

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

Section

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16.01: General Provisions

(1) Scope, Purpose and Effective Date.

(a) 114.3 CMR 16.00 governs the payment rates used by all governmental units for surgery and anesthesia services provided to publicly aided patients. 114.3 CMR 16.00 is effective July 1, 2012. Rates for services provided to individuals covered by M.G.L. c. 152 (the Workers' Compensation Act) are set forth at 114.3 CMR 40.00: *Rates for Services under M.G.L. c. 152, Worker's Compensation Act.*

(b) The following laboratory services have a professional and technical component. These are codes: 83020, 83912, 84165, 84166, 84181, 84182, 85390, 85576, 86255, 86256, 86320, 86325, 86327, 86334, 86335, 87164, 87207, 88371, 88372 and 89060. The professional component is contained in 114.3 CMR 16.00. The technical component for these codes is contained in 114.3 CMR 20.00: *Clinical Laboratory Services.*

(2) Coverage. The payment rates in 114.3 CMR 16.00 are used to pay for:

(a) Surgical and anesthesia services rendered to registered bed patients in a licensed health care facility by an eligible provider who is not under contractual arrangement with the licensed health care facility for medical services and who bills separately and apart from the health care facility for medical services rendered.

(b) Surgical and anesthesia services rendered to ambulatory patients in a private medical office, freestanding ambulatory surgical center, licensed clinic facility, hospital outpatient department, independent diagnostic testing facility, or other appropriate setting by an eligible provider who bills for the medical services rendered and receives no other compensation for medical services rendered.

The rates of payment under 114.3 CMR 16.00 are full compensation for patient care rendered, as well as for any related administrative or supervisory duties in connection with patient care and all associated overhead expenses, without regard to where the care is rendered.

(3) Disclaimer of Authorization of Services. 114.3 CMR 16.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 16.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Administrative Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

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

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

(c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(d) for entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), the Division may list these codes and price them according to the rate methodology used in setting physician rates. When RVUS are not available, the Division may apply Individual Consideration in reimbursing for these new codes until appropriate rates can be developed.

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(5) Administrative Bulletins. The Division may issue Administrative Bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 16.00.

16.02: General Definitions

Meaning of Terms. The descriptions and five-digit codes included in 114.3 CMR 16.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology* (CPT), copyright 2010 by the American Medical Association unless otherwise specified. Level II codes are obtained from 2011 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedural Terminology*.

114.3 CMR 16.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the *Physicians' Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 16.00 shall have the meanings set forth in 114.3 CMR 16.02.

Eligible Mid-level Practitioner. A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation by a governmental unit.

Eligible Provider. Shall mean a licensed physician, licensed osteopath, licensed podiatrist, or licensed dentist other than an intern, resident, fellow or house officer who also meets such conditions of participation by a governmental unit.

A provider of diagnostic surgical services who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies. Such surgical diagnostic services may be rendered by eligible providers such as, but not limited to, Independent Diagnostic Testing Facilities. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation by a governmental unit.

A provider of radiation oncology services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation by a governmental unit.

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A clinic licensed by the Massachusetts Department of Public Health in accordance with regulation 105 CMR 140.000: *Licensure of Clinics* to provide surgical diagnostic services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation by a governmental unit.

A licensed freestanding birth center facility that meets the conditions of participation adopted by the Massachusetts Department of Public Health pursuant to 105 CMR 142.000: *Operation and Maintenance of Birth Centers*. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Facility Setting. Payments for services provided in a hospital, including without limitation a hospital inpatient department, outpatient department, emergency department, and hospital licensed health center, or skilled nursing facility or freestanding ambulatory surgical center (ASC), will be made according to a facility fee when an applicable facility fee has been established for that procedure.

Global Delivery. Includes direct provision and supervision of case management, maternal education (including but not limited to nutrition, pregnancy and childbirth, and reproductive health) and obstetrical risk assessment and monitoring, in addition to pelvic delivery (or Cesarean section delivery by physicians only), all routine prenatal visits and one Postpartum visit.

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

Individual Consideration (I.C.). Surgical procedures which are authorized but not listed herein, surgical procedures performed in unusual circumstances and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder or disability;
- (d) any applicable relative-value studies;
- (e) any complications or other circumstances that may be deemed relevant;
- (f) the policies, procedures and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth in 114.3 CMR 31.00: *Prescribed Drugs*; and
- (h) a copy of the current invoice from the supplier.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters to the procedure code.

Primary Care Clinician (PCC) Plan - A managed care option administered by the MassHealth agency through which enrolled members receive primary care and certain other medical services.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a separate procedure in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service.

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Surgical Team Fee. Reimbursement for highly complex surgical procedures requiring the expertise of several physicians (usually of different specialties) and other highly skilled, specially-trained personnel. More than one surgeon may be performing parts of the procedure simultaneously. The unit fee is payable to the 'director' of the surgical team and includes all assistant surgeon fees; there are no separate payments for assisting surgical services. The director of the surgical team is expected to distribute the unit fee to the members of the surgical team.

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in 114.3 CMR 16.05. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report."

16.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 114.3 CMR 16.00 applies shall be the lowest of:

- (a) The eligible provider's usual fee to patients other than publicly aided patients; or
- (b) The eligible provider's actual charge submitted; or
- (c) The schedule of allowable fees set forth in 114.3 CMR 16.04 and 16.05 in accordance with 114.3 CMR 16.03.

(2) Supplemental Payment.

(a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a non-profit group practice that was established in accordance with St. 1997, c. 163 and is affiliated with a Commonwealth-owned medical school;
2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 16.03(1); and
2. the Federal upper payment limit set forth in 42 CFR 447.325.

(3) Rate Variations Based on Practice Site. Payments for certain services that can be routinely furnished in physicians' offices are reduced when such services are furnished in facility settings. 114.3 CMR 16.05 establishes facility setting fees applied to services rendered in a facility when a practice site differential is warranted.

(4) Allowable Mid-level Fee for Qualified Mid-Level Practitioners. Payments for services provided by eligible licensed nurse practitioners, eligible licensed nurse midwives and eligible licensed physician assistants as specified in 114.3 CMR 16.02 shall be 85% of the fees contained in 114.3 CMR 16.00.

(5) Preoperative and Postoperative Care. All allowable fees are maximum amounts to be paid and apply primarily to services rendered to registered bed patients in licensed hospitals and freestanding ambulatory surgical centers. The maximum allowable fees for surgical services include the following: routine preoperative care; the operation *per se*, including local infiltration, metacarpal/digital block or topical anesthesia when used, and the normal, uncomplicated follow up care. This concept is referred to as a "package" for surgical procedures. 114.3 CMR 16.03(5) will be superseded by 114.3 CMR 16.03(6) upon implementation by the Office of Medicaid.

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(6) Global Surgical Package. The payment for a surgical procedure includes a standard package of preoperative, intraoperative, and postoperative services. Reimbursement for these procedures includes payment for services related to the surgery when furnished by the physician who performs the surgery. The services included in the global surgical package may be furnished in any setting, *e.g.*, in hospitals, ASCs, physicians' offices. Included in the global fee are preoperative period of one day for major surgery and the postoperative period of 90 days for major surgery, as determined by the Centers for Medicare and Medicaid Services (CMS). The postoperative period for minor surgery is either 0 or ten days depending on the procedure, as determined by CMS. Visits to a patient in an intensive care or critical care unit are also included if made by the surgeon.

(7) Obstetrical Services. Obstetrical fees contained in 114.3 CMR 16.05 are intended to include only the procedure or procedures performed and care to the publicly aided patient while hospitalized with the exception of global delivery (59400, 59510, 59610, 59618). Outpatient antepartum and postpartum obstetrical care may be billed under the appropriate medical procedure code in accordance with 114.3 CMR 17.00: *Medicine*. Medical problems complicating labor and delivery management or medical complications of pregnancy may require additional resources or services and should be identified by utilizing the appropriate procedure codes in 114.3 CMR 17.00 in addition to the procedure codes for maternity care listed in 114.3 CMR 16.00.

(8) Casts and Appliances. All maximum allowable fees include the initial application of a cast, traction device or similar appliance.

(9) CPT Category III Codes. All surgery related CPT category III codes are included as a part of 114.3 CMR 16.00 and have an assigned fee of I.C.

(10) PCC Plan Enhanced Fee. Primary Care Clinicians (PCCs) receive an enhanced rate for certain types of primary and preventive care visits provided to their PCC Plan members enrolled with the PCC on the date of service. \$10.00 is added to the rate for the procedure code billed. The MassHealth agency pays PCCs an enhanced fee for delivering primary care services in accordance with the terms of the PCC provider contract.

(11) Multiple Endoscopy Procedures. When multiple procedures are performed through the same endoscope, payment is made for the highest valued endoscopy plus the difference between the next highest and the base endoscopy. When two related endoscopies and an unrelated endoscopy are performed, the special endoscopic payment rules apply to the related endoscopies. Unrelated endoscopic procedures are treated as a separate surgery and reimbursed using the payment rules for multiple surgery claims.

16.04: Maximum Allowable Fees - Anesthesia Services

(1) Rate Determination. The administration of anesthesia is reported by the use of the anesthesia five digit procedure code (00100 01999) listed in 114.3 CMR 16.05(4). Payment for anesthesia services is determined by a system of base anesthesia units and time units. The number of base anesthesia units plus time units is multiplied by the anesthesia unit fee to derive the total anesthesia reimbursement. Time units are measured in minutes and one time unit equals one minute. The time period for which anesthesia services will be reimbursed shall begin when the anesthesiologist or certified registered nurse anesthetist begins to prepare the patient for the induction of anesthesia in the operating room or in an equivalent area and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under postoperative supervision. The time at which anesthesia services begin and end must be specified on the billing form.

(2) Anesthesia Services. Anesthesia services may include but are not limited to general, regional, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal by the anesthesiologist or certified registered nurse anesthetist during any procedure. These services include the usual preoperative and postoperative visits, the anesthesia care during the procedure, the administration of fluids, and/or blood incident to the anesthesia or surgery, and the usual monitoring procedures. Unusual forms of monitoring (*e.g.*, intra arterial, central venous and Swan Ganz) are not included.

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- (3) Maximum Unit Fee. The maximum allowable fee for anesthesia services provided under 114.3 CMR 16.00 is \$18.86 per base unit and \$1.26 per one minute time unit.
- (4) Nurse Anesthetist Services. Payment for anesthesia services rendered by a nurse-anesthetist is subject to the payment and coverage requirements of the purchasing agency.

16.05: Maximum Allowable Fees - Surgical Services

(1) Surgical and Obstetrical Services. The allowable fees for surgical and obstetrical services shall be the fees listed in 114.3 CMR 16.05(4).

(2) Unless otherwise specified, guidelines, notes and definitions provided in the 2011 CPT coding Handbook are applicable to the use of the procedure codes and descriptions listed in 114.3 CMR 16.05(3).

(3) Modifiers.

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of the modifier '-26' to the procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 16.05(4) to be paid.

-50: Bilateral Procedures. Payment for bilateral procedures performed at the same operative session must be identified by the appropriate service code and the modifier '-50'. Only one claim line is billed for both procedures. The addition of the modifier '-50' to the bilateral code will allow 150% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible provider for performance of both bilateral procedures.

-51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). The addition of the modifier '-51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible provider.

NOTE: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier '-52', signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

-54: Pertains to Surgical Care Only. When one eligible physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding the modifier '-54' to the appropriate procedure code. This allows 85% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the physician performing the surgery.

-55: Pertains to Postoperative Management Only. When one eligible physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by adding the modifier '-55' to the appropriate procedure code. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the physician.

-58: Staged or Related Procedure or Service by the Same Physician During the Postoperative Period.

-59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However when another already established modifier is appropriate, it should be used rather than modifier '-59'.

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-62: Pertains to Two Surgeons. When two eligible surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding the modifier '-62' to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the procedure once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate codes(s) may also be reported with the modifier "-62" added. The addition of the modifier '-62' to the procedure code allows 57.5% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to each surgeon. No separate payment will be made for assisting surgical services in these cases; it is included in the total surgical fee listed.

-66: Pertains to Team Surgery. This modifier must be used to identify highly complex procedures (requiring the concomitant services of several eligible physicians, often of different specialties, plus other highly skilled, specially trained personnel, and various types of complex equipment) carried out under the "surgical team" concept. The unit fee is payable to the "director" of the surgical team and includes all assistant surgeon fees, there are no separate payments for assisting surgical services. The director of the surgical team is expected to distribute the unit fee to the eligible members of the surgical team.

-76: Repeat Procedure by Same Physician. The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding the modifier '-76' to the repeated procedure/service or the separate five digit modifier code 09976 may be used.

-77: Repeat Procedure by Another Physician. The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier '-77' to the repeated procedure/service or the separate five digit modifier code 09977 may be used.

-78: Return to the Operating Room for a Related Procedure During the Postoperative Period. The physician may need to indicate that another procedure was performed during that postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding the modifier '-78' to the related procedure, or by using the separate five digit modifier 09978. (For repeat procedures on the same day, *see* '-76'.)

-79: Unrelated Procedure or Service by the Same Physician During the Postoperative Period. The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier '-79' or by using the separate five digit modifier 09979. (For repeat procedures on the same day, *see* '-76'.)

-80: Pertains to Assistant Surgeons. Surgical assistant services may be identified by adding the modifier '80' to the usual procedure code. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible assistant surgeon.

-82: Pertains to Assistant Surgeons when Qualified Resident Surgeon not Available. Surgical assistant services may be identified by adding modifier '-82' to the usual procedure code when a qualified resident surgeon is not available. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible assistant surgeon.

-E1: Upper Left, Eyelid.

-E2: Lower Left, Eyelid.

-E3: Upper Right, Eyelid.

-E4: Lower Right Eyelid.

-F1: Left Hand, Second Digit.

-F2: Left Hand, Third Digit.

-F3: Left Hand, Fourth Digit.

-F4: Left Hand, Fifth Digit.

-F5: Right Hand, Thumb.

-F6: Right Hand, Second Digit.

-F7: Right Hand, Third Digit.

-F8: Right Hand, Fourth Digit.

-F9: Right Hand, Fifth Digit.

-FA: Left Hand, Thumb.

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-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

-LC: Left Circumflex Coronary Artery.

-LD: Left Anterior Descending Coronary Artery.

-LT: Left Side (Used to Identify Procedures Performed on the Left Side of the Body).

-RC: Right Coronary Artery.

-RT: Right Side (Used to Identify Procedures Performed on the Right Side of the Body).

-SA: Nurse Practitioner Rendering Service in Collaboration with a Physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-T1: Left Foot, Second Digit.

-T2: Left Foot, Third Digit.

-T3: Left Foot, Fourth Digit.

-T4: Left Foot, Fifth Digit.

-T5: Right Foot, Great Toe.

-T6: Right Foot, Second Digit.

-T7: Right Foot, Third Digit.

-T8: Right Foot, Fourth Digit.

-T9: Right Foot, Fifth Digit.

-TA: Left Foot, Great Toe.

-TC: Technical Component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier '-TC' to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 16.05(4) to be paid.

-QX. CRNA service with medical direction by physician

-QZ. CRNA service without medical direction by a physician

(4) Fee Schedules.

(a) Anesthesia Services.

| Code | Units | Description |
|-------|-------|--|
| 00100 | 5 | Anesthesia for procedures on salivary glands, including biopsy |
| 00102 | 6 | Anesthesia for procedures involving plastic repair of cleft lip |
| 00103 | 5 | Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery) |
| 00104 | 4 | Anesthesia for electroconvulsive therapy |
| 00120 | 5 | Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified |
| 00124 | 4 | Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy |
| 00126 | 4 | Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy |
| 00140 | 5 | Anesthesia for procedures on eye; not otherwise specified |
| 00142 | 4 | Anesthesia for procedures on eye; lens surgery |
| 00144 | 6 | Anesthesia for procedures on eye; corneal transplant |
| 00145 | 6 | Anesthesia for procedures on eye; vitreoretinal surgery |
| 00147 | 4 | Anesthesia for procedures on eye; iridectomy |
| 00148 | 4 | Anesthesia for procedures on eye; ophthalmoscopy |
| 00160 | 5 | Anesthesia for procedures on nose and accessory sinuses; not otherwise specified |
| 00162 | 7 | Anesthesia for procedures on nose and accessory sinuses; radical surgery |
| 00164 | 4 | Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue |

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| Code | Units | Description (continued) |
|-------------|--------------|--|
| 00170 | 5 | Anesthesia for intraoral procedures, including biopsy; not otherwise specified |
| 00172 | 6 | Anesthesia for intraoral procedures, including biopsy; repair of cleft palate |
| 00174 | 6 | Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor |
| 00176 | 7 | Anesthesia for intraoral procedures, including biopsy; radical surgery |
| 00190 | 5 | Anesthesia for procedures on facial bones or skull; not otherwise specified |
| 00192 | 7 | Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism) |
| 00210 | 11 | Anesthesia for intracranial procedures; not otherwise specified |
| 00211 | 10 | Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma |
| 00212 | 5 | Anesthesia for intracranial procedures; subdural taps |
| 00214 | 9 | Anesthesia for intracranial procedures; burr holes, including ventriculography |
| 00215 | 9 | Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound) |
| 00216 | 15 | Anesthesia for intracranial procedures; vascular procedures |
| 00218 | 13 | Anesthesia for intracranial procedures; procedures in sitting position |
| 00220 | 10 | Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures |
| 00222 | 6 | Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve |
| 00300 | 5 | Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified |
| 00320 | 6 | Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older |
| 00322 | 3 | Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid |
| 00326 | 7 | Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age |
| 00350 | 10 | Anesthesia for procedures on major vessels of neck; not otherwise specified |
| 00352 | 5 | Anesthesia for procedures on major vessels of neck; simple ligation |
| 00400 | 3 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified |
| 00402 | 5 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps) |
| 00404 | 5 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast |
| 00406 | 13 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection |
| 00410 | 4 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias |
| 00450 | 5 | Anesthesia for procedures on clavicle and scapula; not otherwise specified |
| 00452 | 6 | Anesthesia for procedures on clavicle and scapula; radical surgery |
| 00454 | 3 | Anesthesia for procedures on clavicle and scapula; biopsy of clavicle |
| 00470 | 6 | Anesthesia for partial rib resection; not otherwise specified |
| 00472 | 10 | Anesthesia for partial rib resection; thoracoplasty (any type) |
| 00474 | 13 | Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum) |
| 00500 | 15 | Anesthesia for all procedures on esophagus |
| 00520 | 6 | Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified |
| 00522 | 4 | Anesthesia for closed chest procedures; needle biopsy of pleura |
| 00524 | 4 | Anesthesia for closed chest procedures; pneumocentesis |
| 00528 | 8 | Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation |
| 00529 | 11 | Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation |
| 00530 | 4 | Anesthesia for permanent transvenous pacemaker insertion |
| 00532 | 4 | Anesthesia for access to central venous circulation |
| 00534 | 7 | Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | Units | Description (continued) |
|-------------|--------------|--|
| 00537 | 7 | Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation |
| 00539 | 18 | Anesthesia for tracheobronchial reconstruction |
| 00540 | 12 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified |
| 00541 | 15 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation |
| 00542 | 15 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication |
| 00546 | 15 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty |
| 00548 | 17 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi |
| 00550 | 10 | Anesthesia for sternal debridement |
| 00560 | 15 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator |
| 00561 | 25 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age |
| 00562 | 20 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all non-coronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after original operation |
| 00563 | 25 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest |
| 00566 | 25 | Anesthesia for direct coronary artery bypass grafting; without pump oxygenator |
| 00567 | 18 | Anesthesia for direct coronary artery bypass grafting; with pump oxygenator |
| 00580 | 20 | Anesthesia for heart transplant or heart/lung transplant |
| 00600 | 10 | Anesthesia for procedures on cervical spine and cord; not otherwise specified |
| 00604 | 13 | Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position |
| 00620 | 10 | Anesthesia for procedures on thoracic spine and cord; not otherwise specified |
| 00622 | 13 | Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy |
| 00625 | 13 | Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation |
| 00626 | 15 | Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation |
| 00630 | 8 | Anesthesia for procedures in lumbar region; not otherwise specified |
| 00632 | 7 | Anesthesia for procedures in lumbar region; lumbar sympathectomy |
| 00634 | 10 | Anesthesia for procedures in lumbar region; chemonucleolysis |
| 00635 | 4 | Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture |
| 00640 | 3 | Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine |
| 00670 | 13 | Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures) |
| 00700 | 4 | Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified |
| 00702 | 4 | Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy |
| 00730 | 5 | Anesthesia for procedures on upper posterior abdominal wall |
| 00740 | 5 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum |
| 00750 | 4 | Anesthesia for hernia repairs in upper abdomen; not otherwise specified |
| 00752 | 6 | Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence |
| 00754 | 7 | Anesthesia for hernia repairs in upper abdomen; omphalocele |
| 00756 | 7 | Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia |
| 00770 | 15 | Anesthesia for all procedures on major abdominal blood vessels |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | Units | Description (continued) |
|-------------|--------------|---|
| 00790 | 7 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified |
| 00792 | 13 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy) |
| 00794 | 8 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure) |
| 00796 | 30 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient) |
| 00797 | 11 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity |
| 00800 | 4 | Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified |
| 00802 | 5 | Anesthesia for procedures on lower anterior abdominal wall; panniculectomy |
| 00810 | 5 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum |
| 00820 | 5 | Anesthesia for procedures on lower posterior abdominal wall |
| 00830 | 4 | Anesthesia for hernia repairs in lower abdomen; not otherwise specified |
| 00832 | 6 | Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias |
| 00834 | 5 | Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age |
| 00836 | 6 | Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery |
| 00840 | 6 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified |
| 00842 | 4 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis |
| 00844 | 7 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection |
| 00846 | 8 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy |
| 00848 | 8 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration |
| 00851 | 6 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection |
| 00860 | 6 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified |
| 00862 | 7 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy |
| 00864 | 8 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy |
| 00865 | 7 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic) |
| 00866 | 10 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy |
| 00868 | 10 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient) |
| 00870 | 5 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy |
| 00872 | 7 | Anesthesia for lithotripsy, extracorporeal shock wave; with water bath |
| 00873 | 5 | Anesthesia for lithotripsy, extracorporeal shock wave; without water bath |
| 00880 | 15 | Anesthesia for procedures on major lower abdominal vessels; not otherwise specified |
| 00882 | 10 | Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation |
| 00902 | 5 | Anesthesia for; anorectal procedure |
| 00904 | 7 | Anesthesia for; radical perineal procedure |
| 00906 | 4 | Anesthesia for; vulvectomy |
| 00908 | 6 | Anesthesia for; perineal prostatectomy |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | Units | Description (continued) |
|-------------|--------------|--|
| 00910 | 3 | Anesthesia for transurethral procedures (including urethroscopy); not otherwise specified |
| 00912 | 5 | Anesthesia for transurethral procedures (including urethroscopy); transurethral resection of bladder tumor(s) |
| 00914 | 5 | Anesthesia for transurethral procedures (including urethroscopy); transurethral resection of prostate |
| 00916 | 5 | Anesthesia for transurethral procedures (including urethroscopy); post-transurethral resection bleeding |
| 00918 | 5 | Anesthesia for transurethral procedures (including urethroscopy); with fragmentation, manipulation and/or removal of ureteral calculus |
| 00920 | 3 | Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified |
| 00921 | 3 | Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral |
| 00922 | 6 | Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles |
| 00924 | 4 | Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral |
| 00926 | 4 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal |
| 00928 | 6 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal |
| 00930 | 4 | Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral |
| 00932 | 4 | Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis |
| 00934 | 6 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy |
| 00936 | 8 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy |
| 00938 | 4 | Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach) |
| 00940 | 3 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified |
| 00942 | 4 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures |
| 00944 | 6 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy |
| 00948 | 4 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage |
| 00950 | 5 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy |
| 00952 | 4 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography |
| 01112 | 5 | Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest |
| 01120 | 6 | Anesthesia for procedures on bony pelvis |
| 01130 | 3 | Anesthesia for body cast application or revision |
| 01140 | 15 | Anesthesia for interpelviabdominal (hindquarter) amputation |
| 01150 | 10 | Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation |
| 01160 | 4 | Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint |
| 01170 | 8 | Anesthesia for open procedures involving symphysis pubis or sacroiliac joint |
| 01173 | 12 | Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum |
| 01180 | 3 | Anesthesia for obturator neurectomy; extrapelvic |
| 01190 | 4 | Anesthesia for obturator neurectomy; intrapelvic |
| 01200 | 4 | Anesthesia for all closed procedures involving hip joint |
| 01202 | 4 | Anesthesia for arthroscopic procedures of hip joint |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | Units | Description (continued) |
|-------------|--------------|--|
| 01210 | 6 | Anesthesia for open procedures involving hip joint; not otherwise specified |
| 01212 | 10 | Anesthesia for open procedures involving hip joint; hip disarticulation |
| 01214 | 8 | Anesthesia for open procedures involving hip joint; total hip arthroplasty |
| 01215 | 10 | Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty |
| 01220 | 4 | Anesthesia for all closed procedures involving upper two-thirds of femur |
| 01230 | 6 | Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified |
| 01232 | 5 | Anesthesia for open procedures involving upper two-thirds of femur; amputation |
| 01234 | 8 | Anesthesia for open procedures involving upper two-thirds of femur; radical resection |
| 01250 | 4 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg |
| 01260 | 3 | Anesthesia for all procedures involving veins of upper leg, including exploration |
| 01270 | 8 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified |
| 01272 | 4 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation |
| 01274 | 6 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy |
| 01320 | 4 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area |
| 01340 | 4 | Anesthesia for all closed procedures on lower one-third of femur |
| 01360 | 5 | Anesthesia for all open procedures on lower one-third of femur |
| 01380 | 3 | Anesthesia for all closed procedures on knee joint |
| 01382 | 3 | Anesthesia for diagnostic arthroscopic procedures of knee joint |
| 01390 | 3 | Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella |
| 01392 | 4 | Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella |
| 01400 | 4 | Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified |
| 01402 | 7 | Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty |
| 01404 | 5 | Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee |
| 01420 | 3 | Anesthesia for all cast applications, removal, or repair involving knee joint |
| 01430 | 3 | Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified |
| 01432 | 6 | Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula |
| 01440 | 8 | Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified |
| 01442 | 8 | Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft |
| 01444 | 8 | Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm |
| 01462 | 3 | Anesthesia for all closed procedures on lower leg, ankle, and foot |
| 01464 | 3 | Anesthesia for arthroscopic procedures of ankle and/or foot |
| 01470 | 3 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified |
| 01472 | 5 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft |
| 01474 | 5 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure) |
| 01480 | 3 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified |
| 01482 | 4 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation) |
| 01484 | 4 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula |
| 01486 | 7 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement |
| 01490 | 3 | Anesthesia for lower leg cast application, removal, or repair |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | Units | Description (continued) |
|-------------|--------------|---|
| 01500 | 8 | Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified |
| 01502 | 6 | Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter |
| 01520 | 3 | Anesthesia for procedures on veins of lower leg; not otherwise specified |
| 01522 | 5 | Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter |
| 01610 | 5 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla |
| 01620 | 4 | Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint |
| 01622 | 4 | Anesthesia for diagnostic arthroscopic procedures of shoulder joint |
| 01630 | 5 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified |
| 01634 | 9 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation |
| 01636 | 15 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscaphular (forequarter) amputation |
| 01638 | 10 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement |
| 01650 | 6 | Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified |
| 01652 | 10 | Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm |
| 01654 | 8 | Anesthesia for procedures on arteries of shoulder and axilla; bypass graft |
| 01656 | 10 | Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft |
| 01670 | 4 | Anesthesia for all procedures on veins of shoulder and axilla |
| 01680 | 3 | Anesthesia for shoulder cast application, removal or repair; not otherwise specified |
| 01682 | 4 | Anesthesia for shoulder cast application, removal or repair; shoulder spica |
| 01710 | 3 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified |
| 01712 | 5 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open |
| 01714 | 5 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder |
| 01716 | 5 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps |
| 01730 | 3 | Anesthesia for all closed procedures on humerus and elbow |
| 01732 | 3 | Anesthesia for diagnostic arthroscopic procedures of elbow joint |
| 01740 | 4 | Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified |
| 01742 | 5 | Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus |
| 01744 | 5 | Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus |
| 01756 | 6 | Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures |
| 01758 | 5 | Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus |
| 01760 | 7 | Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement |
| 01770 | 6 | Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified |
| 01772 | 6 | Anesthesia for procedures on arteries of upper arm and elbow; embolectomy |
| 01780 | 3 | Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified |
| 01782 | 4 | Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy |
| 01810 | 3 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | Units | Description (continued) |
|-------------|--------------|--|
| 01820 | 3 | Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones |
| 01829 | 3 | Anesthesia for diagnostic arthroscopic procedures on the wrist |
| 01830 | 3 | Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified |
| 01832 | 6 | Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement |
| 01840 | 6 | Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified |
| 01842 | 6 | Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy |
| 01844 | 6 | Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis) |
| 01850 | 3 | Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified |
| 01852 | 4 | Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy |
| 01860 | 3 | Anesthesia for forearm, wrist, or hand cast application, removal, or repair |
| 01916 | 5 | Anesthesia for diagnostic arteriography/venography |
| 01920 | 7 | Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter) |
| 01922 | 7 | Anesthesia for non-invasive imaging or radiation therapy |
| 01924 | 5 | Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified |
| 01925 | 7 | Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary |
| 01926 | 8 | Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic |
| 01930 | 5 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified |
| 01931 | 7 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS]) |
| 01932 | 6 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular |
| 01933 | 7 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial |
| 01935 | 5 | Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic |
| 01936 | 5 | Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic |
| 01951 | 3 | Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area |
| 01952 | 5 | Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area |
| 01953 | 1 | Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure) |
| 01958 | 5 | Anesthesia for external cephalic version procedure |
| 01960 | 5 | Anesthesia for vaginal delivery only |
| 01961 | 7 | Anesthesia for cesarean delivery only |
| 01962 | 8 | Anesthesia for urgent hysterectomy following delivery |
| 01963 | 8 | Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care |
| 01965 | 4 | Anesthesia for incomplete or missed abortion procedures |
| 01966 | 4 | Anesthesia for induced abortion procedures |
| 01967 | 5 | Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | Units | Description (continued) |
|-------|-------|--|
| 01968 | 2 | Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) |
| 01969 | 5 | Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) |
| 01990 | 7 | Physiological support for harvesting of organ(s) from brain-dead patient |
| 01991 | 3 | Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position |
| 01992 | 5 | Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position |
| 01996 | 3 | Daily hospital management of epidural or subarachnoid continuous drug administration |
| 01999 | 0 | Unlisted anesthesia procedure(s) |

(b)Surgical Services.

NFAC - These amounts apply when service is performed in a non-facility setting.

FAC - These amounts apply when service is performed in a facility setting.

Global Fee - These amounts apply when no site of service differential rate is specified.

