

19-007
ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD FEB 18 2019
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

ORIGINAL

Facility/Project Identification

Facility Name:	Southern Illinois Orthopedic Center		
Street Address:	510 Lincoln Drive		
City and Zip Code:	Herrin, IL 62948		
County:	Williamson	Health Service Area:	V Health Planning Area: 199

Applicant(s) (Provide for each applicant (refer to Part 1130.220))

Exact Legal Name:	Southern Illinois Orthopedic Center, LLC
Street Address:	510 Lincoln Drive
City and Zip Code:	Herrin, IL 62948
Name of Registered Agent:	James Michael Davis
Registered Agent Street Address:	510 Lincoln Drive
Registered Agent City and Zip Code:	Herrin, IL 62948
Name of Chief Executive Officer:	Greg Thompson
CEO Street Address:	510 Lincoln Drive
CEO City and Zip Code:	Herrin, IL 62948
CEO Telephone Number:	618/997-6800

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- Corporations and limited liability companies must provide an Illinois certificate of good standing.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact (Person to receive ALL correspondence or inquiries)

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact (Person who is also authorized to discuss the application for permit)

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

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City and Zip Code:	Herrin, IL 62948		
County:	Williamson	Health Service Area:	V Health Planning Area: 199

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Southern Orthopedic Associates, L.L.C.
Street Address:	510 Lincoln Drive
City and Zip Code:	Herrin, IL 62948
Name of Registered Agent:	Damon Hill
Registered Agent Street Address:	510 Lincoln Drive
Registered Agent City and Zip Code:	Herrin, IL 62948
Name of Chief Executive Officer:	Greg Thompson
CEO Street Address:	510 Lincoln Drive
CEO City and Zip Code:	Herrin, IL 62948
CEO Telephone Number:	618/997-6800

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
X <input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois certificate of good standing.o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.	
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Name:	Jacob M. Axel
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Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact [Person who is also authorized to discuss the application for permit]

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name:	Mr. Greg Thompson
Title:	CEO
Company Name:	Southern Orthopedic Associates
Address:	510 Lincoln Drive Herrin, IL 62948
Telephone Number:	618/997-6800
E-mail Address:	gthompson@orthopedicinstitute.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Southern Illinois Orthopedic Center, LLC
Address of Site Owner:	510 Lincoln Drive Herrin, IL 62948
Street Address or Legal Description of the Site:	510 Lincoln Drive Herrin, IL 62948
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	Southern Illinois Orthopedic Center, LLC		
Address:	510 Lincoln Drive Herrin, IL 62948		
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
X	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none">Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
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Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT 5 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

- ☐ Substantive
☒ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The proposed project is limited to the addition of pain management, neurosurgery, and podiatry as services to be provided at Southern Illinois Orthopedic Center ("SIOC"), an IDPH-licensed ambulatory surgical treatment center ("ASTC"), located in Herrin, Illinois. The ASTC is currently approved to provide orthopedic surgery procedures.

Southern Orthopedic Associates, LLC ("SOA") is named as an applicant because it has "control" of SIOC by virtue of its 66% ownership interest in SIOC. SOA is owned by physician members (and the group administrator) of Southern Orthopedic Associates, S.C., which operates two divisions, one in Paducah, Kentucky, and one in Herrin, Illinois. The SOA investors all practice out of the Herrin division.

The project is classified as "non-substantive", because it does not propose the establishment or replacement of a health care facility, or the establishment or discontinuation of a HFSRB-identified category of service.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Note: The proposed project does not include any costs to be capitalized.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: \$ _____
Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2019

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed.
- ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
- ☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- n/a APORS
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☒ All reports regarding outstanding permits
- Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT 9 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

Facility Bed Capacity and Utilization

not applicable, project does not involve a hospital

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		CITY:			
REPORTING PERIOD DATES: From: to:					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Southern Orthopedic Associates, L.L.C. * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

PRINTED NAME

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 31st day of JANUARY, 2019

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 31st day of JANUARY, 2019

Signature of Notary

Seal

JULIANNE BOWLBY
Official Seal
Notary Public - State of Illinois
My Commission Expires Aug 22, 2021

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- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of **Southern Illinois Orthopedic Center, LLC*** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

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PRINTED NAME

PRINTED TITLE

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Subscribed and sworn to before me
this 31st day of JANUARY, 2019

Signature of Notary

Seal

JULIANNE BOWLBY
Official Seal
Notary Public - State of Illinois

*Insert the EXACT legal name of the applicant

Signature of Notary

Seal

JULIANNE BOWLBY
Official Seal
Notary Public - State of Illinois
My Commission Expires Aug 22, 2021

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify ALL of the alternatives to the proposed project:

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

not applicable, no modernization

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative and it shall include the basis used for determining the space and the methodology applied.
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

UNFINISHED OR SHELL SPACE:

not applicable, no shell space

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service	
<input type="checkbox"/>	Cardiovascular
<input type="checkbox"/>	Colon and Rectal Surgery
<input type="checkbox"/>	Dermatology
<input type="checkbox"/>	General Dentistry
<input type="checkbox"/>	General Surgery
<input type="checkbox"/>	Gastroenterology
X	Neurological Surgery
<input type="checkbox"/>	Nuclear Medicine
<input type="checkbox"/>	Obstetrics/Gynecology
<input type="checkbox"/>	Ophthalmology
<input type="checkbox"/>	Oral/Maxillofacial Surgery
x	Orthopedic Surgery
<input type="checkbox"/>	Otolaryngology
x	Pain Management
<input type="checkbox"/>	Physical Medicine and Rehabilitation
<input type="checkbox"/>	Plastic Surgery
X	Podiatric Surgery
<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Thoracic Surgery
<input type="checkbox"/>	Urology
<input type="checkbox"/>	Other _____

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X
APPEND DOCUMENTATION AS ATTACHMENT 24 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM		

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VI. 1120.120 - AVAILABILITY OF FUNDS

not applicable, project has no cost

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion; <p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p> <p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p> <p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
--	---

_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 33 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

SECTION VII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided.

APPEND DOCUMENTATION AS ATTACHMENT 34 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

not applicable, project has no cost

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 35 IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

not applicable, project has no cost

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

not applicable, project has no cost

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

not applicable, no modernization

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT

not applicable, non-substantive project

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			

	Inpatient				
	Outpatient				
	Total				

APPEND DOCUMENTATION AS ATTACHMENT 37 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

SECTION X. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

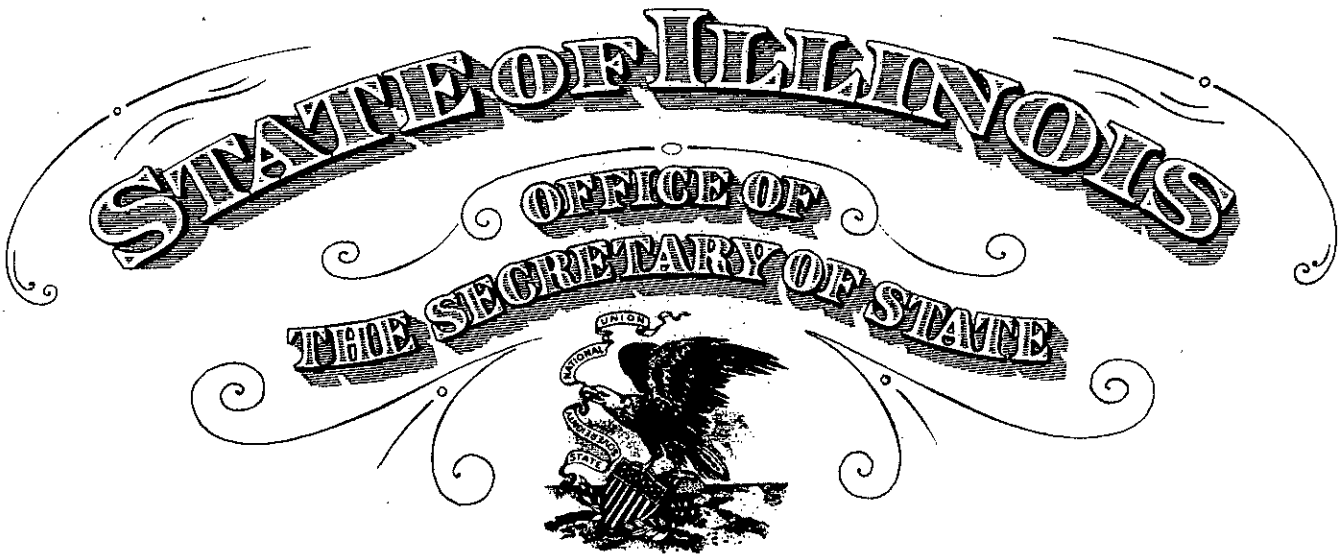
1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	2015	2016	2017
Net Patient Revenue	\$10,729,294	\$8,045,603	\$8,246,392
Amount of Charity Care (charges)	\$3,590	\$479	\$718
Cost of Charity Care	\$1,633	\$279	\$407

APPEND DOCUMENTATION AS **ATTACHMENT 38**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



To all to whom these Presents Shall Come, Greeting:

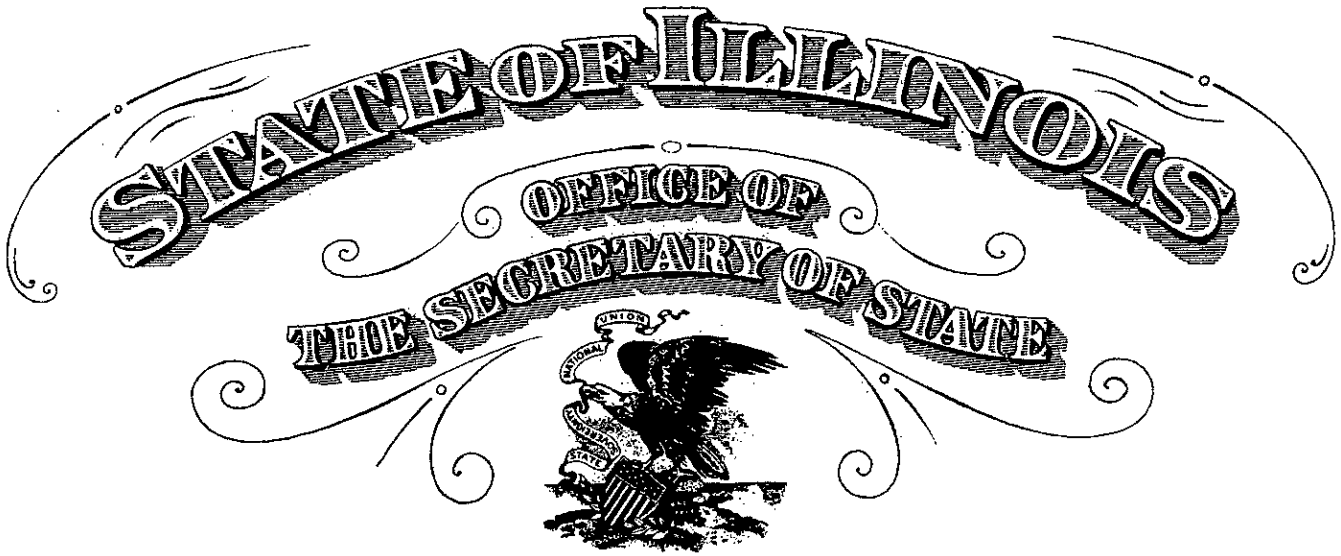
I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SOUTHERN ILLINOIS ORTHOPEDIC CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 01, 1998, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 17TH
day of DECEMBER A.D. 2018 .***

Jesse White



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SOUTHERN ORTHOPEDIC ASSOCIATES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 30, 1998, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of DECEMBER A.D. 2018 .***

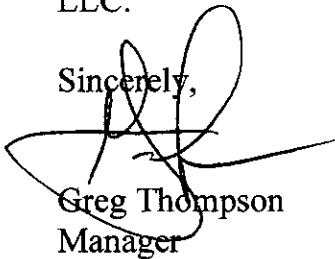
Jesse White

Illinois Health Facilities and
Services Review Board
Springfield, IL 62761

To Whom It May Concern:

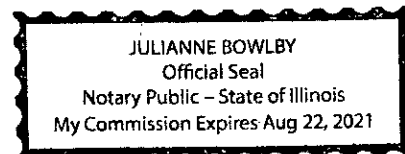
I hereby certify that the site of the ambulatory surgical treatment center addressed in this Certificate of Need application is owned by Southern Illinois Orthopedic Associates, LLC.

Sincerely,

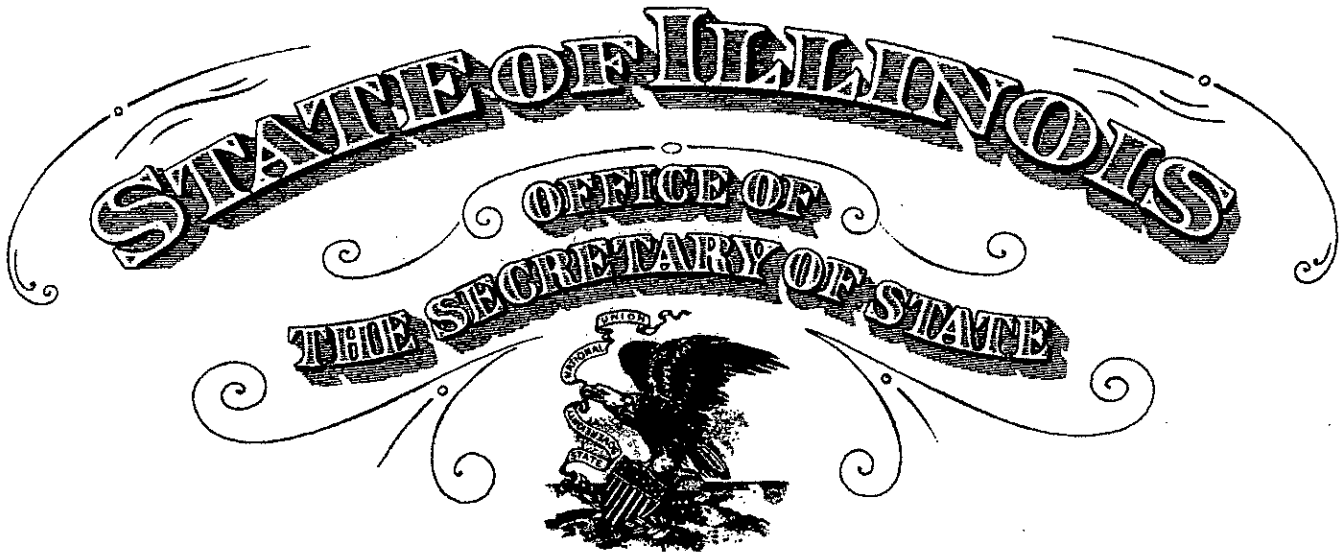


Greg Thompson
Manager

Notarized:



ATTACHMENT 2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SOUTHERN ILLINOIS ORTHOPEDIC CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 01, 1998, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

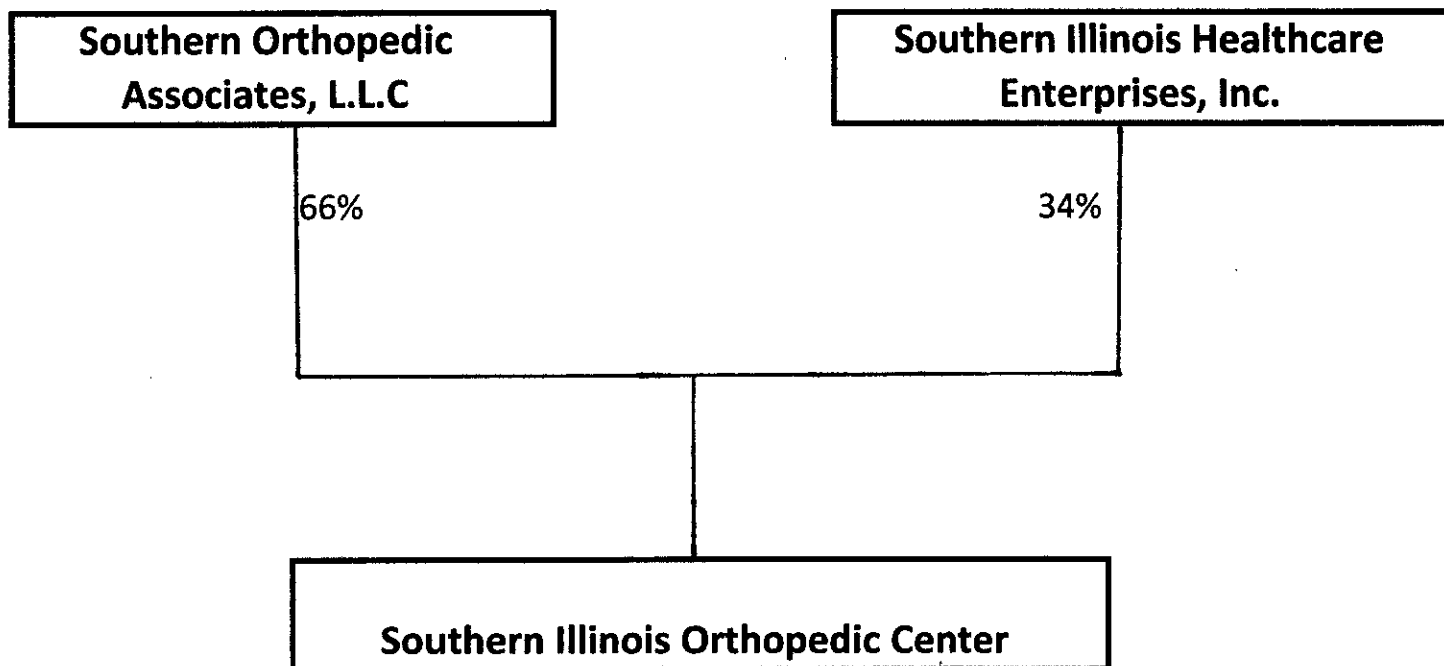


***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 17TH
day of DECEMBER A.D. 2018 .***

Jesse White

SECRETARY OF STATE · ATTACHMENT 3

ORGANIZATIONAL CHART



Ms. Courtney Avery
Illinois Health Facilities
And Services review Board
525 West Jefferson
Springfield, IL 62761

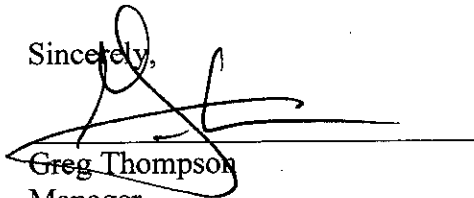
Dear Ms. Avery:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. Southern Illinois Orthopedic Center has not had any adverse actions against any facility owned and operated by the applicants identified in its 2019 Certificate of Need Application for Permit during the three (3) year period prior to the filing of this application, and
2. Southern Illinois Orthopedic Center authorizes the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

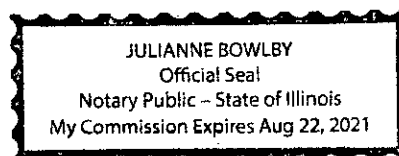
If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,


Greg Thompson
Manager

Date: Dec 31, 2019

Notarized:



ATTACHMENT 11



ACCREDITATION
ASSOCIATION

MEMBER SINCE 1998
SOUTHERN ILLINOIS ORTHOPEDIC CENTER, INC.

7-25-2020

SOUTHERN ILLINOIS ORTHOPEDIC CENTER, LLC

DBA SIOC

510 LINCOLN DR
HERRIN, IL 62948

*In recognition of its commitment to high quality of care and substantial compliance
with the Accreditation Association for Ambulatory Health Care standards for ambulatory health care organizations.*

22592

JANUARY 29, 2021

KENNETH A. SADLER, D.D.S., M.P.A.

NOEL M. ADACHI, MBA



**Illinois Department of
PUBLIC HEALTH**

HF115213

LICENSE PERMIT CERTIFICATION REGISTRATION

The person named herein has been duly licensed, certified, or registered in accordance with the provisions of the Illinois statutes and rules and regulations and is hereby authorized to practice in the capacity as indicated below.

Nirav D. Shah, M.D., J.D.
Director

EXPIRATION DATE
3/8/2019

CATEGORY

7002421

Ambulatory Surgery Treatment Center

Effective: 03/09/2018

Southern Illinois Orthopedic, LLC, Inc.
dba Ambulatory Orthopedic Surgery Center
510 Lincoln Drive

Herrin, IL 62948

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 3/8/2019

Lic Number 7002421

Date Printed 2/15/2018

Southern Illinois Orthopedic, LLC
dba Ambulatory Orthopedic Surgery C
510 Lincoln Drive
Herrin, IL 62948-3738

FEE RECEIPT NO.

ATTACHMENT 11



**Illinois Department of
PUBLIC HEALTH**

HF116075

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

LICENSE PERMIT CERTIFICATION REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	DATE OF	TO REGISTER
7/4/2019		0004614
Critical Access Hospital		
Effective: 07/05/2018		

St. Joseph Memorial Hospital
2 South Hospital Drive
Murphysboro, IL 62966

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO. #46240 5/15/16

Exp. Date 7/4/2019

Lic Number 0004614

Date Printed 6/14/2018

St. Joseph Memorial Hospital
2 South Hospital Drive
Murphysboro, IL 62966

FEE RECEIPT NO.



**Illinois Department of
PUBLIC HEALTH**

HF115854

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
6/30/2019		0000513
General Hospital		
Effective: 07/01/2018		

Memorial Hospital of Carbondale
405 West Jackson
Carbondale, IL 62902

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 SM 5/16

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 6/30/2019

Lic Number 0000513

Date Printed 5/15/2018

Memorial Hospital of Carbondale

405 West Jackson
Carbondale, IL 62902

FEE RECEIPT NO.



**Illinois Department of
PUBLIC HEALTH**

HF 116760

LICENSE PERMIT CERTIFICATION REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.
Director

Issued Under the Authority of
the Illinois Department of
Public Health

EXPIRATION DATE

12/2/2019

CATEGORY

LIC. NUMBER

7003128

Ambulatory Surgery Treatment Center

Effective 12/03/2018

Physicians Surgery Center, LLC
2601 W. Main Street
Carbondale, IL 62901

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 12/2/2019

Lic Number 7003128

Date Printed 10/17/2018

Physicians Surgery Center, LLC

2601 W Main Street
Carbondale, IL 62901-1031

FEE RECEIPT NO.

PURPOSE

The proposed project is limited to the addition of neurosurgery, podiatric surgery, and pain management as approved services to be provided at Southern Illinois Orthopedic Center ("SIOC"). As such, the proposed project will introduce these three services to the low cost ASTC setting, which will improve the health care and well-being of area residents.

MCSC defines its market area as south central Illinois, from I-64 on the north to approximately 20 miles south of Herrin on the south, and from the Mississippi River on the west to the Ohio River on the east.

The goal of this project is to initiate the providing of the proposed three services at SIOC by the third quarter of 2019.

**Southern Illinois Orthopedic Center
Patient Origin, 2017**

ZIP Code	Community	%
62959	Marion	12.5%
62966	Murphysboro	7.5%
62901	Carbondale	6.0%
62948	Herrin	5.6%
62896	West Frankfort	4.9%
62918	Carterville	4.3%
62832	DuQuoin	3.3%
62812	Benton	3.2%
62946	Harrisburg	3.1%
62906	Anna	2.6%
62902	Carbondale	2.1%
62951	Johnston City	2.0%
62274	Pinckneyville	1.9%
62939	Goreville	1.7%
62922	Creal Springs	1.4%
62930	Eldorado	1.3%
62924	De Soto	1.2%
62917	Carrier Mills	1.1%
62865	Mulkeytown	1.1%
62890	Thompsonville	1.0%
62822	Christopher	1.0%
62920	Cobden	1.0%
	other, <1.0%	<u>30.2%</u>
		100.0%

ALTERNATIVES

The scope of this application is limited to the addition of specialties to the services provided by an existing ASTC, and as such, with the exception of not seeking approval to add the services, there are no alternatives available to the applicant.

UTILIZATION

Southern Illinois Orthopedic Center ("SIOC") has three operating rooms, and in 2017 3,567 hours of utilization were recorded, approximately 1,200 hours per OR, all of which are the result of the orthopedic surgery being performed in the ASTC. No decreases in the volume of orthopedic surgery performed in the ASTC are anticipated as a result of this project. Following the approval of this project, the utilization of the ASTC is anticipated to increase by 236 hours, annually, as a result of the 270 neurosurgery, podiatric surgery, and pain management patients to be referred to the ASTC, and as documented in ATTACHMENT 25c4. As a result, and on a projected basis, it is fully anticipated by the applicants that SIOC will continue to operate in excess of the HFSRB target utilization level of 3,001+ hours of OR usage, annually.

	Historical Utilization (HOURS)	PROJECTED UTILIZATION		STATE STANDARD	MET STANDARD?
		YEAR 1	YEAR 2		
ASTC	3,567	3,750	3,803	3,001+	YES

SERVICE TO GEOGRAPHIC SERVICE AREA RESIDENTS

Consistent with Section 1100.510, the geographic service area ("GSA") for Southern Illinois Orthopedic Center ("SIOC") extends 21 miles from its Herrin site. The following thirty-seven ZIP Code areas, all of which are in Illinois, are located in the GSA:

62948	Herrin	62933	Energy
62921	Colp	62918	Cartersville
62841	Freeman Spur	62914	Cambria
62951	Johnston City	62999	Zeigler
62949	Hurst	62983	Royalton
62874	Orient	62896	West Frankfort
62959	Marion	62924	De Soto
62840	Frankfort Heights	62901	Carbondale
62902	Carbondale	62819	Buckner
62865	Mulkeytown	62822	Christopher
62924	Pittsburg	62932	Elkville
62825	Coello	62891	Valier
62856	Logan	62927	Dowell
62812	Benton	62958	Makanda
62890	Thompsonville	62966	Murphysboro
62903	Carbondale	62922	Creal Springs
62994	Vergennes	62939	Goreville
62832	Du Quoin	62884	Sesser
62972	Ozark		

Source: SearchBug

Historically, the vast majority of patients referred to SIOC reside in the GSA, which consists of south central Illinois, from I-64 on the north to approximately 20 miles south of Herrin on the south, and from the Mississippi River on the west to the Ohio River on the east.

Attached is a 2017 historical patient origin analysis for SIOC, documenting 67.8% of the referrals to the ASTC coming from the GSA. With the addition of pain management services, neurosurgery and podiatric surgery, and based on the office locations of the physicians anticipated to refer patients to the ASTC as well as the number of patients anticipated to be referred to the ASTC by those physicians, no significant change to the ASTC's patient origin is anticipated. Therefore, both historically and on a projected basis, SIOC has/will provide services primarily to residents of its GSA, with well over 50% of the referred patients residing in the GSA.

Below is the 2017 historical patient origin for SIOC.

ZIP Code	Community	Patients
62812	Benton	94
62819	Buckner	4
62822	Christopher	30
62825	Coello	4
62832	Du Quoin	96
62840	Frankfort Heights	
62841	Freeman Spur	5
62856	Logan	1
62865	Mulkeytown	31
62874	Orient	7
62884	Sesser	23
62890	Thompsonville	30
62891	Valier	8
62896	West Frankfort	142
62901	Carbondale	175
62902	Carbondale	60
62903	Carbondale	22
62914	Cambria	11
62918	Carterville	124
62921	Colp	
62922	Creal Spings	42
62924	Pittsburg	36
62927	Dowell	5

62928	De Soto	2
62932	Elkville	21
62933	Energy	10
62939	Goreville	50
62948	Herrin	164
62949	Hurst	12
62951	Johnston City	58
62958	Makanda	25
62959	Marion	365
62966	Murphysboro	217
62972	Ozark	9
62974	Pittsburg	23
62983	Royalton	23
62994	Vergennes	11
62999	Zeigler	16
	Other, non-GSA	<u>875</u>
		2831

SERVICE DEMAND

The proposed project is limited to the addition of a neurosurgery, podiatric surgery, and pain management to the services approved to be provided at an established ASTC, without the addition of operating or procedure rooms. As noted elsewhere in this application, the ASTC has the capacity to accommodate the specialty/caseload addressed in this ATTACHMENT.

Referral letters from Dr. Jeffery Jones, a neurosurgeon, and Dr. Amanda Brazis, a podiatrist are provided in this ATTACHMENT. In addition, a letter from Greg Thompson, CEO of Southern Orthopedic Associates, SC is provided. Mr. Thompson's letter addresses the projected utilization of Dr. Tennyson Lee, a pain management specialist, who joined Southern Orthopedic Associates, SC, effective February 1, 2019. Dr. Lee will be the group's first pain management specialist. Those three physicians, together, documented 270 surgical and pain management procedures performed in 2017. The procedures were performed in area hospitals and ASTCs. A portion of the procedures performed by these physicians are appropriate for an ASTC setting, with that determination made based on such factors as co-morbidity, safety, and patient age, and, as noted above, the physicians, per the attached letters, together anticipate referring approximately 270 patients to Southern Illinois Orthopedic Center during the second year following approval of this project.

Name (print): JEFFERY JAMES, DO

Specialty: NEUROSURGERY

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of Southern Illinois Orthopedic Center ("SIOC"), and its desire to add neurosurgery, podiatry, and pain management as approved specialties.

During 2016 and 2017 I performed outpatient procedures on approximately the following numbers of patients in the hospitals or licensed ASTCs identified below.

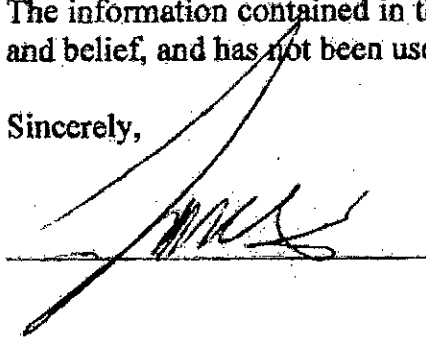
<u>Heartland Regional</u>	<u>2016</u> <u>76</u> patients	<u>2017</u> <u>60</u> patients
<u>Herpin Hosp</u>	<u>97</u> patients	<u>113</u> patients
<u>Men. Candidate</u>	<u>2</u> patients	<u>3</u> patients

I estimate that I will refer 50 patients to SIOC during its second year following the receipt of the requested Certificate of Need Permit.

Attached is a patient origin analysis of my 2016 and 2017 outpatients.

