AS
63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	15.15	4						AS
63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	15.15	4						AS
63045	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	86.90	1	90					AS
63046	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	82.64	1	90					AS
63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	75.40	1	90					AS
63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	14.39	9						AS
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More	105.93	1	90					AS
63051	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More	116.70	1	90					AS
63055	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Ne	110.71	1	90					AS
63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Ne	100.91	1	90					AS
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Ne	21.75	8						AS
63064	Costovertebral Approach With Decompression Of Spinal Cord Or Nerve Root(S),	120.23	1	90					AS
63066	Costovertebral Approach With Decompression Of Spinal Cord Or Nerve Root(S),	13.96	3						AS
63075	Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(93.41	1	90					AS
63076	Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(16.89	3						AS
63077	Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(100.84	1	90					AS
63078	Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(13.02	5						AS
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anter	120.50	1	90					AS
63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anter	18.15	6						AS
63085	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	128.52	1	90					AS
63086	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	12.83	4						AS
63087	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combi	162.05	1	90					AS

January 1, 2015 84/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
63088	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combi	17.39	5						AS
63090	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	133.50	1	90					AS
63091	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	12.03	17						AS
63101	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Later	157.72	1	90					AS
63102	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Later	152.20	1	90					AS
63103	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Later	19.69	2						AS
63170	Laminectomy With Myelotomy (Eg, Bischof Or Drez Type), Cervical, Thoracic,	108.54	1	90					AS
63172	Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Sp	95.75	1	90					AS
63173	Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Peritoneal Or P	117.54	1	90					AS
63180	Laminectomy And Section Of Dentate Ligaments, With Or Without Dural Graft,	101.30	1	90					AS
63182	Laminectomy And Section Of Dentate Ligaments, With Or Without Dural Graft,	111.13	1	90					AS
63185	Laminectomy With Rhizotomy; One Or Two Segments	81.36	1	90					AS
63190	Laminectomy With Rhizotomy; More Than Two Segments	85.48	1	90					AS
63191	Laminectomy With Section Of Spinal Accessory Nerve	87.04	1	90					AS
63194	Laminectomy With Cordotomy, With Section Of One Spinothalamic Tract, One St	84.47	1	90					AS
63195	Laminectomy With Cordotomy, With Section Of One Spinothalamic Tract, One St	104.64	1	90					AS
63196	Laminectomy With Cordotomy, With Section Of Both Spinothalamic Tracts, One	91.69	1	90					AS
63197	Laminectomy With Cordotomy, With Section Of Both Spinothalamic Tracts, One	116.56	1	90					AS
63198	Laminectomy With Cordotomy With Section Of Both Spinothalamic Tracts, Two S	107.92	1	90					AS
63199	Laminectomy With Cordotomy With Section Of Both Spinothalamic Tracts, Two S	127.74	1	90					AS
63200	Laminectomy, With Release Of Tethered Spinal Cord, Lumbar	104.69	1	90					AS
63250	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spin	201.31	1	90					AS
63251	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spin	205.87	1	90					AS
63252	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spin	205.85	1	90					AS
63265	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	113.95	1	90					AS
63266	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	117.32	1	90					AS
63267	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	94.05	1	90					AS
63268	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	99.28	1	90					AS
63270	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	141.15	1	90					AS
63271	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	140.51	1	90					AS

January 1, 2015 85/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
63272	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	129.97	1	90					AS
63273	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	126.87	1	90					AS
63275	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Cervic	122.68	1	90					AS
63276	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Thorac	121.65	1	90					AS
63277	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Lumbar	105.99	1	90					AS
63278	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Sacral	108.29	1	90					AS
63280	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extram	144.08	1	90					AS
63281	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extram	142.53	1	90					AS
63282	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extram	134.32	1	90					AS
63283	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Sacral	129.32	1	90					AS
63285	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intram	177.66	1	90					AS
63286	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intram	174.70	1	90					AS
63287	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intram	186.37	1	90					AS
63290	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Combined Extradura	189.53	1	90					AS
63295	Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary In	22.46	1						AS
63300	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	124.83	1	90					AS
63301	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	145.48	1	90					AS
63302	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	148.09	1	90					AS
63303	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	157.15	1	90					AS
63304	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	159.64	1	90					AS
63305	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	155.13	1	90					AS
63306	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	145.80	1	90					AS
63307	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	163.45	1	90					AS
63308	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	21.70	3						AS
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, E	56.74	1	90					AS
63661	Removal Of Spinal Neurostimulator Electrode Percutaneous Array(S), Inclu	40.38	1	10					AS
63662	Removal Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via	53.05	1	90					AS
63663	Revision Including Replacement, When Performed, Of Spinal Neurostimulato	56.72	1	10					AS
63664	Revision Including Replacement, When Performed, Of Spinal Neurostimulato	54.31	1	90					AS
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Recei	25.59	1	10					AS