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description |
|-------|--------|--------|------------|--------|--------|--|
| 10021 | 110.06 | 50.98 | | | | Fine needle aspiration; without imaging guidance |
| 10022 | 106.07 | 47.83 | | | | Fine needle aspiration; with imaging guidance |
| 10040 | 76.94 | 66.62 | | | | Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) |
| 10060 | 83.59 | 69.94 | | | | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single |
| 10061 | 137.05 | 118.65 | | | | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple |
| 10080 | 130.22 | 73.92 | | | | Incision and drainage of pilonidal cyst; simple |
| 10081 | 197.32 | 123.75 | | | | Incision and drainage of pilonidal cyst; complicated |
| 10120 | 104.01 | 68.06 | | | | Incision and removal of foreign body, subcutaneous tissues; simple |
| 10121 | 199.89 | 135.51 | | | | Incision and removal of foreign body, subcutaneous tissues; complicated |
| 10140 | 118.59 | 87.38 | | | | Incision and drainage of hematoma, seroma or fluid collection |
| 10160 | 96.21 | 71.12 | | | | Puncture aspiration of abscess, hematoma, bulla, or cyst |
| 10180 | 179.10 | 130.89 | | | | Incision and drainage, complex, postoperative wound infection |
| 11000 | 39.98 | 21.58 | | | | Debridement of extensive eczematous or infected skin; up to 10% of body surface |
| 11001 | 15.90 | 10.88 | | | | Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure) |
| 11004 | | | 422.68 | | | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum |
| 11005 | | | 563.29 | | | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 11006 | | | 515.68 | | | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure |
| 11008 | | | 197.89 | | | Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure) |
| 11010 | 363.80 | 206.63 | | | | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues |
| 11011 | 396.62 | 218.83 | | | | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle |
| 11012 | 531.38 | 314.30 | | | | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone |
| 11042 | 67.20 | 34.87 | | | | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less |
| 11043 | 145.93 | 89.92 | | | | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less |
| 11044 | 219.48 | 155.11 | | | | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less |
| 11045 | 23.50 | 12.91 | | | | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 11046 | 40.35 | 27.53 | | | | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 11047 | 66.01 | 47.89 | | | | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 11055 | 37.44 | 14.87 | | | | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion |
| 11056 | 44.49 | 21.08 | | | | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions |
| 11057 | 52.38 | 27.30 | | | | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions |
| 11100 | 79.89 | 36.69 | | | | Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 11101 | 24.79 | 18.65 | | | | 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 | 64.53 | 53.66 | | | | Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions |
| 11201 | 13.89 | 12.22 | | | | Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure) |
| 11300 | 52.94 | 22.00 | | | | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less |
| 11301 | 71.10 | 37.66 | | | | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm |
| 11302 | 84.86 | 46.96 | | | | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm |
| 11303 | 99.96 | 55.09 | | | | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm |
| 11305 | 52.54 | 24.67 | | | | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less |
| 11306 | 72.26 | 40.22 | | | | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm |
| 11307 | 85.65 | 48.30 | | | | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm |
| 11308 | 94.41 | 55.68 | | | | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm |
| 11310 | 64.95 | 32.06 | | | | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less |
| 11311 | 81.24 | 46.96 | | | | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm |
| 11312 | 94.53 | 54.40 | | | | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm |
| 11313 | 116.68 | 72.64 | | | | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm |
| 11400 | 91.45 | 58.29 | | | | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less |
| 11401 | 110.77 | 76.21 | | | | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm |
| 11402 | 123.15 | 83.86 | | | | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 11403 | 140.57 | 106.85 | | | | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm |
| 11404 | 159.65 | 117.85 | | | | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm |
| 11406 | 224.41 | 175.37 | | | | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm |
| 11420 | 90.70 | 60.60 | | | | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less |
| 11421 | 116.85 | 82.02 | | | | 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 | 129.92 | 99.83 | | | | 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 | 149.89 | 115.62 | | | | 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 | 171.57 | 131.45 | | | | 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 | 242.30 | 198.55 | | | | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm |
| 11440 | 100.28 | 76.04 | | | | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less |
| 11441 | 125.09 | 97.50 | | | | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm |
| 11442 | 140.74 | 108.13 | | | | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm |
| 11443 | 166.52 | 131.96 | | | | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm |
| 11444 | 208.08 | 167.11 | | | | 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 | 284.29 | 236.91 | | | | 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 |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 11450 | 274.75 | 179.16 | | | | Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair |
| 11451 | 349.35 | 230.36 | | | | Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair |
| 11462 | 270.72 | 172.63 | | | | Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair |
| 11463 | 357.34 | 234.73 | | | | Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair |
| 11470 | 299.59 | 202.06 | | | | Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair |
| 11471 | 369.31 | 248.65 | | | | Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair |
| 11600 | 140.97 | 86.63 | | | | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less |
| 11601 | 171.22 | 110.47 | | | | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm |
| 11602 | 187.21 | 121.72 | | | | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm |
| 11603 | 211.48 | 144.04 | | | | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm |
| 11604 | 233.79 | 157.71 | | | | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm |
| 11606 | 327.88 | 230.90 | | | | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm |
| 11620 | 143.73 | 88.27 | | | | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less |
| 11621 | 172.58 | 111.55 | | | | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm |
| 11622 | 193.94 | 128.45 | | | | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm |
| 11623 | 225.09 | 157.10 | | | | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm |
| 11624 | 252.02 | 177.05 | | | | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm |
| 11626 | 302.81 | 217.26 | | | | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm |
| 11640 | 149.47 | 92.34 | | | | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less |
| 11641 | 180.15 | 117.72 | | | | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 11642 | 205.81 | 138.37 | | | | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm |
| 11643 | 240.49 | 171.94 | | | | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm |
| 11644 | 295.45 | 212.40 | | | | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm |
| 11646 | 383.62 | 294.72 | | | | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm |
| 11719 | 16.56 | 5.97 | | | | Trimming of nondystrophic nails, any number |
| 11720 | 23.63 | 11.09 | | | | Debridement of nail(s) by any method(s); 1 to 5 |
| 11721 | 31.93 | 18.83 | | | | Debridement of nail(s) by any method(s); 6 or more |
| 11730 | 72.14 | 38.15 | | | | Avulsion of nail plate, partial or complete, simple; single |
| 11732 | 32.65 | 19.84 | | | | Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure) |
| 11740 | 35.71 | 24.00 | | | | Evacuation of subungual hematoma |
| 11750 | 162.69 | 128.70 | | | | Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; |
| 11752 | 233.88 | 194.59 | | | | Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx |
| 11755 | 100.36 | 59.67 | | | | Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure) |
| 11760 | 164.11 | 98.34 | | | | Repair of nail bed |
| 11762 | 203.44 | 139.34 | | | | Reconstruction of nail bed with graft |
| 11765 | 106.35 | 52.28 | | | | Wedge excision of skin of nail fold (eg, for ingrown toenail) |
| 11770 | 199.15 | 131.43 | | | | Excision of pilonidal cyst or sinus; simple |
| 11771 | 409.49 | 309.16 | | | | Excision of pilonidal cyst or sinus; extensive |
| 11772 | 490.79 | 406.91 | | | | Excision of pilonidal cyst or sinus; complicated |
| 11900 | 42.87 | 23.36 | | | | Injection, intralesional; up to and including 7 lesions |
| 11901 | 53.45 | 36.45 | | | | Injection, intralesional; more than 7 lesions |
| 11920 | 133.89 | 85.96 | | | | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less |
| 11921 | 153.90 | 101.23 | | | | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm |
| 11922 | 46.78 | 21.98 | | | | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 11950 | 53.40 | 35.84 | | | | Subcutaneous injection of filling material (eg, collagen); 1 cc or less |
| 11951 | 75.05 | 52.48 | | | | Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc |
| 11952 | 96.63 | 69.88 | | | | Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 11954 | 120.66 | 85.54 | | | | Subcutaneous injection of filling material (eg, collagen); over 10.0 cc |
| 11960 | | | 675.06 | | | Insertion of tissue expander(s) for other than breast, including subsequent expansion |
| 11970 | | | 454.83 | | | Replacement of tissue expander with permanent prosthesis |
| 11971 | 357.47 | 235.97 | | | | Removal of tissue expander(s) without insertion of prosthesis |
| 11976 | 108.84 | 69.55 | | | | Removal, implantable contraceptive capsules |
| 11980 | 77.15 | 59.04 | | | | Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin) |
| 11981 | 101.86 | 60.89 | | | | Insertion, non-biodegradable drug delivery implant |
| 11982 | 113.30 | 72.62 | | | | Removal, non-biodegradable drug delivery implant |
| 11983 | 166.07 | 129.57 | | | | Removal with reinsertion, non-biodegradable drug delivery implant |
| 12001 | 73.93 | 40.76 | | | | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less |
| 12002 | 86.01 | 52.02 | | | | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm |
| 12004 | 101.73 | 62.99 | | | | 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 | 130.44 | 82.50 | | | | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm |
| 12006 | 157.41 | 100.84 | | | | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm |
| 12007 | 182.85 | 120.98 | | | | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm |
| 12011 | 88.22 | 48.37 | | | | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less |
| 12013 | 94.55 | 54.70 | | | | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm |
| 12014 | 111.38 | 67.62 | | | | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm |
| 12015 | 136.25 | 82.75 | | | | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm |
| 12016 | 169.26 | 109.34 | | | | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 12017 | | | 124.69 | | | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm |
| 12018 | | | 148.57 | | | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm |
| 12020 | 203.67 | 137.35 | | | | Treatment of superficial wound dehiscence; simple closure |
| 12021 | 119.49 | 101.66 | | | | Treatment of superficial wound dehiscence; with packing |
| 12031 | 185.42 | 120.77 | | | | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less |
| 12032 | 234.97 | 146.91 | | | | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm |
| 12034 | 231.64 | 151.10 | | | | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm |
| 12035 | 281.17 | 174.16 | | | | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm |
| 12036 | 305.46 | 198.45 | | | | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm |
| 12037 | 341.64 | 230.17 | | | | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm |
| 12041 | 193.07 | 127.86 | | | | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less |
| 12042 | 221.16 | 148.98 | | | | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm |
| 12044 | 262.14 | 156.80 | | | | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm |
| 12045 | 279.38 | 178.22 | | | | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm |
| 12046 | 330.92 | 211.09 | | | | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm |
| 12047 | 359.18 | 227.08 | | | | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm |
| 12051 | 204.50 | 136.22 | | | | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less |
| 12052 | 233.59 | 163.65 | | | | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm |
| 12053 | 257.66 | 160.68 | | | | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm |
| 12054 | 272.33 | 167.83 | | | | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm |
| 12055 | 325.72 | 199.48 | | | | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 12056 | 390.76 | 255.05 | | | | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm |
| 12057 | 445.81 | 281.67 | | | | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm |
| 13100 | 237.60 | 176.01 | | | | Repair, complex, trunk; 1.1 cm to 2.5 cm |
| 13101 | 302.51 | 214.17 | | | | Repair, complex, trunk; 2.6 cm to 7.5 cm |
| 13102 | 81.09 | 55.46 | | | | Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13120 | 247.06 | 184.36 | | | | Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm |
| 13121 | 337.33 | 246.48 | | | | Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm |
| 13122 | 89.28 | 63.36 | | | | Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13131 | 272.24 | 207.59 | | | | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm |
| 13132 | 439.40 | 354.12 | | | | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm |
| 13133 | 125.92 | 98.61 | | | | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13150 | 270.31 | 205.66 | | | | Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less |
| 13151 | 307.82 | 238.98 | | | | Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm |
| 13152 | 424.84 | 318.94 | | | | Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm |
| 13153 | 138.22 | 105.90 | | | | Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13160 | | | 594.99 | | | Secondary closure of surgical wound or dehiscence, extensive or complicated |
| 14000 | 471.64 | 380.79 | | | | Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less |
| 14001 | 606.41 | 498.00 | | | | Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm |
| 14020 | 529.93 | 434.06 | | | | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less |
| 14021 | 663.35 | 552.16 | | | | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm |
| 14040 | 582.10 | 486.79 | | | | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less |
| 14041 | 721.06 | 599.28 | | | | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 14060 | 589.17 | 514.48 | | | | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less |
| 14061 | 774.69 | 640.09 | | | | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm |
| 14301 | 832.71 | 687.24 | | | | Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm |
| 14302 | | | 172.75 | | | Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 14350 | | | 535.31 | | | Filletted finger or toe flap, including preparation of recipient site |
| 15002 | 253.11 | 166.16 | | | | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children |
| 15003 | 54.93 | 32.92 | | | | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) |
| 15004 | 297.46 | 201.31 | | | | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children |
| 15005 | 89.62 | 65.65 | | | | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) |
| 15040 | 194.33 | 93.45 | | | | Harvest of skin for tissue cultured skin autograft, 100 sq cm or less |
| 15050 | 423.77 | 336.55 | | | | Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter |
| 15100 | 644.73 | 532.70 | | | | Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) |
| 15101 | 141.57 | 81.93 | | | | 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) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 15110 | 629.47 | 541.68 | | | | Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children |
| 15111 | 86.10 | 76.34 | | | | Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 15115 | 642.02 | 561.76 | | | | Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children |
| 15116 | 124.77 | 112.51 | | | | Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 15120 | 713.60 | 587.92 | | | | 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 | 201.53 | 126.28 | | | | Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 15130 | 505.64 | 419.53 | | | | Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children |
| 15131 | 74.38 | 67.13 | | | | Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 15135 | 647.66 | 568.80 | | | | Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children |
| 15136 | 65.48 | 60.46 | | | | Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 15150 | 509.67 | 463.13 | | | | Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less |
| 15151 | 96.60 | 88.80 | | | | Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 15152 | 113.07 | 104.71 | | | | Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 15155 | 479.72 | 441.27 | | | | Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less |
| 15156 | 122.64 | 114.84 | | | | Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) |
| 15157 | 121.29 | 111.26 | | | | Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 15200 | 615.45 | 497.57 | | | | Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less |
| 15201 | 113.13 | 59.06 | | | | Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 15220 | 582.75 | 466.54 | | | | Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less |
| 15221 | 104.96 | 53.41 | | | | Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 15240 | 702.06 | 604.80 | | | | Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less |
| 15241 | 140.31 | 84.02 | | | | Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 15260 | 760.72 | 653.15 | | | | Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less |
| 15261 | 163.67 | 107.10 | | | | Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 15271 | 106.59 | 62.83 | | | | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 15272 | 20.06 | 12.42 | | | | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) |
| 15273 | 217.24 | 149.76 | | | | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children |
| 15274 | 51.53 | 31.76 | | | | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or par thereof (List separately in addition to code for primary procedure) |
| 15275 | 113.58 | 72.47 | | | | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area |
| 15276 | 24.55 | 17.69 | | | | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) |
| 15277 | 217.69 | 154.16 | | | | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children |
| 15278 | 60.35 | 39.27 | | | | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof , or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 15570 | 667.83 | 535.18 | | | | Formation of direct or tubed pedicle, with or without transfer; trunk |
| 15572 | 652.11 | 548.72 | | | | Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs |
| 15574 | 682.32 | 573.35 | | | | Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet |
| 15576 | 607.32 | 505.32 | | | | Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral |
| 15600 | 251.88 | 156.30 | | | | Delay of flap or sectioning of flap (division and inset); at trunk |
| 15610 | 262.46 | 182.20 | | | | Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 15620 | 335.33 | 243.92 | | | | Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet |
| 15630 | 354.09 | 264.36 | | | | Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips |
| 15650 | 389.92 | 293.22 | | | | Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location |
| 15731 | 855.90 | 767.00 | | | | Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap) |
| 15732 | 1,119.97 | 990.66 | | | | Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae) |
| 15734 | 1,135.96 | 997.18 | | | | Muscle, myocutaneous, or fasciocutaneous flap; trunk |
| 15736 | 1,002.52 | 859.56 | | | | Muscle, myocutaneous, or fasciocutaneous flap; upper extremity |
| 15738 | 1,061.78 | 928.57 | | | | Muscle, myocutaneous, or fasciocutaneous flap; lower extremity |
| 15740 | 775.75 | 656.19 | | | | Flap; island pedicle |
| 15750 | | | 682.47 | | | Flap; neurovascular pedicle |
| 15756 | | | 1,751.06 | | | Free muscle or myocutaneous flap with microvascular anastomosis |
| 15757 | | | 1,734.91 | | | Free skin flap with microvascular anastomosis |
| 15758 | | | 1,727.47 | | | Free fascial flap with microvascular anastomosis |
| 15760 | 642.49 | 534.64 | | | | Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area |
| 15770 | | | 499.29 | | | Graft; derma-fat-fascia |
| 15775 | 216.93 | 155.90 | | | | Punch graft for hair transplant; 1 to 15 punch grafts |
| 15776 | 319.00 | 228.71 | | | | Punch graft for hair transplant; more than 15 punch grafts |
| 15777 | | | 152.00 | | | Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure) |
| 15780 | 624.55 | 473.51 | | | | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis) |
| 15781 | 415.67 | 327.89 | | | | Dermabrasion; segmental, face |
| 15782 | 426.81 | 302.52 | | | | Dermabrasion; regional, other than face |
| 15783 | 373.42 | 285.08 | | | | Dermabrasion; superficial, any site (eg, tattoo removal) |
| 15786 | 185.21 | 103.00 | | | | Abrasion; single lesion (eg, keratosis, scar) |
| 15787 | 37.15 | 12.91 | | | | Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure) |
| 15788 | 351.92 | 190.00 | | | | Chemical peel, facial; epidermal |
| 15789 | 431.04 | 324.02 | | | | Chemical peel, facial; dermal |
| 15792 | 338.73 | 204.97 | | | | Chemical peel, nonfacial; epidermal |
| 15793 | 374.32 | 278.18 | | | | Chemical peel, nonfacial; dermal |
| 15819 | | | 523.26 | | | Cervicoplasty |
| 15820 | 420.26 | 379.01 | | | | Blepharoplasty, lower eyelid; |
| 15821 | 447.70 | 401.72 | | | | Blepharoplasty, lower eyelid; with extensive herniated fat pad |
| 15822 | 327.95 | 287.82 | | | | Blepharoplasty, upper eyelid; |
| 15823 | 460.08 | 414.93 | | | | Blepharoplasty, upper eyelid; with excessive skin weighting down lid |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 15824 | | | I.C. | | | Rhytidectomy; forehead |
| 15825 | | | I.C. | | | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) |
| 15826 | | | I.C. | | | Rhytidectomy; glabellar frown lines |
| 15828 | | | I.C. | | | Rhytidectomy; cheek, chin, and neck |
| 15829 | | | I.C. | | | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap |
| 15830 | | | 860.42 | | | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy |
| 15832 | | | 684.70 | | | Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh |
| 15833 | | | 644.45 | | | Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg |
| 15834 | | | 647.54 | | | Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip |
| 15835 | | | 684.56 | | | Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock |
| 15836 | | | 531.95 | | | Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm |
| 15837 | 619.81 | 516.70 | | | | Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand |
| 15838 | | | 431.71 | | | Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad |
| 15839 | 644.12 | 537.38 | | | | Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area |
| 15840 | | | 761.24 | | | Graft for facial nerve paralysis; free fascia graft (including obtaining fascia) |
| 15841 | | | 1,258.24 | | | Graft for facial nerve paralysis; free muscle graft (including obtaining graft) |
| 15842 | | | 1,878.13 | | | Graft for facial nerve paralysis; free muscle flap by microsurgical technique |
| 15845 | | | 731.32 | | | Graft for facial nerve paralysis; regional muscle transfer |
| 15847 | | | I.C. | | | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) |
| 15850 | 66.63 | 29.29 | | | | Removal of sutures under anesthesia (other than local), same surgeon |
| 15851 | 72.37 | 33.35 | | | | Removal of sutures under anesthesia (other than local), other surgeon |
| 15852 | | | 34.00 | | | Dressing change (for other than burns) under anesthesia (other than local) |
| 15860 | | | 79.04 | | | Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft |
| 15876 | | | I.C. | | | Suction assisted lipectomy; head and neck |
| 15877 | | | I.C. | | | Suction assisted lipectomy; trunk |
| 15878 | | | I.C. | | | Suction assisted lipectomy; upper extremity |
| 15879 | | | I.C. | | | Suction assisted lipectomy; lower extremity |
| 15920 | | | 442.46 | | | Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture |
| 15922 | | | 572.56 | | | Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure |
| 15931 | | | 490.82 | | | Excision, sacral pressure ulcer, with primary suture; |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|--|
| 15933 | | | 612.12 | | | Excision, sacral pressure ulcer, with primary suture; with ostectomy |
| 15934 | | | 677.19 | | | Excision, sacral pressure ulcer, with skin flap closure; |
| 15935 | | | 804.27 | | | Excision, sacral pressure ulcer, with skin flap closure; with ostectomy |
| 15936 | | | 653.93 | | | Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; |
| 15937 | | | 766.77 | | | Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy |
| 15940 | | | 507.07 | | | Excision, ischial pressure ulcer, with primary suture; |
| 15941 | | | 662.35 | | | Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy) |
| 15944 | | | 658.16 | | | Excision, ischial pressure ulcer, with skin flap closure; |
| 15945 | | | 731.10 | | | Excision, ischial pressure ulcer, with skin flap closure; with ostectomy |
| 15946 | | | 1,208.47 | | | Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure |
| 15950 | | | 419.18 | | | Excision, trochanteric pressure ulcer, with primary suture; |
| 15951 | | | 634.47 | | | Excision, trochanteric pressure ulcer, with primary suture; with ostectomy |
| 15952 | | | 612.54 | | | Excision, trochanteric pressure ulcer, with skin flap closure; |
| 15953 | | | 673.89 | | | Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy |
| 15956 | | | 849.60 | | | Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; |
| 15958 | | | 869.26 | | | Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy |
| 15999 | | | I.C. | | | Unlisted procedure, excision pressure ulcer |
| 16000 | 50.80 | 33.24 | | | | Initial treatment, first degree burn, when no more than local treatment is required |
| 16020 | 62.65 | 42.30 | | | | Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area) |
| 16025 | 109.88 | 84.52 | | | | Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area) |
| 16030 | 132.73 | 96.22 | | | | Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area) |
| 16035 | | | 147.35 | | | Escharotomy; initial incision |
| 16036 | | | 59.43 | | | Escharotomy; each additional incision (List separately in addition to code for primary procedure) |
| 17000 | 62.08 | 42.30 | | | | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 17003 | 5.50 | 3.27 | | | | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) |
| 17004 | 131.72 | 100.78 | | | | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions |
| 17106 | 259.66 | 208.39 | | | | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm |
| 17107 | 336.53 | 268.26 | | | | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm |
| 17108 | 475.89 | 390.89 | | | | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm |
| 17110 | 85.59 | 52.71 | | | | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions |
| 17111 | 101.23 | 65.00 | | | | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions |
| 17250 | 58.82 | 26.78 | | | | Chemical cauterization of granulation tissue (proud flesh, sinus or fistula) |
| 17260 | 72.28 | 51.10 | | | | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less |
| 17261 | 110.06 | 69.65 | | | | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm |
| 17262 | 132.90 | 88.31 | | | | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm |
| 17263 | 146.06 | 97.57 | | | | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm |
| 17264 | 156.38 | 103.99 | | | | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm |
| 17266 | 176.74 | 120.73 | | | | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm |
| 17270 | 114.34 | 75.33 | | | | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less |
| 17271 | 125.42 | 84.46 | | | | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 17272 | 142.79 | 97.09 | | | | Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm |
| 17273 | 158.67 | 109.34 | | | | Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm |
| 17274 | 186.41 | 133.19 | | | | Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm |
| 17276 | 214.64 | 158.91 | | | | Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm |
| 17280 | 107.55 | 68.82 | | | | Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less |
| 17281 | 135.17 | 94.76 | | | | Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm |
| 17282 | 156.48 | 109.38 | | | | Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm |
| 17283 | 187.25 | 135.98 | | | | Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm |
| 17284 | 216.56 | 160.82 | | | | Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm |
| 17286 | 271.90 | 214.50 | | | | Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm |
| 17311 | 517.06 | 286.59 | | | | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 17312 | 310.61 | 152.32 | | | | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure) |
| 17313 | 472.03 | 257.17 | | | | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks |
| 17314 | 288.08 | 141.21 | | | | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure) |
| 17315 | 61.56 | 40.10 | | | | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure) |
| 17340 | 36.66 | 34.98 | | | | Cryotherapy (CO2 slush, liquid N2) for acne |
| 17360 | 100.17 | 75.92 | | | | Chemical exfoliation for acne (eg, acne paste, acid) |
| 17380 | | | | | | I.C. Electrolysis epilation, each 30 minutes |
| 17999 | | | | | | I.C. Unlisted procedure, skin, mucous membrane and subcutaneous tissue |
| 19000 | 85.07 | 32.13 | | | | Puncture aspiration of cyst of breast; |
| 19001 | 19.73 | 15.83 | | | | Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure) |
| 19020 | 341.80 | 217.79 | | | | Mastotomy with exploration or drainage of abscess, deep |
| 19030 | 125.47 | 57.19 | | | | Injection procedure only for mammary ductogram or galactogram |
| 19100 | 109.41 | 49.49 | | | | Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure) |
| 19101 | 247.49 | 158.31 | | | | Biopsy of breast; open, incisional |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 19102 | 165.08 | 75.34 | | | | Biopsy of breast; percutaneous, needle core, using imaging guidance |
| 19103 | 430.40 | 140.30 | | | | Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance |
| 19105 | 1,652.13 | 141.14 | | | | Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma |
| 19110 | 352.10 | 243.97 | | | | Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct |
| 19112 | 332.49 | 222.14 | | | | Excision of lactiferous duct fistula |
| 19120 | 350.94 | 292.97 | | | | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions |
| 19125 | 388.89 | 325.07 | | | | Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion |
| 19126 | | | 114.92 | | | Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure) |
| 19260 | | | 881.61 | | | Excision of chest wall tumor including ribs |
| 19271 | | | 1,205.84 | | | Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy |
| 19272 | | | 1,329.66 | | | Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy |
| 19290 | 124.93 | 47.74 | | | | Preoperative placement of needle localization wire, breast; |
| 19291 | 52.69 | 23.42 | | | | Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure) |
| 19295 | | | 74.03 | | | Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure) |
| 19296 | 3,218.67 | 150.16 | | | | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy |
| 19297 | | | 67.35 | | | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 19298 | 964.71 | 237.64 | | | | Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance |
| 19300 | 377.70 | 290.75 | | | | Mastectomy for gynecomastia |
| 19301 | | | 458.64 | | | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); |
| 19302 | | | 632.38 | | | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy |
| 19303 | | | 709.06 | | | Mastectomy, simple, complete |
| 19304 | | | 409.53 | | | Mastectomy, subcutaneous |
| 19305 | | | 803.56 | | | Mastectomy, radical, including pectoral muscles, axillary lymph nodes |
| 19306 | | | 848.01 | | | Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation) |
| 19307 | | | 847.92 | | | Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle |
| 19316 | | | 572.64 | | | Mastopexy |
| 19318 | | | 831.69 | | | Reduction mammoplasty |
| 19324 | | | 354.39 | | | Mammoplasty, augmentation; without prosthetic implant |
| 19325 | | | 483.17 | | | Mammoplasty, augmentation; with prosthetic implant |
| 19328 | | | 368.95 | | | Removal of intact mammary implant |
| 19330 | | | 470.16 | | | Removal of mammary implant material |
| 19340 | | | 638.72 | | | Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction |
| 19342 | | | 690.63 | | | Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction |
| 19350 | 631.10 | 504.86 | | | | Nipple/areola reconstruction |
| 19355 | 521.41 | 413.00 | | | | Correction of inverted nipples |
| 19357 | | | 1,112.91 | | | Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion |
| 19361 | | | 1,261.52 | | | Breast reconstruction with latissimus dorsi flap, without prosthetic implant |
| 19364 | | | 2,063.02 | | | Breast reconstruction with free flap |
| 19366 | | | 1,011.17 | | | Breast reconstruction with other technique |
| 19367 | | | 1,342.71 | | | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; |
| 19368 | | | 1,655.60 | | | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging) |
| 19369 | | | 1,528.37 | | | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site |
| 19370 | | | 512.81 | | | Open periprosthetic capsulotomy, breast |
| 19371 | | | 587.19 | | | Periprosthetic capsulectomy, breast |
| 19380 | | | 577.46 | | | Revision of reconstructed breast |
| 19396 | 184.04 | 99.60 | | | | Preparation of moulage for custom breast implant |
| 19499 | | | I.C. | | | Unlisted procedure, breast |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 20005 | 223.83 | 170.33 | | | | Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia) |
| 20100 | | | 430.53 | | | Exploration of penetrating wound (separate procedure); neck |
| 20101 | 305.83 | 145.86 | | | | Exploration of penetrating wound (separate procedure); chest |
| 20102 | 360.30 | 182.78 | | | | Exploration of penetrating wound (separate procedure); abdomen/flank/back |
| 20103 | 431.02 | 256.56 | | | | Exploration of penetrating wound (separate procedure); extremity |
| 20150 | | | 724.82 | | | Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision |
| 20200 | 151.25 | 68.21 | | | | Biopsy, muscle; superficial |
| 20205 | 206.04 | 110.45 | | | | Biopsy, muscle; deep |
| 20206 | 198.04 | 45.05 | | | | Biopsy, muscle, percutaneous needle |
| 20220 | 127.53 | 55.64 | | | | Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs) |
| 20225 | 490.40 | 84.09 | | | | Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur) |
| 20240 | | | 165.95 | | | Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur) |
| 20245 | | | 465.69 | | | Biopsy, bone, open; deep (eg, humerus, ischium, femur) |
| 20250 | | | 278.64 | | | Biopsy, vertebral body, open; thoracic |
| 20251 | | | 304.47 | | | Biopsy, vertebral body, open; lumbar or cervical |
| 20500 | 83.09 | 66.65 | | | | Injection of sinus tract; therapeutic (separate procedure) |
| 20501 | 97.45 | 28.61 | | | | Injection of sinus tract; diagnostic (sinogram) |
| 20520 | 147.14 | 106.73 | | | | Removal of foreign body in muscle or tendon sheath; simple |
| 20525 | 361.17 | 182.82 | | | | Removal of foreign body in muscle or tendon sheath; deep or complicated |
| 20526 | 55.72 | 41.79 | | | | Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel |
| 20527 | 55.46 | 42.81 | | | | Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture) |
| 20550 | 42.49 | 29.95 | | | | Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia") |
| 20551 | 43.33 | 31.06 | | | | Injection(s); single tendon origin/insertion |
| 20552 | 39.85 | 27.03 | | | | Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) |
| 20553 | 45.09 | 30.32 | | | | Injection(s); single or multiple trigger point(s), 3 or more muscle(s) |
| 20555 | | | 240.04 | | | Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure) |
| 20600 | 40.40 | 28.70 | | | | Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes) |
| 20605 | 44.14 | 30.21 | | | | Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 20610 | 58.97 | 36.67 | | | | Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa) |
| 20612 | 43.79 | 30.69 | | | | Aspiration and/or injection of ganglion cyst(s) any location |
| 20615 | 164.33 | 117.23 | | | | Aspiration and injection for treatment of bone cyst |
| 20650 | 147.79 | 112.96 | | | | Insertion of wire or pin with application of skeletal traction, including removal (separate procedure) |
| 20660 | | | 175.43 | | | Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure) |
| 20661 | | | 362.14 | | | Application of halo, including removal; cranial |
| 20662 | | | 321.54 | | | Application of halo, including removal; pelvic |
| 20663 | | | 339.25 | | | Application of halo, including removal; femoral |
| 20664 | | | 592.35 | | | Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta) |
| 20665 | 83.17 | 69.52 | | | | Removal of tongs or halo applied by another physician |
| 20670 | 303.04 | 111.03 | | | | Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure) |