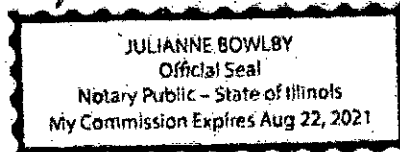
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,



Notarized:

Julianne Bowlby
1-8-19



Jeffery Jones, DO
Patient Origin

Zip	City	%
62951	Johnston City	24.1%
62959	Marion	11.9%
62966	Murphysboro	6.0%
62948	Herrin	4.9%
62896	West Frankfort	4.5%
62901	Carbondale	4.2%
62832	DuQuoin	3.4%
62918	Carterville	3.4%
62812	Benton	2.7%
62906	Anna	1.8%
62946	Harrisburg	1.6%
62902	Carbondale	1.6%
62999	Zeigler	1.6%
62939	Goreville	1.3%
62922	Creal Springs	1.2%
62274	Pinckneyville	1.2%
62884	Sesser	1.2%
62890	Thompsonville	1.1%
	other, <1.0%	<u>22.4%</u>
		100.0%

Name (print): Amanda Brazis, DPM

Specialty: Podiatry

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of Southern Illinois Orthopedic Center ("SIOC"), and its desire to add neurosurgery, podiatry, and pain management as approved specialties.

During 2016 and 2017 I performed outpatient procedures on approximately the following numbers of patients in the hospitals or licensed ASTCs identified below.

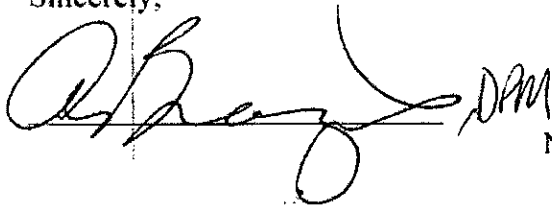
<u>Herrin Hospital</u>	<u>120</u> ²⁰¹⁶ patients	<u>144</u> ²⁰¹⁷ patients
<u>Memorial Hospital of Carbondale</u>	<u>22</u> patients	<u>10</u> patients
<u>Wound Care Center</u>	<u>312</u> patients	<u>111</u> patients

I estimate that I will refer 20 patients to SIOC during its second year following the receipt of the requested Certificate of Need Permit.

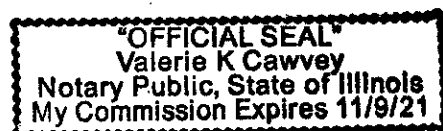
Attached is a patient origin analysis of my 2016 and 2017 outpatients.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

 DPM

Notarized:



Valerie K. Cawvey

From 1/1/2017 to 12/31/2017

01/09/2019 5:13 PM

Herrin Hospital

Dt of Svc	Rendering	City	Zip	Place Of Serv
01/03/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
01/03/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
01/06/2017	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
01/10/2017	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
01/13/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
01/17/2017	Brazis, Amanda	Sparta	62286	Outpatient Hospital
01/17/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
01/17/2017	Brazis, Amanda	Anna	62906	Outpatient Hospital
01/17/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
01/24/2017	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
01/24/2017	Brazis, Amanda	Vienna	62995	Outpatient Hospital
01/24/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
01/31/2017	Brazis, Amanda	Royalton	62983	Outpatient Hospital
01/31/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
01/31/2017	Brazis, Amanda	Desoto	62924	Outpatient Hospital
02/02/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
02/02/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
02/02/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
02/02/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
02/02/2017	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
02/07/2017	Brazis, Amanda	Hurst	62949	Outpatient Hospital
02/07/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
02/07/2017	Brazis, Amanda	Anna	62906	Outpatient Hospital
02/09/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
02/09/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
02/10/2017	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
02/10/2017	Brazis, Amanda	Goreville	62939	Outpatient Hospital
02/14/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
02/14/2017	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
02/14/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
02/14/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
02/28/2017	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
02/28/2017	Brazis, Amanda	Pinckneyville	62274	Outpatient Hospital
02/28/2017	Brazis, Amanda	Anna	62906	Outpatient Hospital
03/07/2017	Brazis, Amanda	IL	62959	Outpatient Hospital
03/07/2017	Brazis, Amanda	Jonesboro	62952	Outpatient Hospital
03/07/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
03/07/2017	Brazis, Amanda	Galatia	62935	Outpatient Hospital
03/07/2017	Brazis, Amanda	Ava	62907	Outpatient Hospital
03/07/2017	Brazis, Amanda	Galatia	62935	Outpatient Hospital
03/07/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
03/10/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
03/10/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital

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03/14/2017	Brazis, Amanda	Royalton	62983	Outpatient Hospital
03/14/2017	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
03/14/2017	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
03/14/2017	Brazis, Amanda	Fairfield	62837	Outpatient Hospital
03/17/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/21/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
03/21/2017	Brazis, Amanda	Fairfield	62837	Outpatient Hospital
03/24/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
03/28/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
03/28/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
04/04/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
04/04/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
04/11/2017	Brazis, Amanda	Steeleville	62288	Outpatient Hospital
04/11/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
04/11/2017	Brazis, Amanda	Chester	62233	Outpatient Hospital
04/11/2017	Brazis, Amanda	Christopher	62822	Outpatient Hospital
04/18/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
04/18/2017	Brazis, Amanda	Sparta	62286	Outpatient Hospital
04/18/2017	Brazis, Amanda	Thompsonville	62890	Outpatient Hospital
04/18/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
04/25/2017	Brazis, Amanda	Mulkeytown	62865	Outpatient Hospital
04/25/2017	Brazis, Amanda	Anna	62906	Outpatient Hospital
04/25/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
05/02/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
05/02/2017	Brazis, Amanda	Kinmundy	62854	Outpatient Hospital
05/02/2017	Brazis, Amanda	Mount Vernon	62864	Outpatient Hospital
05/02/2017	Brazis, Amanda	Pinckneyville	62274	Outpatient Hospital
05/02/2017	Brazis, Amanda	Thompsonville	62890	Outpatient Hospital
05/02/2017	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
05/09/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
05/09/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
05/09/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
05/16/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
05/16/2017	Brazis, Amanda	Brookport	62910	Outpatient Hospital
05/16/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
05/19/2017	Brazis, Amanda	Benton	62812	Outpatient Hospital
05/23/2017	Brazis, Amanda	IL	62948	Outpatient Hospital
05/23/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
05/23/2017	Brazis, Amanda	Mount Vernon	62864	Outpatient Hospital
05/23/2017	Brazis, Amanda	Sparta	62286	Outpatient Hospital
05/26/2017	Brazis, Amanda	Sparta	62286	Outpatient Hospital
05/30/2017	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
06/06/2017	Brazis, Amanda	West Frankfort	62896-	Outpatient Hospital
06/06/2017	Brazis, Amanda	Herrin	62948-	Outpatient Hospital
06/06/2017	Brazis, Amanda	Percy	62272-	Outpatient Hospital
06/20/2017	Brazis, Amanda	Chester	62233-	Outpatient Hospital
06/20/2017	Brazis, Amanda	Ava	62907-	Outpatient Hospital

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06/20/2017	Brazis, Amanda	Carbondale	62901- Outpatient Hospital
06/27/2017	Brazis, Amanda	Murphysboro	62966- Outpatient Hospital
06/27/2017	Brazis, Amanda	West Frankfort	62896- Outpatient Hospital
07/07/2017	Brazis, Amanda	Carbondale	62901- Outpatient Hospital
07/07/2017	Brazis, Amanda	Murphysboro	62966- Outpatient Hospital
07/11/2017	Brazis, Amanda	Elkville	62932- Outpatient Hospital
07/11/2017	Brazis, Amanda	Carterville	62918- Outpatient Hospital
07/11/2017	Brazis, Amanda	Du Quoin	62832- Outpatient Hospital
07/25/2017	Brazis, Amanda	Carbondale	62901- Outpatient Hospital
07/25/2017	Brazis, Amanda	Du Quoin	62832- Outpatient Hospital
07/25/2017	Brazis, Amanda	Harrisburg	62946- Outpatient Hospital
07/25/2017	Brazis, Amanda	Christopher	62822- Outpatient Hospital
08/01/2017	Brazis, Amanda	Jacob	62950- Outpatient Hospital
08/01/2017	Brazis, Amanda	Makanda	62958- Outpatient Hospital
08/01/2017	Brazis, Amanda	SANDOVAL	62882 Outpatient Hospital
08/01/2017	Brazis, Amanda	Carbondale	62902- Outpatient Hospital
08/15/2017	Brazis, Amanda	Marion	62959- Outpatient Hospital
08/15/2017	Brazis, Amanda	Du Quoin	62832- Outpatient Hospital
08/15/2017	Brazis, Amanda	Marion	62959- Outpatient Hospital
08/15/2017	Brazis, Amanda	Carterville	62918- Outpatient Hospital
08/18/2017	Brazis, Amanda	Murphysboro	62966- Outpatient Hospital
08/22/2017	Brazis, Amanda	West Frankfort	62896- Outpatient Hospital
08/22/2017	Brazis, Amanda	Johnston City	62951- Outpatient Hospital
08/29/2017	Brazis, Amanda	Christopher	62822- Outpatient Hospital
08/29/2017	Brazis, Amanda	Carbondale	62903- Outpatient Hospital
08/29/2017	Brazis, Amanda	Johnston City	62951- Outpatient Hospital
08/29/2017	Brazis, Amanda	West Frankfort	62896- Outpatient Hospital
08/29/2017	Brazis, Amanda	Marion	62959 Outpatient Hospital
09/01/2017	Brazis, Amanda	Carbondale	62901- Outpatient Hospital
09/05/2017	Brazis, Amanda	Murphysboro	62966- Outpatient Hospital
09/05/2017	Brazis, Amanda	Carbondale	62902- Outpatient Hospital
09/05/2017	Brazis, Amanda	Herrin	62948- Outpatient Hospital
09/08/2017	Brazis, Amanda	Vienna	62995- Outpatient Hospital
09/12/2017	Brazis, Amanda	De Soto	62924- Outpatient Hospital
09/12/2017	Brazis, Amanda	Johnston City	62951- Outpatient Hospital
09/12/2017	Brazis, Amanda	De Soto	62924- Outpatient Hospital
09/12/2017	Brazis, Amanda	Du Quoin	62832- Outpatient Hospital
09/15/2017	Brazis, Amanda	Du Quoin	62832- Outpatient Hospital
09/15/2017	Brazis, Amanda	Carbondale	62902- Outpatient Hospital
09/15/2017	Brazis, Amanda	Marion	62959- Outpatient Hospital
09/22/2017	Brazis, Amanda	Murphysboro	62966- Outpatient Hospital
12/12/2017	Brazis, Amanda	Carbondale	62901- Outpatient Hospital
12/12/2017	Brazis, Amanda	West Frankfort	62896- Outpatient Hospital
12/15/2017	Brazis, Amanda	Du Quoin	62832- Outpatient Hospital
12/19/2017	Brazis, Amanda	Carterville	62918- Outpatient Hospital
12/19/2017	Brazis, Amanda	Herrin	62948- Outpatient Hospital
12/19/2017	Brazis, Amanda	Creal Springs	62922- Outpatient Hospital

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12/19/2017	Brazis, Amanda	Jacob	62950- Outpatient Hospital
12/19/2017	Brazis, Amanda	Carbondale	62901- Outpatient Hospital
12/22/2017	Brazis, Amanda	Thompsonville	62890- Outpatient Hospital
12/22/2017	Brazis, Amanda	Creal Springs	62922- Outpatient Hospital
12/26/2017	Brazis, Amanda	Carterville	62918- Outpatient Hospital
12/26/2017	Brazis, Amanda	West Frankfort	62896- Outpatient Hospital
12/29/2017	Brazis, Amanda	Energy	62933- Outpatient Hospital

Totals By Service Location Herrin Hospital (144)

Memorial Hospital Of Carbondale

01/20/2017	Brazis, Amanda	Carterville	62918 Outpatient Hospital
02/03/2017	Brazis, Amanda	Thompsonville	62890 Outpatient Hospital
03/03/2017	Brazis, Amanda	Carbondale	62901 Outpatient Hospital
03/03/2017	Brazis, Amanda	Murphysboro	62966 Outpatient Hospital
03/10/2017	Brazis, Amanda	Carbondale	62901 Outpatient Hospital
04/21/2017	Brazis, Amanda	Carbondale	62902 Outpatient Hospital
05/12/2017	Brazis, Amanda	Carbondale	62901 Outpatient Hospital
06/09/2017	Brazis, Amanda	Carbondale	62901- Outpatient Hospital
08/11/2017	Brazis, Amanda	Carbondale	62901- Outpatient Hospital
09/19/2017	Brazis, Amanda	GLADEWATER	75647 Outpatient Hospital
12/08/2017	Brazis, Amanda	Elkville	62932- Outpatient Hospital

Totals By Service Location Memorial Hospital Of Carbondale (10)

Wound Care Center

01/05/2017	Brazis, Amanda	Marion	62959 Outpatient Hospital
01/05/2017	Brazis, Amanda	Carterville	62918 Outpatient Hospital
01/05/2017	Brazis, Amanda	Creal Springs	62922 Outpatient Hospital
01/05/2017	Brazis, Amanda	Galatia	62935 Outpatient Hospital
01/05/2017	Brazis, Amanda	Golconda	62938 Outpatient Hospital
01/05/2017	Brazis, Amanda	Percy	62272 Outpatient Hospital
01/05/2017	Brazis, Amanda	Royalton	62983 Outpatient Hospital
01/05/2017	Brazis, Amanda	West Frankfort	62896 Outpatient Hospital
01/05/2017	Brazis, Amanda	Herrin	62948 Outpatient Hospital
01/12/2017	Brazis, Amanda	Carterville	62918 Outpatient Hospital
01/12/2017	Brazis, Amanda	Galatia	62935 Outpatient Hospital
01/12/2017	Brazis, Amanda	Murphysboro	62966 Outpatient Hospital
01/12/2017	Brazis, Amanda	Percy	62272 Outpatient Hospital
01/12/2017	Brazis, Amanda	Royalton	62983 Outpatient Hospital
01/12/2017	Brazis, Amanda	Vienna	62995 Outpatient Hospital
01/12/2017	Brazis, Amanda	West Frankfort	62896 Outpatient Hospital
01/12/2017	Brazis, Amanda	Herrin	62948 Outpatient Hospital
01/12/2017	Brazis, Amanda	Johnston City	62951 Outpatient Hospital
01/12/2017	Brazis, Amanda	Marion	62959 Outpatient Hospital
01/19/2017	Brazis, Amanda	Carterville	62918 Outpatient Hospital
01/19/2017	Brazis, Amanda	Creal Springs	62922 Outpatient Hospital
01/19/2017	Brazis, Amanda	Galatia	62935 Outpatient Hospital
01/19/2017	Brazis, Amanda	Murphysboro	62966 Outpatient Hospital
01/19/2017	Brazis, Amanda	Zeigler	62999 Outpatient Hospital
01/19/2017	Brazis, Amanda	Royalton	62983 Outpatient Hospital

07/19/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
07/19/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
07/26/2016	Brazis, Amanda	Gorham	62940	Outpatient Hospital
07/26/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
07/26/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
07/29/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
07/29/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
07/29/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
08/02/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
08/02/2016	Brazis, Amanda	Stone Fort	62987	Outpatient Hospital
08/09/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
08/09/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
08/09/2016	Brazis, Amanda	Mound City	62963	Outpatient Hospital
08/12/2016	Brazis, Amanda	Cairo	62914	Outpatient Hospital
08/16/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
08/23/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
08/23/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
08/30/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
08/30/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
08/30/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
09/02/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
09/06/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
09/06/2016	Brazis, Amanda	Jonesboro	62952	Outpatient Hospital
09/06/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
09/13/2016	Brazis, Amanda	Ava	62907	Outpatient Hospital
09/13/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
09/13/2016	Brazis, Amanda	Vienna	62995	Outpatient Hospital
09/20/2016	Brazis, Amanda	Alto Pass	62905	Outpatient Hospital
09/20/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
09/20/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
09/27/2016	Brazis, Amanda	IL	62896	Outpatient Hospital
09/27/2016	Brazis, Amanda	Mulkeytown	62865	Outpatient Hospital
10/04/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
10/04/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
10/07/2016	Brazis, Amanda	Du Quoin	62832	Outpatient Hospital
10/07/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
10/11/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
10/11/2016	Brazis, Amanda	Sesser	62884	Outpatient Hospital
10/13/2016	Brazis, Amanda	DuQuoin	62832	Outpatient Hospital
10/18/2016	Brazis, Amanda	Makanda	62958	Outpatient Hospital
10/18/2016	Brazis, Amanda	Mulkeytown	62865	Outpatient Hospital
10/25/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
10/25/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
10/25/2016	Brazis, Amanda	Pinckneyville	62274	Outpatient Hospital

01/19/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
01/19/2017	Brazis, Amanda	Golconda	62938	Outpatient Hospital
01/19/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
01/19/2017	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
01/19/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
01/26/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
01/26/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
01/26/2017	Brazis, Amanda	Galatia	62935	Outpatient Hospital
01/26/2017	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
01/26/2017	Brazis, Amanda	Percy	62272	Outpatient Hospital
01/26/2017	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
01/26/2017	Brazis, Amanda	Royalton	62983	Outpatient Hospital
01/26/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
01/26/2017	Brazis, Amanda	Golconda	62938	Outpatient Hospital
01/26/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
01/26/2017	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
01/26/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
02/02/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
02/02/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
02/02/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
02/02/2017	Brazis, Amanda	Percy	62272	Outpatient Hospital
02/02/2017	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
02/02/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
02/02/2017	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
02/09/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
02/09/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
02/09/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
02/09/2017	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
02/09/2017	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
02/09/2017	Brazis, Amanda	Golconda	62938	Outpatient Hospital
02/09/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
02/16/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
02/16/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
02/16/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
02/16/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
02/16/2017	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
02/16/2017	Brazis, Amanda	Percy	62272	Outpatient Hospital
02/16/2017	Brazis, Amanda	Pittsburg	62974	Outpatient Hospital
02/16/2017	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
02/16/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
03/02/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
03/02/2017	Brazis, Amanda	Carterville	62918	Outpatient Hospital
03/02/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
03/02/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/02/2017	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
03/02/2017	Brazis, Amanda	Percy	62272	Outpatient Hospital
03/02/2017	Brazis, Amanda	Pittsburg	62974	Outpatient Hospital

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03/02/2017	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
03/02/2017	Brazis, Amanda	Steeleville	62288	Outpatient Hospital
03/09/2017	Brazis, Amanda	Steeleville	62288	Outpatient Hospital
03/09/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
03/09/2017	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
03/09/2017	Brazis, Amanda	Christopher	62822	Outpatient Hospital
03/09/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
03/09/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/09/2017	Brazis, Amanda	Percy	62272	Outpatient Hospital
03/09/2017	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
03/09/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
03/09/2017	Brazis, Amanda	Golconda	62938	Outpatient Hospital
03/16/2017	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
03/16/2017	Brazis, Amanda	Christopher	62822	Outpatient Hospital
03/16/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
03/16/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/16/2017	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
03/16/2017	Brazis, Amanda	Percy	62272	Outpatient Hospital
03/16/2017	Brazis, Amanda	Pittsburg	62974	Outpatient Hospital
03/16/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
03/23/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
03/23/2017	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
03/23/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
03/23/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/23/2017	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
03/23/2017	Brazis, Amanda	Steeleville	62288	Outpatient Hospital
03/23/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
03/23/2017	Brazis, Amanda	Golconda	62938	Outpatient Hospital
03/23/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/30/2017	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
03/30/2017	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
03/30/2017	Brazis, Amanda	Christopher	62822	Outpatient Hospital
03/30/2017	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
03/30/2017	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/30/2017	Brazis, Amanda	Pittsburg	62974	Outpatient Hospital
03/30/2017	Brazis, Amanda	Steeleville	62288	Outpatient Hospital
03/30/2017	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
03/30/2017	Brazis, Amanda	Herrin	62948	Outpatient Hospital
03/30/2017	Brazis, Amanda	Logan	62856	Outpatient Hospital

Totals By Service Location Wound Care Center (111)

TOTALS (265)

From 1/1/2016 to 12/31/2016

01/09/2019 4:52 PM

	Dt of Svc	Rendering	City	Zip	Place Of Serv
Herrin Hospital	03/01/2016	Brazis, Amanda	Vergennes	62994	Outpatient Hospital
	03/01/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
	03/08/2016	Brazis, Amanda	Carlinville	62626	Outpatient Hospital
	03/08/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
	03/15/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
	03/29/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
	04/05/2016	Brazis, Amanda	Tunnel Hill	62972	Outpatient Hospital
	04/05/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
	04/12/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
	04/12/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
	04/12/2016	Brazis, Amanda	Mulkeytown	62865	Outpatient Hospital
	04/19/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
	04/19/2016	Brazis, Amanda	Mulkeytown	62865	Outpatient Hospital
	04/19/2016	Brazis, Amanda	Thompsonville	62890	Outpatient Hospital
	04/26/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
	04/26/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
	05/03/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
	05/03/2016	Brazis, Amanda	Mount Vernon	62864	Outpatient Hospital
	05/03/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
	05/10/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
	05/10/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
	05/10/2016	Brazis, Amanda	Mt Vernon	62864	Outpatient Hospital
	05/17/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
	05/17/2016	Brazis, Amanda	Du Quoin	62832	Outpatient Hospital
	05/17/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
	05/24/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
	05/24/2016	Brazis, Amanda	Cobden	62920	Outpatient Hospital
	05/24/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
	05/24/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
	05/31/2016	Brazis, Amanda	Cambria	62915	Outpatient Hospital
	05/31/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
	05/31/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
	06/14/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
	06/14/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
	06/21/2016	Brazis, Amanda	Pinckneyville	62274	Outpatient Hospital
	06/28/2016	Brazis, Amanda	De Soto	62924	Outpatient Hospital
	06/28/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
	07/05/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
	07/12/2016	Brazis, Amanda	Tunnel Hill	62972	Outpatient Hospital
	07/12/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital

ATTACHMENT 25c4

10/25/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
10/28/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
10/28/2016	Brazis, Amanda	Harrisburg	62946	Outpatient Hospital
10/28/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
11/01/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
11/01/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
11/04/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
11/15/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
11/15/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
11/15/2016	Brazis, Amanda	Mount Vernon	62864	Outpatient Hospital
11/15/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
11/18/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
11/22/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
11/22/2016	Brazis, Amanda	Mount Vernon	62864	Outpatient Hospital
11/22/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
11/22/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
11/29/2016	Brazis, Amanda	Anna	62906	Outpatient Hospital
11/29/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
11/29/2016	Brazis, Amanda	Thompsonville	62890	Outpatient Hospital
11/29/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
12/06/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
12/06/2016	Brazis, Amanda	Goreville	62939	Outpatient Hospital
12/06/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
12/06/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
12/09/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
12/13/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
12/13/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
12/13/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
12/16/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
12/20/2016	Brazis, Amanda	Du Quoin	62832	Outpatient Hospital
12/20/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
12/20/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
12/20/2016	Brazis, Amanda	Duquoin	62832	Outpatient Hospital
12/23/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
12/27/2016	Brazis, Amanda	Mound City	62963	Outpatient Hospital
12/27/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital

Totals By Service Location Herrin Hospital (120)

Memorial Hospital Of Carbondale

03/25/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
03/25/2016	Brazis, Amanda	Goreville	62939	Outpatient Hospital
04/22/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
04/22/2016	Brazis, Amanda	Dongola	62926	Outpatient Hospital
05/13/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
05/20/2016	Brazis, Amanda	Desoto	62924	Outpatient Hospital

05/20/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
05/27/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
05/27/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
07/01/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
07/08/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
07/15/2016	Brazis, Amanda	Carterville	62918	Outpatient Hospital
08/05/2016	Brazis, Amanda	Pomona	62975	Outpatient Hospital
08/19/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
08/23/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
09/02/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
09/30/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
10/21/2016	Brazis, Amanda	St Louis	63128	Outpatient Hospital
11/18/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
12/09/2016	Brazis, Amanda	Carbondale	62903	Outpatient Hospital
12/09/2016	Brazis, Amanda	Du Quoin	62832	Outpatient Hospital
12/16/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital

Totals By Service Location Memorial Hospital Of Carbondale (22)

Wound Care Center

03/03/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
03/03/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
03/03/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
03/03/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/03/2016	Brazis, Amanda	Carterville	62918	Outpatient Hospital
03/03/2016	Brazis, Amanda	Cobden	62920	Outpatient Hospital
03/10/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
03/10/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
03/10/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/10/2016	Brazis, Amanda	Carterville	62918	Outpatient Hospital
03/10/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
03/17/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
03/17/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
03/17/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/17/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
03/17/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
03/24/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
03/24/2016	Brazis, Amanda	Ozark	62972	Outpatient Hospital
03/24/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
03/24/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
03/24/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
03/24/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
04/07/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
04/07/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
04/07/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
04/07/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital

04/07/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
04/07/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
04/14/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
04/14/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
04/14/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
04/14/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
04/14/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
04/14/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
04/21/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
04/21/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
04/21/2016	Brazis, Amanda	TEMPLE TERRACE	62918	Outpatient Hospital
04/21/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
04/21/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
04/21/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
04/28/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
04/28/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
04/28/2016	Brazis, Amanda	TEMPLE TERRACE	62918	Outpatient Hospital
04/28/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
04/28/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
05/05/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
05/05/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
05/05/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
05/05/2016	Brazis, Amanda	TEMPLE TERRACE	62918	Outpatient Hospital
05/05/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
05/05/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
05/12/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
05/12/2016	Brazis, Amanda	Mulkeytown	62865	Outpatient Hospital
05/19/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
05/19/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
05/19/2016	Brazis, Amanda	TEMPLE TERRACE	62918	Outpatient Hospital
05/19/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
05/19/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
05/19/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
05/19/2016	Brazis, Amanda	Mulkeytown	62865	Outpatient Hospital
05/26/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
05/26/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
05/26/2016	Brazis, Amanda	TEMPLE TERRACE	62918	Outpatient Hospital
05/26/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
05/26/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
05/26/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
05/26/2016	Brazis, Amanda	Mulkeytown	62865	Outpatient Hospital
05/26/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
06/02/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
06/02/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital

06/02/2016	Brazis, Amanda	TEMPLE TERRACE	62918	Outpatient Hospital
06/02/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
06/02/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
06/02/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
06/02/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
06/02/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
06/16/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
06/16/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
06/16/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
06/16/2016	Brazis, Amanda	TEMPLE TERRACE	62918	Outpatient Hospital
06/16/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
06/16/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
06/16/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
06/23/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
06/23/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
06/23/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
06/23/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
06/23/2016	Brazis, Amanda	TEMPLE TERRACE	62918	Outpatient Hospital
06/23/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
06/23/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
06/23/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
06/30/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
06/30/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
06/30/2016	Brazis, Amanda	Burnside	62967	Outpatient Hospital
06/30/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
06/30/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
06/30/2016	Brazis, Amanda	TEMPLE TERRACE	62918	Outpatient Hospital
06/30/2016	Brazis, Amanda	Vienna	62995	Outpatient Hospital
06/30/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
06/30/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
06/30/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
07/07/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
07/07/2016	Brazis, Amanda	Anna	62906	Outpatient Hospital
07/07/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
07/07/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
07/07/2016	Brazis, Amanda	Burnside	62967	Outpatient Hospital
07/07/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
07/07/2016	Brazis, Amanda	Vienna	62995	Outpatient Hospital
07/07/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
07/07/2016	Brazis, Amanda	TEMPLE TERRACE	62918	Outpatient Hospital
07/07/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
07/07/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
07/07/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
07/14/2016	Brazis, Amanda	Anna	62906	Outpatient Hospital

09/15/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
09/15/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
09/15/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
09/15/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
09/15/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
09/15/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
09/22/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
09/22/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
09/22/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
09/22/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
09/22/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
09/22/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
09/22/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
09/22/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
09/22/2016	Brazis, Amanda	DuQuoin	62832	Outpatient Hospital
09/22/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
09/26/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
09/29/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
09/29/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
09/29/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
09/29/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
09/29/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
09/29/2016	Brazis, Amanda	DuQuoin	62832	Outpatient Hospital
10/06/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
10/06/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
10/06/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
10/06/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
10/06/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
10/13/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
10/13/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
10/13/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
10/13/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
10/13/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
10/20/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
10/20/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
10/20/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
10/20/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
10/20/2016	Brazis, Amanda	DuQuoin	62832	Outpatient Hospital
10/20/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
10/20/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
10/20/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
10/20/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
10/20/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
10/27/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital

07/14/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
07/14/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
07/14/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
07/14/2016	Brazis, Amanda	Vienna	62995	Outpatient Hospital
07/14/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
07/14/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
07/14/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
07/14/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
07/18/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
07/21/2016	Brazis, Amanda	Anna	62906	Outpatient Hospital
07/21/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
07/21/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
07/21/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
07/21/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
07/21/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
07/21/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
07/21/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
07/21/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
07/28/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
07/28/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
07/28/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
07/28/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
07/28/2016	Brazis, Amanda	Vienna	62995	Outpatient Hospital
07/28/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
07/28/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
07/28/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
07/28/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
07/28/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
07/28/2016	Brazis, Amanda	Equality	62934	Outpatient Hospital
07/28/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
08/04/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
08/04/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
08/04/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
08/04/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
08/04/2016	Brazis, Amanda	Vienna	62995	Outpatient Hospital
08/04/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
08/04/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
08/04/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
08/04/2016	Brazis, Amanda	Carmi	62821	Outpatient Hospital
08/04/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
08/04/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
08/11/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
08/11/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
08/11/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital

08/11/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
08/11/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
08/11/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
08/11/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
08/11/2016	Brazis, Amanda	Carterville	62918	Outpatient Hospital
08/11/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
08/11/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
08/18/2016	Brazis, Amanda	Carbondale	62901	Outpatient Hospital
08/18/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
08/18/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
08/18/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
08/18/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
08/18/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
08/25/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
08/25/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
08/25/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
08/25/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
08/25/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
08/25/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
08/25/2016	Brazis, Amanda	Carterville	62918	Outpatient Hospital
08/25/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
08/25/2016	Brazis, Amanda	DuQuoin	62832	Outpatient Hospital
08/25/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
09/01/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
09/01/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
09/01/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
09/01/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
09/01/2016	Brazis, Amanda	Pittsburg	62974	Outpatient Hospital
09/01/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
09/01/2016	Brazis, Amanda	Carterville	62918	Outpatient Hospital
09/01/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
09/01/2016	Brazis, Amanda	DuQuoin	62832	Outpatient Hospital
09/01/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
09/07/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
09/08/2016	Brazis, Amanda	Carbondale	62902	Outpatient Hospital
09/08/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
09/08/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
09/08/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
09/08/2016	Brazis, Amanda	Pittsburg	62974	Outpatient Hospital
09/08/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
09/08/2016	Brazis, Amanda	Carterville	62918	Outpatient Hospital
09/08/2016	Brazis, Amanda	Christopher	62822	Outpatient Hospital
09/08/2016	Brazis, Amanda	DuQuoin	62832	Outpatient Hospital
09/08/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital

10/27/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
10/27/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
10/27/2016	Brazis, Amanda	Carrier Mills	62917	Outpatient Hospital
10/27/2016	Brazis, Amanda	DuQuoin	62832	Outpatient Hospital
10/27/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
10/27/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
10/27/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
10/31/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
11/03/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
11/03/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
11/03/2016	Brazis, Amanda	Murphysboro	62966	Outpatient Hospital
11/03/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
11/03/2016	Brazis, Amanda	Carrier Mills	62917	Outpatient Hospital
11/03/2016	Brazis, Amanda	Golconda	62938	Outpatient Hospital
11/03/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
11/03/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
11/03/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
11/17/2016	Brazis, Amanda	DuQuoin	62832	Outpatient Hospital
11/17/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
11/17/2016	Brazis, Amanda	Carrier Mills	62917	Outpatient Hospital
11/17/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
11/17/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
11/17/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
12/01/2016	Brazis, Amanda	DuQuoin	62832	Outpatient Hospital
12/01/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
12/01/2016	Brazis, Amanda	Carrier Mills	62917	Outpatient Hospital
12/01/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
12/01/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital
12/01/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
12/01/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
12/01/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
12/01/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
12/08/2016	Brazis, Amanda	Du Quoin	62832	Outpatient Hospital
12/08/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
12/08/2016	Brazis, Amanda	Carrier Mills	62917	Outpatient Hospital
12/08/2016	Brazis, Amanda	Johnston City	62951	Outpatient Hospital
12/08/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
12/08/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
12/08/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
12/15/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
12/15/2016	Brazis, Amanda	Du Quoin	62832	Outpatient Hospital
12/15/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
12/15/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
12/15/2016	Brazis, Amanda	Creal Springs	62922	Outpatient Hospital

12/15/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
12/15/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
12/15/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
12/15/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
12/22/2016	Brazis, Amanda	Du Quoin	62832	Outpatient Hospital
12/22/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
12/22/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
12/22/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
12/22/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
12/22/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
12/22/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
12/22/2016	Brazis, Amanda	Percy	62272	Outpatient Hospital
12/29/2016	Brazis, Amanda	Benton	62812	Outpatient Hospital
12/29/2016	Brazis, Amanda	West Frankfort	62896	Outpatient Hospital
12/29/2016	Brazis, Amanda	Cartersville	62918	Outpatient Hospital
12/29/2016	Brazis, Amanda	Herrin	62948	Outpatient Hospital
12/29/2016	Brazis, Amanda	Marion	62959	Outpatient Hospital
12/29/2016	Brazis, Amanda	Ozark	62972	Outpatient Hospital
12/29/2016	Brazis, Amanda	Royalton	62983	Outpatient Hospital
12/29/2016	Brazis, Amanda	Vienna	62995	Outpatient Hospital
12/29/2016	Brazis, Amanda	Zeigler	62999	Outpatient Hospital
12/29/2016	Brazis, Amanda	Percy	62272	Outpatient Hospital

Totals By Service Location Wound Care Center (312)

TOTALS (454)



Will Adams, DPM
Roland, J. Barr, M.D.
Ryan Beck, M.D.
Treg Brown, M.D.
J. Michael Davis, M.D.
J.T. Davis, M.D.
F. Thane DeWeese, M.D.