January 1, 2015 86/91

					Hyster-				\Box
Code Spec	· · · · · · · · · · · · · · · · · · ·	Base Fee	UNOS		ectomy	zation	tion	PA	_
63700	Repair Of Meningocele; Less Than 5 Cm Diameter	85.85	1	90					AS
63702	Repair Of Meningocele; Larger Than 5 Cm Diameter	97.01	1	90					AS
63704	Repair Of Myelomeningocele; Less Than 5 Cm Diameter	112.55	1	90					AS
63706	Repair Of Myelomeningocele; Larger Than 5 Cm Diameter	125.11	1	90					AS
63707	Repair Of Dural/Cerebrospinal Fluid Leak, Not Requiring Laminectomy	62.59	1	90					AS
63709	Repair Of Dural/Cerebrospinal Fluid Leak Or Pseudomeningocele, With Laminec	75.33	1	90					AS
63710	Dural Graft, Spinal	75.31	1	90					AS
63740	Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Inc	65.13	1	90					AS
63741	Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Per	44.19	1	90					AS
63744	Replacement, Irrigation Or Revision Of Lumbosubarachnoid Shunt	46.91	1	90					AS
64580	Incision For Implantation Of Neurostimulator Electrodes; Neuromuscular	20.90	1	90					AS
64585	Revision Or Removal Of Peripheral Neurostimulator Electrodes	13.90	1	10					AS
64590	Insertion Or Replacement Of Peripheral Or Gastric Neurostimulator Pulse Gen	18.36	1	10					AS
64704	Neuroplasty; Nerve Of Hand Or Foot	21.59	1	90					AS
64708	Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Other Than Specified	34.08	1	90					AS
64712	Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Sciatic Nerve	38.69	1	90					AS
64713	Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Brachial Plexus	50.28	1	90					AS
64714	Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Lumbar Plexus	43.54	1	90					AS
64716	Neuroplasty And/Or Transposition; Cranial Nerve (Specify)	36.78	1	90					AS
64722	Decompression; Unspecified Nerve(S) (Specify)	24.89	1	90					AS
64732	Transection Or Avulsion Of; Supraorbital Nerve	30.29	1	90					AS
64736	Transection Or Avulsion Of; Mental Nerve	29.47	1	90					AS
64738	Transection Or Avulsion Of; Inferior Alveolar Nerve By Osteotomy	34.01	1	90					AS
64740	Transection Or Avulsion Of; Lingual Nerve	31.56	1	90					AS
64742	Transection Or Avulsion Of; Facial Nerve, Differential Or Complete	34.38	1	90					AS
64746	Transection Or Avulsion Of; Phrenic Nerve	29.68	1	90					AS
64755	Transection Or Avulsion Of; Vagus Nerves Limited To Proximal Stomach (Selec	62.18	1	90					AS
64760	Transection Or Avulsion Of; Vagus Nerve (Vagotomy), Abdominal	35.04	1	90					AS
64763	Transection Or Avulsion Of Obturator Nerve, Extrapelvic, With Or Without Ad	37.43	1	90					AS
64766	Transection Or Avulsion Of Obturator Nerve, Intrapelvic, With Or Without Ad	40.11	1	90					AS