| 20680 | 460.14 | 312.72 | | | | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) |
| 20690 | | | 420.62 | | | Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system |
| 20692 | | | 793.50 | | | Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type) |
| 20693 | | | 337.81 | | | 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 | 319.17 | 250.33 | | | | Removal, under anesthesia, of external fixation system |
| 20696 | | | 800.53 | | | Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s) |
| 20697 | | | 1,373.23 | | | Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each |
| 20802 | | | 1,702.54 | | | Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation |
| 20805 | | | 2,051.30 | | | Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation |
| 20808 | | | 3,068.02 | | | Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation |
| 20816 | | | 1,602.86 | | | Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 20822 | | | 1,406.20 | | | Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation |
| 20824 | | | 1,601.08 | | | Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation |
| 20827 | | | 1,461.44 | | | Replantation, thumb (includes distal tip to MP joint), complete amputation |
| 20838 | | | 1,751.66 | | | Replantation, foot, complete amputation |
| 20900 | 318.75 | 173.01 | | | | Bone graft, any donor area; minor or small (eg, dowel or button) |
| 20902 | | | 242.63 | | | Bone graft, any donor area; major or large |
| 20910 | | | 317.85 | | | Cartilage graft; costochondral |
| 20912 | | | 365.88 | | | Cartilage graft; nasal septum |
| 20920 | | | 301.67 | | | Fascia lata graft; by stripper |
| 20922 | 448.96 | 365.63 | | | | Fascia lata graft; by incision and area exposure, complex or sheet |
| 20924 | | | 374.82 | | | Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris) |
| 20926 | | | 323.46 | | | Tissue grafts, other (eg, paratenon, fat, dermis) |
| 20930 | | | I.C. | | | Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) |
| 20931 | | | 81.77 | | | Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure) |
| 20936 | | | I.C. | | | Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminae fragments) obtained from same incision (List separately in addition to code for primary procedure) |
| 20937 | | | 123.60 | | | Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure) |
| 20938 | | | 135.01 | | | Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure) |
| 20950 | 192.21 | 67.09 | | | | Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome |
| 20955 | | | 1,891.24 | | | Bone graft with microvascular anastomosis; fibula |
| 20956 | | | 1,944.70 | | | Bone graft with microvascular anastomosis; iliac crest |
| 20957 | | | 1,879.16 | | | Bone graft with microvascular anastomosis; metatarsal |
| 20962 | | | 1,936.98 | | | Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal |
| 20969 | | | 2,088.32 | | | Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe |
| 20970 | | | 2,073.59 | | | Free osteocutaneous flap with microvascular anastomosis; iliac crest |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 20972 | | | 1,688.72 | | | Free osteocutaneous flap with microvascular anastomosis; metatarsal |
| 20973 | | | 1,997.91 | | | Free osteocutaneous flap with microvascular anastomosis; great toe with web space |
| 20974 | 52.90 | 35.90 | | | | Electrical stimulation to aid bone healing; noninvasive (nonoperative) |
| 20975 | | | 129.88 | | | Electrical stimulation to aid bone healing; invasive (operative) |
| 20979 | 39.34 | 24.57 | | | | Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) |
| 20982 | 2,896.77 | 282.78 | | | | Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance |
| 20985 | | | 108.33 | | | Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure) |
| 20999 | | | I.C. | | | Unlisted procedure, musculoskeletal system, general |
| 21010 | | | 537.68 | | | Arthrotomy, temporomandibular joint |
| 21011 | 254.33 | 190.24 | | | | Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm |
| 21012 | | | 260.95 | | | Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater |
| 21013 | 388.84 | 303.29 | | | | Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm |
| 21014 | | | 401.14 | | | Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater |
| 21015 | | | 484.53 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; less than 2 cm |
| 21016 | | | 785.85 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; 2 cm or greater |
| 21025 | 669.66 | 560.97 | | | | Excision of bone (eg, for osteomyelitis or bone abscess); mandible |
| 21026 | 462.41 | 373.51 | | | | Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s) |
| 21029 | 580.05 | 481.12 | | | | Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia) |
| 21030 | 386.53 | 310.45 | | | | Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage |
| 21031 | 293.98 | 218.46 | | | | Excision of torus mandibularis |
| 21032 | 299.04 | 215.99 | | | | Excision of maxillary torus palatinus |
| 21034 | 1,001.55 | 876.70 | | | | Excision of malignant tumor of maxilla or zygoma |
| 21040 | 389.69 | 310.27 | | | | Excision of benign tumor or cyst of mandible, by enucleation and/or curettage |
| 21044 | | | 661.08 | | | Excision of malignant tumor of mandible; |
| 21045 | | | 918.87 | | | Excision of malignant tumor of mandible; radical resection |
| 21046 | | | 822.48 | | | Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s)) |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|----------|------------|--------|--------|---|
| 21047 | | | 968.29 | | | Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s)) |
| 21048 | | | 840.06 | | | Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s)) |
| 21049 | | | 928.50 | | | Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s)) |
| 21050 | | | 654.71 | | | Condylectomy, temporomandibular joint (separate procedure) |
| 21060 | | | 608.09 | | | Meniscectomy, partial or complete, temporomandibular joint (separate procedure) |
| 21070 | | | 469.27 | | | Coronoidectomy (separate procedure) |
| 21073 | 294.52 | 187.23 | | | | Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) |
| 21076 | 725.41 | 609.76 | | | | Impression and custom preparation; surgical obturator prosthesis |
| 21077 | 1,805.63 | 1,546.74 | | | | Impression and custom preparation; orbital prosthesis |
| 21079 | 1,228.91 | 1,024.64 | | | | Impression and custom preparation; interim obturator prosthesis |
| 21080 | 1,388.26 | 1,146.09 | | | | Impression and custom preparation; definitive obturator prosthesis |
| 21081 | 1,274.68 | 1,046.16 | | | | Impression and custom preparation; mandibular resection prosthesis |
| 21082 | 1,198.82 | 978.38 | | | | Impression and custom preparation; palatal augmentation prosthesis |
| 21083 | 1,123.39 | 887.07 | | | | Impression and custom preparation; palatal lift prosthesis |
| 21084 | 1,314.40 | 1,056.34 | | | | Impression and custom preparation; speech aid prosthesis |
| 21085 | 581.14 | 456.85 | | | | Impression and custom preparation; oral surgical splint |
| 21086 | 1,325.39 | 1,130.31 | | | | Impression and custom preparation; auricular prosthesis |
| 21087 | 1,322.60 | 1,126.13 | | | | Impression and custom preparation; nasal prosthesis |
| 21088 | | | I.C. | | | Impression and custom preparation; facial prosthesis |
| 21089 | | | I.C. | | | Unlisted maxillofacial prosthetic procedure |
| 21100 | 506.20 | 278.24 | | | | Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) |
| 21110 | 597.45 | 500.19 | | | | Application of interdental fixation device for conditions other than fracture or dislocation, includes removal |
| 21116 | 115.57 | 30.29 | | | | Injection procedure for temporomandibular joint arthrography |
| 21120 | 491.34 | 391.02 | | | | Genioplasty; augmentation (autograft, allograft, prosthetic material) |
| 21121 | 590.63 | 490.02 | | | | Genioplasty; sliding osteotomy, single piece |
| 21122 | | | 532.06 | | | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 21123 | | | 663.07 | | | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) |
| 21125 | 2,416.78 | 587.55 | | | | Augmentation, mandibular body or angle; prosthetic material |
| 21127 | 2,963.82 | 660.28 | | | | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) |
| 21137 | | | 532.10 | | | Reduction forehead; contouring only |
| 21138 | | | 662.68 | | | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) |
| 21139 | | | 741.93 | | | Reduction forehead; contouring and setback of anterior frontal sinus wall |
| 21141 | | | 1,019.06 | | | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft |
| 21142 | | | 1,024.25 | | | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft |
| 21143 | | | 1,084.84 | | | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft |
| 21145 | | | 1,120.04 | | | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) |
| 21146 | | | 1,267.96 | | | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft) |
| 21147 | | | 1,226.61 | | | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies) |
| 21150 | | | 1,231.08 | | | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome) |
| 21151 | | | 1,467.38 | | | Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts) |
| 21154 | | | 1,591.15 | | | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I |
| 21155 | | | 1,623.55 | | | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I |
| 21159 | | | 2,085.65 | | | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I |
| 21160 | | | 1,998.11 | | | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I |
| 21172 | | | 1,327.98 | | | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 21175 | | | 1,733.93 | | | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) |
| 21179 | | | 1,128.04 | | | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) |
| 21180 | | | 1,239.22 | | | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) |
| 21181 | | | 533.69 | | | Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial |
| 21182 | | | 1,471.98 | | | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm |
| 21183 | | | 1,657.44 | | | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm |
| 21184 | | | 1,828.41 | | | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm |
| 21188 | | | 1,209.76 | | | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) |
| 21193 | | | 969.84 | | | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft |
| 21194 | | | 1,040.19 | | | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) |
| 21195 | | | 1,009.16 | | | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation |
| 21196 | | | 1,104.94 | | | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation |
| 21198 | | | 874.93 | | | Osteotomy, mandible, segmental; |
| 21199 | | | 758.34 | | | Osteotomy, mandible, segmental; with genioglossus advancement |
| 21206 | | | 911.70 | | | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) |
| 21208 | 1,410.25 | 626.05 | | | | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) |
| 21209 | 638.90 | 497.33 | | | | Osteoplasty, facial bones; reduction |
| 21210 | 1,704.91 | 631.44 | | | | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) |
| 21215 | 3,005.76 | 667.66 | | | | Graft, bone; mandible (includes obtaining graft) |
| 21230 | | | 576.81 | | | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 21235 | 558.92 | 432.12 | | | | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) |
| 21240 | | | 822.26 | | | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) |
| 21242 | | | 754.76 | | | Arthroplasty, temporomandibular joint, with allograft |
| 21243 | | | 1,239.82 | | | Arthroplasty, temporomandibular joint, with prosthetic joint replacement |
| 21244 | | | 800.76 | | | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate) |
| 21245 | 859.36 | 679.34 | | | | Reconstruction of mandible or maxilla, subperiosteal implant; partial |
| 21246 | | | 623.96 | | | Reconstruction of mandible or maxilla, subperiosteal implant; complete |
| 21247 | | | 1,201.98 | | | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia) |
| 21248 | 816.82 | 660.76 | | | | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial |
| 21249 | 1,117.79 | 933.86 | | | | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete |
| 21255 | | | 1,041.92 | | | Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) |
| 21256 | | | 884.61 | | | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia) |
| 21260 | | | 1,010.34 | | | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach |
| 21261 | | | 1,623.85 | | | Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach |
| 21263 | | | 1,412.68 | | | Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement |
| 21267 | | | 1,202.03 | | | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach |
| 21268 | | | 1,357.23 | | | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach |
| 21270 | 720.87 | 543.36 | | | | Malar augmentation, prosthetic material |
| 21275 | | | 622.11 | | | Secondary revision of orbitocraniofacial reconstruction |
| 21280 | | | 421.46 | | | Medial canthopexy (separate procedure) |
| 21282 | | | 280.28 | | | Lateral canthopexy |
| 21295 | | | 133.94 | | | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach |
| 21296 | | | 304.53 | | | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach |
| 21299 | | | I.C. | | | Unlisted craniofacial and maxillofacial procedure |
| 21310 | 88.07 | 20.07 | | | | Closed treatment of nasal bone fracture without manipulation |
| 21315 | 210.47 | 114.32 | | | | Closed treatment of nasal bone fracture; without stabilization |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 21320 | 197.93 | 102.90 | | | | Closed treatment of nasal bone fracture; with stabilization |
| 21325 | | | 364.96 | | | Open treatment of nasal fracture; uncomplicated |
| 21330 | | | 438.50 | | | Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation |
| 21335 | | | 556.98 | | | Open treatment of nasal fracture; with concomitant open treatment of fractured septum |
| 21336 | | | 498.16 | | | Open treatment of nasal septal fracture, with or without stabilization |
| 21337 | 308.51 | 222.40 | | | | Closed treatment of nasal septal fracture, with or without stabilization |
| 21338 | | | 574.39 | | | Open treatment of nasoethmoid fracture; without external fixation |
| 21339 | | | 612.99 | | | Open treatment of nasoethmoid fracture; with external fixation |
| 21340 | | | 582.29 | | | Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus |
| 21343 | | | 866.39 | | | Open treatment of depressed frontal sinus fracture |
| 21344 | | | 1,219.39 | | | Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches |
| 21345 | 597.99 | 478.71 | | | | Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint |
| 21346 | | | 707.57 | | | Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation |
| 21347 | | | 838.82 | | | Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches |
| 21348 | | | 867.10 | | | Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft) |
| 21355 | 341.32 | 249.36 | | | | Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation |
| 21356 | 378.93 | 283.63 | | | | Open treatment of depressed zygomatic arch fracture (eg, Gillies approach) |
| 21360 | | | 399.92 | | | Open treatment of depressed malar fracture, including zygomatic arch and malar tripod |
| 21365 | | | 829.57 | | | Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches |
| 21366 | | | 938.18 | | | Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft) |
| 21385 | | | 525.70 | | | Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation) |
| 21386 | | | 493.88 | | | Open treatment of orbital floor blowout fracture; periorbital approach |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 21387 | | | 559.61 | | | Open treatment of orbital floor blowout fracture; combined approach |
| 21390 | | | 591.38 | | | Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant |
| 21395 | | | 727.33 | | | Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft) |
| 21400 | 141.64 | 114.32 | | | | Closed treatment of fracture of orbit, except blowout; without manipulation |
| 21401 | 366.32 | 225.31 | | | | Closed treatment of fracture of orbit, except blowout; with manipulation |
| 21406 | | | 414.31 | | | Open treatment of fracture of orbit, except blowout; without implant |
| 21407 | | | 483.84 | | | Open treatment of fracture of orbit, except blowout; with implant |
| 21408 | | | 670.94 | | | Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft) |
| 21421 | 576.12 | 486.11 | | | | Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint |
| 21422 | | | 500.64 | | | Open treatment of palatal or maxillary fracture (LeFort I type); |
| 21423 | | | 614.39 | | | Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches |
| 21431 | | | 564.38 | | | Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint |
| 21432 | | | 527.19 | | | Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation |
| 21433 | | | 1,242.77 | | | Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches |
| 21435 | | | 971.41 | | | Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation) |
| 21436 | | | 1,518.98 | | | Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft) |
| 21440 | 431.21 | 352.34 | | | | Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure) |
| 21445 | 584.10 | 473.74 | | | | Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure) |
| 21450 | 452.14 | 367.98 | | | | Closed treatment of mandibular fracture; without manipulation |
| 21451 | 584.57 | 485.36 | | | | Closed treatment of mandibular fracture; with manipulation |
| 21452 | 460.76 | 264.29 | | | | Percutaneous treatment of mandibular fracture, with external fixation |
| 21453 | 680.69 | 590.12 | | | | Closed treatment of mandibular fracture with interdental fixation |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 21454 | | | 419.18 | | | Open treatment of mandibular fracture with external fixation |
| 21461 | 1,603.45 | 714.47 | | | | Open treatment of mandibular fracture; without interdental fixation |
| 21462 | 1,697.37 | 781.92 | | | | Open treatment of mandibular fracture; with interdental fixation |
| 21465 | | | 707.22 | | | Open treatment of mandibular condylar fracture |
| 21470 | | | 898.83 | | | Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints |
| 21480 | 71.52 | 23.31 | | | | Closed treatment of temporomandibular dislocation; initial or subsequent |
| 21485 | 526.95 | 441.12 | | | | Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent |
| 21490 | | | 693.07 | | | Open treatment of temporomandibular dislocation |
| 21495 | | | 542.03 | | | Open treatment of hyoid fracture |
| 21497 | 526.10 | 444.73 | | | | Interdental wiring, for condition other than fracture |
| 21499 | | | I.C. | | | Unlisted musculoskeletal procedure, head |
| 21501 | 340.98 | 239.82 | | | | Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; |
| 21502 | | | 375.60 | | | Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy |
| 21510 | | | 348.78 | | | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax |
| 21550 | 198.48 | 118.78 | | | | Biopsy, soft tissue of neck or thorax |
| 21552 | | | 337.15 | | | Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater |
| 21554 | | | 551.79 | | | Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater |
| 21555 | 311.51 | 229.30 | | | | Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm |
| 21556 | | | 379.86 | | | Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm |
| 21557 | | | 650.89 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or anterior thorax; less than 5 cm |
| 21558 | | | 1,020.98 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or anterior thorax; 5 cm or greater |
| 21600 | | | 418.56 | | | Excision of rib, partial |
| 21610 | | | 837.66 | | | Costotransversectomy (separate procedure) |
| 21615 | | | 483.55 | | | Excision first and/or cervical rib; |
| 21616 | | | 590.87 | | | Excision first and/or cervical rib; with sympathectomy |
| 21620 | | | 388.76 | | | Ostectomy of sternum, partial |
| 21627 | | | 409.02 | | | Sternal debridement |
| 21630 | | | 935.66 | | | Radical resection of sternum; |
| 21632 | | | 920.37 | | | Radical resection of sternum; with mediastinal lymphadenectomy |
| 21685 | | | 752.12 | | | Hyoid myotomy and suspension |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 21700 | | | 315.95 | | | Division of scalenus anticus; without resection of cervical rib |
| 21705 | | | 441.47 | | | Division of scalenus anticus; with resection of cervical rib |
| 21720 | | | 326.41 | | | Division of sternocleidomastoid for torticollis, open operation; without cast application |
| 21725 | | | 395.14 | | | Division of sternocleidomastoid for torticollis, open operation; with cast application |
| 21740 | | | 761.57 | | | Reconstructive repair of pectus excavatum or carinatum; open |
| 21742 | | | I.C. | | | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy |
| 21743 | | | I.C. | | | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy |
| 21750 | | | 516.47 | | | Closure of median sternotomy separation with or without debridement (separate procedure) |
| 21800 | 77.39 | 79.34 | | | | Closed treatment of rib fracture, uncomplicated, each |
| 21805 | | | 197.49 | | | Open treatment of rib fracture without fixation, each |
| 21810 | | | 384.84 | | | Treatment of rib fracture requiring external fixation (flail chest) |
| 21820 | 102.39 | 104.34 | | | | Closed treatment of sternum fracture |
| 21825 | | | 418.57 | | | Open treatment of sternum fracture with or without skeletal fixation |
| 21899 | | | I.C. | | | Unlisted procedure, neck or thorax |
| 21920 | 198.39 | 121.19 | | | | Biopsy, soft tissue of back or flank; superficial |
| 21925 | 322.70 | 254.15 | | | | Biopsy, soft tissue of back or flank; deep |
| 21930 | 348.31 | 268.33 | | | | Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm |
| 21931 | | | 351.13 | | | Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater |
| 21932 | | | 500.56 | | | Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm |
| 21933 | | | 549.81 | | | Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater |
| 21935 | | | 756.55 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank; less than 5 cm |
| 21936 | | | 1,061.05 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank; 5 cm or greater |
| 22010 | | | 684.73 | | | Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic |
| 22015 | | | 675.12 | | | Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral |
| 22100 | | | 634.12 | | | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical |
| 22101 | | | 618.69 | | | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 22102 | | | 603.57 | | | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar |
| 22103 | | | 105.00 | | | 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) |
| 22110 | | | 776.61 | | | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical |
| 22112 | | | 764.00 | | | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic |
| 22114 | | | 729.55 | | | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar |
| 22116 | | | 102.66 | | | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) |
| 22206 | | | 1,721.12 | | | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic |
| 22207 | | | 1,736.53 | | | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar |
| 22208 | | | 428.09 | | | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure) |
| 22210 | | | 1,286.93 | | | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical |
| 22212 | | | 1,072.76 | | | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic |
| 22214 | | | 1,079.04 | | | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar |
| 22216 | | | 268.12 | | | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure) |
| 22220 | | | 1,169.35 | | | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical |
| 22222 | | | 1,091.59 | | | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic |
| 22224 | | | 1,152.08 | | | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar |
| 22226 | | | 268.29 | | | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 22305 | 139.41 | 126.87 | | | | Closed treatment of vertebral process fracture(s) |
| 22310 | 220.36 | 203.36 | | | | Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing |
| 22315 | 647.53 | 564.76 | | | | Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction |
| 22318 | | | 1,175.90 | | | Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting |
| 22319 | | | 1,304.55 | | | Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting |
| 22325 | | | 1,037.21 | | | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar |
| 22326 | | | 1,073.09 | | | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical |
| 22327 | | | 1,071.37 | | | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic |
| 22328 | | | 206.47 | | | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure) |
| 22505 | | | 86.87 | | | Manipulation of spine requiring anesthesia, any region |
| 22520 | 1,785.04 | 385.80 | | | | Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; thoracic |
| 22521 | 1,753.04 | 364.94 | | | | Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; lumbar |
| 22522 | | | 168.72 | | | Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) |
| 22523 | | | 430.64 | | | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic |
| 22524 | | | 414.18 | | | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 22525 | | | 191.01 | | | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) |
| 22526 | 1,687.06 | 239.06 | | | | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level |
| 22527 | 1,365.57 | 106.23 | | | | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure) |
| 22532 | | | 1,291.78 | | | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic |
| 22533 | | | 1,222.88 | | | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar |
| 22534 | | | 266.40 | | | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure) |
| 22548 | | | 1,399.52 | | | Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process |
| 22551 | | | 1,262.79 | | | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2 |
| 22552 | | | 291.73 | | | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure) |
| 22554 | | | 925.74 | | | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 |
| 22556 | | | 1,213.90 | | | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic |
| 22558 | | | 1,123.60 | | | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 22585 | | | 246.10 | | | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure) |
| 22590 | | | 1,139.33 | | | Arthrodesis, posterior technique, craniocervical (occiput-C2) |
| 22595 | | | 1,084.39 | | | Arthrodesis, posterior technique, atlas-axis (C1-C2) |
| 22600 | | | 929.60 | | | Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment |
| 22610 | | | 913.17 | | | Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique) |
| 22612 | | | 1,162.85 | | | Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique) |
| 22614 | | | 287.62 | | | Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure) |
| 22630 | | | 1,120.08 | | | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar |
| 22632 | | | 234.11 | | | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure) |
| 22633 | | | 1,328.02 | | | 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 segment; lumbar |
| 22634 | | | 354.75 | | | 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 segment; each additional interspace and segment list (List separately in addition to code for primary procedure) |
| 22800 | | | 989.12 | | | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments |
| 22802 | | | 1,544.74 | | | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments |
| 22804 | | | 1,779.94 | | | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments |
| 22808 | | | 1,337.52 | | | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments |
| 22810 | | | 1,485.91 | | | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments |
| 22812 | | | 1,622.64 | | | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 22818 | | | 1,601.91 | | | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments |
| 22819 | | | 1,961.15 | | | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments |
| 22830 | | | 591.14 | | | Exploration of spinal fusion |
| 22840 | | | 560.05 | | | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure) |
| 22841 | | | I.C. | | | Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure) |
| 22842 | | | 561.40 | | | 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) |
| 22843 | | | 597.19 | | | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure) |
| 22844 | | | 725.25 | | | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure) |
| 22845 | | | 537.91 | | | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) |
| 22846 | | | 558.33 | | | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure) |
| 22847 | | | 633.63 | | | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure) |
| 22848 | | | 265.49 | | | Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure) |
| 22849 | | | 949.06 | | | Reinsertion of spinal fixation device |
| 22850 | | | 525.13 | | | Removal of posterior nonsegmental instrumentation (eg, Harrington rod) |
| 22851 | | | 299.45 | | | Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure) |
| 22852 | | | 502.74 | | | Removal of posterior segmental instrumentation |
| 22855 | | | 811.55 | | | Removal of anterior instrumentation |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 22856 | | | 1,201.82 | | | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical |
| 22857 | | | 1,222.74 | | | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar |
| 22861 | | | 1,449.28 | | | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical |
| 22862 | | | 1,387.25 | | | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar |
| 22864 | | | 1,372.44 | | | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical |
| 22865 | | | 1,488.21 | | | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar |
| 22899 | | | I.C. | | | Unlisted procedure, spine |
| 22900 | | | 385.22 | | | Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm |
| 22901 | | | 488.73 | | | Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater |
| 22902 | 335.29 | 257.54 | | | | Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm |
| 22903 | | | 331.48 | | | Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater |
| 22904 | | | 758.46 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of abdominal wall; less than 5 cm |
| 22905 | | | 987.12 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of abdominal wall; 5 cm or greater |
| 22999 | | | I.C. | | | Unlisted procedure, abdomen, musculoskeletal system |
| 23000 | 420.33 | 270.12 | | | | Removal of subdeltoid calcareous deposits, open |
| 23020 | | | 505.98 | | | Capsular contracture release (eg, Sever type procedure) |
| 23030 | 327.06 | 188.55 | | | | Incision and drainage, shoulder area; deep abscess or hematoma |
| 23031 | 306.98 | 158.45 | | | | Incision and drainage, shoulder area; infected bursa |
| 23035 | | | 502.54 | | | Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area |
| 23040 | | | 529.17 | | | Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body |
| 23044 | | | 420.24 | | | Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body |
| 23065 | 162.48 | 124.86 | | | | Biopsy, soft tissue of shoulder area; superficial |
| 23066 | 396.65 | 254.80 | | | | Biopsy, soft tissue of shoulder area; deep |
| 23071 | | | 314.28 | | | Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater |
| 23073 | | | 519.03 | | | Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater |
| 23075 | 299.26 | 211.19 | | | | Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 23076 | | | 397.39 | | | Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm |
| 23077 | | | 846.78 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area; less than 5 cm |
| 23078 | | | 1,026.38 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area; 5 cm or greater |
| 23100 | | | 365.24 | | | Arthrotomy, glenohumeral joint, including biopsy |
| 23101 | | | 331.33 | | | Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage |
| 23105 | | | 468.71 | | | Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy |
| 23106 | | | 359.46 | | | Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy |
| 23107 | | | 485.77 | | | Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body |
| 23120 | | | 428.31 | | | Claviculectomy; partial |
| 23125 | | | 518.61 | | | Claviculectomy; total |
| 23130 | | | 447.82 | | | Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release |
| 23140 | | | 381.18 | | | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; |
| 23145 | | | 510.11 | | | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft) |
| 23146 | | | 449.65 | | | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft |
| 23150 | | | 483.11 | | | Excision or curettage of bone cyst or benign tumor of proximal humerus; |
| 23155 | | | 582.31 | | | Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft) |
| 23156 | | | 497.14 | | | Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft |
| 23170 | | | 401.76 | | | Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle |
| 23172 | | | 411.05 | | | Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula |
| 23174 | | | 557.05 | | | Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck |
| 23180 | | | 500.28 | | | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle |
| 23182 | | | 490.25 | | | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula |
| 23184 | | | 544.78 | | | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus |
| 23190 | | | 416.13 | | | Ostectomy of scapula, partial (eg, superior medial angle) |
| 23195 | | | 553.96 | | | Resection, humeral head |
| 23200 | | | 1,028.15 | | | Radical resection of tumor; clavicle |
| 23210 | | | 1,199.64 | | | Radical resection of tumor; scapula |
| 23220 | | | 1,323.50 | | | Radical resection of tumor, proximal humerus |
| 23330 | 173.98 | 110.72 | | | | Removal of foreign body, shoulder; subcutaneous |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 23331 | | | 434.86 | | | Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal) |
| 23332 | | | 649.32 | | | Removal of foreign body, shoulder; complicated (eg, total shoulder) |
| 23350 | 116.91 | 37.77 | | | | Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography |
| 23395 | | | 945.56 | | | Muscle transfer, any type, shoulder or upper arm; single |
| 23397 | | | 840.99 | | | Muscle transfer, any type, shoulder or upper arm; multiple |
| 23400 | | | 715.89 | | | Scapulopexy (eg, Sprengels deformity or for paralysis) |
| 23405 | | | 462.08 | | | Tenotomy, shoulder area; single tendon |
| 23406 | | | 573.49 | | | Tenotomy, shoulder area; multiple tendons through same incision |
| 23410 | | | 607.21 | | | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute |
| 23412 | | | 631.43 | | | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic |
| 23415 | | | 512.50 | | | Coracoacromial ligament release, with or without acromioplasty |
| 23420 | | | 715.99 | | | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) |
| 23430 | | | 546.58 | | | Tenodesis of long tendon of biceps |
| 23440 | | | 556.46 | | | Resection or transplantation of long tendon of biceps |
| 23450 | | | 697.28 | | | Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation |
| 23455 | | | 740.54 | | | Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure) |
| 23460 | | | 804.59 | | | Capsulorrhaphy, anterior, any type; with bone block |
| 23462 | | | 789.72 | | | Capsulorrhaphy, anterior, any type; with coracoid process transfer |
| 23465 | | | 822.15 | | | Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block |
| 23466 | | | 823.71 | | | Capsulorrhaphy, glenohumeral joint, any type multi-directional instability |
| 23470 | | | 891.56 | | | Arthroplasty, glenohumeral joint; hemiarthroplasty |
| 23472 | | | 1,102.22 | | | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) |
| 23480 | | | 603.50 | | | Osteotomy, clavicle, with or without internal fixation; |
| 23485 | | | 707.01 | | | Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation) |
| 23490 | | | 643.40 | | | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle |
| 23491 | | | 746.50 | | | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus |
| 23500 | 158.07 | 158.91 | | | | Closed treatment of clavicular fracture; without manipulation |
| 23505 | 255.42 | 240.65 | | | | Closed treatment of clavicular fracture; with manipulation |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 23515 | | | 530.41 | | | Open treatment of clavicular fracture, includes internal fixation, when performed |
| 23520 | 166.14 | 168.09 | | | | Closed treatment of sternoclavicular dislocation; without manipulation |
| 23525 | 271.91 | 248.22 | | | | Closed treatment of sternoclavicular dislocation; with manipulation |
| 23530 | | | 408.84 | | | Open treatment of sternoclavicular dislocation, acute or chronic; |
| 23532 | | | 458.22 | | | Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft) |
| 23540 | 160.77 | 161.05 | | | | Closed treatment of acromioclavicular dislocation; without manipulation |
| 23545 | 235.71 | 214.25 | | | | Closed treatment of acromioclavicular dislocation; with manipulation |
| 23550 | | | 420.52 | | | Open treatment of acromioclavicular dislocation, acute or chronic; |
| 23552 | | | 484.37 | | | Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft) |
| 23570 | 168.11 | 172.01 | | | | Closed treatment of scapular fracture; without manipulation |
| 23575 | 289.71 | 271.04 | | | | Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement) |
| 23585 | | | 714.11 | | | Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed |
| 23600 | 236.88 | 219.32 | | | | Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation |
| 23605 | 341.28 | 312.30 | | | | Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction |
| 23615 | | | 649.57 | | | Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; |
| 23616 | | | 923.42 | | | 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 | 195.93 | 185.06 | | | | Closed treatment of greater humeral tuberosity fracture; without manipulation |
| 23625 | 277.83 | 258.61 | | | | Closed treatment of greater humeral tuberosity fracture; with manipulation |
| 23630 | | | 568.42 | | | Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed |
| 23650 | 217.70 | 198.47 | | | | Closed treatment of shoulder dislocation, with manipulation; without anesthesia |
| 23655 | | | 286.75 | | | Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia |
| 23660 | | | 428.34 | | | Open treatment of acute shoulder dislocation |