Robert Golz, M.D.
Stephen Jackson, M.D.
Jeff Jones, D.O.
Brian Kern, M.D.
David Lindenberg, D.O.
Tennyson Lee, M.D.
Richard Morgan, M.D.

Bret Miller, M.D.
Shiraz Patel, M.D.
Jason Patton, M.D.
J.T. Ruxer, D.O.
K. Brandon Streng, M.D.
John B. Wood, M.D.
Steven D. Young, M.D.

January 29, 2019

TO: Illinois Health Facilities Planning Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of Southern Illinois Orthopedic Center ("SIOC"), and its desire to add neurosurgery, podiatry, and pain management as approved specialties.

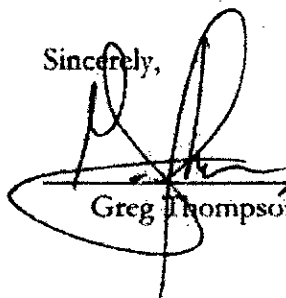
Southern Orthopedic Associates, SC. ("SOA") Illinois Division is a 12-physician practice with an office in Herrin, Illinois, and serving southern Illinois, including Herrin and Carbondale. Effective February 1, 2019 the practice expanded to offer pain management services provided by Dr. Tennyson Lee, who was recently hired.

SOA anticipated that virtually all of Dr. Lee's non-office procedures will be performed at SIOC, and that he will be performing approximately 200 procedures annually at SIOC within two years.

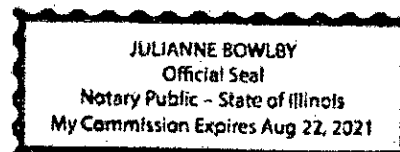
Attached is a patient origin analysis of SOA's 2016 and 2017 outpatients, and it is anticipated that Dr. Lee's individual patient origin will mirror that of the group.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,


Greg Thompson, CEO 1-31-19

Notarized:



ATTACHMENT 25c4

**SOUTHERN ORTHOPEDIC ASSOCIATES
PATIENT ORIGIN**

2016

ZIP Code	Community	%
62959	Marion	10.5%
62966	Murphysboro	6.5%
62901	Carbondale	6.0%
62948	Herrin	5.3%
62896	West Frankfort	4.6%
62946	Harrisburg	4.5%
62832	DuQuoin	4.1%
62918	Cartersville	3.9%
62274	Pinckneyville	3.2%
62812	Benton	3.2%
62906	Anna	3.0%
62951	Johnson City	2.3%
62930	Eldorado	2.0%
62939	Goreville	1.9%
62922	Creal Springs	1.6%
62902	Carbondale	1.4%
62907	Ava	1.4%
62920	Cobden	1.4%
62822	Christopher	1.2%
62917	Carrier Mills	1.1%
62995	Vienna	1.1%
62924	De Soto	1.1%
62890	Thompsonville	1.1%
62952	Jonesboro	1.1%
	other, <1.0%	<u>26.7%</u>
		100.0%

SOUTHERN ORTHOPEDIC ASSOCIATES

PATIENT ORIGIN

2017

ZIP Code	Community	%
62959	Marion	12.50%
62966	Murphysboro	7.50%
62901	Carbondale	6.00%
62948	Herrin	5.60%
62896	West Frankfort	4.90%
62918	Carterville	4.30%
62832	DuQuoin	3.30%
62812	Benton	3.20%
62946	Harrisburg	3.10%
62906	Anna	2.60%
62902	Carbondale	2.10%
62951	Johnson City	2.00%
62274	Pincneyville	1.90%
62939	Goreville	1.70%
62922	Creal Springs	1.40%
62930	Eldorado	1.30%
62924	De Soto	1.20%
62917	Carrier Mills	1.10%
62865	Mulkeytown	1.10%
62890	Thompsonville	1.00%
62822	Christopher	1.00%
62920	Cobden	1.00%
	other, <1.0%	<u>30.20%</u>
		100.00%

TREATMENT ROOM NEED ASSESSMENT

Southern Illinois Orthopedic Center has three operating rooms, and the proposed project does not involve the addition of any operating rooms or treatment rooms. 3,567 hours of operating room time were used during 2017. As such, the ASTC is operating consistent with the HFSRB's standard for three operating rooms, that being 3,001+ hours. Based on the 2017 State-wide average of 0.62 hours per pain management case and 1.85 hours per podiatric procedure performed in an ASTC, as well as an estimated 1.50 hours per neurosurgery case, and the incremental cases identified in ATTACHMENT 15, 236 incremental hours of OR usage and a total of 3,803 hours are projected in the second year following the proposed project's completion. Based on the HFSRB's target of 1,500 annual hours per OR, and in the opinion of the ASTC's management, sufficient OR capacity exists to accommodate the anticipated incremental cases.

UNNECESSARY DUPLICATION/MAL-DISTRIBUTION

The proposed project will not result in an unnecessary duplication or a mal-distribution of services.

A mal-distribution or surplus, per HFSRB definition, exists when the ratio of operating rooms and procedure rooms per 1,000 population in the GSA exceeds that of the State's ratio by 1.5 times. The proposed project does not add operating rooms or procedure rooms.

Per the HFSRB's 2017 *Facility Profiles*, there are 32 operating and procedure rooms located in hospitals and ASTCs within the GSA, which has a population of 166,719 (SearchBug), resulting in a ratio of one OR/procedure room per 5,210 residents. The ratio for the State of Illinois is one OR/procedure room per 4,521 residents. Therefore, because the GSA ratio does not exceed the State ratio by 1.5 times, a mal-distribution does not and will not exist. Below is a listing of the hospitals and ASTCs referenced above.

ASTCs

- Marion Healthcare-Marion
- Pain Care Surgery-Marion
- Surgery Center of Southern Illinois-Marion
- Physicians' Surgery Center-Carbondale

Hospitals

- Memorial Hospital of Carbondale
- Herrin Hospital
- Heartland Regional Medical Center-Marion
- St. Joseph Memorial Hospital-Murphysboro

As is the case with virtually all ASTC projects, the applicant is unable to document with certainty that within 24 months after project completion, the proposed project will neither lower the utilization rate of other area providers below the target utilization standard or lower the utilization rate of facilities failing to meet the utilization standard. However, the vast majority of cases to be performed at Southern Illinois Orthopedic Center, as documented in the physician referral letters provided in ATTACHMENT 25c4, are currently being performed in either an office setting or in Herrin Hospital or Memorial Hospital of Carbondale, both of which are members of Southern Illinois Healthcare ("SIH"). SIH is both supportive of the proposed project and holds a significant ownership interest in the applicant ASTC.

STAFFING

Southern Illinois Orthopedic Center ("SIOC") operates consistent with all staffing related licensure requirements and standards of The Accreditation Association of Ambulatory Health Care, and has not had difficulty in the recruitment of qualified staff. Due to the nature of the proposed project, minimal incremental staffing, if any, will need to be recruited to support the provision of the proposed incremental services. If the need for additional staff arises, word-of-mouth and newspaper advertisements in southern Illinois will be used as the primary recruitment tools.

Attached is the CV of SIOC's Medical Director, J. T. Davis, MD.

Curriculum Vitae
J.T. Davis, MD

PERSONAL DATA

Date of Birth: December 10, 1973

Hometown: Carbondale, Illinois

Married: Married, 2 children

Office Address: Orthopaedic Institute of Southern Illinois
510 Lincoln Drive
Herrin IL 62948
618.997.6800
Medical Assistant extension 1109

EDUCATIONAL BACKGROUND

College: B.A., Dartmouth College, New Hampshire (1992-1996)
Major in biophysical chemistry

Medical School: M.D. University of Illinois School of Medicine, Chicago, Illinois (1996-2000)

Internship: Internship in General Surgery, Tulane University at Charity Hospital, New Orleans, Louisiana (2000-2001)

Residency: Orthopaedic Surgery Residency, Tulane University School of Medicine and Affiliated Hospitals, New Orleans, Louisiana (July, 2001-June, 2005)

Fellowship: Kerlan Jobe Orthopedic Clinic
Sports Medicine and Arthroscopic surgery; Shoulder, Elbow & Knee Surgery, Los Angeles, California (August, 2005 - July, 2006)

SPECIAL TRAINING

Research: Laboratory Research Assistant for Gordon W. Gribble, Department of Organic Chemistry, Dartmouth College, Hanover, New Hampshire (1994-1996)

Other Training: Advanced Trauma Life Support, June 2000
AO/ASIF Basic Course, Charleston, South Carolina, October 2001
AO/ASIF Advanced Course, Davos, Switzerland, December 2002

ACADEMIC AWARDS/HONORS

Irene C. Thibodeaux Award for outstanding orthopaedic senior resident for 2005 graduating class

William F. Sherman Award for outstanding junior orthopaedic resident for the year, 2001-2002

Medical Center of Louisiana (Charity Hospital) *Intern of the Year Nominee*, 2000-2001

Alpha Omega Alpha Medical Honor Fraternity, 1999-present

Dean's List, Dartmouth College, 1994

Senior Thesis in Organic Chemistry, "Anti-carcinogenic Intercalating Agents for DNA," Burke Organic Chemistry Laboratory, Dartmouth College, Hanover, New Hampshire (1994-1996)

BOARD CERTIFICATION

Certified by American Board of Orthopaedic Surgery, July 2008 – present

Certified by American Board of Orthopaedic Surgery for Subspecialty Certification in Orthopaedic Sports Medicine, 11/05/2009 – present

COMMUNITY SERVICE ACTIVITIES

Pre-season physical examination screening for area high schools and colleges/universities, southern Illinois

ORTHOPAEDIC SOCIETY MEMBERSHIPS

American Academy of Orthopaedic Surgeons candidate member, 2001-present

Orthopaedic Research and Education Foundation, 2003-present

Arthroscopy Association of North America candidate member, 2003-present

American Orthopaedic Society for Sports Medicine candidate member, 2006-present

BIBLIOGRAPHY

Category I. Published Articles

1. Davis, J.T., Jones, D.G. Treatment of Knee Articular Cartilage Injuries. In Bennett C (ed) Sports Medicine section of Current Opinions in Orthopaedics, Lippincott, Williams & Wilkins. April 2004.
2. Limpisvasti, O, Davis, JT, et. al. Effects of Pitching Biomechanics on Shoulder and Elbow Injuries in Youth Baseball Players. American Journal of Sports Medicine, August 2009.

3. Davis, JT, Idjadi, J., Siskosky, M., ElAttrache. Dual direct lateral portals for treatment of elbow OCD: An anatomic study. *Journal of Arthroscopy*, November 2008.

Category II. Published Chapters in Books

1. Brown, TD, Davis, JT: Meniscal Injury in the Skeletally Immature Patient. In Micheli, J.J., Kocher, M (eds.) *The Pediatric and Adolescent Knee*, Chapter 19, WB Saunders, 2003.

Category III, Accepted for Publication

1. Domb B, Davis JT, Mohr K, ElAttrache NS, Yocum L, Jobe F: Kerlan Jobe Overhead Athlete Score for outcome measurement following UCL reconstruction. Accepted in *AJSM*.

PRESENTATIONS BEFORE SCHOLARLY OR PROFESSIONAL ORGANIZATIONS

1. Cook SD, Patron LP, Salkeld SL, Rueger DR, Davis JT, Barrack RL: Evaluation of Osteogenic Protein-1 for the Treatment of Osteoarthritis. *Knee Society on Specialty Day at 71st AAOS annual meeting*, San Francisco, California, March 2004.

2. Patron LP, Davis JT, Cook SD, Rueger DC: Time Release Delivery of a Recombinant BMP to Repair Cartilage Defects in the Canine Knee. Poster presentation at 71st AAOS annual meeting, San Francisco, California, March 2004.

3. Davis JT, Bennett J: Minimally Invasive Surgery in Pediatric Orthopaedics. *Louisiana Orthopaedic Association*, November 2003.

4. Davis JT, Dickson, K: Dual plating for Nonunions of Humeral Shaft Fractures. *Louisiana Orthopaedic Association*, 2004.

5. Davis JT, Limpisvasti O, et al: Effects of pitching mechanics on shoulder and elbow injuries in youth baseball pitchers. Kerlan Jobe Alumni Research Conference at AOSSM meeting, Hershey, PA, 2006.

6. Davis JT, Jobe Fm et al: Kerlan Jobe Overhead Athlete Score for Outcome Measurement following elbow UCL reconstruction. Kerlan Jobe Alumni Research Conference at AOSSM meeting, Hershey, PA, 2006.

TEAM COVERAGE

Current Affiliations:

Los Angeles Dodgers assistant physician to team doctor Frank Jobe, 2006 – present

PGA Tour assistant player physician to Dr. Frank Jobe (Medical Director of PGA tour)

Southern Illinois University athletics 2006 – present

John A. Logan College athletics 2006 – present

Shawnee College athletics 2006 – present

Southern Illinois Miners professional baseball team physician 2007 – present

Past Affiliations

Assistant Team Doctor for Los Angeles Lakers, Los Angeles Dodgers, PGA tour, USC Trojans, Los Angeles Kings, Anaheim Angels, Anaheim Mighty Ducks, Los Angeles Galaxy, Los Angeles Sparks during fellowship year from 2005-2006.

Assistant Team Physician for Loyola Marymount University Lions 2005-2006.

Chalmette High School Varsity Football Team (seasons of 2002-03, 2003-04)

Belle Chase High School Varsity Football Team (season of 2001-02)

State Farm Bayou Classic 2002 – Grambling vs Southern in the New Orleans Superdome

World Wrestling Entertainment Smackdown, New Orleans, LA, 09/02/03

PERSONAL INTERESTS

Family time, golf, basketball skiing.

Illinois Health Facilities and
Services Review Board
Springfield, IL

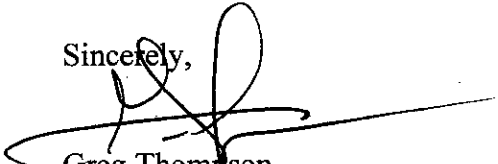
RE: Southern Illinois Orthopedic Center
Addition of Specialties

To Whom It May Concern:

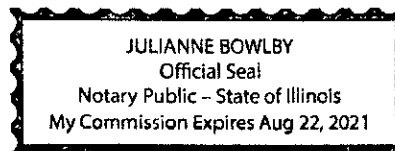
Through this letter, Southern Illinois Orthopedic Center ("SIOC") provides the following assurance:

Consistent with Review Criterion 1110.235.c.9, SIOC will maintain the charge structure contained in ATTACHMENT 25c9 to its 2019 Certificate of Need Application for Permit ("CON Application") for a minimum of two years following the Completion of the aforementioned project, unless a Certificate of Need Permit is secured pursuant to 77 Ill. Adm. Code 1130.310(a) to increase the charge structure provided in the 2019 CON Application.

Sincerely,


Greg Thompson
Manager

Notarized:



ATTACHMENT 25c9

SIOC - Charge Master Report

As of: 09/23/18

CPT Code	Billable Fee	Description
0012T	\$7,851.00	ARTHROSCOPY KNEE SURGICAL IMPLANTATION OF OSTEOCHONDRAL TO TREAT ARTICULAR SURFACE DEFECT; AUTOGRAFT
0232T	\$1,766.00	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
10021	\$1,031.00	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE
10060	\$4,513.00	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE89714
10061	\$4,513.00	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE89715
10120	\$1,520.00	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE89726
10121	\$2,672.00	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED
10140	\$2,322.00	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION89729
10160	\$2,258.00	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST89732
10180	\$4,513.00	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION89733
11000	\$2,322.00	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE89778
11010	\$1,239.00	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN AND SUBCUTANEOUS TISSUES89791
11011	\$1,239.00	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE
11012	\$2,322.00	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE, AND BONE89793
11040	\$2,322.00	DEBRIDEMENT; SKIN, PARTIAL THICKNESS89796
11041	\$1,787.00	DEBRIDEMENT; SKIN, FULL THICKNESS
11042	\$1,787.00	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE89799
11043	\$1,609.00	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE89800
11044	\$2,232.00	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE89801
11055	\$1,155.00	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION
11100	\$1,609.00	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED; SINGLE LESION89808
11101	\$1,609.00	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED; EACH SEPARATE/ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11200	\$2,140.00	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCYTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS89815
11400	\$1,162.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS
11401	\$1,162.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM89843
11402	\$1,162.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM
11403	\$1,965.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM
11404	\$2,322.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM
11406	\$2,322.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM
11420	\$2,322.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS
11421	\$1,965.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM
11422	\$1,965.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM
11423	\$1,965.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM
11424	\$2,545.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM
11426	\$2,545.00	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM
11440	\$1,609.00	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 0.5 CM OR LESS
11442	\$1,031.00	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 1.1 TO 2.0 CM
11444	\$2,471.00	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 3.1 TO 4.0 CM
11446	\$4,889.00	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER OVER 4.0 CM
11450	\$4,889.00	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR89863
11451	\$4,889.00	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR89864
11462	\$4,889.00	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR89865
11463	\$4,889.00	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR89866
11470	\$4,889.00	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR89867
11471	\$4,889.00	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPAIR89868
11600	\$1,031.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS

11602	\$1,609.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM 89973
11603	\$1,609.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM
11604	\$1,381.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM
11606	\$2,471.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER OVER 4.0 CM
11620	\$1,468.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS
11622	\$1,609.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM
11624	\$2,471.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM
11626	\$2,545.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM
11644	\$2,471.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 3.1 TO 4.0 CM
11646	\$4,889.00	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER OVER 4.0 CM
11720	\$1,031.00	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE 89900
11730	\$2,140.00	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE 89903
11732	\$1,031.00	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11750	\$2,140.00	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL), FOR PERMANENT REMOVAL;
11752	\$3,239.00	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL), FOR PERMANENT REMOVAL; WITH AMPUTATION OF TUFT OF DISTAL PHALANX
11760	\$5,792.00	REPAIR OF NAIL BED 89912
11762	\$2,140.00	RECONSTRUCTION OF NAIL BED WITH GRAFT
11765	\$2,322.00	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL) 89915
11770	\$4,889.00	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE 89916
11771	\$4,889.00	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE 89917
11772	\$4,889.00	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED 89918
11960	\$6,416.00	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION 89937
11970	\$12,560.00	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS 89938
11971	\$4,889.00	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS 89939
11982	\$2,088.00	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT 89950
12001	\$2,140.00	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS 89953
12002	\$2,140.00	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM 89954
12004	\$2,140.00	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM
12005	\$1,239.00	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM 89957
12006	\$1,239.00	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM 89958
12007	\$1,239.00	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); OVER 30.0 CM 89959
12016	\$1,239.00	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM 89968
12017	\$1,239.00	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM 89969
12018	\$1,239.00	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM 89970
12020	\$2,140.00	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE 89971
12021	\$1,031.00	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING 89972
12031	\$2,140.00	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS 89973
12032	\$2,140.00	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM 89974
12034	\$2,140.00	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM 89975
12035	\$1,239.00	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM 89976
12036	\$1,239.00	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM 89977
12037	\$6,416.00	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM 89978
12041	\$2,140.00	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS 89979
12044	\$2,140.00	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM 89982
12045	\$1,239.00	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM 89983
12046	\$1,239.00	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM 89984
12047	\$3,658.00	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM 89985
12054	\$1,239.00	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM 89992
12055	\$1,239.00	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM 89993
12056	\$1,239.00	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM 89994
12057	\$1,239.00	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM 89995

13100	\$2,140.00	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM89996
13101	\$1,192.00	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM89997
13120	\$2,140.00	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM90000
13121	\$2,140.00	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM90001
13122	\$2,140.00	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90002
13131	\$2,140.00	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM90003
13132	\$2,140.00	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM90004
13133	\$1,339.00	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90005
13150	\$0.00	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS90006
13151	\$1,192.00	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM90007
13152	\$1,192.00	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM90008
13160	\$2,254.00	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED90011
14020	\$2,254.00	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS90014
14040	\$2,254.00	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS90016
14041	\$3,658.00	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM90017
14301	\$6,416.00	ADJACENT TISSUE TRANSFER OR REARRANGEMENT ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM
14350	\$6,416.00	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE90021
15000	\$1,192.00	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES); FIRST 100 SQ CM OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN
15004	\$1,239.00	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA
15050	\$1,239.00	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE), UP TO DEFECT SIZE 2 CM DIAMETER90031
15100	\$3,658.00	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)
15101	\$1,192.00	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15120	\$6,416.00	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)
15121	\$1,192.00	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPA
15200	\$6,416.00	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS90072
15201	\$1,239.00	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90073
15220	\$3,658.00	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS90074
15221	\$1,239.00	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90075
15240	\$2,254.00	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS90076
15241	\$1,192.00	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90077
15260	\$3,658.00	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS90078
15261	\$1,239.00	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONAL 20 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90079
15335	\$1,192.00	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN
15570	\$3,658.00	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK90118
15572	\$6,416.00	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS90119
15574	\$2,857.00	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET90120
15576	\$3,658.00	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL90121
15600	\$6,416.00	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK90122
15610	\$6,416.00	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS90123
15620	\$2,857.00	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS, OR FEET90124
15630	\$3,658.00	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS90125
15650	\$3,658.00	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING TUBE), ANY LOCATION90126
15732	\$6,416.00	MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER MUSCLE, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)
15734	\$6,416.00	MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; TRUNK90130
15736	\$6,416.00	MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; UPPER EXTREMITY90131
15738	\$6,416.00	MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; LOWER EXTREMITY90132
15740	\$3,658.00	FLAP; ISLAND PEDICLE90133
15750	\$6,416.00	FLAP; NEUROVASCULAR PEDICLE90134
15756	\$1,907.00	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS
15757	\$1,907.00	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS90136
15758	\$1,907.00	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS90137

ATTACHMENT 2769

15760	\$3,658.00	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA90138
15770	\$6,416.00	GRAFT; DERMA-FAT-FASCIA
15777	\$2,647.00	IMPLANT BIO IMPLANT FOR SOFT TISSUE REINFORCEMENT
15840	\$6,416.00	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)90202
15841	\$6,416.00	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)90203
15842	\$3,658.00	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE
15845	\$6,416.00	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER90205
15850	\$1,609.00	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON
15851	\$1,031.00	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON
15920	\$4,889.00	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE90223
15922	\$6,416.00	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE90224
15931	\$2,471.00	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;90225
15933	\$4,889.00	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY90226
15934	\$6,416.00	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;90227
15935	\$6,416.00	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY90228
15936	\$3,658.00	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;90229
15937	\$3,658.00	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE; WITH OSTECTOMY90230
15940	\$4,889.00	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;90231
15941	\$4,889.00	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)90232
15944	\$6,416.00	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;90233
15945	\$6,416.00	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY90234
15946	\$6,416.00	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE90235
15950	\$2,471.00	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;90236
15951	\$4,889.00	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY90237
15952	\$6,416.00	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;90238
15953	\$6,416.00	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY90239
15956	\$3,658.00	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;90240
15958	\$6,416.00	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE; WITH OSTECTOMY
16015	\$0.00	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, MEDIUM OR LARGE, OR WITH MAJOR DEBRIDEMENT
16030	\$1,239.00	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; LARGE (EG, MORE THAN ONE EXTREMITY, OR GREATER THAN 10% TOTAL BODY SURFACE AREA)
16035	\$1,239.00	ESCHAROTOMY; INITIAL INCISION
17110	\$1,520.00	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; UP TO 14 LESIONS
17999	\$1,520.00	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE90323
19020	\$2,471.00	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP90328
19100	\$2,471.00	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARATE PROCEDURE)
19101	\$4,771.00	BIOPSY OF BREAST; OPEN, INCISIONAL
19110	\$4,771.00	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT90339
19112	\$4,771.00	EXCISION OF LACTIFEROUS DUCT FISTULA90340
19120	\$2,500.00	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, ONE OR MORE LESIONS
19125	\$4,771.00	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER, OPEN; SINGLE LESION
19126	\$1,192.00	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER, OPEN; EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A PREOPERATIVE RADIOLOGICAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19140	\$1,192.00	MASTECTOMY FOR GYNecomastia
19160	\$1,192.00	MASTECTOMY, PARTIAL;
19162	\$1,192.00	MASTECTOMY, PARTIAL; WITH AXILLARY LYMPHADENECTOMY
19180	\$1,192.00	MASTECTOMY, SIMPLE, COMPLETE
19182	\$1,192.00	MASTECTOMY, SUBCUTANEOUS
19260	\$1,794.00	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS90344
19290	\$0.00	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST;90349
19291	\$0.00	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90350
19318	\$9,174.00	REDUCTION MAMMAPLASTY90377
19328	\$4,771.00	REMOVAL OF INTACT MAMMARY IMPLANT90382

19330	\$4,771.00	REMOVAL OF MAMMARY IMPLANT MATERIAL90383
19340	\$9,174.00	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION90384
19342	\$10,789.00	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION90385
19350	\$4,771.00	NIPPLE/AREOLA RECONSTRUCTION90386
19357	\$13,562.00	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION90389
19364	\$4,013.00	BREAST RECONSTRUCTION WITH FREE FLAP90392
19366	\$9,174.00	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE90393
19370	\$4,771.00	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST90400
19371	\$4,771.00	PERIPROSTHETIC CAPSULECTOMY, BREAST90401
19380	\$9,174.00	REVISION OF RECONSTRUCTED BREAST90402
20005	\$4,367.00	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED90409
20103	\$2,122.00	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY90424
20150	\$6,216.00	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISION
20200	\$2,471.00	BIOPSY, MUSCLE; SUPERFICIAL90435
20205	\$3,442.00	BIOPSY, MUSCLE; DEEP
20206	\$2,471.00	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE90437
20220	\$1,609.00	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)90442
20225	\$2,322.00	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)
20240	\$2,545.00	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)
20245	\$2,545.00	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)
20250	\$5,777.00	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC90450
20251	\$12,560.00	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL90451
20520	\$1,239.00	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90468
20525	\$3,427.00	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED90469
20526	\$1,157.00	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL90470
20550	\$1,157.00	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR FASCIA)
20551	\$1,157.00	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION
20552	\$1,157.00	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)90473
20600	\$1,157.00	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS, TOES)
20605	\$1,157.00	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA)
20610	\$1,157.00	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)
20612	\$1,157.00	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION90481
20615	\$1,165.00	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST90482
20650	\$4,318.00	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)90483
20665	\$1,031.00	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN90490
20670	\$2,971.00	REMOVAL OF IMPLANT; SUPERFICIAL (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)
20680	\$6,976.00	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)
20680	\$2,884.00	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)78.68
20680	\$2,884.00	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)78.69
20690	\$3,783.00	APPLICATION OF A UNIPANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM90493
20693	\$4,317.00	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW RING(S) OR BAR(S))
20694	\$4,318.00	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM
20900	\$3,783.00	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)90514
20902	\$3,747.00	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE90515
20910	\$1,192.00	CARTILAGE GRAFT; COSTOCHONDRAL90516
20912	\$6,416.00	CARTILAGE GRAFT; NASAL SEPTUM90517
20920	\$3,658.00	FASCIA LATA GRAFT; BY STRIPPER90518
20922	\$6,416.00	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET90519
20924	\$3,783.00	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)90520
20926	\$6,416.00	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)90521
20930	\$17,200.00	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