January 1, 2015 87/91

					Hyster-				
Code Spec	·	Base Fee	UNOS		ectomy	zation	tion	PA	-
64771	Transection Or Avulsion Of Other Cranial Nerve, Extradural	39.30	1	90					AS
64772	Transection Or Avulsion Of Other Spinal Nerve, Extradural	39.44	1	90					AS
64786	Excision Of Neuroma; Sciatic Nerve	73.31	1	90					AS
64792	Excision Of Neurofibroma Or Neurolemmoma; Extensive (Including Malignant Ty	81.27	1	90					AS
64802	Sympathectomy, Cervical	35.36	1	90					AS
64804	Sympathectomy, Cervicothoracic	58.07	1	90					AS
64809	Sympathectomy, Thoracolumbar	48.61	1	90					AS
64818	Sympathectomy, Lumbar	43.66	1	90					AS
64835	Suture Of One Nerve, Hand Or Foot; Median Motor Thenar	55.30	1	90					AS
64836	Suture Of One Nerve, Hand Or Foot; Ulnar Motor	56.65	1	90					AS
64837	Suture Of Each Additional Nerve, Hand Or Foot (List Separately In Addition	25.12	3						AS
64840	Suture Of Posterior Tibial Nerve	63.00	1	90					AS
64857	Suture Of Major Peripheral Nerve, Arm Or Leg, Except Sciatic; Without Trans	71.55	1	90					AS
64858	Suture Of Sciatic Nerve	79.16	1	90					AS
64859	Suture Of Each Additional Major Peripheral Nerve (List Separately In Additi	17.39	2						AS
64861	Suture Of; Brachial Plexus	88.74	1	90					AS
64862	Suture Of; Lumbar Plexus	93.30	1	90					AS
64864	Suture Of Facial Nerve; Extracranial	59.72	1	90					AS
64865	Suture Of Facial Nerve; Infratemporal, With Or Without Grafting	76.52	1	90					AS
64866	Anastomosis; Facial-Spinal Accessory	79.34	1	90					AS
64868	Anastomosis; Facial-Hypoglossal	70.06	1	90					AS
64872	Suture Of Nerve; Requiring Secondary Or Delayed Suture (List Separately In	7.84	1						AS
64874	Suture Of Nerve; Requiring Extensive Mobilization, Or Transposition Of Nerv	11.99	1						AS
64876	Suture Of Nerve; Requiring Shortening Of Bone Of Extremity (List Separately	12.33	1						AS
64885	Nerve Graft (Includes Obtaining Graft), Head Or Neck; Up To 4 Cm In Length	77.30	1	90					AS
64886	Nerve Graft (Includes Obtaining Graft), Head Or Neck; More Than 4 Cm In Len	88.62	1	90					AS
64890	Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; Up To	73.25	1	90					AS
64891	Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; More T	80.51	1	90					AS
64892	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; Up To 4	73.52	1	90					AS
64893	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; More Tha	76.09	1	90					AS

January 1, 2015 88/91

					Hyster-				
Code Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
64895	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or F	91.81	1	90					AS
64896	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or F	101.04	1	90					AS
64897	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Le	87.71	1	90					AS
64898	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Le	96.41	1	90					AS
64901	Nerve Graft, Each Additional Nerve; Single Strand (List Separately In Addit	42.72	2						AS
64902	Nerve Graft, Each Additional Nerve; Multiple Strands (Cable) (List Separate	45.86	1						AS
64905	Nerve Pedicle Transfer; First Stage	70.84	1	90					AS
64907	Nerve Pedicle Transfer; Second Stage	80.65	1	90					AS
65105	Enucleation Of Eye; With Implant, Muscles Attached To Implant	58.06	1	90					AS
65110	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Con	84.70	1	90					AS
65112	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Con	98.16	1	90					AS
65114	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Con	102.92	1	90					AS
65260	Removal Of Foreign Body, Intraocular; From Posterior Segment, Magnetic Extr	64.81	1	90					AS
65265	Removal Of Foreign Body, Intraocular; From Posterior Segment, Nonmagnetic E	74.92	1	90					AS
65285	Repair Of Laceration; Cornea And/Or Sclera, Perforating, With Reposition Or	72.52	1	90					AS
65710	Keratoplasty (Corneal Transplant); Lamellar	76.55	1	90					AS
65730	Keratoplasty (Corneal Transplant); Penetrating (Except In Aphakia)	85.29	1	90					AS
65750	Keratoplasty (Corneal Transplant); Penetrating (In Aphakia)	85.48	1	90					AS
65755	Keratoplasty (Corneal Transplant); Penetrating (In Pseudophakia)	85.39	1	90					AS
65756	Keratoplasty (Corneal Transplant); Endothelial	79.82	1	90					AS
65770	Keratoprosthesis	98.65	1	90					AS
65900	Removal Of Epithelial Downgrowth, Anterior Chamber Of Eye	65.22	1	90					AS
66170	Fistulization Of Sclera For Glaucoma; Trabeculectomy Ab Externo In Absence	82.22	1	90					AS
66172	Fistulization Of Sclera For Glaucoma; Trabeculectomy Ab Externo With Scarri	103.54	1	90					AS
66180	Aqueous Shunt To Extraocular Reservoir, (Eg, Molteno, Schocket, Denver-Krup	80.81	1	90					AS
66185	Revision Of Aqueous Shunt To Extraocular Reservoir	51.75	1	90					AS
66220	Repair Of Scleral Staphyloma; Without Graft	50.84	1	90					AS
66225	Repair Of Scleral Staphyloma; With Graft	64.94	1	90					AS
67010	Removal Of Vitreous, Anterior Approach (Open Sky Technique Or Limbal Incisi	37.84	1	90					AS
67027	Implantation Of Intravitreal Drug Delivery System (Eg, Ganciclovir Implant)	59.66	1	90					AS