| 23665 | 309.41 | 288.51 | | | | Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 23670 | | | 635.15 | | | Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed |
| 23675 | 401.68 | 366.57 | | | | Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation |
| 23680 | | | 677.48 | | | Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed |
| 23700 | | | 142.91 | | | Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded) |
| 23800 | | | 755.27 | | | Arthrodesis, glenohumeral joint; |
| 23802 | | | 933.18 | | | Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft) |
| 23900 | | | 994.40 | | | Interthoracoscapular amputation (forequarter) |
| 23920 | | | 810.80 | | | Disarticulation of shoulder; |
| 23921 | | | 323.32 | | | Disarticulation of shoulder; secondary closure or scar revision |
| 23929 | | | I.C. | | | Unlisted procedure, shoulder |
| 23930 | 267.32 | 158.92 | | | | Incision and drainage, upper arm or elbow area; deep abscess or hematoma |
| 23931 | 214.70 | 117.72 | | | | Incision and drainage, upper arm or elbow area; bursa |
| 23935 | | | 370.81 | | | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow |
| 24000 | | | 350.54 | | | Arthrotomy, elbow, including exploration, drainage, or removal of foreign body |
| 24006 | | | 523.64 | | | Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure) |
| 24065 | 194.69 | 125.86 | | | | Biopsy, soft tissue of upper arm or elbow area; superficial |
| 24066 | 452.15 | 298.04 | | | | Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular) |
| 24071 | | | 306.88 | | | Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater |
| 24073 | | | 521.27 | | | Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater |
| 24075 | 367.89 | 239.98 | | | | Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm |
| 24076 | | | 387.08 | | | Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm |
| 24077 | | | 731.20 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; less than 5 cm |
| 24079 | | | 947.86 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; 5 cm or greater |
| 24100 | | | 303.34 | | | Arthrotomy, elbow; with synovial biopsy only |
| 24101 | | | 368.31 | | | Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body |
| 24102 | | | 451.88 | | | Arthrotomy, elbow; with synovectomy |
| 24105 | | | 255.60 | | | Excision, olecranon bursa |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 24110 | | | 430.86 | | | Excision or curettage of bone cyst or benign tumor, humerus; |
| 24115 | | | 539.32 | | | Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft) |
| 24116 | | | 633.57 | | | Excision or curettage of bone cyst or benign tumor, humerus; with allograft |
| 24120 | | | 386.84 | | | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; |
| 24125 | | | 452.22 | | | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft) |
| 24126 | | | 476.00 | | | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft |
| 24130 | | | 373.26 | | | Excision, radial head |
| 24134 | | | 551.96 | | | Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus |
| 24136 | | | 450.15 | | | Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck |
| 24138 | | | 494.28 | | | Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process |
| 24140 | | | 523.87 | | | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus |
| 24145 | | | 441.07 | | | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck |
| 24147 | | | 463.26 | | | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process |
| 24149 | | | 861.39 | | | Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure) |
| 24150 | | | 1,070.82 | | | Radical resection of tumor, shaft or distal humerus |
| 24152 | | | 910.60 | | | Radical resection of tumor, radial head or neck |
| 24155 | | | 625.45 | | | Resection of elbow joint (arthrectomy) |
| 24160 | | | 446.33 | | | Implant removal; elbow joint |
| 24164 | | | 366.16 | | | Implant removal; radial head |
| 24200 | 151.83 | 101.95 | | | | Removal of foreign body, upper arm or elbow area; subcutaneous |
| 24201 | 418.03 | 269.22 | | | | Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular) |
| 24220 | 126.18 | 50.38 | | | | Injection procedure for elbow arthrography |
| 24300 | | | 301.75 | | | Manipulation, elbow, under anesthesia |
| 24301 | | | 552.77 | | | Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331) |
| 24305 | | | 427.29 | | | Tendon lengthening, upper arm or elbow, each tendon |
| 24310 | | | 350.86 | | | Tenotomy, open, elbow to shoulder, each tendon |
| 24320 | | | 572.00 | | | Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure) |
| 24330 | | | 527.53 | | | Flexor-plasty, elbow (eg, Steindler type advancement); |
| 24331 | | | 592.94 | | | Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement |
| 24332 | | | 449.25 | | | Tenolysis, triceps |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 24340 | | | 451.70 | | | Tenodesis of biceps tendon at elbow (separate procedure) |
| 24341 | | | 546.28 | | | Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff) |
| 24342 | | | 573.77 | | | Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft |
| 24343 | | | 519.64 | | | Repair lateral collateral ligament, elbow, with local tissue |
| 24344 | | | 806.55 | | | Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft) |
| 24345 | | | 516.29 | | | Repair medial collateral ligament, elbow, with local tissue |
| 24346 | | | 807.95 | | | Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft) |
| 24357 | | | 329.11 | | | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous |
| 24358 | | | 386.13 | | | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open |
| 24359 | | | 482.68 | | | 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 | | | 662.24 | | | Arthroplasty, elbow; with membrane (eg, fascial) |
| 24361 | | | 742.52 | | | Arthroplasty, elbow; with distal humeral prosthetic replacement |
| 24362 | | | 780.51 | | | Arthroplasty, elbow; with implant and fascia lata ligament reconstruction |
| 24363 | | | 1,100.85 | | | Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow) |
| 24365 | | | 470.71 | | | Arthroplasty, radial head; |
| 24366 | | | 502.64 | | | Arthroplasty, radial head; with implant |
| 24400 | | | 603.81 | | | Osteotomy, humerus, with or without internal fixation |
| 24410 | | | 772.83 | | | Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure) |
| 24420 | | | 729.50 | | | Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876) |
| 24430 | | | 776.59 | | | Repair of nonunion or malunion, humerus; without graft (eg, compression technique) |
| 24435 | | | 792.50 | | | Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft) |
| 24470 | | | 477.74 | | | Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus) |
| 24495 | | | 486.05 | | | Decompression fasciotomy, forearm, with brachial artery exploration |
| 24498 | | | 638.96 | | | Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft |
| 24500 | 258.54 | 233.74 | | | | Closed treatment of humeral shaft fracture; without manipulation |
| 24505 | 366.45 | 331.62 | | | | Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 24515 | | | 645.22 | | | Open treatment of humeral shaft fracture with plate/screws, with or without cerclage |
| 24516 | | | 634.00 | | | Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws |
| 24530 | 276.83 | 249.52 | | | | Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation |
| 24535 | 452.75 | 417.64 | | | | Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction |
| 24538 | | | 548.51 | | | Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension |
| 24545 | | | 679.80 | | | Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension |
| 24546 | | | 769.11 | | | Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension |
| 24560 | 232.72 | 206.24 | | | | Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation |
| 24565 | 383.69 | 351.36 | | | | Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation |
| 24566 | | | 526.03 | | | Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation |
| 24575 | | | 540.18 | | | Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed |
| 24576 | 247.19 | 220.99 | | | | Closed treatment of humeral condylar fracture, medial or lateral; without manipulation |
| 24577 | 396.97 | 362.69 | | | | Closed treatment of humeral condylar fracture, medial or lateral; with manipulation |
| 24579 | | | 614.18 | | | Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed |
| 24582 | | | 589.69 | | | Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation |
| 24586 | | | 801.31 | | | Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); |
| 24587 | | | 800.72 | | | Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty |
| 24600 | 261.43 | 237.46 | | | | Treatment of closed elbow dislocation; without anesthesia |
| 24605 | | | 341.48 | | | Treatment of closed elbow dislocation; requiring anesthesia |
| 24615 | | | 524.79 | | | Open treatment of acute or chronic elbow dislocation |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 24620 | | | 405.90 | | | Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation |
| 24635 | | | 522.07 | | | 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 | 93.88 | 64.34 | | | | Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation |
| 24650 | 189.94 | 172.38 | | | | Closed treatment of radial head or neck fracture; without manipulation |
| 24655 | 318.10 | 289.40 | | | | Closed treatment of radial head or neck fracture; with manipulation |
| 24665 | | | 479.84 | | | Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; |
| 24666 | | | 539.54 | | | Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement |
| 24670 | 211.76 | 189.47 | | | | Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation |
| 24675 | 334.78 | 305.52 | | | | Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation |
| 24685 | | | 480.64 | | | Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed |
| 24800 | | | 598.50 | | | Arthrodesis, elbow joint; local |
| 24802 | | | 735.69 | | | Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft) |
| 24900 | | | 533.62 | | | Amputation, arm through humerus; with primary closure |
| 24920 | | | 530.93 | | | Amputation, arm through humerus; open, circular (guillotine) |
| 24925 | | | 414.34 | | | Amputation, arm through humerus; secondary closure or scar revision |
| 24930 | | | 562.08 | | | Amputation, arm through humerus; re-amputation |
| 24931 | | | 569.83 | | | Amputation, arm through humerus; with implant |
| 24935 | | | 695.92 | | | Stump elongation, upper extremity |
| 24940 | | | I.C. | | | Cineplasty, upper extremity, complete procedure |
| 24999 | | | I.C. | | | Unlisted procedure, humerus or elbow |
| 25000 | | | 257.47 | | | Incision, extensor tendon sheath, wrist (eg, deQuervains disease) |
| 25001 | | | 252.13 | | | Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis) |
| 25020 | | | 432.74 | | | Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve |
| 25023 | | | 818.59 | | | Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve |
| 25024 | | | 571.33 | | | Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 25025 | | | 889.14 | | | Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve |
| 25028 | | | 387.54 | | | Incision and drainage, forearm and/or wrist; deep abscess or hematoma |
| 25031 | | | 269.26 | | | Incision and drainage, forearm and/or wrist; bursa |
| 25035 | | | 456.71 | | | Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess) |
| 25040 | | | 417.98 | | | Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body |
| 25065 | 194.28 | 124.61 | | | | Biopsy, soft tissue of forearm and/or wrist; superficial |
| 25066 | | | 273.96 | | | Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular) |
| 25071 | | | 323.30 | | | Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater |
| 25073 | | | 405.95 | | | Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater |
| 25075 | 365.20 | 242.31 | | | | Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm |
| 25076 | | | 382.21 | | | Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm |
| 25077 | | | 645.58 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; less than 3 cm |
| 25078 | | | 830.68 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; 3 cm or greater |
| 25085 | | | 339.43 | | | Capsulotomy, wrist (eg, contracture) |
| 25100 | | | 256.95 | | | Arthrotomy, wrist joint; with biopsy |
| 25101 | | | 301.07 | | | Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body |
| 25105 | | | 361.73 | | | Arthrotomy, wrist joint; with synovectomy |
| 25107 | | | 458.77 | | | Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex |
| 25109 | | | 393.00 | | | Excision of tendon, forearm and/or wrist, flexor or extensor, each |
| 25110 | | | 261.06 | | | Excision, lesion of tendon sheath, forearm and/or wrist |
| 25111 | | | 236.92 | | | Excision of ganglion, wrist (dorsal or volar); primary |
| 25112 | | | 285.50 | | | Excision of ganglion, wrist (dorsal or volar); recurrent |
| 25115 | | | 583.85 | | | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors |
| 25116 | | | 468.20 | | | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum |
| 25118 | | | 285.07 | | | Synovectomy, extensor tendon sheath, wrist, single compartment; |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|--|
| 25119 | | | 372.73 | | | Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna |
| 25120 | | | 393.04 | | | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); |
| 25125 | | | 461.93 | | | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft) |
| 25126 | | | 463.53 | | | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft |
| 25130 | | | 334.82 | | | Excision or curettage of bone cyst or benign tumor of carpal bones; |
| 25135 | | | 414.49 | | | Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft) |
| 25136 | | | 365.56 | | | Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft |
| 25145 | | | 404.96 | | | Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist |
| 25150 | | | 423.43 | | | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna |
| 25151 | | | 455.76 | | | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius |
| 25170 | | | 1,031.84 | | | Radical resection of tumor, radius or ulna |
| 25210 | | | 364.62 | | | Carpectomy; 1 bone |
| 25215 | | | 462.92 | | | Carpectomy; all bones of proximal row |
| 25230 | | | 321.95 | | | Radial styloidectomy (separate procedure) |
| 25240 | | | 322.91 | | | Excision distal ulna partial or complete (eg, Darrach type or matched resection) |
| 25246 | 127.71 | 54.97 | | | | Injection procedure for wrist arthrography |
| 25248 | | | 317.14 | | | Exploration with removal of deep foreign body, forearm or wrist |
| 25250 | | | 388.97 | | | Removal of wrist prosthesis; (separate procedure) |
| 25251 | | | 529.00 | | | Removal of wrist prosthesis; complicated, including total wrist |
| 25259 | | | 303.70 | | | Manipulation, wrist, under anesthesia |
| 25260 | | | 489.84 | | | Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle |
| 25263 | | | 486.96 | | | Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle |
| 25265 | | | 576.09 | | | Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle |
| 25270 | | | 388.49 | | | Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle |
| 25272 | | | 435.02 | | | Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle |
| 25274 | | | 518.11 | | | Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 25275 | | | 497.42 | | | Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation) |
| 25280 | | | 441.42 | | | Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon |
| 25290 | | | 362.50 | | | Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon |
| 25295 | | | 411.65 | | | Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon |
| 25300 | | | 506.86 | | | Tenodesis at wrist; flexors of fingers |
| 25301 | | | 478.07 | | | Tenodesis at wrist; extensors of fingers |
| 25310 | | | 481.07 | | | Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon |
| 25312 | | | 555.49 | | | Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon |
| 25315 | | | 594.21 | | | Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; |
| 25316 | | | 677.92 | | | Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer |
| 25320 | | | 728.94 | | | Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability |
| 25332 | | | 622.75 | | | Arthroplasty, wrist, with or without interposition, with or without external or internal fixation |
| 25335 | | | 620.45 | | | Centralization of wrist on ulna (eg, radial club hand) |
| 25337 | | | 660.33 | | | 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 | | | 523.52 | | | Osteotomy, radius; distal third |
| 25355 | | | 590.30 | | | Osteotomy, radius; middle or proximal third |
| 25360 | | | 508.82 | | | Osteotomy; ulna |
| 25365 | | | 696.38 | | | Osteotomy; radius AND ulna |
| 25370 | | | 763.44 | | | Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna |
| 25375 | | | 696.78 | | | Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna |
| 25390 | | | 593.97 | | | Osteoplasty, radius OR ulna; shortening |
| 25391 | | | 758.41 | | | Osteoplasty, radius OR ulna; lengthening with autograft |
| 25392 | | | 772.27 | | | Osteoplasty, radius AND ulna; shortening (excluding 64876) |
| 25393 | | | 879.35 | | | Osteoplasty, radius AND ulna; lengthening with autograft |
| 25394 | | | 575.38 | | | Osteoplasty, carpal bone, shortening |
| 25400 | | | 620.17 | | | Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 25405 | | | 790.87 | | | Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft) |
| 25415 | | | 750.05 | | | Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique) |
| 25420 | | | 888.64 | | | Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft) |
| 25425 | | | 755.45 | | | Repair of defect with autograft; radius OR ulna |
| 25426 | | | 824.11 | | | Repair of defect with autograft; radius AND ulna |
| 25430 | | | 521.11 | | | Insertion of vascular pedicle into carpal bone (eg, Hori procedure) |
| 25431 | | | 577.09 | | | Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone |
| 25440 | | | 569.15 | | | Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation) |
| 25441 | | | 689.21 | | | Arthroplasty with prosthetic replacement; distal radius |
| 25442 | | | 586.44 | | | Arthroplasty with prosthetic replacement; distal ulna |
| 25443 | | | 575.89 | | | Arthroplasty with prosthetic replacement; scaphoid carpal (navicular) |
| 25444 | | | 594.50 | | | Arthroplasty with prosthetic replacement; lunate |
| 25445 | | | 531.39 | | | Arthroplasty with prosthetic replacement; trapezium |
| 25446 | | | 864.69 | | | Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist) |
| 25447 | | | 607.78 | | | Arthroplasty, interposition, intercarpal or carpometacarpal joints |
| 25449 | | | 768.53 | | | Revision of arthroplasty, including removal of implant, wrist joint |
| 25450 | | | 413.87 | | | Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna |
| 25455 | | | 462.82 | | | Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna |
| 25490 | | | 523.72 | | | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius |
| 25491 | | | 570.98 | | | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna |
| 25492 | | | 689.03 | | | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna |
| 25500 | 194.73 | 177.17 | | | | Closed treatment of radial shaft fracture; without manipulation |
| 25505 | 366.98 | 336.05 | | | | Closed treatment of radial shaft fracture; with manipulation |
| 25515 | | | 491.41 | | | Open treatment of radial shaft fracture, includes internal fixation, when performed |
| 25520 | 408.73 | 386.99 | | | | Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation) |
| 25525 | | | 582.71 | | | 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 |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|---|
| 25526 | | | 716.21 | | | Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex |
| 25530 | 190.01 | 170.50 | | | | Closed treatment of ulnar shaft fracture; without manipulation |
| 25535 | 356.81 | 330.89 | | | | Closed treatment of ulnar shaft fracture; with manipulation |
| 25545 | | | 459.55 | | | Open treatment of ulnar shaft fracture, includes internal fixation, when performed |
| 25560 | 197.83 | 176.93 | | | | Closed treatment of radial and ulnar shaft fractures; without manipulation |
| 25565 | 382.42 | 346.47 | | | | Closed treatment of radial and ulnar shaft fractures; with manipulation |
| 25574 | | | 492.53 | | | Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna |
| 25575 | | | 660.48 | | | Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna |
| 25600 | 212.92 | 192.30 | | | | 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 | 454.84 | 428.09 | | | | 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 | | | 491.54 | | | Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation |
| 25607 | | | 536.28 | | | Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation |
| 25608 | | | 601.15 | | | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments |
| 25609 | | | 765.21 | | | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments |
| 25622 | 220.69 | 198.95 | | | | Closed treatment of carpal scaphoid (navicular) fracture; without manipulation |
| 25624 | 338.54 | 306.77 | | | | Closed treatment of carpal scaphoid (navicular) fracture; with manipulation |
| 25628 | | | 529.94 | | | Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed |
| 25630 | 222.50 | 201.60 | | | | Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone |
| 25635 | 328.07 | 294.35 | | | | Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone |
| 25645 | | | 417.80 | | | Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 25650 | 233.10 | 215.54 | | | | Closed treatment of ulnar styloid fracture |
| 25651 | | | 355.49 | | | Percutaneous skeletal fixation of ulnar styloid fracture |
| 25652 | | | 457.82 | | | Open treatment of ulnar styloid fracture |
| 25660 | | | 295.23 | | | Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation |
| 25670 | | | 445.72 | | | Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones |
| 25671 | | | 389.18 | | | Percutaneous skeletal fixation of distal radioulnar dislocation |
| 25675 | 315.63 | 288.04 | | | | Closed treatment of distal radioulnar dislocation with manipulation |
| 25676 | | | 465.24 | | | Open treatment of distal radioulnar dislocation, acute or chronic |
| 25680 | | | 336.91 | | | Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation |
| 25685 | | | 538.79 | | | Open treatment of trans-scaphoperilunar type of fracture dislocation |
| 25690 | | | 348.24 | | | Closed treatment of lunate dislocation, with manipulation |
| 25695 | | | 465.54 | | | Open treatment of lunate dislocation |
| 25800 | | | 543.98 | | | Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints) |
| 25805 | | | 627.23 | | | Arthrodesis, wrist; with sliding graft |
| 25810 | | | 641.77 | | | Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft) |
| 25820 | | | 454.44 | | | Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal) |
| 25825 | | | 560.15 | | | Arthrodesis, wrist; with autograft (includes obtaining graft) |
| 25830 | | | 710.06 | | | Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure) |
| 25900 | | | 542.78 | | | Amputation, forearm, through radius and ulna; |
| 25905 | | | 533.56 | | | Amputation, forearm, through radius and ulna; open, circular (guillotine) |
| 25907 | | | 468.56 | | | Amputation, forearm, through radius and ulna; secondary closure or scar revision |
| 25909 | | | 522.79 | | | Amputation, forearm, through radius and ulna; re-amputation |
| 25915 | | | 831.26 | | | Krukenberg procedure |
| 25920 | | | 510.72 | | | Disarticulation through wrist; |
| 25922 | | | 384.81 | | | Disarticulation through wrist; secondary closure or scar revision |
| 25924 | | | 470.66 | | | Disarticulation through wrist; re-amputation |
| 25927 | | | 594.75 | | | Transmetacarpal amputation; |
| 25929 | | | 434.91 | | | Transmetacarpal amputation; secondary closure or scar revision |
| 25931 | | | 516.76 | | | Transmetacarpal amputation; re-amputation |
| 25999 | | | I.C. | | | Unlisted procedure, forearm or wrist |
| 26010 | 195.09 | 100.06 | | | | Drainage of finger abscess; simple |
| 26011 | 296.37 | 136.41 | | | | Drainage of finger abscess; complicated (eg, felon) |
| 26020 | | | 319.66 | | | Drainage of tendon sheath, digit and/or palm, each |
| 26025 | | | 309.54 | | | Drainage of palmar bursa; single, bursa |
| 26030 | | | 362.84 | | | Drainage of palmar bursa; multiple bursa |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 26034 | | | 395.16 | | | Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess) |
| 26035 | | | 620.85 | | | Decompression fingers and/or hand, injection injury (eg, grease gun) |
| 26037 | | | 420.32 | | | Decompressive fasciotomy, hand (excludes 26035) |
| 26040 | | | 229.57 | | | Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous |
| 26045 | | | 343.93 | | | Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial |
| 26055 | 431.77 | 226.94 | | | | Tendon sheath incision (eg, for trigger finger) |
| 26060 | | | 197.49 | | | Tenotomy, percutaneous, single, each digit |
| 26070 | | | 224.38 | | | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint |
| 26075 | | | 236.09 | | | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each |
| 26080 | | | 286.24 | | | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each |
| 26100 | | | 242.65 | | | Arthrotomy with biopsy; carpometacarpal joint, each |
| 26105 | | | 246.22 | | | Arthrotomy with biopsy; metacarpophalangeal joint, each |
| 26110 | | | 236.48 | | | Arthrotomy with biopsy; interphalangeal joint, each |
| 26111 | | | 318.42 | | | Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater |
| 26113 | | | 417.58 | | | Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater |
| 26115 | 426.14 | 255.59 | | | | Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm |
| 26116 | | | 387.70 | | | Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm |
| 26117 | | | 537.26 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; less than 3 cm |
| 26118 | | | 809.23 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; 3 cm or greater |
| 26121 | | | 440.73 | | | Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft) |
| 26123 | | | 612.17 | | | Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); |
| 26125 | | | 203.73 | | | Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 26130 | | | 338.60 | | | Synovectomy, carpometacarpal joint |
| 26135 | | | 406.52 | | | Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit |
| 26140 | | | 372.45 | | | Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint |
| 26145 | | | 377.65 | | | Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon |
| 26160 | 435.66 | 244.76 | | | | Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger |
| 26170 | | | 299.76 | | | Excision of tendon, palm, flexor or extensor, single, each tendon |
| 26180 | | | 325.65 | | | Excision of tendon, finger, flexor or extensor, each tendon |
| 26185 | | | 400.85 | | | Sesamoidectomy, thumb or finger (separate procedure) |
| 26200 | | | 332.25 | | | Excision or curettage of bone cyst or benign tumor of metacarpal; |
| 26205 | | | 443.42 | | | Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft) |
| 26210 | | | 326.12 | | | Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; |
| 26215 | | | 412.22 | | | Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft) |
| 26230 | | | 368.44 | | | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal |
| 26235 | | | 364.78 | | | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger |
| 26236 | | | 325.33 | | | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger |
| 26250 | | | 719.88 | | | Radical resection of tumor, metacarpal |
| 26260 | | | 568.48 | | | Radical resection of tumor, proximal or middle phalanx of finger |
| 26262 | | | 438.57 | | | Radical resection of tumor, distal phalanx of finger |
| 26320 | | | 256.20 | | | Removal of implant from finger or hand |
| 26340 | | | 246.01 | | | Manipulation, finger joint, under anesthesia, each joint |
| 26341 | 73.39 | 54.68 | | | | Manipulation, palmar fascial cord (ie Dupuytren's cord), post enzyme injection (eg, collagenase), single cord |
| 26350 | | | 536.88 | | | 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 | | | 607.97 | | | 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 |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|--|
| 26356 | | | 813.21 | | | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon |
| 26357 | | | 647.49 | | | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon |
| 26358 | | | 691.39 | | | 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 | | | 574.56 | | | Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon |
| 26372 | | | 661.84 | | | Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon |
| 26373 | | | 633.48 | | | Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon |
| 26390 | | | 616.92 | | | Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod |
| 26392 | | | 722.23 | | | Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod |
| 26410 | | | 426.98 | | | Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon |
| 26412 | | | 514.15 | | | Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon |
| 26415 | | | 517.79 | | | Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod |
| 26416 | | | 619.88 | | | Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod |
| 26418 | | | 435.23 | | | Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon |
| 26420 | | | 531.12 | | | Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon |
| 26426 | | | 400.39 | | | Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger |
| 26428 | | | 562.78 | | | Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger |
| 26432 | | | 375.06 | | | Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger) |
| 26433 | | | 399.74 | | | Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger) |
| 26434 | | | 479.65 | | | Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft) |
| 26437 | | | 465.33 | | | Realignment of extensor tendon, hand, each tendon |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 26440 | | | 470.42 | | | Tenolysis, flexor tendon; palm OR finger, each tendon |
| 26442 | | | 717.47 | | | Tenolysis, flexor tendon; palm AND finger, each tendon |
| 26445 | | | 439.30 | | | Tenolysis, extensor tendon, hand OR finger, each tendon |
| 26449 | | | 546.63 | | | Tenolysis, complex, extensor tendon, finger, including forearm, each tendon |
| 26450 | | | 302.20 | | | Tenotomy, flexor, palm, open, each tendon |
| 26455 | | | 301.10 | | | Tenotomy, flexor, finger, open, each tendon |
| 26460 | | | 293.68 | | | Tenotomy, extensor, hand or finger, open, each tendon |
| 26471 | | | 459.81 | | | Tenodesis; of proximal interphalangeal joint, each joint |
| 26474 | | | 448.85 | | | Tenodesis; of distal joint, each joint |
| 26476 | | | 439.52 | | | Lengthening of tendon, extensor, hand or finger, each tendon |
| 26477 | | | 436.38 | | | Shortening of tendon, extensor, hand or finger, each tendon |
| 26478 | | | 467.35 | | | Lengthening of tendon, flexor, hand or finger, each tendon |
| 26479 | | | 465.42 | | | Shortening of tendon, flexor, hand or finger, each tendon |
| 26480 | | | 565.93 | | | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon |
| 26483 | | | 631.75 | | | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon |
| 26485 | | | 606.79 | | | Transfer or transplant of tendon, palmar; without free tendon graft, each tendon |
| 26489 | | | 674.32 | | | Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon |
| 26490 | | | 589.50 | | | Opponensplasty; superficialis tendon transfer type, each tendon |
| 26492 | | | 651.27 | | | Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon |
| 26494 | | | 591.51 | | | Opponensplasty; hypothenar muscle transfer |
| 26496 | | | 635.72 | | | Opponensplasty; other methods |
| 26497 | | | 639.67 | | | Transfer of tendon to restore intrinsic function; ring and small finger |
| 26498 | | | 843.11 | | | Transfer of tendon to restore intrinsic function; all 4 fingers |
| 26499 | | | 613.04 | | | Correction claw finger, other methods |
| 26500 | | | 469.08 | | | Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure) |
| 26502 | | | 531.71 | | | Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure) |
| 26508 | | | 471.50 | | | Release of thenar muscle(s) (eg, thumb contracture) |
| 26510 | | | 446.88 | | | Cross intrinsic transfer, each tendon |
| 26516 | | | 521.85 | | | Capsulodesis, metacarpophalangeal joint; single digit |
| 26517 | | | 611.51 | | | Capsulodesis, metacarpophalangeal joint; 2 digits |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 26518 | | | 622.06 | | | Capsulodesis, metacarpophalangeal joint; 3 or 4 digits |
| 26520 | | | 493.24 | | | Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint |
| 26525 | | | 493.79 | | | Capsulectomy or capsulotomy; interphalangeal joint, each joint |
| 26530 | | | 395.08 | | | Arthroplasty, metacarpophalangeal joint; each joint |
| 26531 | | | 459.70 | | | Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint |
| 26535 | | | 300.45 | | | Arthroplasty, interphalangeal joint; each joint |
| 26536 | | | 518.88 | | | Arthroplasty, interphalangeal joint; with prosthetic implant, each joint |
| 26540 | | | 492.35 | | | Repair of collateral ligament, metacarpophalangeal or interphalangeal joint |
| 26541 | | | 593.94 | | | Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft) |
| 26542 | | | 508.80 | | | Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement) |
| 26545 | | | 519.74 | | | Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint |
| 26546 | | | 732.84 | | | Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation) |
| 26548 | | | 568.70 | | | Repair and reconstruction, finger, volar plate, interphalangeal joint |
| 26550 | | | 1,151.30 | | | Pollicization of a digit |
| 26551 | | | 2,207.34 | | | Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft |
| 26553 | | | 2,208.73 | | | Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single |
| 26554 | | | 2,404.88 | | | Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double |
| 26555 | | | 1,011.94 | | | Transfer, finger to another position without microvascular anastomosis |
| 26556 | | | 2,095.99 | | | Transfer, free toe joint, with microvascular anastomosis |
| 26560 | | | 436.11 | | | Repair of syndactyly (web finger) each web space; with skin flaps |
| 26561 | | | 698.46 | | | Repair of syndactyly (web finger) each web space; with skin flaps and grafts |
| 26562 | | | 944.58 | | | Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails) |
| 26565 | | | 505.97 | | | Osteotomy; metacarpal, each |
| 26567 | | | 507.36 | | | Osteotomy; phalanx of finger, each |
| 26568 | | | 668.04 | | | Osteoplasty, lengthening, metacarpal or phalanx |
| 26580 | | | 990.99 | | | Repair cleft hand |
| 26587 | | | 755.91 | | | Reconstruction of polydactylous digit, soft tissue and bone |
| 26590 | | | 920.09 | | | Repair macrodactylia, each digit |
| 26591 | | | 331.11 | | | Repair, intrinsic muscles of hand, each muscle |
| 26593 | | | 448.83 | | | Release, intrinsic muscles of hand, each muscle |
| 26596 | | | 550.17 | | | Excision of constricting ring of finger, with multiple Z-plasties |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 26600 | 210.89 | 196.12 | | | | Closed treatment of metacarpal fracture, single; without manipulation, each bone |
| 26605 | 235.04 | 213.02 | | | | Closed treatment of metacarpal fracture, single; with manipulation, each bone |
| 26607 | | | 329.24 | | | Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone |
| 26608 | | | 352.40 | | | Percutaneous skeletal fixation of metacarpal fracture, each bone |
| 26615 | | | 417.98 | | | Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone |
| 26641 | 261.85 | 238.72 | | | | Closed treatment of carpometacarpal dislocation, thumb, with manipulation |
| 26645 | 307.47 | 281.27 | | | | Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation |
| 26650 | | | 353.78 | | | Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation |
| 26665 | | | 458.25 | | | Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed |
| 26670 | 238.89 | 215.20 | | | | Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia |
| 26675 | 327.36 | 300.05 | | | | Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia |
| 26676 | | | 369.54 | | | Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint |
| 26685 | | | 421.78 | | | Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint |
| 26686 | | | 457.22 | | | Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction |
| 26700 | 227.65 | 212.32 | | | | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia |
| 26705 | 302.35 | 275.32 | | | | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia |
| 26706 | | | 322.26 | | | Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation |
| 26715 | | | 415.99 | | | Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed |
| 26720 | 142.91 | 131.20 | | | | Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each |
| 26725 | 247.69 | 221.50 | | | | Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 26727 | | | 347.40 | | | Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each |
| 26735 | | | 433.50 | | | Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each |
| 26740 | 166.39 | 155.52 | | | | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each |
| 26742 | 268.49 | 242.29 | | | | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each |
| 26746 | | | 535.22 | | | Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each |
| 26750 | 132.17 | 130.50 | | | | Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each |
| 26755 | 227.90 | 197.24 | | | | Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each |
| 26756 | | | 308.77 | | | Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each |
| 26765 | | | 361.57 | | | Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each |
| 26770 | 194.38 | 178.50 | | | | Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia |
| 26775 | 278.85 | 249.87 | | | | Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia |
| 26776 | | | 326.87 | | | Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation |
| 26785 | | | 393.41 | | | Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single |
| 26820 | | | 583.92 | | | Fusion in opposition, thumb, with autogenous graft (includes obtaining graft) |
| 26841 | | | 544.21 | | | Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; |
| 26842 | | | 586.83 | | | Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft) |
| 26843 | | | 546.80 | | | Arthrodesis, carpometacarpal joint, digit, other than thumb, each; |
| 26844 | | | 606.77 | | | Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft) |