20931	\$17,200.00	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20936	\$17,200.00	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20955	\$3,035.00	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA90534
20962	\$3,035.00	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR METATARSAL90539
20969	\$3,035.00	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR GREAT TOE90540
20970	\$3,035.00	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST90541
20972	\$12,560.00	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL90542
20973	\$12,560.00	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE90543
20975	\$1,239.00	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)90546
20985	\$1,031.00	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20999	\$4,318.00	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL90557
21010	\$4,458.00	ARTHROTOMY, TEMPOROMANDIBULAR JOINT90558
21025	\$9,662.00	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE90561
21026	\$9,662.00	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)90562
21034	\$9,662.00	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA
21040	\$4,458.00	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE
21041	\$0.00	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; COMPLEX
21044	\$9,662.00	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;90573
21046	\$7,148.00	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOATOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION(S))90576
21050	\$9,662.00	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)90583
21060	\$9,662.00	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)90584
21070	\$9,662.00	CORONOIDECTOMY (SEPARATE PROCEDURE)90585
21206	\$9,662.00	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)90693
21208	\$9,662.00	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)90694
21209	\$9,662.00	OSTEOPLASTY, FACIAL BONES; REDUCTION90695
21210	\$9,662.00	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)90696
21215	\$9,662.00	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)90697
21230	\$9,662.00	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)90698
21235	\$9,662.00	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)90699
21240	\$9,662.00	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)90700
21242	\$9,662.00	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT90701
21243	\$53,674.00	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT90702
21244	\$9,662.00	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)90703
21245	\$9,662.00	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL90704
21246	\$9,662.00	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE90705
21248	\$9,662.00	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL90708
21249	\$9,662.00	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE90709
21267	\$9,662.00	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH90720
21270	\$9,662.00	MALAR AUGMENTATION, PROSTHETIC MATERIAL90723
21275	\$10,286.00	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION90724
21280	\$4,458.00	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)90725
21282	\$4,458.00	LATERAL CANTHOPEXY90726
21300	\$1,192.00	CLOSED TREATMENT OF SKULL FRACTURE WITHOUT OPERATION
21310	\$1,239.00	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION90733
21315	\$2,660.00	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION90734
21320	\$3,276.00	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION90735
21325	\$4,458.00	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED90736
21330	\$9,662.00	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION90737
21335	\$4,458.00	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM90738
21337	\$4,458.00	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION90741
21338	\$9,662.00	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION90742

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21339	\$9,662.00	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION90743
21340	\$4,458.00	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAIR OF CANTHAL LIGAMENTS AND/OR THE NASOLACRIMAL APPARATUS90744
21343	\$4,013.00	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE90745
21355	\$4,458.00	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION90756
21360	\$9,662.00	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD90759
21365	\$4,013.00	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD; WITH INTERNAL FIXATION AND MULTIPLE SURGICAL APPROACHES90760
21385	\$4,013.00	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)90763
21386	\$4,013.00	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH90764
21387	\$4,013.00	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; COMBINED APPROACH90765
21390	\$9,662.00	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT90766
21395	\$4,013.00	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)90767
21400	\$1,239.00	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION90768
21401	\$2,660.00	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATION90769
21406	\$9,662.00	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANTS90770
21407	\$9,662.00	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT90771
21421	\$4,458.00	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFT OR RIGHT TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT90774
21422	\$4,013.00	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFT OR RIGHT TYPE)90775
21440	\$2,144.00	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)90788
21445	\$9,662.00	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)90789
21450	\$1,192.00	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION90790
21451	\$2,660.00	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION90791
21452	\$9,662.00	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION90792
21453	\$9,662.00	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION90793
21454	\$9,662.00	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION90794
21461	\$9,662.00	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION90795
21462	\$9,662.00	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION90796
21465	\$9,662.00	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE90797
21470	\$4,013.00	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION, INTERDENTAL FIXATION, AND/OR WIRING OF DENTURES OR SPLINTS90798
21480	\$1,031.00	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT90799
21485	\$2,660.00	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT REQUIRING INTERMAXILLARY FIXATION OR SPLINTING), INITIAL OR SUBSEQUENT90800
21490	\$4,458.00	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION90801
21493	\$0.00	CLOSED TREATMENT OF HYOID FRACTURE; WITHOUT MANIPULATION
21494	\$0.00	CLOSED TREATMENT OF HYOID FRACTURE; WITH MANIPULATION
21495	\$2,232.00	OPEN TREATMENT OF HYOID FRACTURE90802
21497	\$2,660.00	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE90803
21501	\$4,889.00	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;90806
21502	\$5,777.00	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY90807
21510	\$1,907.00	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX90808
21550	\$2,471.00	BIOPSY, SOFT TISSUE OF NECK OR THORAX90809
21555	\$2,471.00	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS90810
21556	\$4,889.00	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR90811
21600	\$12,560.00	EXCISION OF RIB, PARTIAL90814
21610	\$5,777.00	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)90815
21620	\$1,239.00	OSTECTOMY OF STERNUM, PARTIAL90820
21700	\$5,777.00	DIVISION OF SCALENUS ANTIUS; WITHOUT RESECTION OF CERVICAL RIBS90829
21720	\$5,777.00	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION90832
21725	\$1,381.00	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION90833
21800	\$1,192.00	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH90842
21805	\$1,192.00	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH90843
21810	\$1,192.00	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION (FLAIL CHEST)90844
21820	\$1,031.00	CLOSED TREATMENT OF STERNUM FRACTURE90845

21899	\$693.00	UNLISTED PROCEDURE, NECK OR THORAX90848
21920	\$1,031.00	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL90849
21925	\$2,471.00	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP90850
21930	\$2,545.00	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK90851
21935	\$4,889.00	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK90852
22100	\$6,758.00	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; CERVICAL90857
22101	\$6,758.00	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; THORACIC90858
22102	\$12,560.00	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; LUMBAR90859
22103	\$2,018.00	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90860
22305	\$516.00	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)90891
22310	\$1,031.00	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING OR BRACING90892
22315	\$3,297.00	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH AND INCLUDING CASTING AND/OR BRACING, WITH OR WITHOUT ANESTHESIA, BY MANIPULATION OR TRACTION90893
22325	\$1,907.00	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRA OR DISLOCATED SEGMENT; LUMBAR
22326	\$1,907.00	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRA OR DISLOCATED SEGMENT; CERVICAL
22327	\$1,907.00	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRA OR DISLOCATED SEGMENT; THORACIC
22328	\$1,907.00	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRA OR DISLOCATED SEGMENT; EACH ADDITIONAL FRACTURED VERTEBRA OR DISLOCATED SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90894
22505	\$3,297.00	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION90902
22513	\$13,255.00	PERCUTANEOUS VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG KYPHOPLASTY) 1 VERTEBRAL BODY UNILATERAL OR BILATERAL CANNULATION INCL
22514	\$13,255.00	PERCUTANEOUS VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG KYPHOPLASTY) 1 VERTEBRAL BODY UNILATERAL OR BILATERAL CANNULATION INCL
22515	\$11,000.00	PERCUTANEOUS VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG KYPHOPLASTY) 1 VERTEBRAL BODY UNILATERAL OR BILATERAL CANNULATION INCL
22551	\$35,044.00	ARTHRODESIS ANTERIOR INTERBODY INCLUDING DISC SPACE PREPARATION DISCECTOMY OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2
22552	\$12,160.00	ARTHRODESIS ANTERIOR INTERBODY INCLUDING DISC SPACE PREPARATION DISCECTOMY OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2 EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90903
22600	\$25,900.00	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT
22633	\$24,800.00	ARTHRODESIS COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) SINGLE INTERSPACE AND S
22634	\$24,800.00	ARTHRODESIS COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) SINGLE INTERSPACE AND S
22840	\$18,700.00	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90904
22842	\$26,500.00	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22845	\$4,900.00	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22846	\$4,900.00	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22851	\$5,116.00	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S), THREADED BONE DOWEL(S), METHYLMETHACRYLATE) TO VERTEBRAL DEFECT OR INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22853	\$9,800.00	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG SYNTHETIC CAGE MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG SCREWS FLANGES) WHEN PERFORMED TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY
22854	\$9,800.00	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG SYNTHETIC CAGE MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG SCREWS FLANGES) WHEN PERFORMED TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTO
22856	\$29,408.00	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE CERVICAL
22859	\$9,800.00	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG SYNTHETIC CAGE MESH METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)90905
22900	\$4,889.00	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)91004
23000	\$4,889.00	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN
23020	\$7,643.00	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)91008
23030	\$1,907.00	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA91009
23035	\$3,297.00	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA91012
23040	\$3,747.00	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY91013
23044	\$5,419.00	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY91014
23065	\$1,031.00	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL91015
23066	\$4,889.00	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP91016
23071	\$4,767.00	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER
23073	\$4,767.00	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER
23075	\$2,322.00	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS91017
23076	\$3,248.00	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR91018
23077	\$4,889.00	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA91019
23100	\$3,297.00	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY91020
23101	\$5,419.00	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILAGE91021
23105	\$12,560.00	ARTHROTOMY, GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY91022

23106	\$5,777.00	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY91023
23107	\$6,170.00	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY91024
23120	\$14,285.00	CLAVICULECTOMY; PARTIAL91025
23125	\$7,643.00	CLAVICULECTOMY; TOTAL91026
23130	\$8,280.00	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE91027
23140	\$4,773.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;91028
23145	\$5,777.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91029
23146	\$12,560.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT91030
23150	\$3,747.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;91031
23155	\$12,560.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91032
23156	\$3,747.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT91033
23170	\$3,297.00	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE91034
23172	\$5,777.00	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA91035
23174	\$5,777.00	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK91036
23180	\$5,777.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), CLAVICLE91037
23182	\$5,777.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), SCAPULA91038
23184	\$12,560.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), PROXIMAL HUMERUS91039
23190	\$3,747.00	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)91040
23195	\$12,560.00	RESECTION, HUMERAL HEAD91041
23330	\$1,381.00	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS91052
23331	\$0.00	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL)91053
23395	\$12,560.00	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE91058
23397	\$12,560.00	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE91059
23400	\$12,560.00	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)91060
23405	\$5,949.00	TENOTOMY, SHOULDER AREA; SINGLE TENDON91061
23406	\$9,056.00	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION91062
23410	\$10,542.00	REPAIR OF RUPTURED MUSCLOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE
23412	\$10,542.00	REPAIR OF RUPTURED MUSCLOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC
23415	\$8,829.00	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY91065
23420	\$10,542.00	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)91066
23430	\$10,542.00	TENODESIS OF LONG TENDON OF BICEPS91067
23440	\$8,829.00	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS91068
23450	\$10,542.00	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION91069
23455	\$10,542.00	BANKART PROCEDURE
23460	\$12,560.00	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK91071
23462	\$10,542.00	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER91072
23465	\$10,542.00	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK91073
23466	\$10,542.00	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY91074
23470	\$32,110.00	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY
23472	\$38,298.00	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER))
23480	\$7,643.00	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;91079
23485	\$10,541.00	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION)91080
23490	\$12,560.00	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE91081
23491	\$23,599.00	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUMERUS91082
23500	\$1,031.00	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION91083
23505	\$3,297.00	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION91084
23515	\$8,493.00	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
23520	\$3,297.00	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION91086
23525	\$1,031.00	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION91087
23530	\$12,560.00	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;91088
23532	\$12,560.00	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)91089

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23540	\$1,031.00	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION91090
23545	\$1,031.00	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION91091
23550	\$8,493.00	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;91092
23552	\$8,493.00	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)91093
23570	\$1,031.00	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION91094
23575	\$3,297.00	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT SHOULDER JOINT INVOLVEMENT)91095
23585	\$8,493.00	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION91096
23600	\$1,031.00	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION91097
23605	\$4,318.00	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION91098
23615	\$8,575.00	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES REPAIR OF TUBEROSITY(S), WHEN PERFORMED;
23616	\$53,806.00	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES REPAIR OF TUBEROSITY(S), WHEN PERFORMED; WITH PROXIMAL HUMERAL PROSTHETIC REPLACEMENT
23620	\$1,031.00	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION91101
23625	\$3,297.00	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION91102
23630	\$8,493.00	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
23650	\$4,318.00	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA91104
23655	\$4,318.00	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA91105
23660	\$8,493.00	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION91106
23665	\$4,318.00	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH MANIPULATION91107
23670	\$12,560.00	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
23675	\$3,297.00	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION91109
23680	\$23,599.00	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
23700	\$4,318.00	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)91111
23800	\$12,560.00	ARTHRODESIS, GLENOHUMERAL JOINT;91112
23802	\$23,599.00	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)91113
23921	\$3,658.00	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION91118
23929	\$4,318.00	UNLISTED PROCEDURE, SHOULDER91119
23930	\$1,907.00	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA91120
23931	\$2,322.00	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA91121
23935	\$5,777.00	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW91122
24000	\$3,788.00	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY91123
24006	\$3,788.00	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)91124
24065	\$2,322.00	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL91125
24066	\$4,889.00	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)91126
24071	\$4,767.00	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR GREATER
24075	\$2,322.00	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS
24076	\$2,545.00	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)
24077	\$4,889.00	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA91129
24100	\$5,777.00	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY91130
24101	\$3,747.00	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY91131
24102	\$3,788.00	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY91132
24105	\$4,318.00	EXCISION, OLECRANON BURSA91133
24110	\$4,318.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;91134
24115	\$12,560.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91135
24116	\$6,557.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT91136
24120	\$4,318.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;91137
24125	\$5,777.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91138
24126	\$12,560.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT91139
24130	\$3,747.00	EXCISION, RADIAL HEAD
24134	\$12,560.00	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS91141
24136	\$5,777.00	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK91142
24138	\$12,560.00	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS91143

24140	\$4,337.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), HUMERUS91144
24145	\$12,560.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), RADIAL HEAD OR NECK91145
24147	\$4,337.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), OLECRANON PROCESS91146
24149	\$4,337.00	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)91147
24150	\$4,013.00	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;91148
24151	\$1,192.00	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91149
24152	\$6,530.00	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;91150
24153	\$1,192.00	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91151
24155	\$5,777.00	RESECTION OF ELBOW JOINT (ARTHRECTOMY)91152
24160	\$5,777.00	IMPLANT REMOVAL; ELBOW JOINT
24164	\$5,479.00	IMPLANT REMOVAL; RADIAL HEAD91154
24200	\$1,162.00	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS91155
24201	\$1,239.00	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)91156
24300	\$4,318.00	MANIPULATION, ELBOW, UNDER ANESTHESIA
24301	\$12,560.00	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)91160
24310	\$4,337.00	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON91163
24320	\$12,560.00	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROCEDURE)91164
24330	\$6,758.00	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);91165
24331	\$12,560.00	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT91166
24332	\$7,643.00	TENOLYSIS, TRICEPS
24340	\$7,643.00	BICEP TENDON REPAIR AT ELBOW
24341	\$7,643.00	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)91170
24342	\$14,285.00	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT91171
24343	\$4,369.00	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE91172
24344	\$7,643.00	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)91173
24346	\$7,642.00	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)91176
24350	\$3,747.00	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS);91177
24351	\$3,747.00	NIRSCHL/MUSCLE SLIDE
24352	\$3,788.00	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH ANNULAR LIGAMENT RESECTION91179
24354	\$3,788.00	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH STRIPPING91180
24356	\$3,788.00	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH PARTIAL OSTECTOMY91181
24357	\$6,557.00	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); PERCUTANEOUS
24358	\$3,788.00	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN
24359	\$7,345.00	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACHMENT
24360	\$12,560.00	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)91188
24361	\$19,436.00	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT91189
24362	\$33,820.00	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION91190
24363	\$19,436.00	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (EG, TOTAL ELBOW)91191
24365	\$4,317.00	ARTHROPLASTY, RADIAL HEAD;91192
24366	\$19,436.00	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT91193
24400	\$4,013.00	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION91194
24410	\$23,599.00	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)91195
24420	\$12,560.00	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)91196
24430	\$6,758.00	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)91197
24435	\$32,284.00	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)91198
24470	\$5,777.00	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)91199
24495	\$12,560.00	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION91200
24498	\$23,599.00	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL SHAFT91201
24500	\$1,031.00	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION91202
24505	\$1,351.00	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION91203
24515	\$23,599.00	ORIF OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE

24515

24516	\$6,758.00	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS
24530	\$1,031.00	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITHOUT MANIPULATION91206
24535	\$4,318.00	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION91207
24538	\$4,317.00	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION91208
24545	\$12,333.00	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITHOUT INTERCONDYLAR EXTENSION
24546	\$51,607.00	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITH INTERCONDYLAR EXTENSION
24560	\$1,031.00	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION91211
24565	\$3,297.00	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION91212
24566	\$4,318.00	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION91213
24575	\$6,758.00	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
24576	\$1,031.00	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION91215
24577	\$4,318.00	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION91216
24579	\$6,758.00	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
24582	\$5,777.00	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION91218
24586	\$6,758.00	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR PROXIMAL RADIUS);91219
24587	\$33,916.00	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR PROXIMAL RADIUS); WITH IMPLANT ARTHROPLASTY91220
24600	\$1,031.00	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA91221
24605	\$4,318.00	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA91222
24615	\$12,560.00	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION91223
24620	\$4,318.00	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH MANIPULATION91224
24635	\$6,758.00	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), INCLUDES INTERNAL FIXATION, WHEN PERFORMED
24640	\$4,318.00	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH MANIPULATION91226
24655	\$4,318.00	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION91229
24665	\$7,426.00	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED;
24666	\$6,758.00	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED; WITH RADIAL HEAD PROSTHETIC REPLACEMENT
24670	\$1,893.00	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]); WITHOUT MANIPULATION
24675	\$4,318.00	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]); WITH MANIPULATION
24685	\$6,758.00	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]), INCLUDES INTERNAL FIXATION, WHEN PERFORMED
24800	\$12,560.00	ARTHRODESIS, ELBOW JOINT; LOCAL91235
24802	\$23,599.00	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)91236
24999	\$4,318.00	UNLISTED PROCEDURE, HUMERUS OR ELBOW91250
25000	\$7,481.00	DEQUERVAIN'S RELEASE, INCISION, EXTENSOR TENDON SHEATH, WRIST
25001	\$4,318.00	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)91252
25020	\$4,318.00	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT; WITHOUT DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
25023	\$5,777.00	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
25028	\$4,467.00	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA91259
25031	\$3,297.00	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA91260
25035	\$4,317.00	INCISION, DEEP; BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)91261
25040	\$3,788.00	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY91262
25065	\$2,322.00	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL91263
25066	\$3,212.00	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)91264
25071	\$3,178.00	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR GREATER
25073	\$3,178.00	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 3 CM OR GREATER
25075	\$2,322.00	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS
25076	\$2,545.00	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)
25077	\$2,471.00	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA91267
25085	\$4,318.00	CAPSULOTOMY, WRIST (EG, CONTRACTURE)91268
25100	\$5,777.00	ARTHROTOMY, WRIST JOINT; WITH BIOPSY91269
25101	\$3,747.00	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY91270
25105	\$3,747.00	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY91271
25107	\$3,747.00	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX91272

25109	\$5,777.00	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH
25110	\$4,318.00	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST91275
25111	\$7,486.00	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY91276
25112	\$2,500.00	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT91277
25115	\$4,318.00	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS91278
25116	\$4,318.00	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); EXTENSORS, WITH OR WITHOUT TRANSPOSITION OF DORSAL RETINACULUM91279
25118	\$4,369.00	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;91280
25119	\$4,337.00	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA91281
25120	\$4,337.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS);91282
25125	\$5,777.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91283
25126	\$3,747.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH ALLOGRAFT91284
25130	\$3,747.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;91285
25135	\$7,481.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91286
25136	\$12,560.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT91287
25145	\$4,369.00	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST91288
25150	\$4,369.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA91289
25151	\$4,369.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS91290
25170	\$9,126.00	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA91291
25210	\$5,286.00	CARPPECTOMY; ONE BONE91292
25215	\$5,286.00	CARPPECTOMY; ALL BONES OF PROXIMAL ROW91293
25230	\$4,369.00	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)91294
25240	\$4,369.00	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)
25248	\$4,318.00	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST91298
25250	\$3,297.00	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)91299
25251	\$5,777.00	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST91300
25259	\$4,318.00	MANIPULATION, WRIST, UNDER ANESTHESIA
25260	\$3,747.00	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE91302
25263	\$5,777.00	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE91303
25265	\$5,777.00	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MUSCLE91304
25270	\$3,747.00	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE91305
25272	\$4,125.00	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE91306
25274	\$3,788.00	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MUSCLE
25275	\$5,834.00	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG, FOR EXTENSOR CARPI ULNARIS SUBLUXATION)
25280	\$6,469.00	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON91310
25290	\$3,768.00	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON91311
25295	\$4,318.00	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON91312
25300	\$3,768.00	TENODESIS AT WRIST; FLEXORS OF FINGERS91313
25301	\$5,777.00	TENODESIS AT WRIST; EXTENSORS OF FINGERS91314
25310	\$7,643.00	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON91315
25312	\$7,643.00	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES OBTAINING GRAFT), EACH TENDON91316
25315	\$12,560.00	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST;91317
25316	\$12,560.00	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER91318
25320	\$7,643.00	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOMY, CAPSULOTOMY AND OPEN REDUCTION) FOR CARPAL INSTABILITY
25332	\$4,013.00	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION91320
25335	\$5,777.00	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)91321
25337	\$7,643.00	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE STABILIZATION (EG, TENDON TRANSFER, TENDON GRAFT OR WEAVE, OR TENODESIS) WITH OR WITHOUT OPEN REDUCTION OF DISTAL RADIOULNAR JOINT
25350	\$9,603.00	OSTEOTOMY, RADIUS; DISTAL THIRD91323
25355	\$5,777.00	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD91324
25360	\$4,337.00	OSTEOTOMY; ULNA91325
25365	\$23,599.00	OSTEOTOMY; RADIUS AND ULNA91326
25370	\$5,777.00	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFFELD TYPE PROCEDURE); RADIUS OR ULNA91327

25375	\$5,777.00	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA91328
25390	\$4,337.00	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING91329
25391	\$32,382.00	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT91330
25392	\$5,777.00	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)91331
25393	\$5,777.00	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT91332
25400	\$4,380.00	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)91335
25405	\$6,758.00	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25415	\$12,560.00	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)91337
25420	\$17,418.00	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25425	\$7,643.00	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA91339
25426	\$7,824.00	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA91340
25431	\$5,286.00	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION), EACH BONE
25440	\$7,643.00	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION)
25441	\$19,436.00	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS91345
25442	\$19,436.00	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA91346
25443	\$18,084.00	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)
25444	\$11,919.00	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE91348
25445	\$7,848.00	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM91349
25446	\$19,436.00	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (TOTAL WRIST)91350
25447	\$11,629.00	LIGAMENTOUS RECONSTRUCTION TENDON INTERPOSITION
25449	\$12,560.00	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT91352
25450	\$7,486.00	EPIPHYSEAL ARREST BY EPIPHYSEODESIS OR STAPLING; DISTAL RADIUS OR ULNA91353
25455	\$5,777.00	EPIPHYSEAL ARREST BY EPIPHYSEODESIS OR STAPLING; DISTAL RADIUS AND ULNA91354
25490	\$12,560.00	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS91355
25491	\$23,599.00	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA91356
25492	\$5,777.00	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND ULNA91357
25505	\$4,318.00	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION91360
25515	\$6,758.00	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
25520	\$3,297.00	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION)
25525	\$10,099.00	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, AND CLOSED TREATMENT OF DISTAL RADIOULNAR JOINT DISLOCATION (GALEAZZI FRACTURE/ DISLOCATION), INCLUDES PERCUTANEOUS SKELETAL FIXATION, WHEN PERFORMED
25526	\$12,560.00	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, AND OPEN TREATMENT OF DISTAL RADIOULNAR JOINT DISLOCATION (GALEAZZI FRACTURE/ DISLOCATION), INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES PERCUTANEOUS SKELETAL FIXATION, WHEN PERFORMED
25535	\$4,318.00	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION91367
25545	\$6,758.00	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
25565	\$4,318.00	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION91371
25574	\$6,758.00	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN PERFORMED; OF RADIUS OR ULNA
25575	\$6,758.00	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN PERFORMED; OF RADIUS AND ULNA
25575	\$4,192.00	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA91382
25600	\$4,318.00	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, INCLUDES CLOSED TREATMENT OF FRACTURE OF ULNAR STYLOID, WHEN PERFORMED; WITHOUT MANIPULATION
25605	\$4,318.00	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, INCLUDES CLOSED TREATMENT OF FRACTURE OF ULNAR STYLOID, WHEN PERFORMED; WITH MANIPULATION
25606	\$8,874.00	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION
25607	\$19,888.00	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION91377
25608	\$19,888.00	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS
25609	\$19,888.00	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE FRAGMENTS
25611	\$4,318.00	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, REQUIRING MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION
25620	\$4,318.00	OR IF DISTAL RADIUS OPEN TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
25624	\$4,318.00	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION91384
25628	\$13,049.00	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
25635	\$4,318.00	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE91388
25645	\$8,333.00	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID (NAVICULAR)), EACH BONE
25650	\$4,318.00	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE91390
25651	\$7,486.00	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE

25652	\$8,333.00	OPEN TREATMENT OF ULNAR STYLOID FRACTURE91393
25660	\$4,318.00	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION91394
25670	\$4,318.00	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES91395
25671	\$4,318.00	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION91396
25675	\$4,318.00	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION91397
25676	\$4,317.00	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC91398
25680	\$4,318.00	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION91399
25685	\$4,318.00	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION91400
25690	\$4,318.00	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION91401
25695	\$5,656.00	OPEN TREATMENT OF LUNATE DISLOCATION91402
25800	\$6,758.00	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR CARPOMETACARPAL JOINTS)
25805	\$12,560.00	ARTHRODESIS, WRIST; WITH SLIDING GRAFT91404
25810	\$7,642.00	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)91405
25820	\$5,377.00	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)91406
25825	\$6,758.00	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91407
25830	\$7,643.00	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT (EG, SAUVE-KAPANDJI PROCEDURE)91408
25922	\$3,297.00	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION91420
25929	\$3,658.00	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION91425
25999	\$1,031.00	UNLISTED PROCEDURE, FOREARM OR WRIST91428
26010	\$2,322.00	DRAINAGE OF FINGER ABSCESS; SIMPLE91429
26011	\$2,322.00	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)91430
26020	\$2,500.00	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH91431
26025	\$5,777.00	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA91432
26030	\$5,777.00	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA91433
26034	\$2,500.00	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)91434
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26040	\$3,852.00	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS91437
26045	\$5,286.00	DUPUYTREN'S CONTRACTURE
26055	\$5,224.00	TRIGGER FINGER, TENDON SHEATH INCISION
26060	\$3,297.00	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT91440
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26075	\$3,034.00	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METACARPOPHALANGEAL JOINT, EACH91442
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26105	\$3,177.00	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH91445
26110	\$3,034.00	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH91446
26111	\$4,767.00	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; 1.5 CM OR GREATER
26113	\$4,767.00	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER
26115	\$2,545.00	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTANEOUS
26116	\$3,248.00	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)
26117	\$4,889.00	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER91449
26121	\$5,286.00	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)91450
26123	\$5,286.00	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); 91451
26125	\$5,286.00	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIST
26130	\$5,777.00	SYNOVECTOMY, CARPOMETACARPAL JOINT91453
26135	\$5,286.00	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT91454
26140	\$3,034.00	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT91455
26145	\$3,343.00	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON91456
26160	\$3,343.00	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER
26170	\$3,297.00	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON

26180	\$3,343.00	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON
26185	\$2,500.00	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)91460
26200	\$2,500.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL91461
26205	\$5,286.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91462
26210	\$5,617.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER91463
26215	\$2,679.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91464
26230	\$2,679.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS); METACARPALS91465
26235	\$2,679.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS); PROXIMAL OR MIDDLE PHALANX OF FINGER91466
26236	\$2,679.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS); DISTAL PHALANX OF FINGER91467
26250	\$5,777.00	RADICAL RESECTION, METACARPAL (EG, TUMOR);
26255	\$1,192.00	RADICAL RESECTION, METACARPAL (EG, TUMOR); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26260	\$5,777.00	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);91470
26261	\$1,192.00	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91471
26262	\$5,777.00	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)91472
26320	\$2,633.00	REMOVAL OF IMPLANT FROM FINGER OR HAND91473
26340	\$4,318.00	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT
26350	\$5,286.00	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); PRIMARY OR SECONDARY WITHOUT FREE GRAFT, EACH TENDON
26352	\$5,286.00	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
26356	\$5,286.00	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); PRIMARY, WITHOUT FREE GRAFT, EACH TENDON
26357	\$5,286.00	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); SECONDARY, WITHOUT FREE GRAFT, EACH TENDON
26358	\$5,286.00	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
26370	\$5,286.00	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON91480
26372	\$5,286.00	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON91481
26373	\$5,286.00	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITHOUT FREE GRAFT, EACH TENDON91482
26390	\$12,560.00	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH ROD
26392	\$12,560.00	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER (INCLUDES OBTAINING GRAFT), EACH ROD
26410	\$2,500.00	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON91485
26412	\$7,486.00	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON91486
26415	\$5,286.00	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH ROD
26416	\$5,777.00	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER, EACH ROD
26418	\$7,652.00	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON91489
26420	\$5,286.00	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON91490
26426	\$5,286.00	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY); USING LOCAL TISSUE(S), INCLUDING LATERAL BAND(S), EACH FINGER
26428	\$5,777.00	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH FINGER
26432	\$2,500.00	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT PERCUTANEOUS PINNING (EG, MALLET FINGER)91493
26433	\$2,500.00	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT (EG, MALLET FINGER)
26434	\$5,777.00	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)91495
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26440	\$2,500.00	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON
26442	\$5,696.00	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON91498
26445	\$5,617.00	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON
26449	\$5,777.00	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON91500
26450	\$3,034.00	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON91501
26455	\$3,034.00	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON91502
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26474	\$3,034.00	TENODESIS; OF DISTAL JOINT, EACH JOINT91505
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26485	\$5,777.00	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON91512
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26502	\$5,286.00	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)91522
26504	\$5,286.00	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON PROSTHESIS (SEPARATE PROCEDURE)
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26510	\$5,286.00	CROSS INTRINSIC TRANSFER, EACH TENDON
26516	\$5,286.00	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT91525
26517	\$7,780.00	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS91526
26518	\$5,777.00	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS91527
26520	\$2,500.00	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT91528
26525	\$5,617.00	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT91529
26530	\$4,318.00	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT91530
26531	\$11,467.00	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT91531
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26541	\$5,286.00	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)91535
26542	\$5,286.00	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)91536
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26546	\$7,426.00	REPAIR NON-UNION, METACARPAL OR PHALANX (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION)
26548	\$5,286.00	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT91539
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26551	\$3,035.00	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-AROUND WITH BONE GRAFT91541
26553	\$1,239.00	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE91542
26554	\$1,239.00	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE91543
26555	\$12,560.00	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS91544
26560	\$2,857.00	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS91547
26561	\$5,839.00	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS91548
26562	\$5,777.00	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)91549
26565	\$5,286.00	OSTEOTOMY; METACARPAL, EACH91550
26567	\$5,286.00	OSTEOTOMY; PHALANX OF FINGER, EACH91551
26568	\$5,285.00	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX91552
26580	\$5,777.00	REPAIR CLEFT HAND91553
26585	\$0.00	REPAIR BIFID DIGIT
26587	\$2,857.00	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE
26590	\$3,297.00	REPAIR MACRODACTYLIA, EACH DIGIT
26591	\$7,268.00	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE91556
26593	\$5,777.00	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE91557
26596	\$5,777.00	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES91558
26597	\$0.00	RELEASE OF SCAR CONTRACTURE, FLEXOR OR EXTENSOR, WITH SKIN GRAFTS, REARRANGEMENT FLAPS, OR Z-PLASTIES, HAND AND/OR FINGER
26600	\$1,855.00	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE

26605	\$4,318.00	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE91561
26607	\$4,318.00	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL FIXATION, EACH BONE
26608	\$8,874.00	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE
26608	\$8,616.00	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE79.13
26615	\$13,049.00	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE
26641	\$4,496.00	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION
26645	\$5,056.00	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION91567
26650	\$5,056.00	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION
26665	\$6,758.00	ORIF OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), INCLUDES INTERNAL FIXATION, WHEN PERFORMED
26675	\$4,318.00	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT; REQUIRING ANESTHESIA
26676	\$8,874.00	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT
26685	\$4,318.00	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT
26686	\$6,758.00	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX, MULTIPLE, OR DELAYED REDUCTION
26705	\$3,297.00	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA91578
26706	\$5,777.00	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION91579
26715	\$4,318.00	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
26720	\$4,318.00	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH91581
26725	\$4,318.00	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION, EACH91582
26727	\$8,874.00	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, EACH91583
26735	\$8,317.00	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH
26740	\$4,318.00	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITHOUT MANIPULATION, EACH91585
26742	\$4,318.00	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITH MANIPULATION, EACH91586
26746	\$13,049.00	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH
26750	\$1,162.00	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH
26755	\$1,162.00	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH91590
26756	\$4,318.00	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH91591
26765	\$13,049.00	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH
26775	\$4,318.00	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA91595
26776	\$5,487.00	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION91596
26785	\$5,487.00	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, SINGLE
26820	\$12,560.00	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)91598
26841	\$5,286.00	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91600
26842	\$5,286.00	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91600
26843	\$5,286.00	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;
26844	\$12,560.00	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26850	\$5,286.00	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;91603
26852	\$5,286.00	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91604
26860	\$5,286.00	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;91605
26861	\$5,286.00	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)91606
26862	\$5,286.00	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91607
26863	\$5,286.00	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH ADDITIONAL JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)91608
26910	\$5,286.00	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER91609
26951	\$5,617.00	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT CLOSURE91610
26952	\$2,947.00	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL ADVANCEMENT FLAPS (V-Y, HOOD)91611
26989	\$1,031.00	UNLISTED PROCEDURE, HANDS OR FINGERS91612
26990	\$5,777.00	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA91613
26991	\$5,777.00	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA91614
26992	\$1,239.00	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)91615
27000	\$5,777.00	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)91616
27001	\$5,777.00	TENOTOMY, ADDUCTOR OF HIP, OPEN91617
27003	\$12,560.00	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY91618

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27006	\$3,632.00	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)
27030	\$1,907.00	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)91625
27033	\$5,777.00	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY91626
27035	\$5,777.00	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR OBTURATOR NERVES91627
27040	\$2,471.00	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL91630
27041	\$2,471.00	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR91631
27043	\$3,955.00	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREATER
27047	\$2,545.00	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE91632
27048	\$2,545.00	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR91633
27049	\$4,889.00	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNANT NEOPLASM)91634
27050	\$3,297.00	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT91635
27052	\$3,297.00	ARTHROTOMY, WITH BIOPSY; HIP JOINT91636
27060	\$5,777.00	EXCISION; ISCHIAL BURSA91639
27062	\$4,318.00	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION91640
27065	\$5,777.00	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR) WITH OR WITHOUT AUTOGRAFT91641
27066	\$11,173.00	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT91642
27080	\$5,777.00	COCCYGECTOMY, PRIMARY91659
27086	\$2,471.00	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE91660
27087	\$5,777.00	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)91661
27093	\$1,031.00	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA91666
27095	\$1,031.00	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA91667
27096	\$1,157.00	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID
27097	\$5,777.00	RELEASE OR RESECTION, HAMSTRING; PROXIMAL91670
27098	\$5,777.00	TRANSFER, ADDUCTOR TO ISCHIUM91671
27100	\$12,560.00	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)91672
27105	\$5,777.00	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)91673
27110	\$12,560.00	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR
27111	\$5,777.00	TRANSFER ILIOPSOAS; TO FEMORAL NECK91675
27125	\$34,020.00	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)
27130	\$39,500.00	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27193	\$516.00	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITHOUT MANIPULATION91726
27194	\$516.00	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITH MANIPULATION, REQUIRING MORE THAN LOCAL ANESTHESIA91727
27202	\$6,758.00	OPEN TREATMENT OF COCCYGEAL FRACTURE91730
27230	\$1,031.00	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION91749
27238	\$3,297.00	CLOSED TREATMENT OF INTERTROCHANTERIC, PERITROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION
27246	\$1,031.00	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION91763
27250	\$1,031.00	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA91766
27252	\$3,297.00	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA91767
27265	\$1,031.00	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA91780
27266	\$3,454.00	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA91781
27275	\$3,297.00	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA91788
27280	\$13,400.00	ARTHRODESIS; SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)
27299	\$1,031.00	UNLISTED PROCEDURE, PELVIS OR HIP JOINT
27301	\$2,812.00	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION91803
27303	\$1,239.00	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)91804
27305	\$4,318.00	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN91805
27306	\$3,297.00	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)91806
27307	\$5,777.00	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS91807
27310	\$3,768.00	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)91808
27315	\$1,192.00	NEURECTOMY, HAMSTRING MUSCLE
27320	\$1,192.00	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)

27323	\$2,471.00	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL91809
27324	\$4,889.00	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)91810
27327	\$2,812.00	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS91815
27328	\$4,046.00	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR91816
27330	\$5,777.00	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY91819
27331	\$3,768.00	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES
27332	\$5,777.00	ARTHROTOMY; WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL91821
27333	\$5,777.00	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL AND LATERAL91822
27334	\$5,777.00	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR91823
27335	\$12,560.00	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA91824
27337	\$3,955.00	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM+/-
27339	\$4,573.00	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER
27340	\$4,318.00	EXCISION, PREPATELLAR BURSA91825
27345	\$4,318.00	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)
27347	\$4,318.00	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE
27350	\$3,747.00	PATELLECTOMY OR HEMIPELLECTOMY91828
27355	\$3,747.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;91829
27356	\$36,145.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT91830
27360	\$3,747.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBULA (EG, OSTEOMYELITIS OR BONE ABSCESS)91835
27370	\$1,031.00	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY
27372	\$3,239.00	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA91840
27380	\$4,359.00	SUTURE OF INFRAPATELLAR TENDON; PRIMARY91841
27381	\$12,560.00	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT91842
27385	\$4,359.00	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY
27386	\$6,469.00	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT91844
27390	\$5,777.00	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON91845
27391	\$5,777.00	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG91846
27392	\$5,777.00	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL91847
27393	\$5,777.00	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON91848
27394	\$12,560.00	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG91849
27395	\$5,777.00	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL91850
27396	\$12,560.00	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON91851
27397	\$19,629.00	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS91852
27400	\$12,560.00	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)91853
27403	\$3,768.00	ARTHROTOMY WITH MENISCUS REPAIR, KNEE91854
27405	\$7,643.00	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL91855
27407	\$7,643.00	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE91856
27409	\$12,560.00	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS91857
27412	\$10,003.00	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE91858
27415	\$20,222.00	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN
27416	\$8,186.00	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT(S))
27418	\$7,643.00	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)91863
27420	\$7,643.00	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)91864
27422	\$7,643.00	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (EG, CAMPBELL, GOLDBAITE TYPE PROCEDURE)91865
27424	\$7,643.00	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY91866
27425	\$3,747.00	LATERAL RETINACULAR RELEASE, OPEN
27427	\$7,643.00	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR91868
27428	\$10,542.00	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)91869
27429	\$23,599.00	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR91870
27430	\$7,643.00	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)91871
27435	\$7,643.00	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE91872

ATTACHED INFORMATION

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27437	\$12,560.00	ARTHRORPLASTY, PATELLA; WITHOUT PROSTHESIS91873
27438	\$32,469.00	ARTHRORPLASTY, PATELLA; WITH PROSTHESIS91874
27440	\$33,187.00	ARTHRORPLASTY, KNEE, TIBIAL PLATEAU;91875
27441	\$23,599.00	ARTHRORPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY91876
27442	\$33,717.00	ARTHRORPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;91877
27443	\$23,599.00	ARTHRORPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY91878
27446	\$37,662.00	ARTHRORPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT
27447	\$38,900.00	ARTHRORPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)
27455	\$1,612.00	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOCTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE)); BEFORE EPIPHYSEAL CLOSURE91891
27457	\$4,013.00	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOCTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE)); AFTER EPIPHYSEAL CLOSURE91892
27475	\$6,474.00	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSEODESIS); DISTAL FEMUR
27487	\$7,269.00	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT
27488	\$10,697.00	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER, KNEE91915
27496	\$4,318.00	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);91918
27500	\$1,031.00	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION91925
27501	\$1,239.00	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITHOUT MANIPULATION91926
27502	\$4,318.00	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION91927
27503	\$3,297.00	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION91928
27507	\$3,035.00	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE91931
27508	\$2,401.00	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION91932
27509	\$5,106.00	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, OR SUPRACONDYLAR OR TRANSCONDYLAR, WITH OR WITHOUT INTERCONDYLAR EXTENSION, OR DISTAL FEMORAL EPIPHYSEAL SEPARATION91933
27510	\$3,297.00	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION91934
27511	\$3,035.00	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27513	\$4,013.00	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27514	\$20,925.00	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27516	\$1,031.00	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION91939
27517	\$3,297.00	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION91940
27520	\$1,031.00	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION91943
27524	\$6,758.00	ORIF OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR
27530	\$4,318.00	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION91945
27532	\$4,318.00	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION91946
27535	\$5,103.00	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27536	\$3,035.00	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION91948
27538	\$1,031.00	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION91949
27540	\$5,103.00	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27550	\$1,031.00	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA91951
27552	\$3,297.00	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA91952
27560	\$1,031.00	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA91959
27562	\$1,031.00	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA91960
27566	\$9,206.00	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY91961
27570	\$4,318.00	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)91962
27599	\$1,031.00	UNLISTED PROCEDURE, FEMUR OR KNEE91977
27600	\$4,318.00	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY91978
27601	\$4,318.00	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY
27602	\$4,318.00	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)91981
27603	\$4,161.00	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA91982
27604	\$5,777.00	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA91983
27605	\$4,318.00	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA91984
27606	\$4,318.00	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA91985
27607	\$4,167.00	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE91986
27610	\$3,747.00	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY91987

27612	\$3,747.00	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING91988
27613	\$1,965.00	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL91989
27614	\$5,246.00	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)91990
27615	\$4,889.00	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA91991
27618	\$2,322.00	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE91992
27619	\$2,545.00	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)91993
27620	\$3,788.00	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY91994
27625	\$3,788.00	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;91995
27626	\$3,788.00	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY91996
27630	\$4,318.00	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE91997
27632	\$4,767.00	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER
27635	\$3,747.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;91998
27637	\$12,560.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)91999
27638	\$4,369.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT92000
27640	\$7,643.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR EXOSTOSIS); TIBIA92001
27641	\$5,419.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR EXOSTOSIS); FIBULA92002
27648	\$1,157.00	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY
27650	\$7,643.00	REPAIR ACHILLES TENDON
27652	\$7,643.00	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)92012
27654	\$14,285.00	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT92013
27656	\$4,318.00	REPAIR, FASCIAL DEFECT OF LEG92014
27658	\$4,318.00	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON92015
27659	\$4,317.00	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON92016
27664	\$4,317.00	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON92017
27665	\$5,419.00	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON92018
27675	\$4,318.00	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY92019
27676	\$3,804.00	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY92020
27680	\$3,768.00	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON92021
27681	\$5,777.00	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS (THROUGH SEPARATE INCISION(S))92022
27685	\$8,689.00	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE PROCEDURE)92023
27686	\$5,777.00	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH SAME INCISION), EACH92024
27687	\$8,689.00	GASTROCNEMIUS RESECTION (EG, STRAYER PROCEDURE)92025
27690	\$10,863.00	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT)92026
27691	\$7,643.00	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLUCIS LONGUS, OR PERONEAL TENDON TO MIDFOOT)92027
27692	\$7,643.00	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)92028
27695	\$3,783.00	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL92029
27696	\$3,747.00	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS92030
27698	\$3,783.00	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)
27700	\$12,560.00	ARTHROPLASTY, ANKLE;92032
27704	\$4,318.00	REMOVAL OF ANKLE IMPLANT92037
27705	\$7,643.00	OSTEOTOMY; TIBIA92038
27707	\$4,318.00	OSTEOTOMY; FIBULA92039
27709	\$32,026.00	OSTEOTOMY; TIBIA AND FIBULA92040
27715	\$3,035.00	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING92043
27720	\$7,848.00	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)92044
27724	\$7,848.00	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILLAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)92047
27726	\$6,758.00	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION
27732	\$3,768.00	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA
27745	\$14,306.00	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA92059
27750	\$1,162.00	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION92060
27752	\$4,318.00	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION92061

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27756	\$12,560.00	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS)92062
27758	\$6,758.00	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE), WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE
27759	\$23,599.00	ORIF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT INTERLOCKING SCREWS AND/OR CERCLAGE
27760	\$4,318.00	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION92065
27762	\$4,318.00	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION92066
27766	\$13,049.00	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27769	\$6,758.00	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27780	\$1,031.00	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION92074
27781	\$4,318.00	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION92075
27784	\$6,758.00	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27786	\$4,318.00	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION92077
27788	\$4,318.00	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION92078
27792	\$8,689.00	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27808	\$1,031.00	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI); WITHOUT MANIPULATION
27810	\$4,318.00	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI); WITH MANIPULATION
27814	\$13,049.00	ORIF OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27816	\$1,031.00	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION92083
27818	\$4,318.00	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION92084
27822	\$8,689.00	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, MEDIAL AND/OR LATERAL MALLEOLUS; WITHOUT FIXATION OF POSTERIOR LIP
27823	\$8,689.00	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, MEDIAL AND/OR LATERAL MALLEOLUS; WITH FIXATION OF POSTERIOR LIP
27824	\$1,988.00	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITHOUT MANIPULATION92087
27825	\$4,318.00	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION92088
27826	\$12,560.00	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL FIXATION, WHEN PERFORMED; OF FIBULA ONLY
27827	\$6,758.00	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL FIXATION, WHEN PERFORMED; OF TIBIA ONLY
27828	\$23,599.00	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL FIXATION, WHEN PERFORMED; OF BOTH TIBIA AND FIBULA
27829	\$6,758.00	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27829	\$4,192.00	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION79.36
27830	\$4,318.00	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA92093
27831	\$4,318.00	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA92094
27832	\$12,560.00	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, OR WITH EXCISION OF PROXIMAL FIBULA
27840	\$1,031.00	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA92096
27842	\$4,318.00	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION92097
27846	\$12,560.00	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNAL FIXATION92098
27848	\$12,560.00	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION92099
27860	\$4,318.00	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)92100
27870	\$31,658.00	ARTHRODESIS, ANKLE, OPEN
27871	\$31,234.00	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL92102
27884	\$5,777.00	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION92109
27886	\$6,851.00	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION
27892	\$5,777.00	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
27893	\$12,560.00	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
27899	\$4,318.00	UNLISTED PROCEDURE, LEG OR ANKLE
28002	\$4,318.00	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, FOOT; SINGLE BURSAL SPACE92125
28003	\$5,777.00	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, FOOT; MULTIPLE AREAS92126
28005	\$4,108.00	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT92127
28008	\$4,108.00	FASCIOTOMY, FOOT AND/OR TOE92128
28010	\$1,907.00	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON
28011	\$3,772.00	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS
28020	\$4,108.00	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT92133
28022	\$4,108.00	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT92134
28024	\$4,108.00	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT92135

28030	\$1,192.00	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT
28035	\$3,212.00	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)92136
28039	\$1,907.00	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER
28041	\$3,494.00	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER
28043	\$2,500.00	EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE92137
28045	\$4,108.00	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR92138
28046	\$4,889.00	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT92139
28050	\$5,777.00	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT92140
28052	\$4,108.00	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT92141
28054	\$5,777.00	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT92142
28060	\$3,443.00	PLANTAR FASCIOTOMY; PARTIAL (SEPARATE PROCEDURE)
28062	\$7,786.00	FASCIOTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)92146
28070	\$5,777.00	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH92147
28072	\$3,443.00	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH92148
28080	\$4,108.00	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH
28086	\$4,108.00	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR92150
28088	\$4,108.00	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR92151
28090	\$4,108.00	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) (EG, CYST OR GANGLION); FOOT
28092	\$4,108.00	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) (EG, CYST OR GANGLION); TOE(S), EACH92153
28100	\$4,108.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;92154
28102	\$12,560.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)92155
28103	\$12,560.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT92156
28104	\$4,108.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS;
28106	\$12,560.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
28107	\$12,560.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS; WITH ALLOGRAFT
28108	\$4,108.00	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANXES OF FOOT92160
28110	\$4,108.00	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)92161
28111	\$4,108.00	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD92162
28112	\$5,777.00	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)92163
28113	\$4,108.00	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD92164
28114	\$5,777.00	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL (EG, CLAYTON TYPE PROCEDURE)92165
28116	\$4,108.00	OSTECTOMY, EXCISION OF TARSAL COALITION92166
28118	\$7,650.00	OSTECTOMY, CALCANEUS;92167
28119	\$4,108.00	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE
28120	\$4,108.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR BOSSING); TALUS OR CALCANEUS92169
28122	\$4,108.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR BOSSING); TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS92170
28124	\$4,108.00	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR BOSSING); PHALANX OF TOE92171
28126	\$4,108.00	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE
28130	\$5,777.00	TALECTOMY (ASTRAGALECTOMY)92173
28140	\$5,777.00	METATARSECTOMY92174
28150	\$5,777.00	PHALANGECTOMY, TOE, EACH TOE92175
28153	\$4,108.00	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE92176
28160	\$4,108.00	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF PHALANX, EACH
28171	\$5,777.00	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)92178
28173	\$5,777.00	RADICAL RESECTION OF TUMOR, BONE; METATARSAL92179
28175	\$3,297.00	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE92180
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28192	\$2,322.00	REMOVAL OF FOREIGN BODY, FOOT; DEEP92182
28193	\$2,322.00	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED92183
28200	\$4,108.00	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON92184
28202	\$12,560.00	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)92185

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28208	\$4,108.00	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON92185
28210	\$12,560.00	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)92187
28220	\$4,108.00	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON
28222	\$4,230.00	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS92190
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28230	\$4,108.00	TENOTOMY, OPEN, TENDON FLEXOR, FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE PROCEDURE)
28232	\$4,108.00	TENOTOMY, OPEN, TENDON FLEXOR, TOE, SINGLE TENDON (SEPARATE PROCEDURE)92195
28234	\$4,108.00	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON92196
28238	\$6,758.00	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY TARSAL NAVICULAR BONE (EG, KIDNER TYPE PROCEDURE)
28240	\$5,777.00	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE92198
28250	\$4,108.00	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE PROCEDURE)92199
28260	\$4,108.00	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)92200
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28262	\$12,560.00	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING (EG, RESISTANT CLUBFOOT DEFORMITY)92202
28264	\$6,758.00	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)92203
28270	\$4,108.00	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT (SEPARATE PROCEDURE)92204
28272	\$4,108.00	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)
28280	\$3,443.00	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)92207
28285	\$4,108.00	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)
28286	\$5,777.00	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUZ-MORA TYPE PROCEDURE)92209
28288	\$3,443.00	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH METATARSAL HEAD92210
28289	\$3,443.00	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT
28290	\$3,766.00	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (EG, SILVER TYPE PROCEDURE)
28291	\$16,934.00	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT; WITH IMPLANT
28292	\$4,445.00	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE, OR MAYO TYPE PROCEDURE92213
28293	\$4,808.00	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT92214
28294	\$6,618.00	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (EG, JOPLIN TYPE PROCEDURE)92215
28295	\$7,790.00	CORRECTION HALLUX VALGUS (BUNIONECTOMY) WITH SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY ANY METHOD
28296	\$7,476.00	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)92216
28297	\$4,489.00	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS-TYPE PROCEDURE
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28299	\$9,817.00	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE OSTEOTOMY
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28302	\$3,442.00	OSTEOTOMY; TALUS92221
28304	\$11,807.00	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;92222
28305	\$17,034.00	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (EG, FOWLER TYPE)92223
28306	\$4,128.00	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; FIRST METATARSAL92224
28307	\$4,128.00	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; FIRST METATARSAL WITH AUTOGRAFT (OTHER THAN FIRST TOE)92225
28308	\$4,128.00	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; OTHER THAN FIRST METATARSAL, EACH92226
28309	\$12,560.00	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; MULTIPLE (EG, SWANSON TYPE CAVUS FOOT PROCEDURE)
28310	\$4,108.00	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)92228
28312	\$4,108.00	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANXES, ANY TOE92229
28313	\$4,108.00	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG, OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES)92230
28315	\$4,108.00	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)92231
28320	\$6,758.00	REPAIR, NONUNION OR MALUNION; TARSAL BONES92232
28322	\$3,961.00	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)92233
28340	\$5,777.00	RECONSTRUCTION, TOE, MACRODACTYL; SOFT TISSUE RESECTION92234
28341	\$5,777.00	RECONSTRUCTION, TOE, MACRODACTYL; REQUIRING BONE RESECTION92235
28344	\$4,195.00	RECONSTRUCTION, TOE(S); POLYDACTYL92236
28345	\$4,195.00	RECONSTRUCTION, TOE(S); SYNDACTYL, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB92237

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28405	\$1,239.00	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION92241
28406	\$5,056.00	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION92242
28415	\$6,758.00	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;
28420	\$31,770.00	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)
28435	\$3,297.00	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION92247
28436	\$5,102.00	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION92248
28445	\$6,758.00	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
28456	\$4,478.00	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH92256
28465	\$6,758.00	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH
28470	\$4,318.00	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH92258
28475	\$4,318.00	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH92259
28476	\$5,056.00	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH92260
28485	\$13,049.00	ORIF OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH
28490	\$1,463.00	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION
28496	\$5,056.00	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION92266
28505	\$4,318.00	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
28510	\$4,318.00	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH92268
28515	\$4,318.00	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH92269
28525	\$4,318.00	ORIF OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH
28531	\$5,965.00	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION
28545	\$7,936.00	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA92277
28546	\$4,318.00	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION92278
28555	\$10,360.00	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
28575	\$5,777.00	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA92282
28576	\$3,297.00	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION92283
28585	\$7,481.00	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
28605	\$1,893.00	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA92287
28606	\$6,096.00	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION92288
28615	\$6,758.00	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
28635	\$4,318.00	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA92292
28636	\$4,318.00	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION92293
28645	\$4,318.00	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
28665	\$3,235.00	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA92297
28666	\$5,994.00	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION92298
28675	\$4,318.00	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
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28715	\$32,924.00	ARTHRORHESIS; TRIPLES92301
28725	\$6,758.00	ARTHRORHESIS; SUBTALAR92302
28730	\$6,758.00	ARTHRORHESIS; MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;92303
28735	\$32,859.00	ARTHRORHESIS; MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION)92304
28737	\$6,758.00	ARTHRORHESIS; WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAVICULAR-CUNEIFORM (EG, MILLER TYPE PROCEDURE)
28740	\$6,758.00	ARTHRORHESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT92306
28740	\$3,462.00	ARTHRORHESIS; MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT81.14
28750	\$6,758.00	ARTHRORHESIS, GREAT TOE; METATARSOPHALANGEAL JOINT92307
28755	\$4,107.00	ARTHRORHESIS, GREAT TOE; INTERPHALANGEAL JOINT92308
28760	\$12,560.00	ARTHRORHESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK, GREAT TOE, INTERPHALANGEAL JOINT (EG, JONES TYPE PROCEDURE)92309
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28899	\$1,031.00	UNLISTED PROCEDURE, FOOT OR TOES92319
29065	\$1,578.00	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)92344

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29085	\$1,031.00	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)
29125	\$1,074.00	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC92352
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29805	\$10,003.00	ARTHROSCOPY, SHOULDER, DIAGNOSTIC
29806	\$10,003.00	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY
29807	\$10,003.00	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION
29815	\$10,003.00	ARTHROSCOPY SHOULDER WITH ACROMIOPLASTY
29819	\$10,003.00	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY92427
29820	\$10,003.00	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL92428
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29822	\$10,003.00	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED92430
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29824	\$10,003.00	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)
29825	\$10,003.00	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION92433
29826	\$10,542.00	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOUT CORACOCROMIAL RELEASE92434
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29828	\$10,542.00	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS
29830	\$10,003.00	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)92438
29834	\$10,003.00	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY92439
29835	\$10,003.00	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL92440
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29837	\$10,003.00	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED92442
29838	\$10,003.00	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE92443
29840	\$7,851.00	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)92444
29843	\$5,777.00	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE92445
29844	\$7,851.00	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL92446
29845	\$7,851.00	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE92447
29846	\$7,851.00	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT92448
29847	\$7,851.00	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY92449
29848	\$7,851.00	ENDOSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT
29850	\$6,342.00	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)92451
29851	\$9,095.00	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITH INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)92452
29855	\$9,095.00	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED (INCLUDES ARTHROSCOPY)
29856	\$10,697.00	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED (INCLUDES ARTHROSCOPY)
29862	\$7,131.00	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESECTION OF LABRUM
29863	\$9,095.00	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY
29866	\$10,003.00	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT(S))
29867	\$10,003.00	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)92464
29870	\$7,851.00	ARTHROSCOPY, KNEE, DIAGNOSTIC
29871	\$7,851.00	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE92468
29873	\$7,851.00	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE92469
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29875	\$7,851.00	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, Plica OR SHELF RESECTION) (SEPARATE PROCEDURE)92471
29876	\$7,851.00	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)92472

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29877	\$7,851.00	ARTHROSCOPY; KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)92473
29879	\$7,851.00	ARTHROSCOPY; KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURES92474
29880	\$7,851.00	ARTHROSCOPY; KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)92475
29881	\$7,851.00	ARTHROSCOPY; KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING)92476
29882	\$7,851.00	ARTHROSCOPY; KNEE, SURGICAL; WITH MENISCUS TEAR (MEDIAL OR LATERAL)92477
29883	\$7,851.00	ARTHROSCOPY; KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)92478
29884	\$7,851.00	ARTHROSCOPY; KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)92479
29885	\$10,003.00	ARTHROSCOPY; KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)92480
29886	\$7,851.00	ARTHROSCOPY; KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION92481
29887	\$7,851.00	ARTHROSCOPY; KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION WITH INTERNAL FIXATION92482
29888	\$10,003.00	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT BTB RECONSTRUCTION
29889	\$10,003.00	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION92484
29891	\$7,851.00	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDral DEFECT OF TALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT
29892	\$7,851.00	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFOND FRACTURE, WITH OR WITHOUT INTERNAL FIXATION (INCLUDES ARTHROSCOPY)92486
29893	\$7,372.00	ENDOSCOPIC PLANTAR FASCIOTOMY92487
29894	\$7,851.00	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY92488
29895	\$7,851.00	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL92489
29897	\$7,851.00	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED92490
29898	\$7,851.00	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE92491
29901	\$7,372.00	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT92496
29902	\$7,372.00	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT (EG, STENAR LESION)
29906	\$10,003.00	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT
29909	\$0.00	ARTHROSCOPY.
29999	\$3,035.00	UNLISTED PROCEDURE, ARTHROSCOPY
29999	\$11,198.00	UNLISTED, ARTHROSCOPIC BICEPS TENOTOMY
30115	\$0.00	EXCISION, NASAL POLYP(S), EXTENSIVE92518
30117	\$0.00	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH
30118	\$0.00	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY)
30120	\$0.00	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA92523
30124	\$0.00	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS92524
30125	\$0.00	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE92525
30130	\$0.00	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD
30140	\$0.00	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD
30150	\$0.00	RHINECTOMY; PARTIAL92530
30160	\$0.00	RHINECTOMY; TOTAL92531
30310	\$0.00	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA92556
30320	\$0.00	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY92557
30400	\$9,662.00	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP92562
30410	\$9,662.00	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP92565
30420	\$9,662.00	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR92566
30430	\$9,662.00	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)92569
30435	\$9,662.00	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)92570
30450	\$9,662.00	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)92573
30520	\$4,458.00	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT92590
30540	\$9,662.00	REPAIR CHOANAL ATRESIA; INTRANASAL92591
30560	\$0.00	LYSIS INTRANASAL SYNECHIA92594
30580	\$0.00	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROSTOMY IS INCLUDED)92595
30600	\$0.00	REPAIR FISTULA; ORONASAL92596
30620	\$9,662.00	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)92601
30630	\$0.00	REPAIR NASAL SEPTAL PERFORATIONS92604
30801	\$0.00	CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD; SUPERFICIAL