January 1, 2015 89/91

					Hyster-				
Code Spec	·	Base Fee	UNOS		ectomy	zation	tion	PA	—
67030	Discission Of Vitreous Strands (Without Removal), Pars Plana Approach	36.08	1	90					AS
67036	Vitrectomy, Mechanical, Pars Plana Approach;	66.71	1	90					AS
67039	Vitrectomy, Mechanical, Pars Plana Approach; With Focal Endolaser Photocoag	85.83	1	90					AS
67040	Vitrectomy, Mechanical, Pars Plana Approach; With Endolaser Panretinal Phot	98.75	1	90					AS
67107	Repair Of Retinal Detachment; Scleral Buckling (Such As Lamellar Scleral Di	84.68	1	90					AS
67108	Repair Of Retinal Detachment; With Vitrectomy, Any Method, With Or Without	111.59	1	90					AS
67112	Repair Of Retinal Detachment; By Scleral Buckling Or Vitrectomy, On Patient	92.22	1	90					AS
67113	Repair Of Complex Retinal Detachment (Eg, Proliferative Vitreoretinopathy,	110.65	1	90					AS
67255	Scleral Reinforcement (Separate Procedure); With Graft	57.94	1	90					AS
67332	Strabismus Surgery On Patient With Scarring Of Extraocular Muscles (Eg, Pri	23.42	1						AS
67340	Strabismus Surgery Involving Exploration And/Or Repair Of Detached Extraocu	23.95	1						AS
67343	Release Of Extensive Scar Tissue Without Detaching Extraocular Muscle (Sepa	45.26	1	90					AS
67399	Unlisted Procedure, Ocular Muscle		1	90				Υ	AS
67400	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); For E	64.33	1	90					AS
67405	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	54.91	1	90					AS
67412	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	59.03	1	90					AS
67413	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	59.33	1	90					AS
67414	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	91.78	1	90					AS
67420	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	114.06	1	90					AS
67430	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	84.66	1	90					AS
67440	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	83.34	1	90					AS
67445	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	98.87	1	90					AS
67450	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); For	86.56	1	90					AS
67570	Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Shea	80.13	1	90					AS
67599	Unlisted Procedure, Orbit		1	90				Υ	AS
67971	Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsoconjunctival F	51.15	1	90					AS
67973	Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsoconjunctival F	66.25	1	90					AS
67974	Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsoconjunctival F	65.97	1	90					AS
68720	Dacryocystorhinostomy (Fistulization Of Lacrimal Sac To Nasal Cavity)	52.72	1	90					AS
68745	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); Witho	53.15	1	90					AS

January 1, 2015 90/91

						Hyster-				
Code	Spec	Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	AS
68750		Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); With	54.48	1	90					AS
69155		Radical Excision External Auditory Canal Lesion; With Neck Dissection	115.14	1	90					AS
69320		Reconstruction External Auditory Canal For Congenital Atresia, Single Stage	106.50	1	90					AS
69530		Petrous Apicectomy Including Radical Mastoidectomy	114.70	1	90					AS
69550		Excision Aural Glomus Tumor; Transcanal	72.79	1	90					AS
69552		Excision Aural Glomus Tumor; Transmastoid	108.81	1	90					AS
69554		Excision Aural Glomus Tumor; Extended (Extratemporal)	173.53	1	90					AS
69605		Revision Mastoidectomy; With Apicectomy	108.40	1	90					AS
69670		Mastoid Obliteration (Separate Procedure)	65.80	1	90					AS
69725		Decompression Facial Nerve, Intratemporal; Including Medial To Geniculate G	129.67	1	90					AS
69740		Suture Facial Nerve, Intratemporal, With Or Without Graft Or Decompression;	80.78	1	90					AS
69745		Suture Facial Nerve, Intratemporal, With Or Without Graft Or Decompression;	85.11	1	90					AS
69805		Endolymphatic Sac Operation; Without Shunt	72.97	1	90					AS
69820		Fenestration Semicircular Canal	59.84	1	90					AS
69840		Revision Fenestration Operation	57.98	1	90					AS
69915		Vestibular Nerve Section, Translabyrinthine Approach	106.15	1	90					AS
69950		Vestibular Nerve Section, Transcranial Approach	122.43	1	90					AS
69955		Total Facial Nerve Decompression And/Or Repair (May Include Graft)	136.34	1	90					AS
69960		Decompression Internal Auditory Canal	132.37	1	90					AS
69970		Removal Of Tumor, Temporal Bone	147.45	1	90					AS
92992		Atrial Septectomy Or Septostomy; Transvenous Method, Balloon (Eg, Rashkind	61.97	1	90					AS
92993		Atrial Septectomy Or Septostomy; Blade Method (Park Septostomy) (Includes C	37.27	1	90					AS

January 1, 2015 91/91