| 26850 | | | 517.12 | | | Arthrodesis, metacarpophalangeal joint, with or without internal fixation; |
| 26852 | | | 591.16 | | | Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft) |
| 26860 | | | 423.23 | | | Arthrodesis, interphalangeal joint, with or without internal fixation; |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 26861 | | | 76.57 | | | Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure) |
| 26862 | | | 540.57 | | | Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft) |
| 26863 | | | 170.76 | | | Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure) |
| 26910 | | | 531.81 | | | Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer |
| 26951 | | | 479.72 | | | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure |
| 26952 | | | 484.14 | | | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood) |
| 26989 | | | I.C. | | | Unlisted procedure, hands or fingers |
| 26990 | | | 458.30 | | | Incision and drainage, pelvis or hip joint area; deep abscess or hematoma |
| 26991 | 525.76 | 384.47 | | | | Incision and drainage, pelvis or hip joint area; infected bursa |
| 26992 | | | 706.82 | | | Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess) |
| 27000 | | | 324.21 | | | Tenotomy, adductor of hip, percutaneous (separate procedure) |
| 27001 | | | 397.46 | | | Tenotomy, adductor of hip, open |
| 27003 | | | 435.22 | | | Tenotomy, adductor, subcutaneous, open, with obturator neurectomy |
| 27005 | | | 534.68 | | | Tenotomy, hip flexor(s), open (separate procedure) |
| 27006 | | | 542.43 | | | Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure) |
| 27025 | | | 666.72 | | | Fasciotomy, hip or thigh, any type |
| 27027 | | | 620.99 | | | Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral |
| 27030 | | | 688.92 | | | Arthrotomy, hip, with drainage (eg, infection) |
| 27033 | | | 717.42 | | | Arthrotomy, hip, including exploration or removal of loose or foreign body |
| 27035 | | | 837.36 | | | Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves |
| 27036 | | | 740.31 | | | Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas) |
| 27040 | 257.65 | 147.29 | | | | Biopsy, soft tissue of pelvis and hip area; superficial |
| 27041 | | | 496.76 | | | Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 27043 | | | 351.13 | | | Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater |
| 27045 | | | 556.23 | | | Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater |
| 27047 | 365.87 | 283.38 | | | | Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm |
| 27048 | | | 433.35 | | | Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm |
| 27049 | | | 953.53 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; less than 5 cm |
| 27050 | | | 278.83 | | | Arthrotomy, with biopsy; sacroiliac joint |
| 27052 | | | 418.91 | | | Arthrotomy, with biopsy; hip joint |
| 27054 | | | 502.82 | | | Arthrotomy with synovectomy, hip joint |
| 27057 | | | 697.47 | | | Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral |
| 27059 | | | 1,351.74 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; 5 cm or greater |
| 27060 | | | 331.25 | | | Excision; ischial bursa |
| 27062 | | | 334.85 | | | Excision; trochanteric bursa or calcification |
| 27065 | | | 371.48 | | | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed |
| 27066 | | | 596.67 | | | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed |
| 27067 | | | 761.63 | | | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision |
| 27070 | | | 627.02 | | | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial |
| 27071 | | | 671.44 | | | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular) |
| 27075 | | | 1,538.37 | | | Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis |
| 27076 | | | 1,745.57 | | | Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum |
| 27077 | | | 2,056.69 | | | Radical resection of tumor; innominate bone, total |
| 27078 | | | 1,393.72 | | | Radical resection of tumor; ischial tuberosity and greater trochanter of femur |
| 27080 | | | 370.32 | | | Coccygectomy, primary |
| 27086 | 187.10 | 109.07 | | | | Removal of foreign body, pelvis or hip; subcutaneous tissue |
| 27087 | | | 462.60 | | | Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|---|
| 27090 | | | 611.03 | | | Removal of hip prosthesis; (separate procedure) |
| 27091 | | | 1,174.65 | | | Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer |
| 27093 | 149.16 | 51.62 | | | | Injection procedure for hip arthrography; without anesthesia |
| 27095 | 182.89 | 59.99 | | | | Injection procedure for hip arthrography; with anesthesia |
| 27096 | 145.08 | 51.72 | | | | Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid |
| 27097 | | | 495.26 | | | Release or recession, hamstring, proximal |
| 27098 | | | 488.48 | | | Transfer, adductor to ischium |
| 27100 | | | 606.43 | | | Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft) |
| 27105 | | | 637.06 | | | Transfer paraspinal muscle to hip (includes fascial or tendon extension graft) |
| 27110 | | | 708.36 | | | Transfer iliopsoas; to greater trochanter of femur |
| 27111 | | | 644.29 | | | Transfer iliopsoas; to femoral neck |
| 27120 | | | 951.86 | | | Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type) |
| 27122 | | | 811.96 | | | Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure) |
| 27125 | | | 832.51 | | | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty) |
| 27130 | | | 1,061.44 | | | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft |
| 27132 | | | 1,237.82 | | | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft |
| 27134 | | | 1,419.66 | | | Revision of total hip arthroplasty; both components, with or without autograft or allograft |
| 27137 | | | 1,089.40 | | | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft |
| 27138 | | | 1,133.10 | | | Revision of total hip arthroplasty; femoral component only, with or without allograft |
| 27140 | | | 659.51 | | | Osteotomy and transfer of greater trochanter of femur (separate procedure) |
| 27146 | | | 938.86 | | | Osteotomy, iliac, acetabular or innominate bone; |
| 27147 | | | 1,081.40 | | | Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip |
| 27151 | | | 1,143.82 | | | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy |
| 27156 | | | 1,259.44 | | | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip |
| 27158 | | | 1,023.41 | | | Osteotomy, pelvis, bilateral (eg, congenital malformation) |
| 27161 | | | 895.74 | | | Osteotomy, femoral neck (separate procedure) |
| 27165 | | | 1,010.65 | | | Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast |
| 27170 | | | 867.59 | | | Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft) |
| 27175 | | | 489.56 | | | Treatment of slipped femoral epiphysis; by traction, without reduction |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|--|
| 27176 | | | 673.67 | | | Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ |
| 27177 | | | 819.39 | | | Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft) |
| 27178 | | | 671.17 | | | Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning |
| 27179 | | | 717.38 | | | Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure) |
| 27181 | | | 822.68 | | | Open treatment of slipped femoral epiphysis; osteotomy and internal fixation |
| 27185 | | | 446.27 | | | Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur |
| 27187 | | | 731.01 | | | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur |
| 27193 | 344.65 | 348.83 | | | | Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation |
| 27194 | | | 510.08 | | | Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia |
| 27200 | 130.15 | 134.33 | | | | Closed treatment of coccygeal fracture |
| 27202 | | | 447.83 | | | Open treatment of coccygeal fracture |
| 27215 | | | 471.90 | | | Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed |
| 27216 | | | 696.04 | | | Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum) |
| 27217 | | | 657.82 | | | Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami) |
| 27218 | | | 897.06 | | | Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum) |
| 27220 | 388.10 | 384.76 | | | | Closed treatment of acetabulum (hip socket) fracture(s); without manipulation |
| 27222 | | | 718.17 | | | Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction |
| 27226 | | | 770.58 | | | Open treatment of posterior or anterior acetabular wall fracture, with internal fixation |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|--|
| 27227 | | | 1,227.05 | | | Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation |
| 27228 | | | 1,399.19 | | | Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation |
| 27230 | 347.35 | 343.73 | | | | Closed treatment of femoral fracture, proximal end, neck; without manipulation |
| 27232 | | | 561.14 | | | Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction |
| 27235 | | | 670.87 | | | Percutaneous skeletal fixation of femoral fracture, proximal end, neck |
| 27236 | | | 879.30 | | | Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement |
| 27238 | | | 335.68 | | | Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation |
| 27240 | | | 702.09 | | | Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction |
| 27244 | | | 904.42 | | | Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage |
| 27245 | | | 915.29 | | | Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage |
| 27246 | 282.12 | 282.96 | | | | Closed treatment of greater trochanteric fracture, without manipulation |
| 27248 | | | 550.18 | | | Open treatment of greater trochanteric fracture, includes internal fixation, when performed |
| 27250 | | | 147.52 | | | Closed treatment of hip dislocation, traumatic; without anesthesia |
| 27252 | | | 554.10 | | | Closed treatment of hip dislocation, traumatic; requiring anesthesia |
| 27253 | | | 694.20 | | | Open treatment of hip dislocation, traumatic, without internal fixation |
| 27254 | | | 932.19 | | | Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation |
| 27256 | 212.81 | 169.05 | | | | Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation |
| 27257 | | | 242.86 | | | Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 27258 | | | 816.27 | | | Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); |
| 27259 | | | 1,141.78 | | | Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening |
| 27265 | | | 287.31 | | | Closed treatment of post hip arthroplasty dislocation; without anesthesia |
| 27266 | | | 427.16 | | | Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia |
| 27267 | | | 313.28 | | | Closed treatment of femoral fracture, proximal end, head; without manipulation |
| 27268 | | | 386.39 | | | Closed treatment of femoral fracture, proximal end, head; with manipulation |
| 27269 | | | 897.54 | | | Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed |
| 27275 | | | 131.38 | | | Manipulation, hip joint, requiring general anesthesia |
| 27280 | | | 756.80 | | | Arthrodesis, sacroiliac joint (including obtaining graft) |
| 27282 | | | 611.10 | | | Arthrodesis, symphysis pubis (including obtaining graft) |
| 27284 | | | 1,160.90 | | | Arthrodesis, hip joint (including obtaining graft); |
| 27286 | | | 1,220.78 | | | Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy |
| 27290 | | | 1,176.52 | | | Interpelviabdominal amputation (hindquarter amputation) |
| 27295 | | | 930.28 | | | Disarticulation of hip |
| 27299 | | | I.C. | | | Unlisted procedure, pelvis or hip joint |
| 27301 | 496.87 | 366.45 | | | | Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region |
| 27303 | | | 470.11 | | | Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess) |
| 27305 | | | 348.59 | | | Fasciotomy, iliotibial (tenotomy), open |
| 27306 | | | 276.88 | | | Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure) |
| 27307 | | | 348.38 | | | Tenotomy, percutaneous, adductor or hamstring; multiple tendons |
| 27310 | | | 536.70 | | | Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection) |
| 27323 | 205.01 | 133.39 | | | | Biopsy, soft tissue of thigh or knee area; superficial |
| 27324 | | | 286.36 | | | Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular) |
| 27325 | | | 399.84 | | | Neurectomy, hamstring muscle |
| 27326 | | | 368.80 | | | Neurectomy, popliteal (gastrocnemius) |
| 27327 | 331.39 | 234.69 | | | | Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm |
| 27328 | | | 428.33 | | | Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm |
| 27329 | | | 761.57 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; less than 5 cm |
| 27330 | | | 299.58 | | | Arthrotomy, knee; with synovial biopsy only |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 27331 | | | 349.55 | | | Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies |
| 27332 | | | 471.11 | | | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral |
| 27333 | | | 429.86 | | | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral |
| 27334 | | | 501.77 | | | Arthrotomy, with synovectomy, knee; anterior OR posterior |
| 27335 | | | 562.08 | | | Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area |
| 27337 | | | 315.40 | | | Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater |
| 27339 | | | 564.59 | | | Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater |
| 27340 | | | 272.57 | | | Excision, prepatellar bursa |
| 27345 | | | 354.13 | | | Excision of synovial cyst of popliteal space (eg, Baker's cyst) |
| 27347 | | | 385.78 | | | Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee |
| 27350 | | | 479.48 | | | Patellectomy or hemipatellectomy |
| 27355 | | | 443.63 | | | Excision or curettage of bone cyst or benign tumor of femur; |
| 27356 | | | 541.57 | | | Excision or curettage of bone cyst or benign tumor of femur; with allograft |
| 27357 | | | 598.76 | | | Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft) |
| 27358 | | | 207.15 | | | Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure) |
| 27360 | | | 626.92 | | | Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess) |
| 27364 | | | 1,165.02 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; 5 cm or greater |
| 27365 | | | 1,419.17 | | | Radical resection of tumor, femur or knee |
| 27370 | 132.47 | 38.56 | | | | Injection procedure for knee arthrography |
| 27372 | 453.41 | 298.74 | | | | Removal of foreign body, deep, thigh region or knee area |
| 27380 | | | 437.47 | | | Suture of infrapatellar tendon; primary |
| 27381 | | | 588.71 | | | Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft |
| 27385 | | | 466.82 | | | Suture of quadriceps or hamstring muscle rupture; primary |
| 27386 | | | 612.62 | | | Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft |
| 27390 | | | 327.94 | | | Tenotomy, open, hamstring, knee to hip; single tendon |
| 27391 | | | 423.02 | | | Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg |
| 27392 | | | 520.04 | | | Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral |
| 27393 | | | 372.36 | | | Lengthening of hamstring tendon; single tendon |
| 27394 | | | 477.79 | | | Lengthening of hamstring tendon; multiple tendons, 1 leg |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 27395 | | | 646.63 | | | Lengthening of hamstring tendon; multiple tendons, bilateral |
| 27396 | | | 453.11 | | | Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon |
| 27397 | | | 671.47 | | | Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons |
| 27400 | | | 509.34 | | | Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure) |
| 27403 | | | 471.45 | | | Arthrotomy with meniscus repair, knee |
| 27405 | | | 498.37 | | | Repair, primary, torn ligament and/or capsule, knee; collateral |
| 27407 | | | 574.54 | | | Repair, primary, torn ligament and/or capsule, knee; cruciate |
| 27409 | | | 710.07 | | | Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments |
| 27412 | | | 1,213.07 | | | Autologous chondrocyte implantation, knee |
| 27415 | | | 1,008.10 | | | Osteochondral allograft, knee, open |
| 27416 | | | 714.92 | | | Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s]) |
| 27418 | | | 612.76 | | | Anterior tibial tubercleplasty (eg, Maquet type procedure) |
| 27420 | | | 549.31 | | | Reconstruction of dislocating patella; (eg, Hauser type procedure) |
| 27422 | | | 547.08 | | | Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure) |
| 27424 | | | 547.71 | | | Reconstruction of dislocating patella; with patellectomy |
| 27425 | | | 329.02 | | | Lateral retinacular release, open |
| 27427 | | | 528.09 | | | Ligamentous reconstruction (augmentation), knee; extra-articular |
| 27428 | | | 818.11 | | | Ligamentous reconstruction (augmentation), knee; intra-articular (open) |
| 27429 | | | 914.67 | | | Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular |
| 27430 | | | 544.47 | | | Quadricepsplasty (eg, Bennett or Thompson type) |
| 27435 | | | 591.90 | | | Capsulotomy, posterior capsular release, knee |
| 27437 | | | 486.38 | | | Arthroplasty, patella; without prosthesis |
| 27438 | | | 618.01 | | | Arthroplasty, patella; with prosthesis |
| 27440 | | | 575.52 | | | Arthroplasty, knee, tibial plateau; |
| 27441 | | | 593.75 | | | Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy |
| 27442 | | | 638.82 | | | Arthroplasty, femoral condyles or tibial plateau(s), knee; |
| 27443 | | | 600.73 | | | Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy |
| 27445 | | | 924.02 | | | Arthroplasty, knee, hinge prosthesis (eg, Walldius type) |
| 27446 | | | 816.66 | | | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment |
| 27447 | | | 1,134.85 | | | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 27448 | | | 602.44 | | | Osteotomy, femur, shaft or supracondylar; without fixation |
| 27450 | | | 747.91 | | | Osteotomy, femur, shaft or supracondylar; with fixation |
| 27454 | | | 950.39 | | | Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure) |
| 27455 | | | 693.70 | | | Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure |
| 27457 | | | 710.38 | | | Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure |
| 27465 | | | 914.03 | | | Osteoplasty, femur; shortening (excluding 64876) |
| 27466 | | | 868.16 | | | Osteoplasty, femur; lengthening |
| 27468 | | | 985.08 | | | Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer |
| 27470 | | | 869.23 | | | Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique) |
| 27472 | | | 933.84 | | | Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft) |
| 27475 | | | 449.04 | | | Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur |
| 27477 | | | 538.97 | | | Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal |
| 27479 | | | 647.67 | | | Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula |
| 27485 | | | 493.91 | | | Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus) |
| 27486 | | | 1,038.45 | | | Revision of total knee arthroplasty, with or without allograft; 1 component |
| 27487 | | | 1,300.23 | | | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component |
| 27488 | | | 884.91 | | | Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee |
| 27495 | | | 832.32 | | | Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur |
| 27496 | | | 387.17 | | | Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); |
| 27497 | | | 414.67 | | | Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve |
| 27498 | | | 459.41 | | | Decompression fasciotomy, thigh and/or knee, multiple compartments; |
| 27499 | | | 499.31 | | | Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|--|
| 27500 | 379.37 | 350.11 | | | | Closed treatment of femoral shaft fracture, without manipulation |
| 27501 | 370.27 | 365.81 | | | | Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation |
| 27502 | | | 573.88 | | | Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction |
| 27503 | | | 590.84 | | | Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction |
| 27506 | | | 985.14 | | | Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws |
| 27507 | | | 719.50 | | | Open treatment of femoral shaft fracture with plate/screws, with or without cerclage |
| 27508 | 384.66 | 360.97 | | | | Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation |
| 27509 | | | 477.02 | | | Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation |
| 27510 | | | 509.20 | | | Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation |
| 27511 | | | 743.38 | | | Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed |
| 27513 | | | 927.06 | | | Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed |
| 27514 | | | 730.67 | | | Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed |
| 27516 | 369.43 | 346.30 | | | | Closed treatment of distal femoral epiphyseal separation; without manipulation |
| 27517 | | | 503.52 | | | Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction |
| 27519 | | | 669.21 | | | Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed |
| 27520 | 235.84 | 213.26 | | | | Closed treatment of patellar fracture, without manipulation |
| 27524 | | | 554.76 | | | Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair |
| 27530 | 291.81 | 270.63 | | | | Closed treatment of tibial fracture, proximal (plateau); without manipulation |
| 27532 | 452.90 | 425.03 | | | | Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 27535 | | | 667.88 | | | Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed |
| 27536 | | | 877.41 | | | Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation |
| 27538 | 346.65 | 323.52 | | | | Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation |
| 27540 | | | 603.36 | | | Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed |
| 27550 | 362.99 | 335.68 | | | | Closed treatment of knee dislocation; without anesthesia |
| 27552 | | | 459.97 | | | Closed treatment of knee dislocation; requiring anesthesia |
| 27556 | | | 658.24 | | | Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction |
| 27557 | | | 786.09 | | | Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair |
| 27558 | | | 890.09 | | | Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction |
| 27560 | 276.47 | 252.79 | | | | Closed treatment of patellar dislocation; without anesthesia |
| 27562 | | | 348.59 | | | Closed treatment of patellar dislocation; requiring anesthesia |
| 27566 | | | 656.33 | | | Open treatment of patellar dislocation, with or without partial or total patellectomy |
| 27570 | | | 110.38 | | | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices) |
| 27580 | | | 1,062.49 | | | Arthrodesis, knee, any technique |
| 27590 | | | 605.86 | | | Amputation, thigh, through femur, any level; |
| 27591 | | | 667.50 | | | Amputation, thigh, through femur, any level; immediate fitting technique including first cast |
| 27592 | | | 517.57 | | | Amputation, thigh, through femur, any level; open, circular (guillotine) |
| 27594 | | | 378.79 | | | Amputation, thigh, through femur, any level; secondary closure or scar revision |
| 27596 | | | 541.79 | | | Amputation, thigh, through femur, any level; re-amputation |
| 27598 | | | 551.07 | | | Disarticulation at knee |
| 27599 | | | I.C. | | | Unlisted procedure, femur or knee |
| 27600 | | | 310.77 | | | Decompression fasciotomy, leg; anterior and/or lateral compartments only |
| 27601 | | | 330.49 | | | Decompression fasciotomy, leg; posterior compartment(s) only |
| 27602 | | | 378.41 | | | Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s) |
| 27603 | 400.85 | 290.50 | | | | Incision and drainage, leg or ankle; deep abscess or hematoma |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 27604 | 351.57 | 250.68 | | | | Incision and drainage, leg or ankle; infected bursa |
| 27605 | 265.93 | 139.97 | | | | Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia |
| 27606 | | | 214.29 | | | Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia |
| 27607 | | | 453.07 | | | Incision (eg, osteomyelitis or bone abscess), leg or ankle |
| 27610 | | | 483.06 | | | Arthrotomy, ankle, including exploration, drainage, or removal of foreign body |
| 27612 | | | 415.81 | | | Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening |
| 27613 | 191.86 | 123.58 | | | | Biopsy, soft tissue of leg or ankle area; superficial |
| 27614 | 427.57 | 302.16 | | | | Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular) |
| 27615 | | | 744.67 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; less than 5 cm |
| 27616 | | | 954.46 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; 5 cm or greater |
| 27618 | 333.44 | 236.74 | | | | Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm |
| 27619 | | | 370.73 | | | Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm |
| 27620 | | | 340.54 | | | Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body |
| 27625 | | | 428.30 | | | Arthrotomy, with synovectomy, ankle; |
| 27626 | | | 466.37 | | | Arthrotomy, with synovectomy, ankle; including tenosynovectomy |
| 27630 | 413.82 | 273.09 | | | | Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle |
| 27632 | | | 312.53 | | | Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater |
| 27634 | | | 505.12 | | | Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater |
| 27635 | | | 438.97 | | | Excision or curettage of bone cyst or benign tumor, tibia or fibula; |
| 27637 | | | 560.46 | | | Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft) |
| 27638 | | | 572.45 | | | Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft |
| 27640 | | | 629.09 | | | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia |
| 27641 | | | 501.55 | | | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula |
| 27645 | | | 1,223.04 | | | Radical resection of tumor; tibia |
| 27646 | | | 1,056.97 | | | Radical resection of tumor; fibula |
| 27647 | | | 792.55 | | | Radical resection of tumor; talus or calcaneus |
| 27648 | 126.90 | 38.28 | | | | Injection procedure for ankle arthrography |
| 27650 | | | 496.15 | | | Repair, primary, open or percutaneous, ruptured Achilles tendon; |
| 27652 | | | 525.81 | | | Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 27654 | | | 527.56 | | | Repair, secondary, Achilles tendon, with or without graft |
| 27656 | 445.22 | 278.29 | | | | Repair, fascial defect of leg |
| 27658 | | | 281.35 | | | Repair, flexor tendon, leg; primary, without graft, each tendon |
| 27659 | | | 363.83 | | | Repair, flexor tendon, leg; secondary, with or without graft, each tendon |
| 27664 | | | 271.91 | | | Repair, extensor tendon, leg; primary, without graft, each tendon |
| 27665 | | | 306.64 | | | Repair, extensor tendon, leg; secondary, with or without graft, each tendon |
| 27675 | | | 366.26 | | | Repair, dislocating peroneal tendons; without fibular osteotomy |
| 27676 | | | 460.18 | | | Repair, dislocating peroneal tendons; with fibular osteotomy |
| 27680 | | | 321.29 | | | Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon |
| 27681 | | | 394.54 | | | Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s)) |
| 27685 | 485.63 | 347.69 | | | | Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure) |
| 27686 | | | 412.98 | | | Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each |
| 27687 | | | 340.16 | | | Gastrocnemius recession (eg, Strayer procedure) |
| 27690 | | | 471.61 | | | Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot) |
| 27691 | | | 556.84 | | | Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) |
| 27692 | | | 79.71 | | | Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure) |
| 27695 | | | 360.27 | | | Repair, primary, disrupted ligament, ankle; collateral |
| 27696 | | | 420.92 | | | Repair, primary, disrupted ligament, ankle; both collateral ligaments |
| 27698 | | | 478.81 | | | Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure) |
| 27700 | | | 441.96 | | | Arthroplasty, ankle; |
| 27702 | | | 726.15 | | | Arthroplasty, ankle; with implant (total ankle) |
| 27703 | | | 839.32 | | | Arthroplasty, ankle; revision, total ankle |
| 27704 | | | 424.09 | | | Removal of ankle implant |
| 27705 | | | 564.02 | | | Osteotomy; tibia |
| 27707 | | | 299.58 | | | Osteotomy; fibula |
| 27709 | | | 855.54 | | | Osteotomy; tibia and fibula |
| 27712 | | | 812.95 | | | Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure) |
| 27715 | | | 781.71 | | | Osteoplasty, tibia and fibula, lengthening or shortening |
| 27720 | | | 647.68 | | | Repair of nonunion or malunion, tibia; without graft, (eg, compression technique) |
| 27722 | | | 651.99 | | | Repair of nonunion or malunion, tibia; with sliding graft |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 27724 | | | 938.82 | | | Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft) |
| 27725 | | | 895.36 | | | Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method |
| 27726 | | | 701.81 | | | Repair of fibula nonunion and/or malunion with internal fixation |
| 27727 | | | 738.61 | | | Repair of congenital pseudarthrosis, tibia |
| 27730 | | | 430.24 | | | Arrest, epiphyseal (epiphysiodesis), open; distal tibia |
| 27732 | | | 315.20 | | | Arrest, epiphyseal (epiphysiodesis), open; distal fibula |
| 27734 | | | 441.70 | | | Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula |
| 27740 | | | 464.93 | | | Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; |
| 27742 | | | 520.73 | | | Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur |
| 27745 | | | 556.17 | | | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia |
| 27750 | 252.83 | 230.82 | | | | Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation |
| 27752 | 396.01 | 365.36 | | | | Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction |
| 27756 | | | 422.80 | | | Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws) |
| 27758 | | | 656.31 | | | Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage |
| 27759 | | | 737.63 | | | Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage |
| 27760 | 244.69 | 221.56 | | | | Closed treatment of medial malleolus fracture; without manipulation |
| 27762 | 354.55 | 323.90 | | | | Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction |
| 27766 | | | 451.65 | | | Open treatment of medial malleolus fracture, includes internal fixation, when performed |
| 27767 | 202.75 | 203.87 | | | | Closed treatment of posterior malleolus fracture; without manipulation |
| 27768 | | | 313.31 | | | Closed treatment of posterior malleolus fracture; with manipulation |
| 27769 | | | 527.55 | | | Open treatment of posterior malleolus fracture, includes internal fixation, when performed |
| 27780 | 221.84 | 200.38 | | | | Closed treatment of proximal fibula or shaft fracture; without manipulation |
| 27781 | 311.43 | 288.30 | | | | Closed treatment of proximal fibula or shaft fracture; with manipulation |
| 27784 | | | 523.89 | | | Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed |
| 27786 | 231.64 | 207.95 | | | | Closed treatment of distal fibular fracture (lateral malleolus); without manipulation |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 27788 | 311.25 | 284.22 | | | | Closed treatment of distal fibular fracture (lateral malleolus); with manipulation |
| 27792 | | | 524.39 | | | Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed |
| 27808 | 244.52 | 218.32 | | | | Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation |
| 27810 | 347.02 | 315.81 | | | | Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation |
| 27814 | | | 571.86 | | | Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed |
| 27816 | 231.46 | 206.66 | | | | Closed treatment of trimalleolar ankle fracture; without manipulation |
| 27818 | 354.77 | 319.37 | | | | Closed treatment of trimalleolar ankle fracture; with manipulation |
| 27822 | | | 627.94 | | | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip |
| 27823 | | | 711.90 | | | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip |
| 27824 | 228.81 | 220.73 | | | | Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation |
| 27825 | 402.74 | 365.40 | | | | Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation |
| 27826 | | | 617.10 | | | 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 | | | 804.94 | | | 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 | | | 960.17 | | | 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 | | | 501.82 | | | Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed |
| 27830 | 272.40 | 253.17 | | | | Closed treatment of proximal tibiofibular joint dislocation; without anesthesia |
| 27831 | | | 287.97 | | | Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 27832 | | | 544.16 | | | Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula |
| 27840 | | | 261.26 | | | Closed treatment of ankle dislocation; without anesthesia |
| 27842 | | | 362.16 | | | Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation |
| 27846 | | | 543.02 | | | Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation |
| 27848 | | | 609.77 | | | Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation |
| 27860 | | | 129.73 | | | Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus) |
| 27870 | | | 770.45 | | | Arthrodesis, ankle, open |
| 27871 | | | 512.38 | | | Arthrodesis, tibiofibular joint, proximal or distal |
| 27880 | | | 685.18 | | | Amputation, leg, through tibia and fibula; |
| 27881 | | | 655.76 | | | Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast |
| 27882 | | | 461.56 | | | Amputation, leg, through tibia and fibula; open, circular (guillotine) |
| 27884 | | | 435.16 | | | Amputation, leg, through tibia and fibula; secondary closure or scar revision |
| 27886 | | | 495.65 | | | Amputation, leg, through tibia and fibula; re-amputation |
| 27888 | | | 512.78 | | | Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves |
| 27889 | | | 503.14 | | | Ankle disarticulation |
| 27892 | | | 407.43 | | | Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve |
| 27893 | | | 433.40 | | | Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve |
| 27894 | | | 633.98 | | | Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve |
| 27899 | | | I.C. | | | Unlisted procedure, leg or ankle |
| 28001 | 203.38 | 127.58 | | | | Incision and drainage, bursa, foot |
| 28002 | 380.30 | 281.37 | | | | Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space |
| 28003 | 500.64 | 400.04 | | | | Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas |
| 28005 | | | 443.34 | | | Incision, bone cortex (eg, osteomyelitis or bone abscess), foot |
| 28008 | 320.48 | 220.71 | | | | Fasciotomy, foot and/or toe |
| 28010 | 173.60 | 158.00 | | | | Tenotomy, percutaneous, toe; single tendon |
| 28011 | 245.62 | 221.93 | | | | Tenotomy, percutaneous, toe; multiple tendons |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 28020 | 392.07 | 267.50 | | | | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint |
| 28022 | 355.43 | 242.01 | | | | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint |
| 28024 | 336.25 | 227.84 | | | | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint |
| 28035 | 388.35 | 266.56 | | | | Release, tarsal tunnel (posterior tibial nerve decompression) |
| 28039 | 373.63 | 253.80 | | | | Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater |
| 28041 | | | 333.00 | | | Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater |
| 28043 | 283.95 | 200.07 | | | | Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm |
| 28045 | 376.96 | 262.14 | | | | Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm |
| 28046 | | | 550.88 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; less than 3 cm |
| 28047 | | | 684.53 | | | Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; 3 cm or greater |
| 28050 | 327.81 | 219.68 | | | | Arthrotomy with biopsy; intertarsal or tarsometatarsal joint |
| 28052 | 318.32 | 209.08 | | | | Arthrotomy with biopsy; metatarsophalangeal joint |
| 28054 | 287.90 | 183.67 | | | | Arthrotomy with biopsy; interphalangeal joint |
| 28055 | | | 283.60 | | | Neurectomy, intrinsic musculature of foot |
| 28060 | 380.67 | 266.14 | | | | Fasciectomy, plantar fascia; partial (separate procedure) |
| 28062 | 437.26 | 305.73 | | | | Fasciectomy, plantar fascia; radical (separate procedure) |
| 28070 | 387.76 | 264.03 | | | | Synovectomy; intertarsal or tarsometatarsal joint, each |
| 28072 | 381.39 | 255.98 | | | | Synovectomy; metatarsophalangeal joint, each |
| 28080 | 380.98 | 269.79 | | | | Excision, interdigital (Morton) neuroma, single, each |
| 28086 | 404.71 | 269.27 | | | | Synovectomy, tendon sheath, foot; flexor |
| 28088 | 357.16 | 228.13 | | | | Synovectomy, tendon sheath, foot; extensor |
| 28090 | 346.72 | 230.79 | | | | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot |
| 28092 | 316.94 | 204.63 | | | | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each |
| 28100 | 442.81 | 302.63 | | | | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; |
| 28102 | | | 419.85 | | | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft) |
| 28103 | | | 307.29 | | | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft |
| 28104 | 378.68 | 258.85 | | | | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 28106 | | | 329.05 | | | 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 | 399.26 | 270.79 | | | | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft |
| 28108 | 322.38 | 215.09 | | | | Excision or curettage of bone cyst or benign tumor, phalanges of foot |
| 28110 | 341.34 | 216.21 | | | | Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure) |
| 28111 | 380.47 | 250.88 | | | | Ostectomy, complete excision; first metatarsal head |
| 28112 | 366.12 | 236.81 | | | | Ostectomy, complete excision; other metatarsal head (second, third or fourth) |
| 28113 | 440.49 | 319.27 | | | | Ostectomy, complete excision; fifth metatarsal head |
| 28114 | 790.63 | 620.08 | | | | Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure) |
| 28116 | 554.05 | 423.07 | | | | Ostectomy, excision of tarsal coalition |
| 28118 | 435.67 | 307.48 | | | | Ostectomy, calcaneus; |
| 28119 | 386.31 | 268.99 | | | | Ostectomy, calcaneus; for spur, with or without plantar fascial release |
| 28120 | 522.01 | 387.69 | | | | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus |
| 28122 | 486.61 | 370.96 | | | | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus |
| 28124 | 353.44 | 248.38 | | | | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe |
| 28126 | 292.00 | 187.50 | | | | Resection, partial or complete, phalangeal base, each toe |
| 28130 | | | 512.71 | | | Talectomy (astragalectomy) |
| 28140 | 455.93 | 335.27 | | | | Metatarsectomy |
| 28150 | 322.82 | 214.41 | | | | Phalangectomy, toe, each toe |
| 28153 | 305.63 | 198.34 | | | | Resection, condyle(s), distal end of phalanx, each toe |
| 28160 | 312.49 | 204.64 | | | | Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each |
| 28171 | | | 616.91 | | | Radical resection of tumor; tarsal (except talus or calcaneus) |