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30802	\$0.00	CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD; INTRAMURAL
30903	\$0.00	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD92639
30905	\$0.00	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD; INITIAL
30906	\$0.00	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD; SUBSEQUENT
30915	\$0.00	LIGATION ARTERIES; ETHMOIDAL92644
30920	\$0.00	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL92647
31020	\$0.00	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL92666
31030	\$0.00	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYP92667
31032	\$0.00	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYP92668
31050	\$0.00	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY92671
31051	\$0.00	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)92672
31070	\$0.00	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)92673
31075	\$0.00	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCCOCELE OR OSTEOMA, LYNCH TYPE)92674
31080	\$0.00	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)92675
31084	\$0.00	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION92678
31086	\$9,662.00	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION92681
31090	\$0.00	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY, ETHMOID, SPHENOID)92684
31200	\$0.00	ETHMOIDECTOMY; INTRANASAL, ANTERIOR92691
31201	\$0.00	ETHMOIDECTOMY; INTRANASAL, TOTAL92692
31205	\$4,458.00	ETHMOIDECTOMY; EXTRANASAL, TOTAL92693
31233	\$1,239.00	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)92702
31235	\$0.00	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)92703
31237	\$0.00	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)92704
31238	\$0.00	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE
31239	\$5,298.00	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORRHINOSTOMY92706
31240	\$2,699.00	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION92707
31253	\$8,650.09	NASAL/SINUS ENDOSCOPY SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR) INCLUDING FRONTAL SINUS EXPLORATION WITH REMOVAL OF TISSUE FROM FRONTAL SINUS WHEN PERFORMED
31254	\$8,105.00	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)92708
31255	\$0.00	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)92709
31256	\$0.00	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;92710
31267	\$0.00	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS92711
31276	\$8,105.00	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM FRONTAL SINUS92712
31287	\$0.00	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;92713
31288	\$0.00	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS92714
31300	\$0.00	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY92727
31320	\$0.00	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC92730
31500	\$1,031.00	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE
31510	\$0.00	LARYNGOSCOPY, INDIRECT; WITH BIOPSY92771
31511	\$0.00	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY92772
31512	\$0.00	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION92773
31513	\$0.00	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION92774
31515	\$1,031.00	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPERATION92775
31525	\$2,699.00	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN92778
31526	\$2,699.00	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE OR TELESCOPE
31527	\$5,298.00	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR92780
31528	\$5,298.00	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL
31529	\$5,298.00	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT
31530	\$2,699.00	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL92783
31531	\$5,298.00	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE OR TELESCOPE
31535	\$5,298.00	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY92785
31536	\$5,298.00	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELESCOPE

31540	\$5,298.00	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; 92787
31541	\$5,298.00	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE OR TELESCOPE
31560	\$8,105.00	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; 92795
31561	\$8,105.00	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE OR TELESCOPE
31570	\$5,298.00	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; 92797
31571	\$5,298.00	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE
31576	\$0.00	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY; 92801
31577	\$0.00	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY; 92802
31578	\$0.00	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION; 92803
31580	\$0.00	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL; 92806
31582	\$5,220.00	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT OR CORE MOLD, INCLUDING TRACHEOTOMY; 92807
31584	\$3,035.00	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE; 92808
31585	\$0.00	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITHOUT MANIPULATION
31586	\$0.00	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITH CLOSED MANIPULATIVE REDUCTION
31588	\$5,220.00	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER PARTIAL LARYNGECTOMY); 92811
31590	\$0.00	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE; 92812
31595	\$0.00	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL; 92813
31600	\$1,907.00	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); 92816
31611	\$0.00	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOICE BUTTON, BLOM-SINGER PROSTHESIS); 92827
31612	\$0.00	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION; 92828
31613	\$0.00	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION; 92829
31614	\$0.00	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION; 92830
31615	\$0.00	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION; 92831
31622	\$0.00	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; DIAGNOSTIC, WITH OR WITHOUT CELL WASHING (SEPARATE PROCEDURE)
31625	\$0.00	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH BRONCHIAL OR ENDOBRONCHIAL BIOPSY(S), SINGLE OR MULTIPLE SITES
31628	\$0.00	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY(S), SINGLE LOBE
31629	\$0.00	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S), TRACHEA, MAIN STEM AND/OR LOBAR BRONCHUS(S)
31630	\$0.00	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRACHEAL/BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE
31631	\$0.00	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF TRACHEAL STENT(S) (INCLUDES TRACHEAL/BRONCHIAL DILATION AS REQUIRED)
31635	\$0.00	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH REMOVAL OF FOREIGN BODY
31640	\$5,298.00	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH EXCISION OF TUMOR
31641	\$0.00	BRONCHOSCOPY (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, LASER THERAPY, CRYOTHERAPY)
31645	\$0.00	BRONCHOSCOPY (RIGID OR FLEXIBLE); WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL (EG, DRAINAGE OF LUNG ABSCESS)
31646	\$0.00	BRONCHOSCOPY (RIGID OR FLEXIBLE); WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQUENT
31700	\$1,192.00	CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE)
31717	\$0.00	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY; 92867
31720	\$1,031.00	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL; 92868
31730	\$0.00	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/STENT OR INDWELLING TUBE FOR OXYGEN THERAPY; 92871
31750	\$0.00	TRACHEOPLASTY; CERVICAL; 92872
31755	\$0.00	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE; 92873
31785	\$1,907.00	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL; 92886
31800	\$1,239.00	SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL; 92889
31820	\$4,458.00	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR; 92892
31825	\$4,458.00	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR; 92893
31830	\$4,458.00	REVISION OF TRACHEOSTOMY SCAR; 92894
32000	\$1,192.00	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT; 92897
32002	\$1,192.00	THORACENTESIS WITH INSERTION OF TUBE WITH OR WITHOUT WATER SEAL (EG, FOR PNEUMOTHORAX) (SEPARATE PROCEDURE); 92898
32005	\$1,192.00	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)
32020	\$1,192.00	TUBE THORACOSTOMY WITH OR WITHOUT WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA) (SEPARATE PROCEDURE)
32400	\$0.00	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE; 92943
32405	\$0.00	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE; 92946

32420	\$1,192.00	PNEUMOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION
33010	\$0.00	PERICARDIOCENTESIS; INITIAL93068
33011	\$0.00	PERICARDIOCENTESIS; SUBSEQUENT93069
34101	\$4,013.00	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY ARM INCISION93554
34490	\$6,752.00	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCISION93571
35206	\$4,488.00	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY93680
36261	\$10,199.00	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP94035
36262	\$6,556.00	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP94036
36489	\$0.00	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS, OVER AGE 2
36491	\$0.00	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); CUTDOWN, OVER AGE 2
36530	\$0.00	INSERTION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP
36531	\$0.00	REVISION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP
36532	\$0.00	REMOVAL OF IMPLANTABLE INTRAVENOUS INFUSION PUMP
36533	\$0.00	INSERTION OF IMPLANTABLE VENOUS ACCESS DEVICE, WITH OR WITHOUT SUBCUTANEOUS RESERVOIR
36534	\$0.00	REVISION OF IMPLANTABLE VENOUS ACCESS DEVICE, AND/OR SUBCUTANEOUS RESERVOIR
36535	\$0.00	REMOVAL OF IMPLANTABLE VENOUS ACCESS DEVICE, AND/OR SUBCUTANEOUS RESERVOIR
36800	\$10,052.00	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN TO VEIN94178
36810	\$6,047.00	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)94179
36815	\$10,052.00	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL REVISION, OR CLOSURE94180
36825	\$10,052.00	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); AUTOGENOUS GRAFT94192
36830	\$10,052.00	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); NONAUTOGENOUS GRAFT (EG, BIOLOGICAL COLLAGEN, THERMOPLASTIC GRAFT)
36832	\$10,052.00	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)
36835	\$6,047.00	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)94201
36860	\$1,752.00	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER94204
36861	\$10,052.00	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER94205
37609	\$2,471.00	LIGATION OR BIOPSY, TEMPORAL ARTERY94278
37700	\$6,047.00	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS94293
37720	\$0.00	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS
37730	\$0.00	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT SAPHENOUS VEINS
37735	\$6,047.00	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG, WITH EXCISION OF DEEP FASCIA94298
37760	\$6,047.00	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT, OPEN
37780	\$3,035.00	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPLOTEAL JUNCTION (SEPARATE PROCEDURE)94304
37785	\$6,047.00	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG
37799	\$1,239.00	UNLISTED PROCEDURE, VASCULAR SURGERY94310
38220	\$1,031.00	BONE MARROW; ASPIRATION ONLY
38300	\$2,471.00	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE94361
38305	\$2,471.00	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE94362
38308	\$4,771.00	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS94363
38500	\$3,487.00	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL
38505	\$2,471.00	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)94371
38510	\$4,771.00	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)
38520	\$4,771.00	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD
38525	\$4,771.00	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)
38530	\$4,771.00	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)
38542	\$9,664.00	DISSECTION, DEEP JUGULAR NODE(S)94376
38550	\$4,771.00	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR DISSECTION94377
38555	\$9,174.00	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR DISSECTION94378
38700	\$0.00	SUPRAHYOID LYMPHADENECTOMY94391
38740	\$0.00	AXILLARY LYMPHADENECTOMY; SUPERFICIAL94396
38745	\$0.00	AXILLARY LYMPHADENECTOMY; COMPLETE94397
38760	\$0.00	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE PROCEDURE)94402

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40500	\$0.00	VERMILIONECTOMY (LIP SHAPE), WITH MUCOSAL ADVANCEMENT94517
40510	\$4,458.00	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE94520
40520	\$4,458.00	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE94523
40525	\$4,458.00	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)94524
40527	\$9,662.00	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)94525
40530	\$4,458.00	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION94528
40650	\$1,192.00	REPAIR LIP, FULL THICKNESS; VERMILION ONLY94545
40652	\$1,192.00	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT94546
40654	\$2,660.00	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX94547
40801	\$1,239.00	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED94578
40805	\$1,239.00	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED94581
40806	\$1,031.00	INCISION OF LABIAL FRENUM (FRENOTOMY)94582
40814	\$4,458.00	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR94589
40816	\$4,458.00	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE94590
40818	\$1,134.00	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT94591
40819	\$2,660.00	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENULECTOMY, FRENULECTOMY, FRENECTOMY)94592
40820	\$1,165.00	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)94593
40831	\$1,134.00	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX94595
40840	\$9,662.00	VESTIBULOPLASTY; ANTERIOR94597
40842	\$9,662.00	VESTIBULOPLASTY; POSTERIOR, UNILATERAL94598
40843	\$9,662.00	VESTIBULOPLASTY; POSTERIOR, BILATERAL94599
40844	\$9,662.00	VESTIBULOPLASTY; ENTIRE ARCH94600
40845	\$9,662.00	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)94601
41000	\$1,031.00	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL94610
41005	\$1,031.00	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL94611
41006	\$2,660.00	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYLOHYOID94612
41007	\$2,660.00	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE94613
41008	\$4,458.00	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE94614
41009	\$1,134.00	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE94615
41010	\$2,660.00	INCISION OF LINGUAL FRENUM (FRENOTOMY)94618
41015	\$1,134.00	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL94619
41016	\$9,662.00	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL94620
41017	\$4,458.00	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR94621
41018	\$2,660.00	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE94622
41105	\$1,239.00	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD94627
41110	\$1,165.00	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE94632
41112	\$4,458.00	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS94633
41113	\$4,458.00	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD94634
41114	\$4,458.00	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP94635
41115	\$1,031.00	EXCISION OF LINGUAL FRENUM (FRENECTOMY)94636
41116	\$4,458.00	EXCISION, LESION OF FLOOR OF MOUTH94637
41120	\$9,662.00	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE94638
41250	\$1,239.00	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE94659
41251	\$1,239.00	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE94660
41252	\$1,239.00	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX94651
41500	\$4,458.00	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)94662
41510	\$4,458.00	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)94663
41520	\$4,458.00	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)94664
41800	\$1,031.00	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES94667
41805	\$1,907.00	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES94668
41806	\$1,192.00	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE94669

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41827	\$9,662.00	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR94682
42000	\$1,239.00	DRAINAGE OF ABSCESS OF PALATE, UVULA94697
42104	\$1,239.00	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE94700
42106	\$1,239.00	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE94701
42107	\$9,662.00	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE94702
42120	\$9,662.00	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION94703
42140	\$4,458.00	UVULECTOMY, EXCISION OF UVULA94704
42145	\$9,662.00	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)94705
42160	\$1,165.00	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)94706
42180	\$1,134.00	REPAIR, LACERATION OF PALATE; UP TO 2 CM94707
42182	\$9,662.00	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX94708
42200	\$9,662.00	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY94709
42205	\$4,458.00	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY94710
42210	\$0.00	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)94711
42215	\$9,662.00	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION94712
42220	\$9,662.00	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE94713
42225	\$0.00	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP94714
42235	\$0.00	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP94719
42260	\$9,662.00	REPAIR OF NASOLABIAL FISTULA94720
42281	\$9,662.00	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS94723
42300	\$2,660.00	DRAINAGE OF ABSCESS; PAROTID, SIMPLE94726
42305	\$4,458.00	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED94727
42310	\$1,134.00	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL94728
42320	\$1,134.00	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL94729
42325	\$0.00	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA);
42335	\$1,907.00	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL94732
42340	\$4,458.00	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL94733
42405	\$4,458.00	BIOPSY OF SALIVARY GLAND; INCISIONAL94736
42408	\$4,458.00	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)94737
42409	\$4,458.00	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)94738
42410	\$9,662.00	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION94739
42420	\$9,662.00	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE94742
42425	\$9,662.00	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE94743
42440	\$9,662.00	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND94746
42450	\$9,662.00	EXCISION OF SUBLINGUAL GLAND94747
42500	\$9,662.00	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE94748
42505	\$9,662.00	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED94749
42507	\$9,662.00	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);94750
42508	\$1,192.00	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF ONE SUBMANDIBULAR GLAND94751
42509	\$9,662.00	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS94752
42510	\$4,458.00	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCTS94753
42600	\$4,458.00	CLOSURE SALIVARY FISTULA94756
42700	\$1,031.00	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR94765
42720	\$4,458.00	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH94766
42725	\$9,662.00	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH94767
42802	\$0.00	BIOPSY; HYPOPHARYNX94770
42804	\$4,458.00	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE94771
42806	\$4,458.00	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION94772
42808	\$4,458.00	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHODS94773
42810	\$4,458.00	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES94776
42815	\$0.00	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX94777

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42821	\$4,458.00	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER94780
42826	\$4,458.00	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER94783
42860	\$4,458.00	EXCISION OF TONSIL TAGS94796
42870	\$9,662.00	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)94797
42900	\$2,660.00	SUTURE PHARYNX FOR WOUND OR INJURY94804
42950	\$9,662.00	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)94805
42955	\$0.00	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)94808
42960	\$0.00	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); SIMPLE94809
42962	\$4,458.00	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); WITH SECONDARY SURGICAL INTERVENTION94812
43200	\$0.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)94857
43202	\$0.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE94860
43204	\$0.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES94861
43215	\$2,883.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF FOREIGN BODY94864
43216	\$2,883.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY94865
43217	\$2,883.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE94866
43219	\$0.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF PLASTIC TUBE OR STENT94867
43220	\$2,883.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER)94868
43226	\$2,883.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE94869
43227	\$2,883.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)
43228	\$0.00	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S), NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE94871
43234	\$1,192.00	UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION (EG, WITH SMALL DIAMETER FLEXIBLE ENDOSCOPE) (SEPARATE PROCEDURE)94876
43235	\$1,792.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)94877
43239	\$1,792.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE94884
43241	\$2,883.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH TRANSENDOSCOPIC INTRALUMINAL TUBE OR CATHETER PLACEMENT
43243	\$2,883.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL AND/OR GASTRIC VARICES94890
43245	\$2,883.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DILATION OF GASTRIC OUTLET FOR OBSTRUCTION (EG, BALLOON, GUIDE WIRE, BOUGIE)
43246	\$2,883.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBES94894
43247	\$1,792.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF FOREIGN BODY94895
43248	\$1,792.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OF ESOPHAGUS OVER GUIDE WIRE94896
43249	\$2,883.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BALLOON DILATION OF ESOPHAGUS (LESS THAN 30 MM DIAMETER)94897
43250	\$2,883.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY94898
43251	\$2,883.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE94899
43255	\$2,883.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH CONTROL OF BLEEDING, ANY METHOD94900
43258	\$0.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE94901
43259	\$2,883.00	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, INCLUDING THE ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE94902
43260	\$5,381.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
43261	\$5,381.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE
43262	\$5,381.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/PAPILLOTOMY
43263	\$5,381.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODDI (PANCREATIC DUCT OR COMMON BILE DUCT)
43264	\$5,381.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF CALCULUS/CALCULI FROM BILIARY AND/OR PANCREATIC DUCTS
43265	\$8,306.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE DESTRUCTION, LITHOTRIPSY OF CALCULUS/CALCULI, ANY METHOD
43267	\$0.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF NASOBILIARY OR NASOPANCREATIC DRAINAGE TUBE
43268	\$0.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF TUBE OR STENT INTO BILE OR PANCREATIC DUCT
43269	\$0.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF FOREIGN BODY AND/OR CHANGE OF TUBE OR STENT
43271	\$0.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE BALLOON DILATION OF AMPULLA, BILIARY AND/OR PANCREATIC DUCT(S)
43272	\$0.00	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
43450	\$1,792.00	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES94974
43453	\$2,883.00	DILATION OF ESOPHAGUS, OVER GUIDE WIRE94975
43456	\$0.00	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE94976
43458	\$0.00	DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHALASIA94977
43600	\$1,192.00	BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)94994

43750	\$1,192.00	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE95037
43760	\$1,031.00	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE
43870	\$0.00	CLOSURE OF GASTROSTOMY, SURGICAL95089
44100	\$1,792.00	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)95120
44312	\$6,416.00	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)95217
44340	\$6,416.00	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)95226
44345	\$3,035.00	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)95227
44346	\$3,035.00	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)95228
44360	\$2,883.00	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)95229
44361	\$2,883.00	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE95230
44363	\$2,883.00	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF FOREIGN BODY95231
44364	\$2,883.00	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE95232
44365	\$2,883.00	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY95233
44366	\$2,883.00	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)
44369	\$2,883.00	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE95234
44372	\$2,883.00	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH PLACEMENT OF PERCUTANEOUS JEJUNOSTOMY TUBE95238
44373	\$2,883.00	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONVERSION OF PERCUTANEOUS GASTROSTOMY TUBE TO PERCUTANEOUS JEJUNOSTOMY TUBE95239
44380	\$1,792.00	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)95248
44382	\$1,792.00	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE95249
44385	\$1,710.00	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)95252
44386	\$1,710.00	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; WITH BIOPSY, SINGLE OR MULTIPLE95253
44388	\$1,710.00	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)95254
44389	\$2,248.00	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE95255
44390	\$2,248.00	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY95256
44391	\$2,248.00	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)
44392	\$2,248.00	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY95258
44393	\$1,192.00	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE95259
44394	\$2,248.00	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE95260
45000	\$2,248.00	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS95325
45005	\$2,248.00	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM95326
45020	\$5,281.00	INCISION AND DRAINAGE OF DEEP SUPRALEATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS95327
45100	\$5,281.00	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)95328
45150	\$2,248.00	DIVISION OF STRICTURE OF RECTUM95358
45170	\$1,192.00	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH95361
45305	\$2,248.00	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE95368
45307	\$5,281.00	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY95369
45308	\$5,281.00	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY95370
45309	\$2,248.00	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE95371
45315	\$2,248.00	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE95372
45317	\$2,248.00	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)
45320	\$5,281.00	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE (EG, LASER)95374
45321	\$5,281.00	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS95375
45331	\$1,710.00	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE95380
45332	\$2,248.00	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY95381
45333	\$1,710.00	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY95382
45334	\$2,248.00	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)
45337	\$2,248.00	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD95386
45338	\$2,248.00	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE95387
45339	\$1,192.00	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE95388
45355	\$1,192.00	COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE95397
45378	\$1,710.00	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)95398

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45379	\$2,248.00	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY95399
45380	\$2,248.00	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE95400
45382	\$2,248.00	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)
45383	\$1,192.00	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE95404
45384	\$2,248.00	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY95405
45385	\$2,248.00	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE95406
45500	\$5,281.00	PROCTOPLASTY; FOR STENOSIS95425
45505	\$5,281.00	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE95426
45560	\$5,281.00	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)95435
45900	\$1,710.00	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA95448
45905	\$2,248.00	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL95449
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46040	\$0.00	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)95459
46045	\$5,281.00	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA95460
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46210	\$1,192.00	CRYPTECTOMY; SINGLE95469
46211	\$1,192.00	CRYPTECTOMY; MULTIPLE (SEPARATE PROCEDURE)95470
46220	\$0.00	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)95471
46250	\$5,281.00	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE95476
46255	\$5,281.00	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE;95477
46257	\$5,281.00	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY95478
46258	\$5,281.00	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY95479
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46261	\$5,281.00	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY95481
46262	\$5,281.00	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY95482
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46275	\$0.00	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSCULAR95484
46280	\$0.00	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX OR MULTIPLE, WITH OR WITHOUT PLACEMENT OF SETON95485
46285	\$0.00	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE95486
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46753	\$5,281.00	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE95539
46754	\$5,281.00	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL95540
46760	\$5,281.00	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT95541
46922	\$5,281.00	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION95554
46924	\$5,281.00	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)
46937	\$1,192.00	CRYOSURGERY OF RECTAL TUMOR; BENIGN95562
46938	\$1,192.00	CRYOSURGERY OF RECTAL TUMOR; MALIGNANT95563
47000	\$2,471.00	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS95576
47510	\$1,192.00	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE95657
47525	\$1,192.00	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER95660
47530	\$1,192.00	REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE95661
47552	\$6,892.00	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING AND/OR WASHING (SEPARATE PROCEDURE)95664
47553	\$6,892.00	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE OR MULTIPLE95665
47554	\$9,664.00	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF CALCULUS/CALCULI
47555	\$6,892.00	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT STENT95667
47630	\$1,192.00	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BURHENNE TECHNIQUE)95694

48102	\$2,471.00	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE95739
49000	\$3,035.00	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)95794
49080	\$1,192.00	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); INITIAL95813
49081	\$1,192.00	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); SUBSEQUENT95814
49085	\$1,192.00	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY
49180	\$2,471.00	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE95815
49250	\$6,892.00	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)95826
49400	\$1,031.00	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)95845
49420	\$1,192.00	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPORARY95850
49421	\$6,892.00	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT95851
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49426	\$6,892.00	REVISION OF PERITONEAL-VEIN SHUNT95859
49505	\$6,892.00	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE
49520	\$6,892.00	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE95903
49525	\$6,892.00	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE95906
49540	\$9,664.00	REPAIR LUMBAR HERNIA95907
49550	\$6,892.00	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE95908
49555	\$0.00	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE95911
49560	\$0.00	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE95914
49565	\$0.00	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE95917
49570	\$0.00	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)95922
49585	\$0.00	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE
49590	\$6,892.00	REPAIR SPIGELIAN HERNIA95932
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50040	\$1,907.00	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE95964
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50390	\$1,381.00	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS96052
50392	\$1,192.00	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS96055
50393	\$1,192.00	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS96056
50395	\$5,597.00	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS96059
50396	\$1,407.00	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER96060
50398	\$1,192.00	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE96061
50520	\$1,031.00	CLOSURE OF NEPHROSCUTANEOUS OR PYELOSCUTANEOUS FISTULA96068
50551	\$0.00	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;96093
50553	\$0.00	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER96094
50555	\$8,249.00	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY96095
50557	\$0.00	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY96096
50559	\$0.00	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE WITH OR WITHOUT BIOPSY96097
50561	\$8,249.00	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS96097
50570	\$3,755.00	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;96100
50572	\$1,407.00	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER96101
50574	\$0.00	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY96102
50576	\$0.00	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY96105
50578	\$0.00	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY AND/OR FULG96106
50580	\$0.00	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS96106
50688	\$0.00	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CONDUIT
50951	\$3,755.00	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;96196
50953	\$8,249.00	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER96197
50955	\$8,249.00	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY96198
50957	\$8,249.00	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY96199
50959	\$0.00	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY AND/OR FUL96199

50961	\$8,249.00	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS96200
50970	\$1,407.00	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;96201
50972	\$1,407.00	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER96202
50974	\$8,249.00	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY96203
50976	\$8,249.00	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY96204
50978	\$0.00	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY AND/OR FULGURATION (NC
50980	\$8,249.00	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS96205
51005	\$1,192.00	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER96208
51010	\$1,192.00	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETERS96209
51020	\$5,597.00	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL96210
51030	\$5,597.00	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION96211
51040	\$3,755.00	CYSTOTOMY, CYSTOTOMY WITH DRAINAGE96212
51045	\$3,755.00	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)96213
51500	\$9,664.00	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR96228
51710	\$0.00	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED96275
51725	\$0.00	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)96280
51726	\$0.00	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)96281
51772	\$1,192.00	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE96286
51785	\$0.00	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE96289
51865	\$3,035.00	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED96310
51880	\$5,597.00	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)96311
51900	\$3,035.00	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH96312
51920	\$1,907.00	CLOSURE OF VESICOUTERINE FISTULA;96313
52000	\$1,407.00	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)96328
52005	\$3,755.00	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;96331
52007	\$5,597.00	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BRUSH BIOPSY OF URETER AND/OR RENAL PELVIS96332
52010	\$1,407.00	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RADIOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE96333
52204	\$3,755.00	CYSTOURETHROSCOPY, WITH BIOPSY(S)
52214	\$0.00	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA, URETHRA, OR PERIURETHRAL GLANDS96335
52224	\$3,755.00	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN 0.5 CM) LESION(S) WITH OR WITHOUT BIOPSY96336
52234	\$5,597.00	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDER TUMOR(S) (0.5 UP TO 2.0 CM)
52235	\$5,597.00	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)96338
52240	\$8,249.00	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDER TUMOR(S)96339
52250	\$0.00	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION96340
52260	\$0.00	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHESIA96341
52270	\$0.00	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE96344
52275	\$0.00	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE96345
52276	\$0.00	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY96346
52277	\$0.00	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)96347
52281	\$0.00	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY, WITH OR WITHOUT INJECTION PROCEDURE FOR CYSTOGRAPHY, MALE OR FEMALE96348
52283	\$0.00	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE96351
52285	\$0.00	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY, URETHRAL DILATION, INTERNAL URETHROTOMY, LYSIS OF URETHROVAGINAL SEPTAL FIBROSIS, LATERAL INCISIONS OF TH
52290	\$0.00	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL96353
52300	\$0.00	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL96354
52305	\$0.00	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE96357
52310	\$0.00	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); SIMPLE96358
52315	\$0.00	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); COMPLICATED96359
52317	\$0.00	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; SIMPLE OR SMALL (LESS THAN 2.5 CM)96360
52318	\$0.00	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; COMPLICATED OR LARGE (OVER 2.5 CM)96361
52320	\$0.00	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS96362
52325	\$0.00	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONIC OR ELECTRO-HYDRAULIC TECHNIQUE)96363

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52330	\$0.00	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS96366
52332	\$0.00	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)96367
52334	\$0.00	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETROGRADE96368
52335	\$0.00	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD);
52336	\$0.00	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)
52337	\$0.00	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)
52338	\$0.00	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH BIOPSY AND/OR FULGURATION OF LESION
52340	\$0.00	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENITAL OBSTRUCTIVE HYPERTROPHIC MUCOSAL FOLDS
52450	\$5,597.00	TRANSURETHRAL INCISION OF PROSTATE96395
52500	\$0.00	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)96396
52601	\$0.00	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCL
52606	\$1,192.00	TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER THE USUAL FOLLOW-UP TIME96400
52612	\$1,192.00	TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION (PARTIAL RESECTION)96401
52614	\$1,192.00	TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION (RESECTION COMPLETED)96402
52620	\$1,192.00	TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTOPERATIVE96403
52630	\$0.00	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE96404
52640	\$5,597.00	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE96405
52700	\$8,249.00	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS96412
53000	\$0.00	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA96413
53010	\$0.00	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL96414
53020	\$0.00	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT96415
53040	\$8,249.00	DRAINAGE OF DEEP PERIURETHRAL ABSCESS96418
53200	\$5,597.00	BIOPSY OF URETHRA96425
53210	\$8,249.00	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE96426
53215	\$8,249.00	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE96427
53220	\$8,249.00	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA96428
53230	\$8,249.00	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE96429
53235	\$8,249.00	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE96430
53240	\$8,249.00	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE96431
53250	\$3,755.00	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)96432
53260	\$3,755.00	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA96433
53265	\$3,755.00	EXCISION OR FULGURATION; URETHRAL CARUNCLE96434
53275	\$3,755.00	EXCISION OR FULGURATION; URETHRAL PROLAPSE96437
53400	\$8,249.00	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)96438
53405	\$8,249.00	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION96439
53410	\$8,249.00	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA96440
53420	\$8,249.00	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE96443
53425	\$8,249.00	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE96444
53430	\$8,249.00	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA96445
53440	\$15,385.00	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)
53442	\$8,249.00	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)
53447	\$25,929.00	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING PUMP, RESERVOIR, AND CUFF AT THE SAME OPERATIVE SESSION
53449	\$8,249.00	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF
53450	\$3,755.00	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT96460
53460	\$8,249.00	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)96461
53502	\$5,597.00	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE96464
53505	\$8,249.00	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE96465
53510	\$8,249.00	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL96466
53515	\$8,249.00	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS96467
53520	\$8,249.00	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)96468
53605	\$3,755.00	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA96473