| 28173 | | | 557.20 | | | Radical resection of tumor; metatarsal |
| 28175 | | | 354.85 | | | Radical resection of tumor; phalanx of toe |
| 28190 | 189.47 | 100.02 | | | | Removal of foreign body, foot; subcutaneous |
| 28192 | 351.08 | 237.38 | | | | Removal of foreign body, foot; deep |
| 28193 | 396.49 | 278.61 | | | | Removal of foreign body, foot; complicated |
| 28200 | 352.72 | 236.23 | | | | Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon |
| 28202 | 443.30 | 318.18 | | | | Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft) |
| 28208 | 344.54 | 230.57 | | | | Repair, tendon, extensor, foot; primary or secondary, each tendon |
| 28210 | 424.97 | 305.14 | | | | Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 28220 | 332.45 | 227.11 | | | | Tenolysis, flexor, foot; single tendon |
| 28222 | 378.90 | 266.31 | | | | Tenolysis, flexor, foot; multiple tendons |
| 28225 | 294.74 | 190.79 | | | | Tenolysis, extensor, foot; single tendon |
| 28226 | 351.13 | 235.75 | | | | Tenolysis, extensor, foot; multiple tendons |
| 28230 | 320.11 | 214.22 | | | | Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure) |
| 28232 | 290.53 | 186.86 | | | | Tenotomy, open, tendon flexor; toe, single tendon (separate procedure) |
| 28234 | 305.37 | 200.87 | | | | Tenotomy, open, extensor, foot or toe, each tendon |
| 28238 | 499.57 | 366.09 | | | | Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure) |
| 28240 | 327.85 | 220.28 | | | | Tenotomy, lengthening, or release, abductor hallucis muscle |
| 28250 | 421.90 | 299.84 | | | | Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure) |
| 28260 | 509.68 | 385.11 | | | | Capsulotomy, midfoot; medial release only (separate procedure) |
| 28261 | 709.51 | 570.17 | | | | Capsulotomy, midfoot; with tendon lengthening |
| 28262 | 1,019.12 | 832.41 | | | | Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity) |
| 28264 | 679.62 | 527.18 | | | | Capsulotomy, midtarsal (eg, Heyman type procedure) |
| 28270 | 362.42 | 250.95 | | | | Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure) |
| 28272 | 292.10 | 191.49 | | | | Capsulotomy; interphalangeal joint, each joint (separate procedure) |
| 28280 | 388.17 | 267.22 | | | | Syndactylization, toes (eg, webbing or Kelikian type procedure) |
| 28285 | 348.74 | 240.62 | | | | Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy) |
| 28286 | 337.82 | 226.91 | | | | Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure) |
| 28288 | 447.97 | 324.24 | | | | Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head |
| 28289 | 544.82 | 410.50 | | | | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint |
| 28290 | 432.87 | 297.16 | | | | Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure) |
| 28292 | 583.28 | 447.56 | | | | Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure |
| 28293 | 774.85 | 529.06 | | | | Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant |
| 28294 | 541.17 | 390.41 | | | | Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure) |
| 28296 | 533.08 | 391.52 | | | | Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 28297 | 609.36 | 441.87 | | | | Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure |
| 28298 | 531.46 | 377.35 | | | | Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy |
| 28299 | 663.22 | 504.37 | | | | Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy |
| 28300 | | | 491.64 | | | Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation |
| 28302 | | | 513.22 | | | Osteotomy; talus |
| 28304 | 591.31 | 440.83 | | | | Osteotomy, tarsal bones, other than calcaneus or talus; |
| 28305 | | | 490.23 | | | Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type) |
| 28306 | 455.74 | 303.31 | | | | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal |
| 28307 | 526.89 | 346.03 | | | | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe) |
| 28308 | 413.44 | 278.84 | | | | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each |
| 28309 | | | 659.24 | | | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure) |
| 28310 | 400.12 | 264.96 | | | | Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure) |
| 28312 | 372.50 | 238.17 | | | | Osteotomy, shortening, angular or rotational correction; other phalanges, any toe |
| 28313 | 391.05 | 274.28 | | | | Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes) |
| 28315 | 351.95 | 241.59 | | | | Sesamoidectomy, first toe (separate procedure) |
| 28320 | | | 457.12 | | | Repair, nonunion or malunion; tarsal bones |
| 28322 | 579.38 | 429.45 | | | | Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft) |
| 28340 | 438.65 | 314.64 | | | | Reconstruction, toe, macrodactyly; soft tissue resection |
| 28341 | 504.43 | 372.06 | | | | Reconstruction, toe, macrodactyly; requiring bone resection |
| 28344 | 337.99 | 222.62 | | | | Reconstruction, toe(s); polydactyly |
| 28345 | 403.52 | 285.08 | | | | Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web |
| 28360 | | | 768.68 | | | Reconstruction, cleft foot |
| 28400 | 183.72 | 167.56 | | | | Closed treatment of calcaneal fracture; without manipulation |
| 28405 | 288.98 | 264.45 | | | | Closed treatment of calcaneal fracture; with manipulation |
| 28406 | | | 390.59 | | | Percutaneous skeletal fixation of calcaneal fracture, with manipulation |
| 28415 | | | 833.92 | | | Open treatment of calcaneal fracture, includes internal fixation, when performed; |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 28420 | | | 908.98 | | | Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft) |
| 28430 | 172.81 | 152.47 | | | | Closed treatment of talus fracture; without manipulation |
| 28435 | 252.86 | 228.33 | | | | Closed treatment of talus fracture; with manipulation |
| 28436 | | | 327.38 | | | Percutaneous skeletal fixation of talus fracture, with manipulation |
| 28445 | | | 784.68 | | | Open treatment of talus fracture, includes internal fixation, when performed |
| 28446 | | | 890.91 | | | Open osteochondral autograft, talus (includes obtaining graft[s]) |
| 28450 | 159.20 | 141.09 | | | | Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each |
| 28455 | 217.01 | 197.50 | | | | Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each |
| 28456 | | | 227.86 | | | Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each |
| 28465 | | | 452.53 | | | Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each |
| 28470 | 156.97 | 140.53 | | | | Closed treatment of metatarsal fracture; without manipulation, each |
| 28475 | 191.10 | 171.59 | | | | Closed treatment of metatarsal fracture; with manipulation, each |
| 28476 | | | 258.60 | | | Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each |
| 28485 | | | 395.01 | | | Open treatment of metatarsal fracture, includes internal fixation, when performed, each |
| 28490 | 105.42 | 90.92 | | | | Closed treatment of fracture great toe, phalanx or phalanges; without manipulation |
| 28495 | 130.77 | 111.82 | | | | Closed treatment of fracture great toe, phalanx or phalanges; with manipulation |
| 28496 | 329.31 | 173.25 | | | | Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation |
| 28505 | 496.92 | 366.77 | | | | Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed |
| 28510 | 89.72 | 87.49 | | | | Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each |
| 28515 | 117.74 | 105.47 | | | | Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each |
| 28525 | 424.81 | 294.39 | | | | Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each |
| 28530 | 85.48 | 76.84 | | | | Closed treatment of sesamoid fracture |
| 28531 | 275.46 | 143.37 | | | | Open treatment of sesamoid fracture, with or without internal fixation |
| 28540 | 149.89 | 136.52 | | | | Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia |
| 28545 | 203.18 | 182.28 | | | | Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 28546 | 399.58 | 241.02 | | | | Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation |
| 28555 | 649.11 | 491.38 | | | | Open treatment of tarsal bone dislocation, includes internal fixation, when performed |
| 28570 | 123.98 | 107.81 | | | | Closed treatment of talotarsal joint dislocation; without anesthesia |
| 28575 | 259.82 | 237.25 | | | | Closed treatment of talotarsal joint dislocation; requiring anesthesia |
| 28576 | | | 279.34 | | | Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation |
| 28585 | 680.67 | 537.15 | | | | Open treatment of talotarsal joint dislocation, includes internal fixation, when performed |
| 28600 | 161.56 | 140.66 | | | | Closed treatment of tarsometatarsal joint dislocation; without anesthesia |
| 28605 | 208.80 | 190.96 | | | | Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia |
| 28606 | | | 289.82 | | | Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation |
| 28615 | | | 584.41 | | | Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed |
| 28630 | 111.84 | 80.07 | | | | Closed treatment of metatarsophalangeal joint dislocation; without anesthesia |
| 28635 | 132.06 | 100.57 | | | | Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia |
| 28636 | 204.42 | 137.82 | | | | Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation |
| 28645 | 472.50 | 351.83 | | | | Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed |
| 28660 | 82.07 | 63.67 | | | | Closed treatment of interphalangeal joint dislocation; without anesthesia |
| 28665 | 114.56 | 99.23 | | | | Closed treatment of interphalangeal joint dislocation; requiring anesthesia |
| 28666 | | | 151.21 | | | Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation |
| 28675 | 434.47 | 302.66 | | | | Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed |
| 28705 | | | 957.51 | | | Arthrodesis; pantalar |
| 28715 | | | 719.28 | | | Arthrodesis; triple |
| 28725 | | | 586.33 | | | Arthrodesis; subtalar |
| 28730 | | | 624.65 | | | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; |
| 28735 | | | 588.48 | | | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction) |
| 28737 | | | 506.43 | | | Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure) |
| 28740 | 637.44 | 468.29 | | | | Arthrodesis, midtarsal or tarsometatarsal, single joint |
| 28750 | 621.59 | 448.53 | | | | Arthrodesis, great toe; metatarsophalangeal joint |
| 28755 | 375.80 | 246.77 | | | | Arthrodesis, great toe; interphalangeal joint |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 28760 | 587.11 | 432.73 | | | | Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure) |
| 28800 | | | 417.35 | | | Amputation, foot; midtarsal (eg, Chopart type procedure) |
| 28805 | | | 557.15 | | | Amputation, foot; transmetatarsal |
| 28810 | | | 328.62 | | | Amputation, metatarsal, with toe, single |
| 28820 | 397.07 | 259.41 | | | | Amputation, toe; metatarsophalangeal joint |
| 28825 | 435.83 | 302.90 | | | | Amputation, toe; interphalangeal joint |
| 28890 | 258.33 | 169.15 | | | | Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia |
| 28899 | | | I.C. | | | Unlisted procedure, foot or toes |
| 29000 | 223.34 | 126.36 | | | | Application of halo type body cast (see 20661-20663 for insertion) |
| 29010 | 214.26 | 121.18 | | | | Application of Risser jacket, localizer, body; only |
| 29015 | 177.13 | 117.21 | | | | Application of Risser jacket, localizer, body; including head |
| 29020 | 161.53 | 96.60 | | | | Application of turnbuckle jacket, body; only |
| 29025 | 186.82 | 124.11 | | | | Application of turnbuckle jacket, body; including head |
| 29035 | 187.37 | 105.71 | | | | Application of body cast, shoulder to hips; |
| 29040 | 176.61 | 114.19 | | | | Application of body cast, shoulder to hips; including head, Minerva type |
| 29044 | 205.77 | 122.73 | | | | Application of body cast, shoulder to hips; including 1 thigh |
| 29046 | 201.27 | 129.65 | | | | Application of body cast, shoulder to hips; including both thighs |
| 29049 | 68.91 | 48.57 | | | | Application, cast; figure-of-eight |
| 29055 | 160.48 | 101.13 | | | | Application, cast; shoulder spica |
| 29058 | 74.43 | 58.27 | | | | Application, cast; plaster Velpeau |
| 29065 | 70.28 | 50.22 | | | | Application, cast; shoulder to hand (long arm) |
| 29075 | 65.82 | 45.76 | | | | Application, cast; elbow to finger (short arm) |
| 29085 | 69.64 | 49.01 | | | | Application, cast; hand and lower forearm (gauntlet) |
| 29086 | 55.78 | 37.11 | | | | Application, cast; finger (eg, contracture) |
| 29105 | 63.50 | 43.16 | | | | Application of long arm splint (shoulder to hand) |
| 29125 | 51.25 | 31.74 | | | | Application of short arm splint (forearm to hand); static |
| 29126 | 58.02 | 38.51 | | | | Application of short arm splint (forearm to hand); dynamic |
| 29130 | 29.56 | 20.65 | | | | Application of finger splint; static |
| 29131 | 37.93 | 24.27 | | | | Application of finger splint; dynamic |
| 29200 | 39.24 | 29.20 | | | | Strapping; thorax |
| 29240 | 42.36 | 31.77 | | | | Strapping; shoulder (eg, Velpeau) |
| 29260 | 38.21 | 27.34 | | | | Strapping; elbow or wrist |
| 29280 | 37.33 | 26.19 | | | | Strapping; hand or finger |
| 29305 | 179.26 | 117.11 | | | | Application of hip spica cast; 1 leg |
| 29325 | 198.82 | 131.66 | | | | Application of hip spica cast; 1 and one-half spica or both legs |
| 29345 | 99.64 | 74.56 | | | | Application of long leg cast (thigh to toes); |
| 29355 | 103.16 | 78.91 | | | | Application of long leg cast (thigh to toes); walker or ambulatory type |
| 29358 | 116.07 | 76.49 | | | | Application of long leg cast brace |
| 29365 | 90.23 | 65.15 | | | | Application of cylinder cast (thigh to ankle) |
| 29405 | 65.68 | 47.01 | | | | Application of short leg cast (below knee to toes); |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|---------------|--------|--------|--|
| 29425 | 69.87 | 50.36 | | | | Application of short leg cast (below knee to toes); walking or ambulatory type |
| 29435 | 87.44 | 62.92 | | | | Application of patellar tendon bearing (PTB) cast |
| 29440 | 35.62 | 23.08 | | | | Adding walker to previously applied cast |
| 29445 | 103.83 | 79.58 | | | | Application of rigid total contact leg cast |
| 29450 | 106.82 | 85.08 | | | | Application of clubfoot cast with molding or manipulation, long or short leg |
| 29505 | 57.48 | 35.18 | | | | Application of long leg splint (thigh to ankle or toes) |
| 29515 | 53.24 | 36.24 | | | | Application of short leg splint (calf to foot) |
| 29520 | 36.94 | 26.63 | | | | Strapping; hip |
| 29530 | 38.69 | 27.54 | | | | Strapping; knee |
| 29540 | 25.58 | 17.78 | | | | Strapping; ankle and/or foot |
| 29550 | 21.09 | 12.46 | | | | Strapping; toes |
| 29580 | 39.13 | 26.59 | | | | Strapping; Unna boot |
| 29581 | 72.39 | 23.35 | | | | Application of multi-layer venous wound compression system, below knee |
| 29582 | 53.19 | 11.02 | | | | Application of multi-layer compression system; thigh and leg including ankle and foot, when performed |
| 29583 | 32.85 | 8.08 | | | | Application of multi-layer compression system; upper arm and forearm |
| 29584 | 53.19 | 11.02 | | | | Application of multi-layer compression system; upper arm, forearm, hand, and fingers |
| 29590 | 39.11 | 28.24 | | | | Denis-Browne splint strapping |
| 29700 | 48.81 | 25.13 | | | | Removal or bivalving; gauntlet, boot or body cast |
| 29705 | 49.05 | 34.55 | | | | Removal or bivalving; full arm or full leg cast |
| 29710 | 89.27 | 61.12 | | | | Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc. |
| 29715 | 63.44 | 39.75 | | | | Removal or bivalving; turnbuckle jacket |
| 29720 | 60.76 | 32.06 | | | | Repair of spica, body cast or jacket |
| 29730 | 47.50 | 33.01 | | | | Windowing of cast |
| 29740 | 66.40 | 46.89 | | | | Wedging of cast (except clubfoot casts) |
| 29750 | 74.33 | 55.94 | | | | Wedging of clubfoot cast |
| 29799 | | | I.C. | | | Unlisted procedure, casting or strapping |
| 29800 | | | 387.79 | | | Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) |
| 29804 | | | 482.98 | | | Arthroscopy, temporomandibular joint, surgical |
| 29805 | | | 348.12 | | | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) |
| 29806 | | | 782.85 | | | Arthroscopy, shoulder, surgical; capsulorrhaphy |
| 29807 | | | 764.69 | | | Arthroscopy, shoulder, surgical; repair of SLAP lesion |
| 29819 | | | 433.53 | | | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body |
| 29820 | | | 398.88 | | | Arthroscopy, shoulder, surgical; synovectomy, partial |
| 29821 | | | 436.51 | | | Arthroscopy, shoulder, surgical; synovectomy, complete |
| 29822 | | | 424.66 | | | Arthroscopy, shoulder, surgical; debridement, limited |
| 29823 | | | 463.30 | | | Arthroscopy, shoulder, surgical; debridement, extensive |
| 29824 | | | 498.18 | | | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 29825 | | | 432.42 | | | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation |
| 29826 | | | 492.50 | | | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release |
| 29827 | | | 796.15 | | | Arthroscopy, shoulder, surgical; with rotator cuff repair |
| 29828 | | | 675.58 | | | Arthroscopy, shoulder, surgical; biceps tenodesis |
| 29830 | | | 335.67 | | | Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure) |
| 29834 | | | 364.16 | | | Arthroscopy, elbow, surgical; with removal of loose body or foreign body |
| 29835 | | | 374.20 | | | Arthroscopy, elbow, surgical; synovectomy, partial |
| 29836 | | | 431.00 | | | Arthroscopy, elbow, surgical; synovectomy, complete |
| 29837 | | | 391.07 | | | Arthroscopy, elbow, surgical; debridement, limited |
| 29838 | | | 437.57 | | | Arthroscopy, elbow, surgical; debridement, extensive |
| 29840 | | | 333.43 | | | Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure) |
| 29843 | | | 356.88 | | | Arthroscopy, wrist, surgical; for infection, lavage and drainage |
| 29844 | | | 368.11 | | | Arthroscopy, wrist, surgical; synovectomy, partial |
| 29845 | | | 424.44 | | | Arthroscopy, wrist, surgical; synovectomy, complete |
| 29846 | | | 386.13 | | | Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement |
| 29847 | | | 401.16 | | | Arthroscopy, wrist, surgical; internal fixation for fracture or instability |
| 29848 | | | 375.88 | | | Endoscopy, wrist, surgical, with release of transverse carpal ligament |
| 29850 | | | 440.59 | | | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy) |
| 29851 | | | 687.57 | | | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) |
| 29855 | | | 580.63 | | | Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy) |
| 29856 | | | 736.68 | | | Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy) |
| 29860 | | | 487.42 | | | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) |
| 29861 | | | 535.68 | | | Arthroscopy, hip, surgical; with removal of loose body or foreign body |
| 29862 | | | 601.89 | | | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum |
| 29863 | | | 599.84 | | | Arthroscopy, hip, surgical; with synovectomy |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 29866 | | | 773.24 | | | Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s]) |
| 29867 | | | 938.58 | | | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) |
| 29868 | | | 1,232.09 | | | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral |
| 29870 | 445.22 | 304.21 | | | | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure) |
| 29871 | | | 379.05 | | | Arthroscopy, knee, surgical; for infection, lavage and drainage |
| 29873 | | | 386.55 | | | Arthroscopy, knee, surgical; with lateral release |
| 29874 | | | 397.84 | | | Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation) |
| 29875 | | | 366.37 | | | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure) |
| 29876 | | | 483.81 | | | Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral) |
| 29877 | | | 458.88 | | | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) |
| 29879 | | | 488.95 | | | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture |
| 29880 | | | 509.37 | | | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) |
| 29881 | | | 476.69 | | | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) |
| 29882 | | | 514.30 | | | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) |
| 29883 | | | 620.12 | | | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral) |
| 29884 | | | 457.56 | | | Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure) |
| 29885 | | | 553.39 | | | Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion) |
| 29886 | | | 467.84 | | | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion |
| 29887 | | | 549.77 | | | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation |
| 29888 | | | 729.64 | | | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction |
| 29889 | | | 898.89 | | | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction |
| 29891 | | | 512.11 | | | Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 29892 | | | 485.92 | | | Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy) |
| 29893 | 451.81 | 318.05 | | | | Endoscopic plantar fasciotomy |
| 29894 | | | 381.66 | | | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body |
| 29895 | | | 364.92 | | | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial |
| 29897 | | | 382.42 | | | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited |
| 29898 | | | 424.49 | | | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive |
| 29899 | | | 772.30 | | | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis |
| 29900 | | | 340.29 | | | Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy |
| 29901 | | | 383.22 | | | Arthroscopy, metacarpophalangeal joint, surgical; with debridement |
| 29902 | | | 394.78 | | | Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion) |
| 29904 | | | 465.02 | | | Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body |
| 29905 | | | 503.48 | | | Arthroscopy, subtalar joint, surgical; with synovectomy |
| 29906 | | | 530.00 | | | Arthroscopy, subtalar joint, surgical; with debridement |
| 29907 | | | 639.98 | | | Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis |
| 29914 | | | 764.04 | | | Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion) |
| 29915 | | | 778.34 | | | Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion) |
| 29916 | | | 778.34 | | | Arthroscopy, subtalar joint, surgical; with labral repair |
| 29999 | | | I.C. | | | Unlisted procedure, arthroscopy |
| 30000 | 180.36 | 90.06 | | | | Drainage abscess or hematoma, nasal, internal approach |
| 30020 | 178.59 | 90.53 | | | | Drainage abscess or hematoma, nasal septum |
| 30100 | 110.07 | 52.38 | | | | Biopsy, intranasal |
| 30110 | 177.58 | 99.27 | | | | Excision, nasal polyp(s), simple |
| 30115 | | | 330.21 | | | Excision, nasal polyp(s), extensive |
| 30117 | 678.70 | 259.02 | | | | Excision or destruction (eg, laser), intranasal lesion; internal approach |
| 30118 | | | 581.55 | | | Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy) |
| 30120 | 396.01 | 336.93 | | | | Excision or surgical planing of skin of nose for rhinophyma |
| 30124 | | | 207.96 | | | Excision dermoid cyst, nose; simple, skin, subcutaneous |
| 30125 | | | 465.66 | | | Excision dermoid cyst, nose; complex, under bone or cartilage |
| 30130 | | | 291.96 | | | Excision inferior turbinate, partial or complete, any method |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 30140 | | | 338.60 | | | Submucous resection inferior turbinate, partial or complete, any method |
| 30150 | | | 591.34 | | | Rhinectomy; partial |
| 30160 | | | 593.00 | | | Rhinectomy; total |
| 30200 | 88.17 | 45.54 | | | | Injection into turbinate(s), therapeutic |
| 30210 | 115.78 | 76.21 | | | | Displacement therapy (Proetz type) |
| 30220 | 234.57 | 95.79 | | | | Insertion, nasal septal prosthesis (button) |
| 30300 | 179.74 | 95.86 | | | | Removal foreign body, intranasal; office type procedure |
| 30310 | | | 157.98 | | | Removal foreign body, intranasal; requiring general anesthesia |
| 30320 | | | 347.22 | | | Removal foreign body, intranasal; by lateral rhinotomy |
| 30400 | | | 785.81 | | | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip |
| 30410 | | | 918.19 | | | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip |
| 30420 | | | 1,044.36 | | | Rhinoplasty, primary; including major septal repair |
| 30430 | | | 697.92 | | | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) |
| 30435 | | | 925.82 | | | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) |
| 30450 | | | 1,163.57 | | | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) |
| 30460 | | | 572.40 | | | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only |
| 30462 | | | 1,171.39 | | | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies |
| 30465 | | | 744.72 | | | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction) |
| 30520 | | | 470.90 | | | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft |
| 30540 | | | 518.56 | | | Repair choanal atresia; intranasal |
| 30545 | | | 660.74 | | | Repair choanal atresia; transpalatine |
| 30560 | 213.12 | 107.22 | | | | Lysis intranasal synechia |
| 30580 | 480.57 | 374.96 | | | | Repair fistula; oromaxillary (combine with 31030 if antrotomy is included) |
| 30600 | 439.18 | 326.32 | | | | Repair fistula; oronasal |
| 30620 | | | 476.70 | | | Septal or other intranasal dermatoplasty (does not include obtaining graft) |
| 30630 | | | 476.56 | | | Repair nasal septal perforations |
| 30801 | 178.45 | 104.60 | | | | Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial |
| 30802 | 225.90 | 145.09 | | | | Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal) |
| 30901 | 73.07 | 41.58 | | | | Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method |
| 30903 | 153.01 | 59.10 | | | | Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 30905 | 189.52 | 74.98 | | | | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial |
| 30906 | 213.96 | 99.14 | | | | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent |
| 30915 | | | 437.27 | | | Ligation arteries; ethmoidal |
| 30920 | | | 629.19 | | | Ligation arteries; internal maxillary artery, transantral |
| 30930 | | | 94.13 | | | Fracture nasal inferior turbinate(s), therapeutic |
| 30999 | | | I.C. | | | Unlisted procedure, nose |
| 31000 | 140.61 | 80.13 | | | | Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium) |
| 31002 | | | 154.54 | | | Lavage by cannulation; sphenoid sinus |
| 31020 | 376.94 | 274.39 | | | | Sinusotomy, maxillary (antrotomy); intranasal |
| 31030 | 532.53 | 396.54 | | | | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps |
| 31032 | | | 434.45 | | | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps |
| 31040 | | | 565.18 | | | Pterygomaxillary fossa surgery, any approach |
| 31050 | | | 373.62 | | | Sinusotomy, sphenoid, with or without biopsy; |
| 31051 | | | 492.22 | | | Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s) |
| 31070 | | | 336.48 | | | Sinusotomy frontal; external, simple (trephine operation) |
| 31075 | | | 595.87 | | | Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type) |
| 31080 | | | 774.18 | | | Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation) |
| 31081 | | | 1,031.27 | | | Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation) |
| 31084 | | | 885.44 | | | Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision |
| 31085 | | | 987.01 | | | Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision |
| 31086 | | | 849.80 | | | Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision |
| 31087 | | | 823.58 | | | Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision |
| 31090 | | | 776.96 | | | Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid) |
| 31200 | | | 420.81 | | | Ethmoidectomy; intranasal, anterior |
| 31201 | | | 558.42 | | | Ethmoidectomy; intranasal, total |
| 31205 | | | 664.85 | | | Ethmoidectomy; extranasal, total |
| 31225 | | | 1,396.27 | | | Maxillectomy; without orbital exenteration |
| 31230 | | | 1,554.32 | | | Maxillectomy; with orbital exenteration (en bloc) |
| 31231 | 150.63 | 58.39 | | | | Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure) |
| 31233 | 206.96 | 103.85 | | | | Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture) |
| 31235 | 233.89 | 122.14 | | | | Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium) |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 31237 | 252.52 | 136.87 | | | | Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure) |
| 31238 | 259.02 | 148.66 | | | | Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage |
| 31239 | | | 508.84 | | | Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy |
| 31240 | | | 121.87 | | | Nasal/sinus endoscopy, surgical; with concha bullosa resection |
| 31254 | | | 206.77 | | | Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior) |
| 31255 | | | 302.43 | | | Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior) |
| 31256 | | | 149.94 | | | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; |
| 31267 | | | 240.02 | | | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus |
| 31276 | | | 381.14 | | | Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus |
| 31287 | | | 175.82 | | | Nasal/sinus endoscopy, surgical, with sphenoidotomy; |
| 31288 | | | 203.96 | | | Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus |
| 31290 | | | 872.84 | | | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region |
| 31291 | | | 922.92 | | | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region |
| 31292 | | | 753.77 | | | Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression |
| 31293 | | | 820.66 | | | Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression |
| 31294 | | | 938.80 | | | Nasal/sinus endoscopy, surgical; with optic nerve decompression |
| 31295 | 1,654.17 | 130.65 | | | | Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa |
| 31296 | 3,105.78 | 155.70 | | | | Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation) |
| 31297 | 3,079.64 | 127.89 | | | | Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation) |
| 31299 | | | I.C. | | | Unlisted procedure, accessory sinuses |
| 31300 | | | 962.28 | | | Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy |
| 31320 | | | 507.92 | | | Laryngotomy (thyrotomy, laryngofissure); diagnostic |
| 31360 | | | 1,546.60 | | | Laryngectomy; total, without radical neck dissection |
| 31365 | | | 1,912.29 | | | Laryngectomy; total, with radical neck dissection |
| 31367 | | | 1,658.26 | | | Laryngectomy; subtotal supraglottic, without radical neck dissection |
| 31368 | | | 1,840.99 | | | Laryngectomy; subtotal supraglottic, with radical neck dissection |
| 31370 | | | 1,563.73 | | | Partial laryngectomy (hemilaryngectomy); horizontal |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 31375 | | | 1,482.84 | | | Partial laryngectomy (hemilaryngectomy); laterovertical |
| 31380 | | | 1,461.08 | | | Partial laryngectomy (hemilaryngectomy); anterovertical |
| 31382 | | | 1,600.75 | | | Partial laryngectomy (hemilaryngectomy); antero-latero-vertical |
| 31390 | | | 2,126.01 | | | Pharyngolaryngectomy, with radical neck dissection; without reconstruction |
| 31395 | | | 2,253.40 | | | Pharyngolaryngectomy, with radical neck dissection; with reconstruction |
| 31400 | | | 767.58 | | | Arytenoidectomy or arytenoidopexy, external approach |
| 31420 | | | 633.88 | | | Epiglottidectomy |
| 31500 | | | 78.87 | | | Intubation, endotracheal, emergency procedure |
| 31502 | | | 25.95 | | | Tracheotomy tube change prior to establishment of fistula tract |
| 31505 | 65.11 | 37.52 | | | | Laryngoscopy, indirect; diagnostic (separate procedure) |
| 31510 | 164.16 | 91.43 | | | | Laryngoscopy, indirect; with biopsy |
| 31511 | 162.54 | 95.93 | | | | Laryngoscopy, indirect; with removal of foreign body |
| 31512 | 161.57 | 98.86 | | | | Laryngoscopy, indirect; with removal of lesion |
| 31513 | | | 100.43 | | | Laryngoscopy, indirect; with vocal cord injection |
| 31515 | 162.28 | 82.58 | | | | Laryngoscopy direct, with or without tracheoscopy; for aspiration |
| 31520 | | | 117.97 | | | Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn |
| 31525 | 193.70 | 120.69 | | | | Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn |
| 31526 | | | 120.16 | | | Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope |
| 31527 | | | 147.51 | | | Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator |
| 31528 | | | 109.93 | | | Laryngoscopy direct, with or without tracheoscopy; with dilation, initial |
| 31529 | | | 123.01 | | | Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent |
| 31530 | | | 149.89 | | | Laryngoscopy, direct, operative, with foreign body removal; |
| 31531 | | | 161.61 | | | Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope |
| 31535 | | | 144.29 | | | Laryngoscopy, direct, operative, with biopsy; |
| 31536 | | | 160.88 | | | Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope |
| 31540 | | | 184.52 | | | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; |
| 31541 | | | 201.45 | | | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope |
| 31545 | | | 275.18 | | | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 31546 | | | 415.88 | | | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft) |
| 31560 | | | 238.35 | | | Laryngoscopy, direct, operative, with arytenoidectomy; |
| 31561 | | | 260.52 | | | Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope |
| 31570 | 264.34 | 173.49 | | | | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; |
| 31571 | | | 190.05 | | | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope |
| 31575 | 89.33 | 58.11 | | | | Laryngoscopy, flexible fiberoptic; diagnostic |
| 31576 | 175.59 | 93.94 | | | | Laryngoscopy, flexible fiberoptic; with biopsy |
| 31577 | 187.69 | 112.45 | | | | Laryngoscopy, flexible fiberoptic; with removal of foreign body |
| 31578 | 218.20 | 129.58 | | | | Laryngoscopy, flexible fiberoptic; with removal of lesion |
| 31579 | 166.44 | 107.09 | | | | Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy |
| 31580 | | | 929.24 | | | Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal |
| 31582 | | | 1,456.88 | | | Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy |
| 31584 | | | 1,147.32 | | | Laryngoplasty; with open reduction of fracture |
| 31587 | | | 750.78 | | | Laryngoplasty, cricoid split |
| 31588 | | | 868.48 | | | Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy) |
| 31590 | | | 695.50 | | | Laryngeal reinnervation by neuromuscular pedicle |
| 31595 | | | 587.64 | | | Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral |
| 31599 | | | I.C. | | | Unlisted procedure, larynx |
| 31600 | | | 292.67 | | | Tracheostomy, planned (separate procedure); |
| 31601 | | | 196.45 | | | Tracheostomy, planned (separate procedure); younger than 2 years |
| 31603 | | | 164.83 | | | Tracheostomy, emergency procedure; transtracheal |
| 31605 | | | 133.20 | | | Tracheostomy, emergency procedure; cricothyroid membrane |
| 31610 | | | 539.67 | | | Tracheostomy, fenestration procedure with skin flaps |
| 31611 | | | 413.48 | | | Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis) |
| 31612 | 62.25 | 35.21 | | | | Tracheal puncture, percutaneous with transtracheal aspiration and/or injection |
| 31613 | | | 345.00 | | | Tracheostoma revision; simple, without flap rotation |
| 31614 | | | 573.55 | | | Tracheostoma revision; complex, with flap rotation |
| 31615 | 140.13 | 96.38 | | | | Tracheobronchoscopy through established tracheostomy incision |
| 31620 | 221.72 | 49.77 | | | | Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s]) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 31622 | 244.15 | 107.60 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) |
| 31623 | 263.20 | 107.98 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings |
| 31624 | 245.09 | 108.26 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage |
| 31625 | 262.10 | 125.27 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites |
| 31626 | 345.00 | 154.39 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple |
| 31627 | 1,034.19 | 75.54 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s]) |
| 31628 | 307.96 | 139.36 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe |
| 31629 | 486.55 | 150.18 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) |
| 31630 | | | 150.08 | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture |
| 31631 | | | 170.72 | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) |
| 31632 | 54.10 | 35.99 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure) |
| 31633 | 65.86 | 46.07 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure) |
| 31634 | 1,461.78 | 151.72 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed |
| 31635 | 267.46 | 139.27 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 31636 | | | 165.19 | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus |
| 31637 | | | 56.73 | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure) |
| 31638 | | | 188.98 | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required) |
| 31640 | | | 190.84 | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor |
| 31641 | | | 190.42 | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy) |
| 31643 | | | 128.88 | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application |
| 31645 | 234.31 | 118.10 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess) |
| 31646 | 214.18 | 102.71 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent |
| 31656 | 242.49 | 81.14 | | | | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with injection of contrast material for segmental bronchography (fiberscope only) |
| 31715 | | | 39.22 | | | Transtracheal injection for bronchography |
| 31717 | 224.84 | 81.32 | | | | Catheterization with bronchial brush biopsy |
| 31720 | | | 37.73 | | | Catheter aspiration (separate procedure); nasotracheal |
| 31725 | | | 69.27 | | | Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside |
| 31730 | 820.28 | 108.54 | | | | Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy |
| 31750 | | | 1,043.86 | | | Tracheoplasty; cervical |
| 31755 | | | 1,331.86 | | | Tracheoplasty; tracheopharyngeal fistulization, each stage |
| 31760 | | | 1,024.87 | | | Tracheoplasty; intrathoracic |
| 31766 | | | 1,320.26 | | | Carinal reconstruction |
| 31770 | | | 989.35 | | | Bronchoplasty; graft repair |
| 31775 | | | 1,010.11 | | | Bronchoplasty; excision stenosis and anastomosis |
| 31780 | | | 893.74 | | | Excision tracheal stenosis and anastomosis; cervical |
| 31781 | | | 1,046.87 | | | Excision tracheal stenosis and anastomosis; cervicothoracic |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|---------------|--------|--------|---|
| 31785 | | | 808.30 | | | Excision of tracheal tumor or carcinoma; cervical |
| 31786 | | | 1,087.41 | | | Excision of tracheal tumor or carcinoma; thoracic |
| 31800 | | | 536.28 | | | Suture of tracheal wound or injury; cervical |
| 31805 | | | 610.48 | | | Suture of tracheal wound or injury; intrathoracic |
| 31820 | 333.46 | 249.02 | | | | Surgical closure tracheostomy or fistula; without plastic repair |
| 31825 | 461.20 | 365.05 | | | | Surgical closure tracheostomy or fistula; with plastic repair |
| 31830 | 336.78 | 259.59 | | | | Revision of tracheostomy scar |
| 31899 | | | I.C. | | | Unlisted procedure, trachea, bronchi |
| 32035 | | | 537.69 | | | Thoracostomy; with rib resection for empyema |
| 32036 | | | 579.39 | | | Thoracostomy; with open flap drainage for empyema |
| 32096 | | | 584.81 | | | Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral |
| 32097 | | | 584.81 | | | Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral |
| 32098 | | | 549.75 | | | Thoracotomy, with biopsy(ies) of pleura |
| 32100 | | | 713.74 | | | Thoracotomy, major; with exploration and biopsy |
| 32110 | | | 1,081.90 | | | Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear |
| 32120 | | | 652.90 | | | Thoracotomy, major; for postoperative complications |
| 32124 | | | 691.92 | | | Thoracotomy, major; with open intrapleural pneumonolysis |
| 32140 | | | 736.99 | | | Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure |
| 32141 | | | 1,130.36 | | | Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure |
| 32150 | | | 744.94 | | | Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit |
| 32151 | | | 753.88 | | | Thoracotomy, major; with removal of intrapulmonary foreign body |
| 32160 | | | 577.58 | | | Thoracotomy, major; with cardiac massage |
| 32200 | | | 844.57 | | | Pneumonostomy; with open drainage of abscess or cyst |
| 32201 | 739.85 | 149.89 | | | | Pneumonostomy; with percutaneous drainage of abscess or cyst |
| 32215 | | | 598.66 | | | Pleural scarification for repeat pneumothorax |
| 32220 | | | 1,189.24 | | | Decortication, pulmonary (separate procedure); total |
| 32225 | | | 743.06 | | | Decortication, pulmonary (separate procedure); partial |
| 32310 | | | 684.09 | | | Pleurectomy, parietal (separate procedure) |
| 32320 | | | 1,191.79 | | | Decortication and parietal pleurectomy |
| 32400 | 115.05 | 65.17 | | | | Biopsy, pleura; percutaneous needle |
| 32405 | 72.63 | 72.35 | | | | Biopsy, lung or mediastinum, percutaneous needle |
| 32420 | | | 81.47 | | | Pneumocentesis, puncture of lung for aspiration |
| 32421 | 120.41 | 56.60 | | | | Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent |
| 32422 | 151.29 | 92.21 | | | | Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure) |
| 32440 | | | 1,174.12 | | | Removal of lung, total pneumonectomy; |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 32442 | | | 2,078.47 | | | Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy) |
| 32445 | | | 2,581.93 | | | Removal of lung, total pneumonectomy; extrapleural |
| 32480 | | | 1,110.37 | | | Removal of lung, other than total pneumonectomy; single lobe (lobectomy) |
| 32482 | | | 1,188.02 | | | Removal of lung, other than total pneumonectomy; 2 lobes (bilobectomy) |
| 32484 | | | 1,074.65 | | | Removal of lung, other than total pneumonectomy; single segment (segmentectomy) |
| 32486 | | | 1,743.23 | | | Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy) |
| 32488 | | | 1,771.81 | | | Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy) |
| 32491 | | | 1,109.72 | | | Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure |
| 32501 | | | 182.52 | | | Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure) |
| 32503 | | | 1,351.12 | | | Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s) |
| 32504 | | | 1,534.69 | | | Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction |
| 32505 | | | 675.54 | | | Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), initial |
| 32506 | | | 112.49 | | | Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure) |
| 32507 | | | 112.49 | | | Thoracotomy; with therapeutic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure) |
| 32540 | | | 1,274.67 | | | Extrapleural enucleation of empyema (empyemectomy) |
| 32550 | 631.51 | 167.51 | | | | Insertion of indwelling tunneled pleural catheter with cuff |
| 32551 | | | 126.62 | | | Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 32552 | 139.79 | 121.12 | | | | Removal of indwelling tunneled pleural catheter with cuff |
| 32553 | 486.44 | 150.92 | | | | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple |
| 32560 | 205.58 | 61.23 | | | | Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax) |
| 32561 | 71.81 | 52.31 | | | | Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day |
| 32562 | 64.09 | 47.10 | | | | Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day |
| 32601 | | | 230.41 | | | Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy |
| 32604 | | | 360.14 | | | Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy |
| 32606 | | | 345.28 | | | Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy |
| 32607 | | | 223.18 | | | Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral |
| 32608 | | | 273.71 | | | Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral |
| 32609 | | | 189.57 | | | Thoracoscopy; with biopsy(ies) of pleura |
| 32650 | | | 501.48 | | | Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical) |
| 32651 | | | 808.90 | | | Thoracoscopy, surgical; with partial pulmonary decortication |
| 32652 | | | 1,224.45 | | | Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis |
| 32653 | | | 779.47 | | | Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit |
| 32654 | | | 869.02 | | | Thoracoscopy, surgical; with control of traumatic hemorrhage |
| 32655 | | | 710.36 | | | Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure |
| 32656 | | | 598.82 | | | Thoracoscopy, surgical; with parietal pleurectomy |
| 32658 | | | 538.37 | | | Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac |
| 32659 | | | 552.11 | | | Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage |
| 32661 | | | 600.23 | | | Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass |
| 32662 | | | 672.62 | | | Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass |
| 32663 | | | 1,043.83 | | | Thoracoscopy, surgical; with lobectomy, total or segmental |
| 32664 | | | 634.17 | | | Thoracoscopy, surgical; with thoracic sympathectomy |
| 32665 | | | 904.54 | | | Thoracoscopy, surgical; with esophagomyotomy (Heller type) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 32666 | | | 632.23 | | | Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral |
| 32667 | | | 112.49 | | | Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure) |
| 32668 | | | 113.13 | | | Thoracoscopy, surgical; with therapeutic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure) |
| 32669 | | | 969.41 | | | Thoracoscopy, surgical; with removal of a single lynch segment (segmentectomy) |
| 32670 | | | 1,155.52 | | | Thoracoscopy, surgical; with removal of two lobes (bilobectomy) |
| 32671 | | | 1,280.54 | | | Thoracoscopy, surgical; with removal of lung (pneumonectomy) |
| 32672 | | | 1,096.72 | | | Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed |
| 32673 | | | 868.36 | | | Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral |
| 32674 | | | 154.28 | | | Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure) |
| 32800 | | | 699.70 | | | Repair lung hernia through chest wall |
| 32810 | | | 673.51 | | | Closure of chest wall following open flap drainage for empyema (Clagett type procedure) |
| 32815 | | | 2,053.95 | | | Open closure of major bronchial fistula |
| 32820 | | | 1,001.31 | | | Major reconstruction, chest wall (posttraumatic) |
| 32850 | | | I.C. | | | Donor pneumonectomy(s) (including cold preservation), from cadaver donor |
| 32851 | | | 1,947.53 | | | Lung transplant, single; without cardiopulmonary bypass |
| 32852 | | | 2,158.57 | | | Lung transplant, single; with cardiopulmonary bypass |
| 32853 | | | 2,308.14 | | | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass |
| 32854 | | | 2,530.37 | | | Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass |
| 32855 | | | I.C. | | | Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral |
| 32856 | | | I.C. | | | Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral |
| 32900 | | | 1,031.75 | | | Resection of ribs, extrapleural, all stages |
| 32905 | | | 995.85 | | | Thoracoplasty, Schede type or extrapleural (all stages); |
| 32906 | | | 1,230.51 | | | Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula |
| 32940 | | | 918.39 | | | Pneumonolysis, extraperiosteal, including filling or packing procedures |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 32960 | 105.54 | 76.28 | | | | Pneumothorax, therapeutic, intrapleural injection of air |
| 32997 | | | 259.31 | | | Total lung lavage (unilateral) |
| 32998 | 2,342.09 | 219.41 | | | | Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral |
| 32999 | | | I.C. | | | Unlisted procedure, lungs and pleura |
| 33010 | | | 91.26 | | | Pericardiocentesis; initial |
| 33011 | | | 90.89 | | | Pericardiocentesis; subsequent |
| 33015 | | | 393.79 | | | Tube pericardiostomy |
| 33020 | | | 656.51 | | | Pericardiotomy for removal of clot or foreign body (primary procedure) |
| 33025 | | | 600.53 | | | Creation of pericardial window or partial resection for drainage |
| 33030 | | | 965.43 | | | Pericardiectomy, subtotal or complete; without cardiopulmonary bypass |
| 33031 | | | 1,071.66 | | | Pericardiectomy, subtotal or complete; with cardiopulmonary bypass |
| 33050 | | | 751.82 | | | Excision of pericardial cyst or tumor |
| 33120 | | | 1,165.95 | | | Excision of intracardiac tumor, resection with cardiopulmonary bypass |
| 33130 | | | 1,037.44 | | | Resection of external cardiac tumor |
| 33140 | | | 1,190.24 | | | Transmyocardial laser revascularization, by thoracotomy; (separate procedure) |
| 33141 | | | 103.15 | | | Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure) |
| 33202 | | | 584.26 | | | Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach) |
| 33203 | | | 612.92 | | | Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy) |
| 33206 | | | 353.80 | | | Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial |
| 33207 | | | 375.90 | | | Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular |
| 33208 | | | 405.58 | | | Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular |
| 33210 | | | 137.62 | | | Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure) |
| 33211 | | | 139.42 | | | Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure) |
| 33212 | | | 261.92 | | | Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular |
| 33213 | | | 298.28 | | | Insertion or replacement of pacemaker pulse generator only; dual chamber |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 33214 | | | 373.14 | | | Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator) |
| 33215 | | | 236.91 | | | Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode |
| 33216 | | | 293.71 | | | Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator |
| 33217 | | | 291.87 | | | Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator |
| 33218 | | | 306.54 | | | Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator |
| 33220 | | | 308.94 | | | Repair of 2 transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator |
| 33221 | | | 254.86 | | | Insertion of pacemaker pulse generator only; with existing multiple leads |
| 33222 | | | 270.80 | | | Revision or relocation of skin pocket for pacemaker |
| 33223 | | | 322.70 | | | Revision of skin pocket for cardioverter-defibrillator |
| 33224 | | | 389.72 | | | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of generator) |
| 33225 | | | 350.44 | | | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) (List separately in addition to code for primary procedure) |
| 33226 | | | 375.35 | | | Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator) |
| 33227 | | | 243.32 | | | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system |
| 33228 | | | 253.61 | | | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system |
| 33229 | | | 263.90 | | | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system |
| 33230 | | | 273.91 | | | Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads |
| 33231 | | | 284.20 | | | Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads |
| 33233 | | | 188.10 | | | Removal of permanent pacemaker pulse generator |
| 33234 | | | 377.52 | | | Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 33235 | | | 493.58 | | | Removal of transvenous pacemaker electrode(s); dual lead system |
| 33236 | | | 594.15 | | | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular |
| 33237 | | | 637.18 | | | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system |
| 33238 | | | 707.80 | | | Removal of permanent transvenous electrode(s) by thoracotomy |
| 33240 | | | 359.20 | | | Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator |
| 33241 | | | 176.67 | | | Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator |
| 33243 | | | 1,036.24 | | | Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy |
| 33244 | | | 662.75 | | | Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction |
| 33249 | | | 702.91 | | | Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator |
| 33250 | | | 1,106.33 | | | Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass |
| 33251 | | | 1,227.52 | | | Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass |
| 33254 | | | 1,030.50 | | | Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure) |
| 33255 | | | 1,248.79 | | | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass |
| 33256 | | | 1,481.67 | | | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass |
| 33257 | | | 443.09 | | | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure) |
| 33258 | | | 497.50 | | | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure) |
| 33259 | | | 642.38 | | | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 33261 | | | 1,219.88 | | | Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass |
| 33262 | | | 264.12 | | | Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system |
| 33263 | | | 274.41 | | | Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system |
| 33264 | | | 284.70 | | | Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system |
| 33265 | | | 1,019.09 | | | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass |
| 33266 | | | 1,388.68 | | | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass |
| 33282 | | | 253.79 | | | Implantation of patient-activated cardiac event recorder |
| 33284 | | | 184.47 | | | Removal of an implantable, patient-activated cardiac event recorder |
| 33300 | | | 1,803.81 | | | Repair of cardiac wound; without bypass |
| 33305 | | | 3,025.27 | | | Repair of cardiac wound; with cardiopulmonary bypass |
| 33310 | | | 874.53 | | | Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass |
| 33315 | | | 1,116.13 | | | Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass |
| 33320 | | | 800.96 | | | Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass |
| 33321 | | | 894.33 | | | Suture repair of aorta or great vessels; with shunt bypass |
| 33322 | | | 1,050.11 | | | Suture repair of aorta or great vessels; with cardiopulmonary bypass |
| 33330 | | | 1,069.92 | | | Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass |
| 33332 | | | 1,051.43 | | | Insertion of graft, aorta or great vessels; with shunt bypass |
| 33335 | | | 1,417.07 | | | Insertion of graft, aorta or great vessels; with cardiopulmonary bypass |
| 33400 | | | 1,720.52 | | | Valvuloplasty, aortic valve; open, with cardiopulmonary bypass |
| 33401 | | | 1,089.88 | | | Valvuloplasty, aortic valve; open, with inflow occlusion |
| 33403 | | | 1,132.19 | | | Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass |
| 33404 | | | 1,326.66 | | | Construction of apical-aortic conduit |
| 33405 | | | 1,731.49 | | | Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve |
| 33406 | | | 2,162.63 | | | Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 33410 | | | 1,916.21 | | | Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve |
| 33411 | | | 2,516.59 | | | Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus |
| 33412 | | | 1,860.32 | | | Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure) |
| 33413 | | | 2,432.84 | | | Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure) |
| 33414 | | | 1,631.24 | | | Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract |
| 33415 | | | 1,516.13 | | | Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis |
| 33416 | | | 1,527.44 | | | Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy) |
| 33417 | | | 1,261.97 | | | Aortoplasty (gusset) for supravalvular stenosis |
| 33420 | | | 1,070.01 | | | Valvotomy, mitral valve; closed heart |
| 33422 | | | 1,273.66 | | | Valvotomy, mitral valve; open heart, with cardiopulmonary bypass |
| 33425 | | | 2,034.14 | | | Valvuloplasty, mitral valve, with cardiopulmonary bypass; |
| 33426 | | | 1,803.33 | | | Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring |
| 33427 | | | 1,854.95 | | | Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring |
| 33430 | | | 2,110.27 | | | Replacement, mitral valve, with cardiopulmonary bypass |
| 33460 | | | 1,805.51 | | | Valvectomy, tricuspid valve, with cardiopulmonary bypass |
| 33463 | | | 2,300.01 | | | Valvuloplasty, tricuspid valve; without ring insertion |
| 33464 | | | 1,832.40 | | | Valvuloplasty, tricuspid valve; with ring insertion |
| 33465 | | | 2,055.58 | | | Replacement, tricuspid valve, with cardiopulmonary bypass |
| 33468 | | | 1,406.58 | | | Tricuspid valve repositioning and plication for Ebstein anomaly |
| 33470 | | | 952.39 | | | Valvotomy, pulmonary valve, closed heart; transventricular |
| 33471 | | | 941.19 | | | Valvotomy, pulmonary valve, closed heart; via pulmonary artery |
| 33472 | | | 918.44 | | | Valvotomy, pulmonary valve, open heart; with inflow occlusion |
| 33474 | | | 1,590.03 | | | Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass |
| 33475 | | | 1,755.44 | | | Replacement, pulmonary valve |
| 33476 | | | 1,137.30 | | | Right ventricular resection for infundibular stenosis, with or without commissurotomy |
| 33478 | | | 1,184.92 | | | Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection |
| 33496 | | | 1,258.99 | | | Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure) |
| 33500 | | | 1,188.19 | | | Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|---|
| 33501 | | | 844.55 | | | Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass |
| 33502 | | | 961.07 | | | Repair of anomalous coronary artery from pulmonary artery origin; by ligation |
| 33503 | | | 1,012.12 | | | Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass |
| 33504 | | | 1,098.84 | | | Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass |
| 33505 | | | 1,543.40 | | | Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure) |
| 33506 | | | 1,638.09 | | | Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta |
| 33507 | | | 1,293.57 | | | Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation |
| 33508 | | | 12.14 | | | Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure) |
| 33510 | | | 1,475.37 | | | Coronary artery bypass, vein only; single coronary venous graft |
| 33511 | | | 1,615.61 | | | Coronary artery bypass, vein only; 2 coronary venous grafts |
| 33512 | | | 1,830.20 | | | Coronary artery bypass, vein only; 3 coronary venous grafts |
| 33513 | | | 1,873.49 | | | Coronary artery bypass, vein only; 4 coronary venous grafts |
| 33514 | | | 1,983.64 | | | Coronary artery bypass, vein only; 5 coronary venous grafts |
| 33516 | | | 2,065.02 | | | Coronary artery bypass, vein only; 6 or more coronary venous grafts |
| 33517 | | | 140.37 | | | Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure) |
| 33518 | | | 307.58 | | | Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure) |
| 33519 | | | 407.88 | | | Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure) |
| 33521 | | | 491.37 | | | Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure) |
| 33522 | | | 553.49 | | | Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure) |
| 33523 | | | 628.38 | | | Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 33530 | | | 391.74 | | | Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure) |
| 33533 | | | 1,427.88 | | | Coronary artery bypass, using arterial graft(s); single arterial graft |
| 33534 | | | 1,673.89 | | | Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts |
| 33535 | | | 1,862.49 | | | Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts |
| 33536 | | | 2,000.93 | | | Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts |
| 33542 | | | 1,963.00 | | | Myocardial resection (eg, ventricular aneurysmectomy) |
| 33545 | | | 2,305.57 | | | Repair of postinfarction ventricular septal defect, with or without myocardial resection |
| 33548 | | | 2,243.28 | | | Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures) |
| 33572 | | | 174.57 | | | Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure) |
| 33600 | | | 1,281.70 | | | Closure of atrioventricular valve (mitral or tricuspid) by suture or patch |
| 33602 | | | 1,224.75 | | | Closure of semilunar valve (aortic or pulmonary) by suture or patch |
| 33606 | | | 1,346.38 | | | Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure) |
| 33608 | | | 1,355.16 | | | Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery |
| 33610 | | | 1,327.01 | | | Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect |
| 33611 | | | 1,472.80 | | | Repair of double outlet right ventricle with intraventricular tunnel repair; |
| 33612 | | | 1,483.91 | | | Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction |
| 33615 | | | 1,505.49 | | | Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure) |
| 33617 | | | 1,609.94 | | | Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure |
| 33619 | | | 2,050.28 | | | Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure) |
| 33620 | | | 1,238.48 | | | Application of right and left pulmonary artery bands (eg, hybrid approach stage 1) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 33621 | | | 667.23 | | | Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1) |
| 33622 | | | 2,612.46 | | | Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding) |
| 33641 | | | 1,229.65 | | | Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch |
| 33645 | | | 1,192.80 | | | Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage |
| 33647 | | | 1,278.11 | | | Repair of atrial septal defect and ventricular septal defect, with direct or patch closure |
| 33660 | | | 1,407.23 | | | Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair |
| 33665 | | | 1,444.33 | | | Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair |
| 33670 | | | 1,487.02 | | | Repair of complete atrioventricular canal, with or without prosthetic valve |
| 33675 | | | 1,482.37 | | | Closure of multiple ventricular septal defects; |
| 33676 | | | 1,448.25 | | | Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic) |
| 33677 | | | 1,421.39 | | | Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset |
| 33681 | | | 1,385.96 | | | Closure of single ventricular septal defect, with or without patch; |
| 33684 | | | 1,425.10 | | | Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic) |
| 33688 | | | 1,408.01 | | | Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset |
| 33690 | | | 923.48 | | | Banding of pulmonary artery |
| 33692 | | | 1,247.99 | | | Complete repair tetralogy of Fallot without pulmonary atresia; |
| 33694 | | | 1,476.70 | | | Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch |
| 33697 | | | 1,577.49 | | | Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect |
| 33702 | | | 1,162.24 | | | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; |
| 33710 | | | 1,342.54 | | | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect |
| 33720 | | | 1,160.07 | | | Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass |
| 33722 | | | 1,246.96 | | | Closure of aortico-left ventricular tunnel |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 33724 | | | 1,164.19 | | | Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome) |
| 33726 | | | 1,587.03 | | | Repair of pulmonary venous stenosis |
| 33730 | | | 1,486.31 | | | Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types) |
| 33732 | | | 1,244.16 | | | Repair of cor triatriatum or supra-valvular mitral ring by resection of left atrial membrane |
| 33735 | | | 972.69 | | | Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation) |
| 33736 | | | 1,059.46 | | | Atrial septectomy or septostomy; open heart with cardiopulmonary bypass |
| 33737 | | | 972.85 | | | Atrial septectomy or septostomy; open heart, with inflow occlusion |
| 33750 | | | 1,022.48 | | | Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation) |
| 33755 | | | 971.84 | | | Shunt; ascending aorta to pulmonary artery (Waterston type operation) |
| 33762 | | | 916.68 | | | Shunt; descending aorta to pulmonary artery (Potts-Smith type operation) |
| 33764 | | | 980.40 | | | Shunt; central, with prosthetic graft |
| 33766 | | | 1,015.29 | | | Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure) |
| 33767 | | | 1,065.43 | | | Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure) |
| 33768 | | | 298.81 | | | Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure) |
| 33770 | | | 1,582.98 | | | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect |
| 33771 | | | 1,550.42 | | | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect |
| 33774 | | | 1,357.71 | | | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; |
| 33775 | | | 1,328.15 | | | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band |
| 33776 | | | 1,403.08 | | | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect |
| 33777 | | | 1,284.53 | | | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction |
| 33778 | | | 1,680.61 | | | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); |
| 33779 | | | 1,663.43 | | | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 33780 | | | 1,707.98 | | | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect |
| 33781 | | | 1,647.34 | | | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction |
| 33782 | | | 2,384.51 | | | Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation |
| 33783 | | | 2,576.25 | | | Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia |
| 33786 | | | 1,578.02 | | | Total repair, truncus arteriosus (Rastelli type operation) |
| 33788 | | | 1,069.12 | | | Reimplantation of an anomalous pulmonary artery |
| 33800 | | | 737.47 | | | Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure) |
| 33802 | | | 836.66 | | | Division of aberrant vessel (vascular ring); |
| 33803 | | | 858.23 | | | Division of aberrant vessel (vascular ring); with reanastomosis |
| 33813 | | | 972.65 | | | Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass |
| 33814 | | | 1,148.45 | | | Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass |
| 33820 | | | 736.67 | | | Repair of patent ductus arteriosus; by ligation |
| 33822 | | | 732.82 | | | Repair of patent ductus arteriosus; by division, younger than 18 years |
| 33824 | | | 899.62 | | | Repair of patent ductus arteriosus; by division, 18 years and older |
| 33840 | | | 952.63 | | | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis |
| 33845 | | | 1,023.98 | | | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft |
| 33851 | | | 1,054.60 | | | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement |
| 33852 | | | 1,049.66 | | | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass |
| 33853 | | | 1,403.33 | | | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass |
| 33860 | | | 2,401.53 | | | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed |
| 33863 | | | 2,367.21 | | | Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 33864 | | | 2,424.53 | | | Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure) |
| 33870 | | | 1,900.22 | | | Transverse arch graft, with cardiopulmonary bypass |
| 33875 | | | 1,500.40 | | | Descending thoracic aorta graft, with or without bypass |
| 33877 | | | 2,703.29 | | | Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass |
| 33880 | | | 1,379.08 | | | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin |
| 33881 | | | 1,187.43 | | | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin |
| 33883 | | | 862.85 | | | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension |
| 33884 | | | 311.43 | | | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure) |
| 33886 | | | 747.70 | | | Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta |
| 33889 | | | 608.35 | | | Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral |
| 33891 | | | 749.32 | | | Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision |
| 33910 | | | 1,263.14 | | | Pulmonary artery embolectomy; with cardiopulmonary bypass |
| 33915 | | | 1,022.38 | | | Pulmonary artery embolectomy; without cardiopulmonary bypass |
| 33916 | | | 1,235.47 | | | Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass |
| 33917 | | | 1,114.98 | | | Repair of pulmonary artery stenosis by reconstruction with patch or graft |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 33920 | | | 1,366.17 | | | Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery |
| 33922 | | | 1,044.60 | | | Transection of pulmonary artery with cardiopulmonary bypass |
| 33924 | | | 212.05 | | | Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure) |
| 33925 | | | 1,300.07 | | | Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass |
| 33926 | | | 1,900.15 | | | Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass |
| 33930 | | | I.C. | | | Donor cardiectomy-pneumonectomy (including cold preservation) |
| 33933 | | | I.C. | | | Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation |
| 33935 | | | 2,602.87 | | | Heart-lung transplant with recipient cardiectomy-pneumonectomy |
| 33940 | | | I.C. | | | Donor cardiectomy (including cold preservation) |
| 33944 | | | I.C. | | | Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation |
| 33945 | | | 3,593.27 | | | Heart transplant, with or without recipient cardiectomy |
| 33960 | | | 735.97 | | | Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours |
| 33961 | | | 409.95 | | | Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in addition to code for primary procedure) |
| 33967 | | | 202.37 | | | Insertion of intra-aortic balloon assist device, percutaneous |
| 33968 | | | 25.89 | | | Removal of intra-aortic balloon assist device, percutaneous |
| 33970 | | | 271.37 | | | Insertion of intra-aortic balloon assist device through the femoral artery, open approach |
| 33971 | | | 542.73 | | | Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft |
| 33973 | | | 394.07 | | | Insertion of intra-aortic balloon assist device through the ascending aorta |
| 33974 | | | 682.76 | | | Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft |
| 33975 | | | 822.67 | | | Insertion of ventricular assist device; extracorporeal, single ventricle |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 33976 | | | 911.99 | | | Insertion of ventricular assist device; extracorporeal, biventricular |
| 33977 | | | 912.62 | | | Removal of ventricular assist device; extracorporeal, single ventricle |
| 33978 | | | 1,010.63 | | | Removal of ventricular assist device; extracorporeal, biventricular |
| 33979 | | | 1,797.87 | | | Insertion of ventricular assist device, implantable intracorporeal, single ventricle |
| 33980 | | | 2,721.43 | | | Removal of ventricular assist device, implantable intracorporeal, single ventricle |
| 33981 | | | I.C. | | | Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump |
| 33982 | | | I.C. | | | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass |
| 33983 | | | I.C. | | | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass |
| 33999 | | | I.C. | | | Unlisted procedure, cardiac surgery |
| 34001 | | | 747.84 | | | Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision |
| 34051 | | | 745.22 | | | Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision |
| 34101 | | | 468.70 | | | Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision |
| 34111 | | | 468.61 | | | Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision |
| 34151 | | | 1,075.21 | | | Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision |
| 34201 | | | 787.47 | | | Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision |
| 34203 | | | 745.59 | | | Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision |
| 34401 | | | 1,134.13 | | | Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision |
| 34421 | | | 569.81 | | | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision |
| 34451 | | | 1,132.76 | | | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision |
| 34471 | | | 884.44 | | | Thrombectomy, direct or with catheter; subclavian vein, by neck incision |
| 34490 | | | 474.72 | | | Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision |
| 34501 | | | 711.57 | | | Valvuloplasty, femoral vein |
| 34502 | | | 1,163.38 | | | Reconstruction of vena cava, any method |
| 34510 | | | 856.24 | | | Venous valve transposition, any vein donor |
| 34520 | | | 781.22 | | | Cross-over vein graft to venous system |
| 34530 | | | 736.07 | | | Saphenopopliteal vein anastomosis |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 34800 | | | 871.34 | | | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis |
| 34802 | | | 962.74 | | | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb) |
| 34803 | | | 993.14 | | | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs) |
| 34804 | | | 963.39 | | | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis |
| 34805 | | | 914.36 | | | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis |
| 34806 | | | 78.82 | | | Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure) |
| 34808 | | | 156.53 | | | Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure) |
| 34812 | | | 256.78 | | | Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral |
| 34813 | | | 181.18 | | | Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure) |
| 34820 | | | 370.61 | | | Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral |
| 34825 | | | 543.02 | | | Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel |
| 34826 | | | 157.27 | | | Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure) |
| 34830 | | | 1,382.41 | | | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis |
| 34831 | | | 1,472.62 | | | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis |
| 34832 | | | 1,485.72 | | | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 34833 | | | 466.50 | | | Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral |
| 34834 | | | 211.30 | | | Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral |
| 34900 | | | 695.17 | | | Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis |
| 35001 | | | 871.66 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision |
| 35002 | | | 891.38 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision |
| 35005 | | | 851.14 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery |
| 35011 | | | 768.12 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision |
| 35013 | | | 961.34 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision |
| 35021 | | | 909.67 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision |
| 35022 | | | 1,067.71 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision |
| 35045 | | | 755.27 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery |
| 35081 | | | 1,349.57 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta |
| 35082 | | | 1,682.34 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|---|
| 35091 | | | 1,386.91 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal) |
| 35092 | | | 1,998.88 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal) |
| 35102 | | | 1,455.96 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external) |
| 35103 | | | 1,723.54 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external) |
| 35111 | | | 1,102.60 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery |
| 35112 | | | 1,351.66 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery |
| 35121 | | | 1,269.55 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery |
| 35122 | | | 1,470.90 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery |
| 35131 | | | 1,076.10 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external) |
| 35132 | | | 1,276.47 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external) |
| 35141 | | | 856.16 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 35142 | | | 1,025.12 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral) |
| 35151 | | | 965.85 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery |
| 35152 | | | 1,101.65 | | | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery |
| 35180 | | | 712.71 | | | Repair, congenital arteriovenous fistula; head and neck |
| 35182 | | | 1,309.68 | | | Repair, congenital arteriovenous fistula; thorax and abdomen |
| 35184 | | | 782.59 | | | Repair, congenital arteriovenous fistula; extremities |
| 35188 | | | 630.41 | | | Repair, acquired or traumatic arteriovenous fistula; head and neck |
| 35189 | | | 1,273.95 | | | Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen |
| 35190 | | | 577.98 | | | Repair, acquired or traumatic arteriovenous fistula; extremities |
| 35201 | | | 720.78 | | | Repair blood vessel, direct; neck |
| 35206 | | | 592.33 | | | Repair blood vessel, direct; upper extremity |
| 35207 | | | 556.68 | | | Repair blood vessel, direct; hand, finger |
| 35211 | | | 1,046.08 | | | Repair blood vessel, direct; intrathoracic, with bypass |
| 35216 | | | 1,517.70 | | | Repair blood vessel, direct; intrathoracic, without bypass |
| 35221 | | | 1,078.95 | | | Repair blood vessel, direct; intra-abdominal |
| 35226 | | | 646.22 | | | Repair blood vessel, direct; lower extremity |
| 35231 | | | 899.98 | | | Repair blood vessel with vein graft; neck |
| 35236 | | | 750.31 | | | Repair blood vessel with vein graft; upper extremity |
| 35241 | | | 1,101.75 | | | Repair blood vessel with vein graft; intrathoracic, with bypass |
| 35246 | | | 1,142.10 | | | Repair blood vessel with vein graft; intrathoracic, without bypass |
| 35251 | | | 1,275.76 | | | Repair blood vessel with vein graft; intra-abdominal |
| 35256 | | | 784.00 | | | Repair blood vessel with vein graft; lower extremity |
| 35261 | | | 806.82 | | | Repair blood vessel with graft other than vein; neck |
| 35266 | | | 663.97 | | | Repair blood vessel with graft other than vein; upper extremity |
| 35271 | | | 1,049.78 | | | Repair blood vessel with graft other than vein; intrathoracic, with bypass |