53665	\$0.00	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA96482
54001	\$0.00	SPLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN96493
54015	\$0.00	INCISION AND DRAINAGE OF PENIS, DEEP96494
54057	\$0.00	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY96501
54060	\$0.00	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION96502
54065	\$0.00	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)
54100	\$0.00	BIOPSY OF PENIS; (SEPARATE PROCEDURE)96504
54105	\$4,889.00	BIOPSY OF PENIS; DEEP STRUCTURES96505
54110	\$0.00	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);96506
54115	\$4,889.00	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)96511
54152	\$1,192.00	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN
54161	\$3,755.00	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE
54205	\$8,249.00	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE96531
54220	\$1,031.00	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM96532
54300	\$5,597.00	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA96543
54360	\$0.00	PLASTIC OPERATION ON PENIS TO CORRECT ANGLULATION96574
54420	\$3,755.00	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL96601
54435	\$3,755.00	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM96604
54440	\$8,249.00	PLASTIC OPERATION OF PENIS FOR INJURY96605
54450	\$1,144.00	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING96606
54500	\$4,889.00	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)96607
54505	\$5,597.00	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)96608
54510	\$0.00	EXCISION OF LOCAL LESION OF TESTIS
54520	\$5,597.00	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH96611
54530	\$6,892.00	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH96614
54550	\$6,892.00	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)96617
54600	\$5,597.00	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS96620
54620	\$5,597.00	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)96621
54640	\$6,892.00	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR96622
54660	\$8,249.00	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)96625
54670	\$3,755.00	SUTURE OR REPAIR OF TESTICULAR INJURY96626
54680	\$3,755.00	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)96627
54700	\$3,755.00	INCISION AND DRAINAGE OF EPIDIDYMITIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)96634
54800	\$2,471.00	BIOPSY OF EPIDIDYMITIS, NEEDLE96635
54820	\$1,192.00	EXPLORATION OF EPIDIDYMITIS, WITH OR WITHOUT BIOPSY
54830	\$3,755.00	EXCISION OF LOCAL LESION OF EPIDIDYMITIS96636
54840	\$3,755.00	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY96637
54860	\$3,755.00	EPIDIDYMECTOMY; UNILATERAL96638
54861	\$5,597.00	EPIDIDYMECTOMY; BILATERAL96639
54900	\$3,755.00	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMITIS TO VAS DEFERENS; UNILATERAL96642
54901	\$5,597.00	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMITIS TO VAS DEFERENS; BILATERAL96643
55040	\$6,892.00	EXCISION OF HYDROCELE; UNILATERAL96646
55041	\$6,892.00	EXCISION OF HYDROCELE; BILATERAL96647
55060	\$3,755.00	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)96648
55100	\$2,471.00	DRAINAGE OF SCROTAL WALL ABSCESS96649
55110	\$3,755.00	SCROTAL EXPLORATION96650
55120	\$3,755.00	REMOVAL OF FOREIGN BODY IN SCROTUM96651
55150	\$5,597.00	RESECTION OF SCROTUM96652
55175	\$5,597.00	SCROTOPLASTY; SIMPLE96653
55180	\$8,249.00	SCROTOPLASTY; COMPLICATED96654
55200	\$3,755.00	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)96655

55400	\$5,597.00	VASOVASOSTOMY, VASOVASORRHAPHY96660
55500	\$5,597.00	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)96663
55520	\$5,597.00	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)96664
55530	\$5,597.00	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)96665
55535	\$6,892.00	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH96666
55540	\$6,892.00	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR96667
55600	\$3,755.00	VESICULOTOMY;96672
55605	\$1,031.00	VESICULOTOMY; COMPLICATED96673
55650	\$1,031.00	VESICULECTOMY, ANY APPROACH96674
55680	\$3,755.00	EXCISION OF MULLERIAN DUCT CYST96675
55700	\$0.00	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH96676
55705	\$3,755.00	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH96677
55720	\$3,755.00	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE96678
56405	\$1,239.00	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS96725
56440	\$5,054.00	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST96728
56441	\$5,054.00	LYSIS OF LABIAL ADHESIONS96729
56515	\$6,416.00	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)
56605	\$1,031.00	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION96735
56620	\$5,054.00	VULVECTOMY SIMPLE; PARTIAL96738
56625	\$5,054.00	VULVECTOMY SIMPLE; COMPLETE96739
56700	\$5,054.00	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING96754
56720	\$1,192.00	HYMENOTOMY, SIMPLE INCISION
56740	\$5,054.00	EXCISION OF BARTHOLIN'S GLAND OR CYST96755
56800	\$5,054.00	PLASTIC REPAIR OF INTROITUS96756
56810	\$5,054.00	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)96759
57000	\$5,054.00	COLPOTOMY; WITH EXPLORATION96764
57010	\$5,054.00	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS96765
57020	\$5,054.00	COLPOCENTESIS (SEPARATE PROCEDURE)96766
57065	\$5,054.00	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)
57105	\$5,054.00	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)96776
57130	\$5,054.00	EXCISION OF VAGINAL SEPTUM96791
57135	\$5,054.00	EXCISION OF VAGINAL CYST OR TUMOR96792
57180	\$1,192.00	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (SEPARATE PROCEDURE)96801
57200	\$5,054.00	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)96802
57210	\$5,054.00	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)96803
57220	\$8,516.00	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PPLICATION)96804
57230	\$5,054.00	PLASTIC REPAIR OF URETHROCELE96805
57250	\$8,516.00	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY96807
57260	\$8,516.00	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;96808
57265	\$8,516.00	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR96809
57268	\$5,054.00	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)96812
57300	\$5,054.00	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH96839
57310	\$12,334.00	CLOSURE OF URETHROVAGINAL FISTULA;96846
57311	\$3,035.00	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT96847
57320	\$8,516.00	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH96848
57400	\$5,054.00	DILATION OF VAGINA UNDER ANESTHESIA96853
57513	\$5,054.00	CAUTERY OF CERVIX; LASER ABLATION
57520	\$5,054.00	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER96887
57522	\$5,054.00	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; LOOP ELECTRODE EXCISION96888
57530	\$5,054.00	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)96889
57550	\$5,054.00	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;96896

57700	\$5,054.00	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL96903
57720	\$5,054.00	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH96904
57800	\$1,907.00	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)96905
57820	\$1,192.00	DILATION AND CURETTAGE OF CERVICAL STUMP
58120	\$5,054.00	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)96910
58145	\$5,054.00	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR REMOVAL OF SURFACE MYOMAS; VAGINAL APPROACH
58800	\$0.00	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL (SEPARATE PROCEDURE); VAGINAL APPROACH
58820	\$5,054.00	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN97075
58900	\$5,054.00	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)97082
60000	\$2,660.00	INCISION AND DRAINAGE OF THYROID GLAND DUCT CYST, INFECTED
60200	\$9,664.00	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS97256
60220	\$9,664.00	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMOSECTOMY97263
60225	\$9,664.00	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMOSECTOMY97264
60280	\$0.00	EXCISION OF THYROID GLAND DUCT CYST OR SINUS;97277
60281	\$0.00	EXCISION OF THYROID GLAND DUCT CYST OR SINUS; RECURRENT97278
61020	\$0.00	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITHOUT INJECTION97313
61026	\$0.00	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITH INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT
61050	\$0.00	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)97315
61055	\$0.00	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT (EG, C1-C2)
61070	\$0.00	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE97317
61215	\$0.00	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER97338
61790	\$0.00	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL, RADIOFREQUENCY); GASSERIAN GANGLION97599
61791	\$0.00	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL, RADIOFREQUENCY); TRIGEMINAL MEDULLARY TRACT97600
61885	\$35,735.00	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO A SINGLE ELECTRODE ARRAY
61888	\$0.00	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER97626
62194	\$3,740.00	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER97679
62225	\$8,943.00	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER97688
62230	\$0.00	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM
62256	\$1,239.00	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT
62268	\$0.00	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRING97699
62269	\$0.00	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE97700
62270	\$0.00	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC97701
62272	\$0.00	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)
62273	\$0.00	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH97703
62280	\$0.00	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; SUBARACHNOID97704
62282	\$1,907.00	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, LUMBAR, SACRAL (CAUDAL)97707
62290	\$1,031.00	INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; LUMBAR
62292	\$0.00	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISCOGRAPHY, INTERVERTEBRAL DISC, SINGLE OR MULTIPLE LEVELS, LUMBAR
62294	\$1,637.00	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL97716
62310	\$1,498.00	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTANCES, WITH OR WITHOUT CONTRAST (FOR EITHER LOCALIZATION OR EPIDUROGRAPHY), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASM
62311	\$1,157.00	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTANCES, WITH OR WITHOUT CONTRAST (FOR EITHER LOCALIZATION OR EPIDUROGRAPHY), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASM
62320	\$0.00	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INCLUDING NEEDLE OR CATHETER PLACEMENT INTERLAMINAR EPIDURAL OR SUBARACHNOID
62321	\$0.00	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INCLUDING NEEDLE OR CATHETER PLACEMENT INTERLAMINAR EPIDURAL OR SUBARACHNOID
62322	\$0.00	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INCLUDING NEEDLE OR CATHETER PLACEMENT INTERLAMINAR EPIDURAL OR SUBARACHNOID
62323	\$0.00	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INCLUDING NEEDLE OR CATHETER PLACEMENT INTERLAMINAR EPIDURAL OR SUBARACHNOID
62350	\$8,943.00	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR/INFUSION PUMP; WITHOUT LAMINECTOMY
62351	\$6,758.00	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR/INFUSION PUMP; WITH LAMINECTOMY
62360	\$57,282.00	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR97727
62361	\$31,148.00	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NONPROGRAMMABLE PUMP
62362	\$31,148.00	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING97729
62365	\$0.00	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION97730

62367	\$1,239.00	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITHOUT REPROGRAMMING97731
62368	\$0.00	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING97732
62380	\$17,872.00	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD NERVE ROOT(S) INCLUDING LAMINOTOMY PARTIAL FACETECTOMY FORAMINOTOMY DISCECTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC 1 INTERSPACE LUMBAR
63030	\$13,255.00	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; ONE INTERSPACE, LUMBAR (INCLUDING OPEN OR ENDOSCOPICALLY-ASS
63035	\$12,524.00	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY)
63045	\$13,255.00	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; CERVICAL
63047	\$13,255.00	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; LUMBAR
63048	\$13,255.00	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; LUMBAR
63081	\$29,000.00	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT
63600	\$3,740.00	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AND/OR RECORDING)97911
63610	\$3,740.00	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY97912
63650	\$9,073.00	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL97915
63655	\$35,607.00	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL
63660	\$1,192.00	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S) OR PLATE/PADDLE(S)97918
63685	\$54,094.00	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
63688	\$6,892.00	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER97920
63707	\$8,000.00	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY
63709	\$21,700.00	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY
63710	\$2,216.00	DURAL GRAFT, SPINAL
63744	\$8,943.00	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNTS97939
63746	\$3,740.00	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT97940
64405	\$1,157.00	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE97945
64410	\$1,637.00	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE97948
64413	\$1,157.00	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS97951
64415	\$1,157.00	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE
64417	\$1,157.00	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE97955
64418	\$1,157.00	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE97956
64420	\$1,299.00	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE97957
64421	\$1,637.00	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK97958
64430	\$1,157.00	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE97961
64445	\$1,157.00	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE
64447	\$1,157.00	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE
64450	\$1,157.00	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH97972
64455	\$1,766.00	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE
64479	\$1,446.00	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, SINGLE LEVEL
64483	\$1,446.00	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, SINGLE LEVEL
64493	\$1,327.00	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOR)50418
64510	\$1,637.00	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)97993
64520	\$1,637.00	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)97996
64530	\$1,637.00	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING97997
64575	\$13,220.00	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)
64590	\$35,735.00	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
64595	\$6,892.00	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
64600	\$1,907.00	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BRANCH98023
64605	\$3,740.00	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE98024
64610	\$3,740.00	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER RADIOLOGIC MONITORING98025
64620	\$1,907.00	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE98032
64622	\$1,192.00	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR SACRAL, SINGLE LEVEL98033
64623	\$1,192.00	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98034
64630	\$0.00	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE
64640	\$1,499.00	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH98040

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64680	\$1,907.00	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC PLEXUS
64702	\$3,212.00	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT98048
64704	\$3,212.00	NEUROPLASTY; NERVE OF HAND OR FOOT98049
64708	\$6,207.00	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED98050
64712	\$3,740.00	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE98051
64713	\$3,740.00	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS98052
64714	\$3,740.00	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS98053
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64718	\$6,219.00	ULNAR NERVE TRANSPOSITION, NEUROPLASTY AND/OR TRANSPOSITION
64719	\$5,853.00	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST98056
64721	\$6,219.00	CARPAL TUNNEL RELEASE, MEDIAN NERVE, NEUROPLASTY AND/OR TRANSPOSITION
64722	\$3,947.00	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)98058
64726	\$2,733.00	DECOMPRESSION; PLANTAR DIGITAL NERVE98059
64727	\$1,031.00	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)98060
64732	\$0.00	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE98061
64734	\$3,740.00	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE98062
64736	\$3,740.00	TRANSECTION OR AVULSION OF; MENTAL NERVE98063
64738	\$0.00	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTECTOMY98064
64740	\$3,740.00	TRANSECTION OR AVULSION OF; LINGUAL NERVE98065
64742	\$3,740.00	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE98066
64744	\$3,740.00	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE98067
64746	\$3,740.00	TRANSECTION OR AVULSION OF; PHRENIC NERVE98068
64771	\$0.00	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL98081
64772	\$3,212.00	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL98082
64774	\$3,212.00	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE98083
64776	\$3,212.00	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT98084
64778	\$1,239.00	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98085
64782	\$3,212.00	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE98086
64783	\$1,239.00	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98087
64784	\$3,212.00	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC98088
64786	\$8,943.00	EXCISION OF NEUROMA; SCIATIC NERVE98089
64787	\$3,212.00	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)98090
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64790	\$3,212.00	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE98092
64792	\$0.00	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)98093
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64802	\$0.00	SYMPATHECTOMY, CERVICAL98095
64831	\$7,650.00	SUTURE OF DIGITAL NERVE; HAND OR FOOT; ONE NERVE98110
64832	\$3,212.00	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98111
64834	\$4,013.00	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE
64835	\$4,013.00	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR
64836	\$4,013.00	SUTURE OF ONE NERVE; ULNAR MOTOR
64837	\$3,212.00	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98115
64840	\$0.00	SUTURE OF POSTERIOR TIBIAL NERVE98116
64856	\$4,013.00	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION98117
64857	\$4,013.00	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION98118
64858	\$8,943.00	SUTURE OF SCIATIC NERVE98119
64859	\$1,031.00	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98120
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64862	\$8,943.00	SUTURE OF; LUMBAR PLEXUS98122
64864	\$8,943.00	SUTURE OF FACIAL NERVE; EXTRACRANIAL98123

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64872	\$1,239.00	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)98130
64874	\$3,912.00	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)98131
64876	\$1,192.00	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)98132
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64891	\$13,045.00	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH98138
64892	\$4,013.00	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH98139
64893	\$12,018.00	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH98140
64895	\$8,943.00	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH98141
64896	\$0.00	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH98142
64897	\$0.00	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH98143
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64901	\$2,187.00	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98145
64902	\$2,187.00	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98146
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64999	\$3,293.00	UNLISTED PROCEDURE, NERVOUS SYSTEM98153
65091	\$6,184.00	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT98154
65093	\$6,184.00	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT98155
65101	\$0.00	ENUCLEATION OF EYE; WITHOUT IMPLANT98156
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65105	\$0.00	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT98158
65110	\$0.00	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; ONLY98159
65112	\$0.00	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH THERAPEUTIC REMOVAL OF BONE98160
65114	\$6,184.00	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH MUSCLE OR MYOCUTANEOUS FLAP98161
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65135	\$6,184.00	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT98165
65140	\$0.00	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT98166
65150	\$6,184.00	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT98167
65155	\$6,184.00	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT98168
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65235	\$4,634.00	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS
65260	\$4,634.00	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE98179
65265	\$4,634.00	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION98180
65270	\$3,753.00	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE98181
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65275	\$6,184.00	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY98185
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65400	\$1,984.00	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM98191
65410	\$3,753.00	BIOPSY OF CORNEA98192
65420	\$3,753.00	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT98193
65426	\$3,753.00	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT98194
65710	\$8,290.00	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR98205
65730	\$8,290.00	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)98206
65750	\$8,290.00	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)98207
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65800	\$4,634.00	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS98228

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65805	\$1,192.00	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH THERAPEUTIC RELEASE OF AQUEOUS98229
65810	\$4,634.00	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISSECTION OF ANTERIOR HYALOID MEMBRANE, WITH OR WITHOUT AIR INJECTION98230
65815	\$0.00	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION AND/OR AIR INJECTION98231
65850	\$4,634.00	TRABECULOTOMY AB EXTERNO98234
65865	\$0.00	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); GONIOSYNECHIAE98239
65870	\$4,634.00	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); ANTERIOR SYNECHIAE, EXCEPT GONIOSYNECHIAE98240
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65880	\$0.00	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); CORNEOVITREAL ADHESIONS98242
65900	\$0.00	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE
65920	\$0.00	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE
65930	\$0.00	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE
66020	\$0.00	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID
66030	\$0.00	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION
66130	\$0.00	EXCISION OF LESION, SCLERA98248
66150	\$0.00	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY98249
66155	\$0.00	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY98250
66160	\$0.00	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY98251
66165	\$1,192.00	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCEISIS OR IRIDOTASIS98252
66170	\$0.00	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY98253
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66185	\$0.00	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR98256
66220	\$0.00	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT98257
66225	\$8,290.00	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT98258
66250	\$3,653.00	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE98259
66500	\$4,634.00	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION98260
66505	\$4,634.00	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMB98261
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66625	\$4,634.00	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)98264
66630	\$4,634.00	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)98265
66635	\$4,634.00	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)98266
66680	\$4,634.00	REPAIR OF IRIS; CILIARY BODY (AS FOR IRIDODIALYSIS)98267
66682	\$4,634.00	SUTURE OF IRIS; CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNEL SUTURE)98268
66700	\$4,634.00	CILIARY BODY DESTRUCTION; DIATHERMY98269
66710	\$3,753.00	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSCLERAL
66720	\$3,753.00	CILIARY BODY DESTRUCTION; CRYOTHERAPY98273
66740	\$3,753.00	CILIARY BODY DESTRUCTION; CYCLODIALYSIS98274
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66840	\$4,634.00	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES98287
66850	\$4,634.00	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WITH ASPIRATION98288
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66920	\$4,634.00	REMOVAL OF LENS MATERIAL; INTRACAPSULAR98290
66930	\$8,290.00	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS98291
66940	\$4,634.00	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)98292
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66984	\$4,634.00	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)98296
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66986	\$4,634.00	EXCHANGE OF INTRAOCULAR LENS98298
67005	\$4,634.00	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL98303
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67025	\$0.00	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRATION (SEPARATE PROCEDURE)
67030	\$0.00	DISSECTION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH98311
67031	\$0.00	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR MORE STAGES)98312
67036	\$0.00	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH98313
67038	\$1,192.00	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIPPING98314
67039	\$0.00	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION98315
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67107	\$8,290.00	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DISSECTION, IMBRICATION OR ENCIRCLING PROCEDURE), WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTOCOAGULATION, AND DRAINAGE OF SUBRETINAL FLUID
67108	\$8,290.00	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR REMOVAL OF LENS BY SAME
67112	\$1,192.00	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT HAVING PREVIOUS IPSILATERAL RETINAL DETACHMENT REPAIR(S) USING SCLERAL BUCKLING OR VITRECTOMY TECHNIQUES98331
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67120	\$4,634.00	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR98335
67121	\$4,634.00	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR98336
67141	\$1,239.00	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; CRYOTHERAPY; DIATHERMY98337
67218	\$6,184.00	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MORE SESSIONS; RADIATION BY IMPLANTATION OF SOURCE (INCLUDES REMOVAL OF SOURCE)98344
67227	\$6,184.00	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS, CRYOTHERAPY, DIATHERMY
67250	\$3,753.00	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT98358
67255	\$4,634.00	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT98359
67311	\$3,753.00	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE98362
67312	\$6,184.00	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES98363
67314	\$3,753.00	STRABISMUS SURGERY; RECESSON OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)98364
67316	\$3,753.00	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; TWO OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)98365
67318	\$3,718.00	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE98366
67320	\$1,540.00	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98367
67331	\$1,540.00	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98368
67332	\$1,540.00	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS ON RETINAL DETACHMENT SURGERY) OR RESTRICTIVE MYOPATHY (EG, DYSTHYROID OPHTHALMOPATHY) (LIST SEPARATELY IN ADDITION TO CODE)
67340	\$1,540.00	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)98374
67350	\$1,192.00	BIOPSY OF EXTRAOCULAR MUSCLE
67400	\$6,184.00	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BIOPSY98383
67405	\$3,753.00	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY98384
67412	\$3,753.00	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION98385
67413	\$0.00	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY98386
67415	\$0.00	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS98389
67420	\$6,184.00	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION98390
67430	\$6,184.00	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF FOREIGN BODY98391
67440	\$6,184.00	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH DRAINAGE98392
67450	\$6,184.00	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR EXPLORATION, WITH OR WITHOUT BIOPSY98395
67550	\$6,184.00	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION98402
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67808	\$3,753.00	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE98419
67830	\$1,984.00	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN98426
67835	\$3,753.00	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT98427
67880	\$3,753.00	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY98434
67882	\$3,753.00	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL PLATE98435
67901	\$3,753.00	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)
67902	\$6,184.00	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)
67903	\$3,753.00	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH
67904	\$3,753.00	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH
67906	\$6,184.00	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)98442

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67908	\$3,753.00	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)98443
67909	\$3,753.00	REDUCTION OF OVERCORRECTION OF PTOSIS98444
67911	\$3,753.00	CORRECTION OF LID RETRACTION98445
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67916	\$3,753.00	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE
67917	\$3,753.00	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)
67921	\$3,753.00	REPAIR OF ENTROPION; SUTURE98453
67923	\$3,753.00	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE
67924	\$3,753.00	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA REPAIRS OPERATION)
67935	\$3,753.00	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; FULL THICKNESS98460
67950	\$3,753.00	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)98463
67961	\$3,753.00	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; UP TO ONE-FOURTH OF LID M
67966	\$3,753.00	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; OVER ONE-FOURTH OF LID MA
67971	\$3,753.00	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO-THIRDS OF EYELID, ONE STAGE OR FIRST STAGE98466
67973	\$3,753.00	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, ONE STAGE OR FIRST STAGE98467
67974	\$6,184.00	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, ONE STAGE OR FIRST STAGE98468
67975	\$3,753.00	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE98469
68130	\$3,753.00	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA98482
68320	\$3,753.00	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT98487
68325	\$6,184.00	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)98488
68326	\$6,184.00	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT98489
68328	\$3,753.00	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)98490
68330	\$4,634.00	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT98491
68335	\$6,184.00	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)98492
68340	\$3,753.00	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS98493
68360	\$6,184.00	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)98494
68362	\$3,753.00	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)98495
68500	\$6,184.00	EXCISION OF LACRIMAL GLAND (DACRYDAENECTOMY), EXCEPT FOR TUMOR; TOTAL98506
68505	\$6,184.00	EXCISION OF LACRIMAL GLAND (DACRYDAENECTOMY), EXCEPT FOR TUMOR; PARTIAL98507
68510	\$3,753.00	BIOPSY OF LACRIMAL GLAND98508
68520	\$6,184.00	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)98509
68525	\$3,753.00	BIOPSY OF LACRIMAL SAC98510
68540	\$3,753.00	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH98513
68550	\$6,184.00	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTECTOMY98514
68700	\$3,753.00	PLASTIC REPAIR OF CANALICULI98515
68720	\$6,184.00	DACRYOCYSTORRHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)98518
68745	\$6,184.00	CONJUNCTIVORRHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE98519
68750	\$6,184.00	CONJUNCTIVORRHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT98520
68810	\$1,031.00	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;98529
68811	\$2,411.00	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA98530
68815	\$3,753.00	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT98531
69110	\$4,889.00	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR98554
69120	\$9,662.00	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION98555
69140	\$9,662.00	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL98556
69145	\$4,889.00	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL98557
69150	\$9,662.00	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION98558
69205	\$2,471.00	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA98563
69310	\$9,662.00	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO INJURY, INFECTION) (SEPARATE PROCEDURE)
69320	\$9,662.00	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE98573
69421	\$4,458.00	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA98584
69424	\$1,165.00	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA

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69436	\$2,660.00	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA98588
69440	\$4,458.00	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION98589
69450	\$4,458.00	TYMPANOLYSIS, TRANSCANAL98590
69501	\$9,662.00	TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY)98591
69502	\$9,662.00	MASTOIDECTOMY; COMPLETE98592
69505	\$9,662.00	MASTOIDECTOMY; MODIFIED RADICAL98593
69511	\$9,662.00	MASTOIDECTOMY; RADICAL98594
69530	\$9,662.00	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY98595
69550	\$9,662.00	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL98600
69552	\$9,662.00	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID98601
69601	\$9,662.00	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY98604
69602	\$9,662.00	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY98605
69603	\$9,662.00	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY98606
69604	\$9,662.00	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY98607
69605	\$9,662.00	REVISION MASTOIDECTOMY; WITH APICECTOMY98608
69620	\$4,458.00	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)98611
69631	\$9,662.00	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN RECONSTRUCTION98612
69632	\$9,662.00	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION (EG, POSTFENESTRATION)98613
69633	\$9,662.00	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS)98614
69635	\$9,662.00	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION98615
69636	\$9,662.00	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION98616
69637	\$9,662.00	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR RECONSTRUCTION)98617
69641	\$9,662.00	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION98618
69642	\$9,662.00	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION98619
69643	\$9,662.00	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED WALL, WITHOUT OSSICULAR CHAIN RECONSTRUCTION98620
69644	\$9,662.00	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED CANAL WALL, WITH OSSICULAR CHAIN RECONSTRUCTION98621
69645	\$9,662.00	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITHOUT OSSICULAR CHAIN RECONSTRUCTION98622
69646	\$9,662.00	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITH OSSICULAR CHAIN RECONSTRUCTION98623
69650	\$4,458.00	STAPES MOBILIZATION98624
69660	\$9,662.00	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;98625
69661	\$9,662.00	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL; WITH FOOTPLATE DRILL OUT98626
69662	\$9,662.00	REVISION OF STAPEDECTOMY OR STAPEDOTOMY98627
69666	\$4,458.00	REPAIR OVAL WINDOW FISTULA98628
69667	\$4,458.00	REPAIR ROUND WINDOW FISTULA98629
69670	\$0.00	MASTOID OBLITERATION (SEPARATE PROCEDURE)98630
69676	\$0.00	TYMPANIC NEURECTOMY98631
69700	\$2,660.00	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)98632
69710	\$4,013.00	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE98633
69711	\$4,458.00	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE98634
69720	\$9,662.00	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION98643
69725	\$4,013.00	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION98644
69740	\$9,662.00	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION98645
69745	\$9,662.00	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GANGLION98646
69801	\$1,794.00	LABYRINTHOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); TRANSCANAL98649
69802	\$1,192.00	LABYRINTHOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); WITH MASTOIDECTOMY98650
69805	\$9,662.00	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT98651
69806	\$9,662.00	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT98652
69820	\$4,458.00	FENESTRATION SEMICIRCULAR CANAL98653
69840	\$4,458.00	REVISION FENESTRATION OPERATION98654
69905	\$9,662.00	LABYRINTHECTOMY; TRANSCANAL98655
69910	\$9,662.00	LABYRINTHECTOMY; WITH MASTOIDECTOMY98656

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69915	\$4,458.00	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH98657
69930	\$62,647.00	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY98658
69990	\$1,600.00	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
73525	\$304.00	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION99031
73615	\$304.00	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION
76000	\$194.00	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIAC FLUOROSCOPY)
76003	\$290.00	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)
76005	\$290.00	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL, TR
76937	\$897.00	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, DOCUMENTATION OF SELECTED VESSEL PATENCY, CONCURRENT REALTIME ULTRASOUND VISUALIZATION OF VASCULAR NEEDLE ENTRY, WITH PERM
76942	\$897.00	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION
76998	\$273.00	ULTRASONIC GUIDANCE, INTRAOPERATIVE
77002	\$290.00	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)99579
77003	\$290.00	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL, TRANSFORAMINAL EPIDURAL, SUBARACHNOID, PARAVERTEBRAL FACET JOINT, PARAVERTEBR
77071	\$290.00	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRAPHY, INCLUDING CONTRALATERAL JOINT IF INDICATED
86999	\$370.00	UNLISTED TRANSFUSION MEDICINE PROCEDURE
90772	\$238.00	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR
97597	\$1,031.00	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), WITH OR WITHOUT TOPICAL A
99201	\$159.00	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING
99202	\$159.00	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD M
99203	\$159.00	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND
99204	\$262.00	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEX
99211	\$159.00	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFOR
99212	\$159.00	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD ME
99213	\$159.00	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION
99214	\$262.00	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE C
99215	\$0.00	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING C
A4649	\$0.00	SURGICAL SUPPLY; MISCELLANEOUS IMPLANTABLE RADIATION DOSIMETER, EACH
C1713	\$0.00	MITEK SUPER QUICKANCHOR
C1713	\$0.00	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)
C1762	\$0.00	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)
C1776	\$0.00	JOINT DEVICE (IMPLANTABLE)
C9290	\$8.00	INJECTION, BUPRIVACAIN LIPOSOME, 1 MG
E0218	\$0.00	PUMP
E0218	\$0.00	WATER CIRCULATING COLD PAD WITH PUMP107435
E0779	\$373.00	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER
E0783	\$0.00	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)
G0168	\$693.00	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY
G0260	\$1,157.00	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY
G0289	\$7,851.00	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) AT THE TIME OF OTHER SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE
J0150	\$15.00	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)
J13490	\$8.00	UNCLASSIFIED DRUGS110349
J13590	\$8.00	UNCLASSIFIED BIOLOGICS
J17321	\$133.00	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE
J17344	\$0.00	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER
L1832	\$0.00	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3660	\$0.00	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L8630	\$0.00	METACARPOPHALANGEAL JOINT IMPLANT
L8659	\$0.00	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON) FOR SURGICAL IMPLANTATION, ANY SIZE VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT
L8699	\$2,557.00	ARTHREX BIO-LOCK SNAKE RIDER ANCHOR 5MM
L8699	\$0.00	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED
MDA	\$0.00	MEDICARE DEBIT ADJUSTMENT

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P00001	\$0.00	OLECRANON TENSION BAND
P00002	\$0.00	HALLUX RIGIDUS REPAIR FOOT
P00003	\$0.00	DEBRIDEMENT OSCALCIS & ACHILLES TENDON
P00004	\$0.00	INJECTION UNICAMERAL HUMERUS
P00005	\$0.00	EX FIX OF THE DISTAL RADIUS
P00006	\$0.00	DISTAL FIBULAR EPIPHYSECTOMY ANKLE
P00007	\$0.00	EXTENSOR TENDON REPAIR FOREARM
P00008	\$0.00	ARTHROTOMY EXCIS OF OSTEOCHONDritis ANKLE
P00009	\$0.00	EXTENSOR TENDON GRAFT WRIST
P00010	\$0.00	EXCISION SHOULDER FISTULA
P00011	\$0.00	BOSWORTH SCREW REMOVAL-SHOULDER
P00012	\$0.00	WIRE REMOVAL PATELLA
P00013	\$0.00	SHOULDER MANIPULATION & INJECTION
P00014	\$0.00	ARTHROSCOPY SHOULDER WITH ROTATOR CUFF REPAIR
P00015	\$0.00	ANCHOR PROCEDURE
P00016	\$0.00	EXCISION FISTULA LEG WOUND
P00017	\$0.00	OPEN ROTATOR CUFF REPAIR
P00018	\$0.00	ORIF SCAPHOID
P00019	\$0.00	RESECTION TIBIAL SPUR
P00020	\$0.00	ORIF METACARPAL
P00021	\$0.00	ARTHRODESIS DIP JOINT FINGER
P00022	\$0.00	EXCISION LIPOMA ARM
P00023	\$0.00	PERC PIN OF METATARSAL
P00024	\$0.00	DEBRIDEMENT LOWER LEG
P00025	\$0.00	BONE GRAFT (ILIAC)
P00026	\$0.00	MTP FUSION
P00027	\$0.00	PERC PINNING FINGER OR HAND
P00028	\$0.00	PIN REMOVAL HAND
P00029	\$0.00	PIN REMOVAL FOOT
P00030	\$0.00	METATARSAL HEAD RESECTION/GANGLION ANKLE
P00031	\$0.00	THENAR FLAP FINGER
P00032	\$0.00	SCREW REMOVAL HIP
P00033	\$0.00	PIN REMOVAL ELBOW
P00034	\$0.00	ARTHRODESIS PIP JOINT FINGER
P00035	\$0.00	ARTHROSCOPY KNEE W/ ANTERIOR TUBERCLE RESECT TIBIAL
P00036	\$0.00	ARTHROSCOPY KNEE W/ MCL REPAIR
P00037	\$0.00	ACROMIOPLASTY; MUMFORD GURD
P00038	\$0.00	MID-FOOT FUSION W/ TIBIAL PLATEAU BONE GRAFT
P00039	\$0.00	EXC. SERMONA ELBOW
P00040	\$0.00	EXC. B.X. FINGER/GANGLION/FINGER MASS
P00041	\$0.00	INCISION/DRAINAGE
P00042	\$0.00	ORIF METATARSAL/TENSION BAND PROXIMAL TIBIAL BONE GRAFT
P00043	\$0.00	REMOVAL GLENOID IMPLANT
P00044	\$0.00	ELBOW & FOREARM HARDWARE REMOVAL
P00045	\$0.00	IM ROD REMOVAL-TIBIA
P00046	\$0.00	ORIF TIBIAL PLATEAU FX
P00047	\$0.00	PATELLAR RUPTURE TENDON REPAIR
P00048	\$0.00	TENOLYSIS OF TENDOACHILLES W/TRANSFER OF FLEXOR HALLUCIS LONGUS TENDON W/OSTECTOMY
P00049	\$0.00	CALCANEUS ORIF VS PERC PIN
P00050	\$0.00	ACHILLES TENDON LENGTHENING
P00051	\$0.00	HARDWARE REMOVAL PATELLA

ACTIVITY 2769

P00052	\$0.00	BROSTRUM PROCEDURE OF THE ANKLE
P00053	\$0.00	CRAIG NEEDLE BIOPSY & ASPIRATION OF KNEE
P00054	\$0.00	TOE AMPUTATION
P00055	\$0.00	REMOVAL MASS-KNEE
P00056	\$0.00	DEBRIDEMENT BONE SPUR HAND
P00057	\$0.00	TIBIAL TENDON RECONSTRUCTION
P00058	\$0.00	TIBIAL TUBUCLE OSTECTOMY
P00059	\$0.00	OPEN RETINACULAR REPAIR KNEE
P00060	\$0.00	TOENAIL REMOVAL
P00061	\$0.00	SEPARATION SPACE BETWEEN TOES WITH PINCH GRAFT (WEBBED TOES)
P00062	\$0.00	TARSO-METATARSAL FUSION
P00063	\$0.00	ORIF PATELLA
P00064	\$0.00	EXCISION MASS HAND
P00065	\$0.00	PECTORALIS MAJOR TENDON REPAIR
P00066	\$0.00	ORIF ELBOW
P00067	\$0.00	LATERAL EPICONDYLAR DEBRIDEMENT WITH TENDON REPAIR
P00068	\$0.00	REMOVAL OF PROXIMAL LOCKING SCREW TIBIA
P00069	\$0.00	WRIST FUSION
P00070	\$0.00	REMOVAL HARDWARE HIP
P00071	\$0.00	ORIF SHOULDER
P00072	\$0.00	ORIF HUMERUS (PROXIMAL)
P00073	\$0.00	REPAIR EXTENSOR TENDON - ANKLE
P00074	\$0.00	FINGER AMPUTATION
P00075	\$0.00	TARSAL TUNNEL RELEASE
P00076	\$0.00	REMOVAL OF HARDWARE OF TALUS
P00077	\$0.00	ORIF ACL AVULSION FRACTURE
P00078	\$0.00	EXC. OSTECHONDROMA PROX. FIBULA
P00079	\$0.00	HARDWARE REMOVAL THUMB
P00080	\$0.00	FLEXOR TENDON REPAIR
P00081	\$0.00	EXCISION GANGLION WRIST
P00082	\$0.00	ARTHROSCOPY SHOULDER WITH OPEN BANKART REPAIR
P00083	\$0.00	ORIF RADIAL HEAD FRACTURE
P00084	\$0.00	ORIF BOTH BONE FOREARM FX
P00085	\$0.00	EXCISION MASS ON ARM
P00086	\$0.00	SHOULDER-HARDWARE REMOVAL
P00087	\$0.00	DEBRIDEMENT HEMATOMA - ELBOW
P00088	\$0.00	ELBOW SCOPE
P00089	\$0.00	IM PINNING
P00090	\$0.00	REPAIR OF NAILBED
P00091	\$0.00	ULNAR COLLATERAL LIGAMENT RECONSTRUCTION
P00092	\$0.00	ARTHROSCOPY SHOULDER c CAPSULORRHAPHY & SLAP
P00093	\$0.00	OPEN REPAIR ANKLE ANTERIOR TIBIALS
P00094	\$0.00	REMOVAL FOREIGN BODY
P00095	\$0.00	RETINACULAR REPAIR
P00096	\$0.00	CLOSURE LEG FASCIOTOMY WOUND
P00097	\$0.00	ACROMIOCLAVICULAR REPAIR
P00098	\$0.00	OPEN KNEE REEFING
P00099	\$0.00	EXTENSOR TENDON REPAIR (THUMB)
P00100	\$0.00	ARTHROCENTESIS KNEE
P00101	\$0.00	OPEN ARCH DECOMPRESSION WITH HARDWARE REMOVAL
P00102	\$0.00	BIOPSY ILLIUM

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 1
 2
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P00103	\$0.00	REMOVAL EX FIX WRIST
P00104	\$0.00	HIP ENDOSCOPIC BURSECTOMY
P00105	\$0.00	ELBOW ARTHROTOMY/REMOVAL LOOSE BODIES
P00106	\$0.00	TRICEPS TENDON REPAIR
P00107	\$0.00	RADIAL HEAD IMPLANT
P00108	\$0.00	EXCISION CALCIFIC TENDONITIS ELBOW
P00109	\$0.00	ANKLE ARTHRODESIS
P00110	\$0.00	ARTHRODESIS TOE OR ARTHROPLASTY
P00111	\$0.00	FOREFOOT RECONSTRUCTION; HOFFMAN PROCEDURE
P00112	\$0.00	EXC. OSTEOPHYTE (FOOT)
P00113	\$0.00	EXC. RHEUMATOID NODULE ELBOW
P00114	\$0.00	TENOSYNOVECTOMY HAND
P00115	\$0.00	BIOPSY BONE TUMOR
P00116	\$0.00	PATELLA TIBIAL OSTEOTOMY (HTO)
P00117	\$0.00	HARDWARE REMOVAL OF ELBOW
P00118	\$0.00	REMOVAL OF HARDWARE HAND
P00119	\$0.00	SCAR REVISION - KNEE
P00120	\$0.00	DISTAL CLAVICLE REPAIR
P00121	\$0.00	INJECTION
P00122	\$0.00	EXTENSOR TENDON REPAIR FOOT
P00123	\$0.00	OSTEOPHYTE REMOVAL WRIST
P00124	\$0.00	ARTHROSCOPY WRIST
P00125	\$0.00	SYNDESMOSIS SCREW REMOVAL
P00126	\$0.00	ORIF HAND
P00127	\$0.00	ARTHROSCOPY KNEE WITH OATS PROCEDURE
P00128	\$0.00	LIGAMENOUS RECONSTRUCTION TENDON INTRAPOSITION
P00129	\$0.00	TAKE DOWN FLAP
P00130	\$0.00	EXC. MASS OF SHOULDER
P00131	\$0.00	EXC. MASS ANKLE
P00132	\$0.00	HAMSTRING LENGTHENING
P00133	\$0.00	FASCIOTOMY LOWER EXTREMITY
P00134	\$0.00	PERCUTANEOUS PINNING OF PROXIMAL HUMERUS
P00135	\$0.00	FEMUR. REMOVAL DISTAL LOCKING SCREW
P00136	\$0.00	ARTHRODESIS THUMB
P00137	\$0.00	EXCISION OSTEOCHONDRITIS DESSICANS
P00138	\$0.00	PERC PINNING OF WRIST
P00139	\$0.00	FOREARM PLATE REMOVAL
P00140	\$0.00	REMOVAL HARDWARE - GREAT TOE
P00141	\$0.00	ARTHROSCOPY KNEE, MEDIAL PATELLA FEMORAL LIGAMENT
P00142	\$0.00	EXC RHEUMATOID NODULE OF FINGER
P00143	\$0.00	SUBTALAR FUSION ANKLE
P00144	\$0.00	HARDWARE REMOVAL RADIUS
P00145	\$0.00	DEBRIDEMENT BONY CALLOUS-FIBULA
P00146	\$0.00	PHALANGEAL DEBRIDEMENT
P00147	\$0.00	ARTHROSCOPY SHOULDER c CAPSULAR SHRINKAGE
P00148	\$0.00	CORRECTIVE OSTEOTOMY DISTAL RADIUS
P00149	\$0.00	EVACUATION OF HEMATOMA (POST TOTAL KNEE)
P00150	\$0.00	NAVICULAR PROMINENCE EXCISION
P00151	\$0.00	CHEVRON BUNIONECTOMY
P00152	\$0.00	ANKLE RECONSTRUCTION PERONEAL TENDON
P00153	\$0.00	EXC HETEROTOPIC BONE ELBOW

ATTACHMENT 26

P00154	\$0.00	EXC BONE IP JOINT THUMB
P00155	\$0.00	ORIF ULNA
P00156	\$0.00	ANLE EXPLORATION c POSS TENDON REPAIR
P00157	\$0.00	EXC NONUNION ULNAR STYLOID
P00158	\$0.00	TRICEPS MUSCLE REPAIR
P00159	\$0.00	ENDER NAIL HUMERUS
P00160	\$0.00	PARTIAL AMPUTATION c "PINCH" GRAFT THUMB
P00161	\$0.00	EPICONDYLAR REPAIR
P00162	\$0.00	ARTHROSCOPIC PCL RECONSTRUCTION
P00163	\$0.00	ULNAR SHORTENING OSTEOTOMY, RAYHACK PROCEDURE
P00164	\$0.00	REVISION AMPUTATION OF FINGER c SKIN GRAFT
P00165	\$0.00	HARDWARE REMOVAL FINGER
P00166	\$0.00	THUMB CMC ARTHROSCOPY
P00167	\$0.00	OPEN CONTRACTURE RELEASE KNEE; HARDWARE REMOVAL
P00168	\$0.00	OSTEOTOMY PHALANX (FINGER)
P00169	\$0.00	EVACUATION HEMATOMA MP JOINT
P00170	\$0.00	REVISION AMPUTATED FINGER
P00171	\$0.00	ENDOSCOPIC CARPAL TUNNEL RELEASE
P00172	\$0.00	CARPPECTOMY
P00173	\$0.00	DORSAL WRIST REPAIR DENERVATION SECOND COMPARTMENT RELEASE
P00174	\$0.00	TFC REPAIR
P00175	\$0.00	EXC. MUCOUS CYST & DEBRIDEMENT FINGER
P00176	\$0.00	OPEN SUBACROMIAL DECOMPRESSION
P00177	\$0.00	ORIF THUMB IP JOINT
P00178	\$0.00	DEBULKING OF FOREARM SKIN GRAFT
P00179	\$0.00	REPAIR RADIAL NERVE
P00180	\$0.00	INTRINSIC RELEASE - FINGERS
P00181	\$0.00	EXC. CARPAL BOSS FINGER
P00182	\$0.00	EXC. TRAPESIUM BONE FRAGMENT
P00183	\$0.00	SAGITTAL BAND RUPTURE REPAIR
P00184	\$0.00	EXC. SCAPHOID c 4 CORNER FUSION
P00185	\$0.00	MP CAPSULECTOMY
P00186	\$0.00	REPAIR FLEXOR POLLIS LONGUS & NERVE REPAIR
P00187	\$0.00	CORRECTIVE METACARPAL OSTEOTOMY c EXTENSOR TENDON TENOLYSIS
P00188	\$0.00	FDP REPAIR
P00189	\$0.00	SCAPHOID-LUNATE LIGAMENT REPAIR
P00190	\$0.00	SESAMOIDESIS MP JOINT
P00191	\$0.00	CMC ARTHROPLASTY LRTI
P00192	\$0.00	INTRA-ARTICULAR HIP INJECTION
P00193	\$0.00	EPIDURAL STEROID INJECTION
P00210	\$0.00	OPEN DISTAL CLAVICLE EXCISION
P00213	\$0.00	WOUND CLOSURE
P00217	\$0.00	GRAFT HARVESTING PALMARIS LONGUS
P29805	\$0.00	ARTHROSCOPY SHOULDER BOOM
P29815	\$0.00	ARTHROSCOPY SHOULDER BEACH CHAIR
Q4100	\$1,766.00	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED
Q4107	\$239.00	GRAFTJACKET
S2114	\$10,003.00	ARTHROSCOPY, SHOULDER, SURGICAL; TENODESIS OF BICEPS
S2117	\$3,443.00	ARTHROEREISIS, SUBTALAR
S2300	\$950.00	ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY
V5364	\$93.00	DYSPHAGIA SCREENING

Illinois Health Facilities and
Services Review Board
Springfield, IL

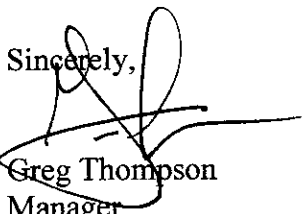
RE: Southern Illinois Orthopedic Center
Addition of Specialties

To Whom It May Concern:

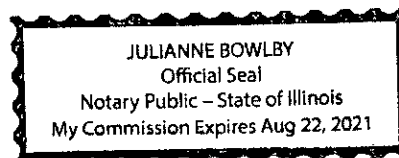
Through this letter, Southern Illinois Orthopedic Center ("SIOC") provides the following assurances:

1. SIOC intends to and anticipates that its operating rooms will be utilized consistent with or exceeding those utilization standards identified in Appendix B to Section 1110 by the end of the second year of the project's completion.
2. SIOC's peer review program, which is designed to identify whether the ASTC's patient outcomes are consistent with applicable quality standards, will be expanded to include all services to be provided in the ASTC.
3. The ASTC does not have any "shell" space.

Sincerely,


Greg Thompson
Manager

Notarized:



ATTACHMENTS 17 and 25c10

SOUTHERN ILLINOIS SIOC ORTHOPEDIC
Quality Assurance, Performance Improvement, and Risk Management
Goals for 2018

1. Employee Education and Training

- Comprehensive training of employees at all levels of the organization will be completed. QAPI training is incorporated into the new employee orientation. A facility wide QAPI educational session will be held annually. This session will include an overview of the SIOC QAPI program as well as descriptions and clarifications of staff responsibilities including:
 - a. Quality awareness
 - b. Staff participation
 - c. SIOC's mission statement and goals
 - d. Customer Satisfaction
 - e. Employee Suggestions

2. Evaluate 100% of Patient Satisfaction Questionnaires.

- Questionnaires will be utilized to help determine the Center's strengths and weaknesses. The data will be analyzed to identify specific functional areas that may need improvement. Patient questionnaires provide us with an awareness of the patient's perceptions of the care they received in our Center.
- All patient comments and suggestions will be assessed and may be utilized to provide direction for improvement opportunities.
- All patient negative comments and concerns will be tracked and evaluated for problematic areas and improvement opportunities.
- The monthly patient satisfaction questionnaire reports will be available for employee review and discussed at the quarterly QAPI meetings.
- Department directors and managers will personally address the issues related to their departments.

3. Evaluate 100 % of patients for post-discharge infections occurring within 30 days of surgery. Infections of implanted items will be evaluated for up to 1 year of surgery. Hospital transfers, ER visits, and Hospital admissions will be evaluated up to 72 hours after discharge.

- All patients sustaining a post-operative surgical site or other infection will have a follow-up form completed by the QAPI Coordinator or the Infection Prevention Nurse. Infections will be tracked for any trends.
- A discharge summary will be obtained on all patients transferred to a hospital, admitted to a hospital, or visiting an Emergency Room within 72 hours of their discharge. Reasons for admission will be tracked for trends.
- Hospitalizations and infections will be incorporated into each physician's year-end profile report.

4. Peer review of medical records will be evaluated for quality of care and completeness of entries.

- Charts are reviewed to assure medical record completeness with routine assessment of documentation.
- This review is consistent with our goal to achieve and maintain an optimal quality of patient care and documentation thereof.

ATTACHMENT 27c10

- Refer to Peer Review plan.

5. Physician credentialing and Peer Review

- SIOC physicians will review credentials as well as results of quality management activities of all active staff prior to their reappointment. The area under review and the method of chart selection will be outlined specifically in the Peer Review Plan.
- An independent audit of five percent of randomly chosen cases for each physician is completed each quarter.
- Each physician's profiling report will be placed in their peer review folder and credentialing file annually.
- **Physician profiling will include:**
 - Number of surgical procedures
 - Hospital transfers and admissions within 72 hours.
 - Post-op surgical site or other infections
 - Patient return to O.R.
 - Patient blood transfusions
 - Surgical complications
 - Compliance with dictation guidelines
 - Significant variances
 - Results of special studies and/or projects
- The Medical Director reviews the pathology report, cases resulting in a transfer, complications, infections, and blood transfusions for each physician on a quarterly basis and reports the findings to the SIOC Board Members.

6. Quality assurance, Performance improvement, and Risk management council will meet Quarterly.

➤ Quality Assurance

- The QAPI Committee will provide organizational direction and oversee all of the quality improvement activities.
- The committee will be used to sustain, facilitate, and expand the quality improvement activities based on the organization's mission statement and goals.
- There will be leadership and medical staff participation.
- The committee will strive to provide clear communication of quality measures throughout all levels of the organization.
- Department delegates will be responsible for communicating quality activities at their respected department staff meetings.
- Quarterly summaries will be posted on the employee communication board.

➤ Performance Improvement

- Prioritization for performance improvement is based on organization-specific data.
- Organizational leaders have the responsibility of setting the performance improvement priorities and providing the resources needed for improvement.
- Leaders base their prioritization determination on organization-specific areas such as adverse events, changes in services, high-volume, high-risk, and problem-prone. These are in addition to the analysis of organizational data.

- Leadership determines the criteria for prioritization. Once the priorities are defined, process improvement activities focus on patient health care outcomes and opportunities for improvement in those areas.
- **Risk Management**
 - A flow sheet will be completed quarterly by the Risk Management Officer or their designee regarding risk management.
 - The QAPI Coordinator will review the flow sheet and identify trends.
 - If needed a plan of action will be designed to resolve any trends.
 - The information is presented at the quarterly QAPI meeting and to the SIOC Board Members.

7. Quality improvement suggestion box.

- Encourage staff members to be involved with problem identification and ideas for improvement in a non-threatening and anonymous (if desired) manner.
- A secured suggestion box is placed by the employee time clock.
- Submissions will be evaluated by the QAPI Director and the management committee members and discussed at the management meetings.
- Our goal will be to inform all employees of the status of their suggestions within 4 weeks.

8. Monthly tracking and trending of employee, patient, and visitor incident reports.

- Tracking and trending of incident reports will focus on analysis of data and decision-making techniques to predict potential risk and to estimate financial impact on the facility.
- Reports will be prioritized by frequency, severity, and potential reduction.
 - Monthly evaluations of all incidents.
 - Follow-up will be completed immediately on all contaminated exposures.
 - The employee health nurse will complete an annual report including all employee contaminated exposures.
 - Comparative analysis is completed with like facilities.
 - Ongoing tracking and trending is completed.

9. Facility Wide Goals

- **Increase the Utilization of the AdvantX system.**
 - 2018 Quality will be continued focus on improving the usage of the AdvantX system at SIOC. We want staff to be utilizing the system components to its fullest capacity.
 - We utilize preference cards via the AdvantX system in order to more effectively track the cost per case incurred by the organization. These cards are filled out by the Circulating nurse at the time of the procedure. They are then reviewed for reconciliation of charges by the data entry personnel, another OR staff member, and final review by the DON or their designee.

10. Departmental goals – Complete one or more of the following:

- The QAPI meetings will be held quarterly. Employees are invited to attend the meetings and the meeting minutes are posted on the communication board.
- Departmental representatives will update their co-workers quarterly regarding any studies involving their department, patient satisfaction reports, and other pertinent QAPI information.

- **Front office and Health information**

- a) Focus on obtaining accurate patient and responsible party demographic information.
- b) Evaluate timeliness of the scanning of files to SMP.
- c) Coding audits—internal x 2, external x 1. (completed by SMP)
- d) Maintain a 7-day turn around for all 2018 charts to have them ready for the physician's signature.
- e) To continue to improve the lines of communication with other departments, including job shadowing, to have a better understanding of the functions of other departments.
- f) Timely archiving of medical records.

- **Operating Room**

- a) ACLS and PALS Certification for all OR Circulators. (Ongoing)
- b) Follow the recommended practice for Immediate Use Steam Sterilization.
- c) Monitor and improve processes to ensure 0730 starts.
- d) Monitor and improve processes to expedite room turnover.
- e) Monitor and improve processes of specimen documentation.

- **PACU**

- a) SMP-Benchmarking study (coordinated by SMP-ongoing).
- b) Ensure that patients are contacted by a postoperative phone call. Random monthly telephone interviews are performed by the Director of Nursing or her designee.
- c) ACLS and PALS certification for all PACU registered nurses. (Ongoing)
- d) Monitor completion and accuracy of documentation and discharge instructions.
- e) Monitor for incorrect data received from the scheduling surgeon offices to SIOC scheduling department.
- f) Track & trend all patient falls within 48 hours of the anesthesia post op nerve block.
- g) Study the post operative physician orders. Evaluate the completeness of these orders to ensure an efficient discharge. Evaluate the completion of the medication reconciliation form.

- **Regulatory affairs**

- a) Quarterly evaluation of the completion of medical records within 30 days.
- b) Re-evaluate timeliness of H&P completion. Assessment of adequacy and timeliness will be based on state and federal regulations.
- c) Compliance with HIPAA Omnibus requirements (Coordinated by SMP).
- d) Improve current process for obtaining and tracking physician privileging. Research core privileging for physicians.

- **Engineering**

- a) Continue with current maintenance notification system to reduce the number of repetitive requests on repairs and other issues.
- b) Assure quality of housekeeping services by assessing monthly checklist.

- **Information systems**

- a) Maintenance of the Network Recovery System. (Coordinated by SMP-ongoing)

ATTACHMENT 27c10

- b) Utilization of the IS problem or concern notification system to minimize repeat phone calls on identical issues & increase usage of e-mail and work order notification on non-emergent situations (Coordinated by SMP-ongoing).

- **Safety**

- a) Review the process for delivering medications – from taking the orders, signing off orders, and actually giving the medication.
- b) Safe Injection Practice.
- c) Continue with good patient teaching regarding post operative blocks for fall prevention.
- d) Review ergonomic safety guidelines specific to the department's needs and potential ergonomic problems.
- e) Re-evaluate compliance with abbreviation modifications.
- f) Continuous education and monitoring of hand washing practice.

11. Contracted services

- Maintain a continuous effort by all members of our facility to meet the needs and expectations of the customer, the staff, and the regulatory agencies.
- In our commitment for continuous quality improvement we include our contracted services in our QAPI program. This will assist us in determining if providers of a service are performing optimally and identify opportunities for improvement.

1. Pharmacy

- Ongoing monitoring of drug outdates and quarterly inspections by the consulting pharmacist.
- All medication errors and near misses will be reported to the quality committee for review.
- Any adverse drug reactions will be reported to the quality committee for review.

2. Anesthesia

- Re-evaluation and continuation of a written post-anesthesia evaluation within 48 hours of surgery and prior to patient discharge.
- Re-evaluation of noting off pre-op orders. By completing all necessary documentation of pre-op orders we can insure that our patients are receiving the highest level of quality care in the most efficient, safe, and accurate way possible.
- Peer review-an independent audit of two percent of randomly chosen cases for each anesthesiologist and anesthetist is completed twice a year in July and January. These forms are placed in the peer review folder annually.

3. Laundry

- Assure that the appropriate water temperature of 160 F (71 C) is being utilized on all laundry.
- If chlorine bleach is added to the laundry process provide 10 parts per million or more of free chlorine.
- The minimum hot water temperature may be reduced to 140 F (60 C).
- Spot checks of laundry temperature will be completed.

4. **Housekeeping**

- Monthly inspections are conducted by the Facility Engineer and DON to ensure that the facility is clean and properly maintained.

The Quality Improvement Plan will remain flexible, as further issues and suggestions for QAPI activities arise.

Medical Director _____ **Date** _____



Specific Plan

Physician Peer Review

Steps taken by SIOC

Front office staff member selects 5% of cases per quarter for each physician to be reviewed by 3 selected physicians each quarter.

All of the review sheets are reviewed by the Medical Director at the quarterly QAPI meetings. The information is then presented at the quarterly SIOC board meetings.

When a trend is identified, the members attempt to develop a plan to eliminate or minimize the reoccurrence of the indicator.

Physicians are in-services when required.

**SOUTHERN ILLINOIS ORTHOPEDIC CENTER
PEER REVIEW EVALUATION**

Patient's Name _____ Date of Service _____

Practitioner's Name _____

Type of Procedure _____

PHYSICIAN REVIEWER PLEASE COMPLETE THE FOLLOWING SECTION:

SECTION A: Appropriateness of Surgery

Admitting Diagnosis _____

Post-op Diagnosis _____

Pathological Diagnosis _____

Explain if discrepancy _____

SECTION B: Quality of Care

H&P contains appropriate documentation
regarding physical status and present illness?

YES

NO

N/A

Lab, EKG, and x-rays are necessary and relevant
to procedure ordered and present on chart?

Operative report adequately describes
details of procedure?

Progress notes / Discharge summary complete

Follow-up care planned?

If no, explain why _____

QUALITY OF CARE:

ADEQUATE _____

INADEQUATE _____

REVIEWER SIGNATURE _____

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**SOUTHERN ILLINOIS ORTHOPEDIC CENTER
PHYSICIAN PROFILE**

Survey Period _____

Physician's Name _____

Number of cases performed _____

CLINICAL OUTCOMES

Unplanned hospital transfers _____

Unplanned hospitalizations within 72 hours after discharge from SIOC _____

Number of confirmed infections _____

Number of returns to the O.R. _____

Number of blood transfusions _____

Number of surgical complications _____

Other significant variances taken to the Management Committee or the QI Committee:

Patient complaints and incidents:

Results of special studies and/or projects:

OTHER

Practitioner has complied with medical staff bylaws: Yes _____ No _____

Practitioner has complied with dictation guidelines: Yes _____ No _____

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FOR QUALITY IMPROVEMENT PURPOSES ONLY



Peer Review Follow-Up: Documentation Needed

The following documents are needed to complete the patients chart.

Surgeon: _____

Patient: _____ Procedure: _____

D. O. S. _____ D. O. B. _____

Documentation Requested: _____

Please return the requested items to the mailbox of Jamie Lemons, located at the surgery department receptionist desk.

Thank You.



Peer Review Follow-Up: Documentation Needed

The following documents are needed to complete the patients chart.

Surgeon: _____

Patient: _____ Procedure: _____

D. O. S. _____ D. O. B. _____

Documentation Requested: _____

Please return the requested items to the mailbox of Jamie Lemons, located at the surgery department receptionist desk.

Thank You.

PROJECTED OPERATING COSTS
and
TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

SOUTHERN ILLINOIS ORTHOPEDIC CENTER
YEAR 2 OPERATING COST per SURGICAL CASE

Projected Cases: 3,294

Salaries & Benefits	\$1,706,946
Medical Supplies	<u>\$994,140</u>
	\$2,701,086
per Surgical Case:	\$ 820.00

YEAR 2 CAPITAL COST per SURGICAL CASE

Projected Cases: 3,294

Interest Expense	\$ 9,627
Depreciation & Amort.	<u>\$ 167,434</u>
	\$ 177,061
per Surgical Case:	\$ 53.75

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Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEx

February 13, 2019

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761


RE: Southern Illinois Orthopedic Center
Herrin, Illinois

Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Need ("CON") application filed on behalf of applicants Southern Illinois Orthopedic Center, LLC and Southern Orthopedic Associates, LLC, proposing the addition of specialties to be provided at Southern Illinois Orthopedic Center. Also enclosed is a check in the amount of \$2,500.

Should you require any additional information, please do not hesitate to call me.

Sincerely,



Jacob M. Axel
President