| 35276 | | | 1,092.41 | | | Repair blood vessel with graft other than vein; intrathoracic, without bypass |
| 35281 | | | 1,223.74 | | | Repair blood vessel with graft other than vein; intra-abdominal |
| 35286 | | | 725.48 | | | Repair blood vessel with graft other than vein; lower extremity |
| 35301 | | | 811.33 | | | Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 35302 | | | 863.09 | | | Thromboendarterectomy, including patch graft, if performed; superficial femoral artery |
| 35303 | | | 951.89 | | | Thromboendarterectomy, including patch graft, if performed; popliteal artery |
| 35304 | | | 984.91 | | | Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery |
| 35305 | | | 949.38 | | | Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel |
| 35306 | | | 362.00 | | | Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure) |
| 35311 | | | 1,163.32 | | | Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision |
| 35321 | | | 689.88 | | | Thromboendarterectomy, including patch graft, if performed; axillary-brachial |
| 35331 | | | 1,132.19 | | | Thromboendarterectomy, including patch graft, if performed; abdominal aorta |
| 35341 | | | 1,057.11 | | | Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal |
| 35351 | | | 991.56 | | | Thromboendarterectomy, including patch graft, if performed; iliac |
| 35355 | | | 804.84 | | | Thromboendarterectomy, including patch graft, if performed; iliofemoral |
| 35361 | | | 1,196.48 | | | Thromboendarterectomy, including patch graft, if performed; combined aortoiliac |
| 35363 | | | 1,329.28 | | | Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral |
| 35371 | | | 637.54 | | | Thromboendarterectomy, including patch graft, if performed; common femoral |
| 35372 | | | 760.50 | | | Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral |
| 35390 | | | 121.95 | | | Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure) |
| 35400 | | | 114.47 | | | Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure) |
| 35450 | | | 393.90 | | | Transluminal balloon angioplasty, open; renal or other visceral artery |
| 35452 | | | 274.31 | | | Transluminal balloon angioplasty, open; aortic |
| 35458 | | | 374.44 | | | Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel |
| 35460 | | | 239.24 | | | Transluminal balloon angioplasty, open; venous |
| 35471 | 2,367.98 | 413.34 | | | | Transluminal balloon angioplasty, percutaneous; renal or visceral artery |
| 35472 | 1,716.11 | 279.80 | | | | Transluminal balloon angioplasty, percutaneous; aortic |
| 35475 | 1,855.58 | 371.34 | | | | Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel |
| 35476 | 1,409.27 | 236.59 | | | | Transluminal balloon angioplasty, percutaneous; venous |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 35500 | | | 245.25 | | | Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure) |
| 35501 | | | 1,215.31 | | | Bypass graft, with vein; common carotid-ipsilateral internal carotid |
| 35506 | | | 1,031.16 | | | Bypass graft, with vein; carotid-subclavian or subclavian-carotid |
| 35508 | | | 1,089.74 | | | Bypass graft, with vein; carotid-vertebral |
| 35509 | | | 1,149.58 | | | Bypass graft, with vein; carotid-contralateral carotid |
| 35510 | | | 971.08 | | | Bypass graft, with vein; carotid-brachial |
| 35511 | | | 958.97 | | | Bypass graft, with vein; subclavian-subclavian |
| 35512 | | | 949.04 | | | Bypass graft, with vein; subclavian-brachial |
| 35515 | | | 1,028.46 | | | Bypass graft, with vein; subclavian-vertebral |
| 35516 | | | 943.97 | | | Bypass graft, with vein; subclavian-axillary |
| 35518 | | | 906.78 | | | Bypass graft, with vein; axillary-axillary |
| 35521 | | | 1,028.79 | | | Bypass graft, with vein; axillary-femoral |
| 35522 | | | 946.10 | | | Bypass graft, with vein; axillary-brachial |
| 35523 | | | 996.02 | | | Bypass graft, with vein; brachial-ulnar or -radial |
| 35525 | | | 883.96 | | | Bypass graft, with vein; brachial-brachial |
| 35526 | | | 1,265.39 | | | Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid |
| 35531 | | | 1,559.54 | | | Bypass graft, with vein; aortoceliac or aortomesenteric |
| 35533 | | | 1,262.59 | | | Bypass graft, with vein; axillary-femoral-femoral |
| 35535 | | | 1,389.68 | | | Bypass graft, with vein; hepatorenal |
| 35536 | | | 1,321.69 | | | Bypass graft, with vein; splenorenal |
| 35537 | | | 1,733.15 | | | Bypass graft, with vein; aortoiliac |
| 35538 | | | 1,942.27 | | | Bypass graft, with vein; aortobi-iliac |
| 35539 | | | 1,706.56 | | | Bypass graft, with vein; aortofemoral |
| 35540 | | | 1,959.67 | | | Bypass graft, with vein; aortobifemoral |
| 35556 | | | 1,080.58 | | | Bypass graft, with vein; femoral-popliteal |
| 35558 | | | 955.84 | | | Bypass graft, with vein; femoral-femoral |
| 35560 | | | 1,341.77 | | | Bypass graft, with vein; aortorenal |
| 35563 | | | 1,036.99 | | | Bypass graft, with vein; ilioiliac |
| 35565 | | | 1,022.81 | | | Bypass graft, with vein; iliofemoral |
| 35566 | | | 1,292.59 | | | Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels |
| 35570 | | | 1,079.88 | | | Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial |
| 35571 | | | 1,034.75 | | | Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels |
| 35572 | | | 265.07 | | | Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure) |
| 35583 | | | 1,117.22 | | | In-situ vein bypass; femoral-popliteal |
| 35585 | | | 1,298.83 | | | In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery |
| 35587 | | | 1,071.51 | | | In-situ vein bypass; popliteal-tibial, peroneal |
| 35600 | | | 195.30 | | | Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure) |
| 35601 | | | 1,129.30 | | | Bypass graft, with other than vein; common carotid-ipsilateral internal carotid |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 35606 | | | 911.21 | | | Bypass graft, with other than vein; carotid-subclavian |
| 35612 | | | 698.31 | | | Bypass graft, with other than vein; subclavian-subclavian |
| 35616 | | | 911.65 | | | Bypass graft, with other than vein; subclavian-axillary |
| 35621 | | | 853.67 | | | Bypass graft, with other than vein; axillary-femoral |
| 35623 | | | 1,100.06 | | | Bypass graft, with other than vein; axillary-popliteal or -tibial |
| 35626 | | | 1,202.47 | | | Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid |
| 35631 | | | 1,426.30 | | | Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal |
| 35632 | | | 1,319.99 | | | Bypass graft, with other than vein; ilio-celiac |
| 35633 | | | 1,443.96 | | | Bypass graft, with other than vein; ilio-mesenteric |
| 35634 | | | 1,306.85 | | | Bypass graft, with other than vein; iliorenal |
| 35636 | | | 1,332.31 | | | Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis) |
| 35637 | | | 1,324.30 | | | Bypass graft, with other than vein; aortoiliac |
| 35638 | | | 1,354.32 | | | Bypass graft, with other than vein; aortobi-iliac |
| 35642 | | | 844.81 | | | Bypass graft, with other than vein; carotid-vertebral |
| 35645 | | | 801.24 | | | Bypass graft, with other than vein; subclavian-vertebral |
| 35646 | | | 1,328.46 | | | Bypass graft, with other than vein; aortobifemoral |
| 35647 | | | 1,207.20 | | | Bypass graft, with other than vein; aortofemoral |
| 35650 | | | 828.45 | | | Bypass graft, with other than vein; axillary-axillary |
| 35654 | | | 1,064.28 | | | Bypass graft, with other than vein; axillary-femoral-femoral |
| 35656 | | | 839.94 | | | Bypass graft, with other than vein; femoral-popliteal |
| 35661 | | | 844.65 | | | Bypass graft, with other than vein; femoral-femoral |
| 35663 | | | 971.49 | | | Bypass graft, with other than vein; ilioiliac |
| 35665 | | | 911.99 | | | Bypass graft, with other than vein; iliofemoral |
| 35666 | | | 988.92 | | | Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery |
| 35671 | | | 871.63 | | | Bypass graft, with other than vein; popliteal-tibial or -peroneal artery |
| 35681 | | | 61.19 | | | Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure) |
| 35682 | | | 271.94 | | | Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure) |
| 35683 | | | 317.79 | | | Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure) |
| 35685 | | | 153.19 | | | Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure) |
| 35686 | | | 127.34 | | | Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure) |
| 35691 | | | 747.83 | | | Transposition and/or reimplantation; vertebral to carotid artery |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|---|
| 35693 | | | 665.99 | | | Transposition and/or reimplantation; vertebral to subclavian artery |
| 35694 | | | 790.42 | | | Transposition and/or reimplantation; subclavian to carotid artery |
| 35695 | | | 807.53 | | | Transposition and/or reimplantation; carotid to subclavian artery |
| 35697 | | | 114.10 | | | Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure) |
| 35700 | | | 117.52 | | | Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure) |
| 35701 | | | 427.18 | | | Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery |
| 35721 | | | 353.42 | | | Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery |
| 35741 | | | 391.28 | | | Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery |
| 35761 | | | 297.02 | | | Exploration (not followed by surgical repair), with or without lysis of artery; other vessels |
| 35800 | | | 376.76 | | | Exploration for postoperative hemorrhage, thrombosis or infection; neck |
| 35820 | | | 1,487.31 | | | Exploration for postoperative hemorrhage, thrombosis or infection; chest |
| 35840 | | | 488.85 | | | Exploration for postoperative hemorrhage, thrombosis or infection; abdomen |
| 35860 | | | 316.76 | | | Exploration for postoperative hemorrhage, thrombosis or infection; extremity |
| 35870 | | | 1,042.29 | | | Repair of graft-enteric fistula |
| 35875 | | | 462.96 | | | Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); |
| 35876 | | | 732.36 | | | Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft |
| 35879 | | | 720.02 | | | Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty |
| 35881 | | | 796.49 | | | Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition |
| 35883 | | | 929.85 | | | Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium) |
| 35884 | | | 962.88 | | | Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft |
| 35901 | | | 394.28 | | | Excision of infected graft; neck |
| 35903 | | | 442.72 | | | Excision of infected graft; extremity |
| 35905 | | | 1,319.12 | | | Excision of infected graft; thorax |
| 35907 | | | 1,481.20 | | | Excision of infected graft; abdomen |
| 36000 | 19.68 | 7.14 | | | | Introduction of needle or intracatheter, vein |
| 36002 | 128.25 | 81.99 | | | | Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 36005 | 281.69 | 36.74 | | | | Injection procedure for extremity venography (including introduction of needle or intracatheter) |
| 36010 | 453.51 | 91.78 | | | | Introduction of catheter, superior or inferior vena cava |
| 36011 | 747.97 | 119.00 | | | | Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein) |
| 36012 | 722.74 | 134.73 | | | | Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus) |
| 36013 | 660.69 | 97.48 | | | | Introduction of catheter, right heart or main pulmonary artery |
| 36014 | 692.59 | 114.62 | | | | Selective catheter placement, left or right pulmonary artery |
| 36015 | 751.74 | 132.51 | | | | Selective catheter placement, segmental or subsegmental pulmonary artery |
| 36100 | 423.82 | 121.46 | | | | Introduction of needle or intracatheter, carotid or vertebral artery |
| 36120 | 364.10 | 75.67 | | | | Introduction of needle or intracatheter; retrograde brachial artery |
| 36140 | 388.90 | 78.45 | | | | Introduction of needle or intracatheter; extremity artery |
| 36147 | 659.74 | 139.17 | | | | Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava) |
| 36148 | 208.96 | 36.74 | | | | Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure) |
| 36160 | 420.29 | 97.58 | | | | Introduction of needle or intracatheter, aortic, translumbar |
| 36200 | 524.53 | 117.10 | | | | Introduction of catheter, aorta |
| 36215 | 936.40 | 185.36 | | | | Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family |
| 36216 | 1,029.60 | 209.73 | | | | Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family |
| 36217 | 1,694.03 | 249.65 | | | | Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family |
| 36218 | 154.77 | 39.67 | | | | Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) |
| 36245 | 988.88 | 188.80 | | | | Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|---------------|--------|--------|--|
| 36246 | 995.96 | 207.31 | | | | Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family |
| 36247 | 1,576.42 | 246.85 | | | | Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family |
| 36248 | 129.13 | 39.12 | | | | Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) |
| 36251 | 1,119.43 | 199.52 | | | | Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral |
| 36252 | 1,224.81 | 259.82 | | | | Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral |
| 36253 | 1,714.86 | 277.27 | | | | Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral |
| 36254 | 1,783.10 | 299.12 | | | | Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral |
| 36260 | | | 460.84 | | | Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver) |
| 36261 | | | 288.82 | | | Revision of implanted intra-arterial infusion pump |
| 36262 | | | 219.55 | | | Removal of implanted intra-arterial infusion pump |
| 36299 | | | I.C. | | | Unlisted procedure, vascular injection |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 36400 | 22.11 | 12.63 | | | | Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein |
| 36405 | 18.18 | 11.77 | | | | Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein |
| 36406 | 13.27 | 6.86 | | | | Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein |
| 36410 | 14.11 | 6.86 | | | | Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture) |
| 36415 | | | I.C. | | | Collection of venous blood by venipuncture |
| 36416 | | | I.C. | | | Collection of capillary blood specimen (eg, finger, heel, ear stick) |
| 36420 | | | 34.20 | | | Venipuncture, cutdown; younger than age 1 year |
| 36425 | | | 29.07 | | | Venipuncture, cutdown; age 1 or over |
| 36430 | | | 28.61 | | | Transfusion, blood or blood components |
| 36440 | | | 41.08 | | | Push transfusion, blood, 2 years or younger |
| 36450 | | | 84.73 | | | Exchange transfusion, blood; newborn |
| 36455 | | | 89.01 | | | Exchange transfusion, blood; other than newborn |
| 36460 | | | 260.73 | | | Transfusion, intrauterine, fetal |
| 36468 | | | I.C. | | | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk |
| 36469 | | | I.C. | | | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face |
| 36470 | 112.63 | 53.83 | | | | Injection of sclerosing solution; single vein |
| 36471 | 136.90 | 75.87 | | | | Injection of sclerosing solution; multiple veins, same leg |
| 36475 | 1,479.80 | 265.04 | | | | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated |
| 36476 | 312.52 | 129.15 | | | | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) |
| 36478 | 1,162.76 | 264.03 | | | | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated |
| 36479 | 322.93 | 128.97 | | | | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) |
| 36481 | 1,006.82 | 268.88 | | | | Percutaneous portal vein catheterization by any method |
| 36500 | | | 136.03 | | | Venous catheterization for selective organ blood sampling |
| 36510 | 81.27 | 44.76 | | | | Catheterization of umbilical vein for diagnosis or therapy, newborn |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 36511 | | | 69.97 | | | Therapeutic apheresis; for white blood cells |
| 36512 | | | 68.50 | | | Therapeutic apheresis; for red blood cells |
| 36513 | | | 73.78 | | | Therapeutic apheresis; for platelets |
| 36514 | 418.60 | 68.58 | | | | Therapeutic apheresis; for plasma pheresis |
| 36515 | 1,584.03 | 68.30 | | | | Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion |
| 36516 | 1,752.66 | 50.78 | | | | Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion |
| 36522 | 1,112.40 | 76.56 | | | | Photopheresis, extracorporeal |
| 36555 | 210.25 | 89.58 | | | | Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age |
| 36556 | 181.36 | 88.56 | | | | Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older |
| 36557 | 746.27 | 238.24 | | | | Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age |
| 36558 | 642.99 | 212.43 | | | | Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older |
| 36560 | 1,015.96 | 269.66 | | | | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age |
| 36561 | 945.49 | 264.68 | | | | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older |
| 36563 | 1,004.65 | 276.75 | | | | Insertion of tunneled centrally inserted central venous access device with subcutaneous pump |
| 36565 | 796.56 | 262.34 | | | | Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter) |
| 36566 | 3,658.61 | 281.60 | | | | Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s) |
| 36568 | 237.37 | 71.00 | | | | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age |
| 36569 | 204.85 | 69.41 | | | | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older |
| 36570 | 906.87 | 228.02 | | | | Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age |
| 36571 | 1,022.64 | 238.73 | | | | Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older |
| 36575 | 130.66 | 26.43 | | | | Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site |
| 36576 | 292.79 | 146.21 | | | | Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 36578 | 405.68 | 164.35 | | | | Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site |
| 36580 | 178.47 | 50.00 | | | | Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access |
| 36581 | 616.87 | 151.48 | | | | Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access |
| 36582 | 883.59 | 231.49 | | | | Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access |
| 36583 | 985.47 | 244.75 | | | | Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access |
| 36584 | 171.82 | 50.88 | | | | Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access |
| 36585 | 891.48 | 213.18 | | | | Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access |
| 36589 | 127.54 | 105.80 | | | | Removal of tunneled central venous catheter, without subcutaneous port or pump |
| 36590 | 218.72 | 152.40 | | | | Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion |
| 36591 | | | 18.86 | | | Collection of blood specimen from a completely implantable venous access device |
| 36592 | | | 21.09 | | | Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified |
| 36593 | | | 23.59 | | | Declotting by thrombolytic agent of implanted vascular access device or catheter |
| 36595 | 470.91 | 140.95 | | | | Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access |
| 36596 | 108.63 | 34.50 | | | | Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen |
| 36597 | 98.49 | 46.38 | | | | Repositioning of previously placed central venous catheter under fluoroscopic guidance |
| 36598 | 90.27 | 37.88 | | | | Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report |
| 36600 | 23.91 | 11.37 | | | | Arterial puncture, withdrawal of blood for diagnosis |
| 36620 | | | 36.66 | | | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous |
| 36625 | | | 78.36 | | | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown |
| 36640 | | | 94.56 | | | Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 36660 | | | 54.95 | | | Catheterization, umbilical artery, newborn, for diagnosis or therapy |
| 36680 | | | 43.43 | | | Placement of needle for intraosseous infusion |
| 36800 | | | 122.34 | | | Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein |
| 36810 | | | 157.87 | | | Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type) |
| 36815 | | | 113.36 | | | Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure |
| 36818 | | | 511.34 | | | Arteriovenous anastomosis, open; by upper arm cephalic vein transposition |
| 36819 | | | 606.92 | | | Arteriovenous anastomosis, open; by upper arm basilic vein transposition |
| 36820 | | | 612.03 | | | Arteriovenous anastomosis, open; by forearm vein transposition |
| 36821 | | | 522.51 | | | Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure) |
| 36822 | | | 292.20 | | | Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure) |
| 36823 | | | 980.95 | | | Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites |
| 36825 | | | 615.83 | | | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft |
| 36830 | | | 499.67 | | | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft) |
| 36831 | | | 348.90 | | | Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure) |
| 36832 | | | 441.74 | | | Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure) |
| 36833 | | | 498.65 | | | Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure) |
| 36835 | | | 368.30 | | | Insertion of Thomas shunt (separate procedure) |
| 36838 | | | 881.81 | | | Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome) |
| 36860 | 156.86 | 79.67 | | | | External cannula declotting (separate procedure); without balloon catheter |
| 36861 | | | 115.04 | | | External cannula declotting (separate procedure); with balloon catheter |
| 36870 | 1,525.18 | 231.84 | | | | Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis) |
| 37140 | | | 1,069.30 | | | Venous anastomosis, open; portocaval |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|--|
| 37145 | | | 1,122.05 | | | Venous anastomosis, open; renoportal |
| 37160 | | | 988.73 | | | Venous anastomosis, open; caval-mesenteric |
| 37180 | | | 1,103.30 | | | Venous anastomosis, open; splenorenal, proximal |
| 37181 | | | 1,190.97 | | | Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique) |
| 37182 | | | 644.55 | | | Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation) |
| 37183 | 4,431.70 | 305.05 | | | | Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation) |
| 37184 | 1,937.53 | 346.29 | | | | Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel |
| 37185 | 637.18 | 127.48 | | | | Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure) |
| 37186 | 1,263.66 | 194.66 | | | | Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure) |
| 37187 | 1,847.81 | 314.81 | | | | Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance |
| 37188 | 1,564.74 | 225.98 | | | | Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 37191 | 2,054.41 | 171.10 | | | | Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed |
| 37192 | 1,364.05 | 264.64 | | | | Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed |
| 37193 | 1,300.79 | 264.38 | | | | Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed |
| 37195 | | | 226.34 | | | Thrombolysis, cerebral, by intravenous infusion |
| 37200 | | | 170.60 | | | Transcatheter biopsy |
| 37201 | | | 211.51 | | | Transcatheter therapy, infusion for thrombolysis other than coronary |
| 37202 | | | 256.36 | | | Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive) |
| 37203 | 1,091.66 | 199.89 | | | | Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter) |
| 37204 | | | 683.53 | | | Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck |
| 37205 | 3,522.40 | 330.43 | | | | Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel |
| 37206 | 2,122.51 | 162.29 | | | | Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure) |
| 37207 | | | 325.48 | | | Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel |
| 37208 | | | 156.52 | | | Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure) |
| 37209 | | | 85.87 | | | Exchange of a previously placed intravascular catheter during thrombolytic therapy |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 37210 | 2,918.21 | 405.38 | | | | Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure |
| 37215 | | | 845.75 | | | Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection |
| 37216 | | | 762.10 | | | Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection |
| 37220 | 2,556.00 | 312.37 | | | | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty |
| 37221 | 3,789.52 | 381.02 | | | | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed |
| 37222 | 729.44 | 141.71 | | | | Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure) |
| 37223 | 2,093.42 | 161.07 | | | | Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) |
| 37224 | 3,075.50 | 344.18 | | | | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty |
| 37225 | 8,755.70 | 463.39 | | | | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed |
| 37226 | 7,334.78 | 386.81 | | | | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed |
| 37227 | 1,846.62 | 559.64 | | | | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed |
| 37228 | 4,387.40 | 420.15 | | | | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty |
| 37229 | 8,668.66 | 542.43 | | | | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|-----------|--------|---------------|--------|--------|--|
| 37230 | 6,798.10 | 524.80 | | | | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed |
| 37231 | 10,946.35 | 570.37 | | | | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed |
| 37232 | 977.03 | 151.86 | | | | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure) |
| 37233 | 1,184.84 | 249.60 | | | | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) |
| 37234 | 3,151.33 | 208.22 | | | | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) |
| 37235 | 3,356.26 | 295.55 | | | | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) |
| 37250 | | | 82.58 | | | Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure) |
| 37251 | | | 61.37 | | | Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure) |
| 37500 | | | 530.44 | | | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) |
| 37501 | | | I.C. | | | Unlisted vascular endoscopy procedure |
| 37565 | | | 538.81 | | | Ligation, internal jugular vein |
| 37600 | | | 539.60 | | | Ligation; external carotid artery |
| 37605 | | | 613.54 | | | Ligation; internal or common carotid artery |
| 37606 | | | 383.51 | | | Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp |
| 37607 | | | 288.41 | | | Ligation or banding of angioaccess arteriovenous fistula |
| 37609 | 236.45 | 155.07 | | | | Ligation or biopsy, temporal artery |
| 37615 | | | 388.25 | | | Ligation, major artery (eg, post-traumatic, rupture); neck |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 37616 | | | 820.31 | | | Ligation, major artery (eg, post-traumatic, rupture); chest |
| 37617 | | | 976.78 | | | Ligation, major artery (eg, post-traumatic, rupture); abdomen |
| 37618 | | | 292.75 | | | Ligation, major artery (eg, post-traumatic, rupture); extremity |
| 37619 | | | 1,168.39 | | | Ligation of inferior vena cava |
| 37650 | | | 371.86 | | | Ligation of femoral vein |
| 37660 | | | 936.62 | | | Ligation of common iliac vein |
| 37700 | | | 194.69 | | | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions |
| 37718 | | | 333.48 | | | Ligation, division, and stripping, short saphenous vein |
| 37722 | | | 369.82 | | | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below |
| 37735 | | | 478.84 | | | Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia |
| 37760 | | | 490.35 | | | Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg |
| 37761 | | | 429.52 | | | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg |
| 37765 | 512.22 | 347.52 | | | | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions |
| 37766 | 607.14 | 424.05 | | | | Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions |
| 37780 | | | 200.79 | | | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) |
| 37785 | 278.54 | 201.35 | | | | Ligation, division, and/or excision of varicose vein cluster(s), 1 leg |
| 37788 | | | 1,038.19 | | | Penile revascularization, artery, with or without vein graft |
| 37790 | | | 365.86 | | | Penile venous occlusive procedure |
| 37799 | | | I.C. | | | Unlisted procedure, vascular surgery |
| 38100 | | | 817.16 | | | Splenectomy; total (separate procedure) |
| 38101 | | | 823.66 | | | Splenectomy; partial (separate procedure) |
| 38102 | | | 187.51 | | | Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure) |
| 38115 | | | 903.10 | | | Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy |
| 38120 | | | 752.60 | | | Laparoscopy, surgical, splenectomy |
| 38129 | | | I.C. | | | Unlisted laparoscopy procedure, spleen |
| 38200 | | | 108.18 | | | Injection procedure for splenoportography |
| 38204 | | | 74.70 | | | Management of recipient hematopoietic progenitor cell donor search and cell acquisition |
| 38205 | | | 59.26 | | | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic |
| 38206 | | | 59.81 | | | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 38207 | | | 35.29 | | | Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage |
| 38208 | | | 22.38 | | | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing |
| 38209 | | | 9.62 | | | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing |
| 38210 | | | 62.71 | | | Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion |
| 38211 | | | 56.85 | | | Transplant preparation of hematopoietic progenitor cells; tumor cell depletion |
| 38212 | | | 37.34 | | | Transplant preparation of hematopoietic progenitor cells; red blood cell removal |
| 38213 | | | 9.62 | | | Transplant preparation of hematopoietic progenitor cells; platelet depletion |
| 38214 | | | 32.24 | | | Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion |
| 38215 | | | 37.34 | | | Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer |
| 38220 | 119.03 | 45.46 | | | | Bone marrow; aspiration only |
| 38221 | 128.29 | 56.39 | | | | Bone marrow; biopsy, needle or trocar |
| 38230 | | | 253.42 | | | Bone marrow harvesting for transplantation |
| 38232 | | | 131.61 | | | Bone marrow; autologous |
| 38240 | | | 93.14 | | | Bone marrow or blood-derived peripheral stem cell transplantation; allogenic |
| 38241 | | | 93.05 | | | Bone marrow or blood-derived peripheral stem cell transplantation; autologous |
| 38242 | | | 71.12 | | | Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions |
| 38300 | 210.75 | 137.46 | | | | Drainage of lymph node abscess or lymphadenitis; simple |
| 38305 | | | 338.77 | | | Drainage of lymph node abscess or lymphadenitis; extensive |
| 38308 | | | 325.93 | | | Lymphangiomy or other operations on lymphatic channels |
| 38380 | | | 427.59 | | | Suture and/or ligation of thoracic duct; cervical approach |
| 38381 | | | 598.56 | | | Suture and/or ligation of thoracic duct; thoracic approach |
| 38382 | | | 492.78 | | | Suture and/or ligation of thoracic duct; abdominal approach |
| 38500 | 241.63 | 183.10 | | | | Biopsy or excision of lymph node(s); open, superficial |
| 38505 | 97.82 | 54.62 | | | | Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary) |
| 38510 | 385.10 | 308.18 | | | | Biopsy or excision of lymph node(s); open, deep cervical node(s) |
| 38520 | | | 340.27 | | | Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad |
| 38525 | | | 311.53 | | | Biopsy or excision of lymph node(s); open, deep axillary node(s) |
| 38530 | | | 396.66 | | | Biopsy or excision of lymph node(s); open, internal mammary node(s) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 38542 | | | 384.29 | | | Dissection, deep jugular node(s) |
| 38550 | | | 361.33 | | | Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection |
| 38555 | | | 729.52 | | | Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection |
| 38562 | | | 511.37 | | | Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic |
| 38564 | | | 509.99 | | | Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic) |
| 38570 | | | 395.00 | | | Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple |
| 38571 | | | 601.28 | | | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy |
| 38572 | | | 689.18 | | | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple |
| 38589 | | | I.C. | | | Unlisted laparoscopy procedure, lymphatic system |
| 38700 | | | 597.60 | | | Suprahyoid lymphadenectomy |
| 38720 | | | 992.10 | | | Cervical lymphadenectomy (complete) |
| 38724 | | | 1,076.01 | | | Cervical lymphadenectomy (modified radical neck dissection) |
| 38740 | | | 493.43 | | | Axillary lymphadenectomy; superficial |
| 38745 | | | 625.02 | | | Axillary lymphadenectomy; complete |
| 38746 | | | 191.07 | | | Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure) |
| 38747 | | | 190.99 | | | Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure) |
| 38760 | | | 607.93 | | | Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure) |
| 38765 | | | 931.70 | | | Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure) |
| 38770 | | | 597.77 | | | Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure) |
| 38780 | | | 763.21 | | | Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure) |
| 38790 | | | 62.15 | | | Injection procedure; lymphangiography |
| 38792 | | | 30.51 | | | Injection procedure; for identification of sentinel node |
| 38794 | | | 224.97 | | | Cannulation, thoracic duct |
| 38900 | | | 98.48 | | | Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure) |
| 38999 | | | I.C. | | | Unlisted procedure, hemic or lymphatic system |
| 39000 | | | 372.18 | | | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 39010 | | | 596.28 | | | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy |
| 39200 | | | 657.67 | | | Excision of mediastinal cyst |
| 39220 | | | 849.74 | | | Excision of mediastinal tumor |
| 39400 | | | 379.88 | | | Mediastinoscopy, with or without biopsy |
| 39499 | | | I.C. | | | Unlisted procedure, mediastinum |
| 39501 | | | 615.98 | | | Repair, laceration of diaphragm, any approach |
| 39503 | | | 4,343.14 | | | Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia |
| 39540 | | | 629.79 | | | Repair, diaphragmatic hernia (other than neonatal), traumatic; acute |
| 39541 | | | 682.48 | | | Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic |
| 39545 | | | 664.23 | | | Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic |
| 39560 | | | 577.65 | | | Resection, diaphragm; with simple repair (eg, primary suture) |
| 39561 | | | 910.00 | | | Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap) |
| 39599 | | | I.C. | | | Unlisted procedure, diaphragm |
| 40490 | 99.75 | 55.72 | | | | Biopsy of lip |
| 40500 | 389.54 | 278.35 | | | | Vermilionectomy (lip shave), with mucosal advancement |
| 40510 | 370.05 | 269.73 | | | | Excision of lip; transverse wedge excision with primary closure |
| 40520 | 378.43 | 272.81 | | | | Excision of lip; V-excision with primary direct linear closure |
| 40525 | | | 419.41 | | | Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan) |
| 40527 | | | 480.55 | | | Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander) |
| 40530 | 416.45 | 308.05 | | | | Resection of lip, more than one-fourth, without reconstruction |
| 40650 | 319.80 | 218.36 | | | | Repair lip, full thickness; vermilion only |
| 40652 | 372.68 | 267.06 | | | | Repair lip, full thickness; up to half vertical height |
| 40654 | 437.48 | 322.94 | | | | Repair lip, full thickness; over one-half vertical height, or complex |
| 40700 | | | 725.37 | | | Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral |
| 40701 | | | 834.91 | | | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure |
| 40702 | | | 619.36 | | | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages |
| 40720 | | | 732.09 | | | Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure |
| 40761 | | | 816.78 | | | Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle |
| 40799 | | | I.C. | | | Unlisted procedure, lips |
| 40800 | 161.02 | 99.99 | | | | Drainage of abscess, cyst, hematoma, vestibule of mouth; simple |
| 40801 | 239.40 | 168.34 | | | | Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 40804 | 165.13 | 100.76 | | | | Removal of embedded foreign body, vestibule of mouth; simple |
| 40805 | 248.48 | 171.84 | | | | Removal of embedded foreign body, vestibule of mouth; complicated |
| 40806 | 84.32 | 24.13 | | | | Incision of labial frenum (frenotomy) |
| 40808 | 144.83 | 83.52 | | | | Biopsy, vestibule of mouth |
| 40810 | 159.43 | 98.12 | | | | Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair |
| 40812 | 219.18 | 149.51 | | | | Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair |
| 40814 | 293.36 | 232.33 | | | | Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair |
| 40816 | 308.23 | 242.46 | | | | Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle |
| 40818 | 273.22 | 208.85 | | | | Excision of mucosa of vestibule of mouth as donor graft |
| 40819 | 234.92 | 179.46 | | | | Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy) |
| 40820 | 208.55 | 135.26 | | | | Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical) |
| 40830 | 190.81 | 121.98 | | | | Closure of laceration, vestibule of mouth; 2.5 cm or less |
| 40831 | 253.08 | 170.59 | | | | Closure of laceration, vestibule of mouth; over 2.5 cm or complex |
| 40840 | 635.46 | 486.09 | | | | Vestibuloplasty; anterior |
| 40842 | 607.32 | 473.83 | | | | Vestibuloplasty; posterior, unilateral |
| 40843 | 800.49 | 609.31 | | | | Vestibuloplasty; posterior, bilateral |
| 40844 | 1,051.71 | 868.06 | | | | Vestibuloplasty; entire arch |
| 40845 | 1,108.19 | 926.22 | | | | Vestibuloplasty; complex (including ridge extension, muscle repositioning) |
| 40899 | | | I.C. | | | Unlisted procedure, vestibule of mouth |
| 41000 | 124.63 | 85.34 | | | | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual |
| 41005 | 175.13 | 98.77 | | | | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial |
| 41006 | 276.46 | 198.99 | | | | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, suprathyroid |
| 41007 | 276.51 | 189.84 | | | | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space |
| 41008 | 285.59 | 203.10 | | | | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space |
| 41009 | 303.81 | 221.04 | | | | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space |
| 41010 | 161.84 | 85.48 | | | | Incision of lingual frenum (frenotomy) |
| 41015 | 333.29 | 259.45 | | | | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual |
| 41016 | 332.80 | 265.36 | | | | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental |
| 41017 | 335.86 | 266.47 | | | | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 41018 | 377.33 | 304.87 | | | | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space |
| 41019 | | | 346.35 | | | Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application |
| 41100 | 130.60 | 83.23 | | | | Biopsy of tongue; anterior two-thirds |
| 41105 | 131.81 | 85.27 | | | | Biopsy of tongue; posterior one-third |
| 41108 | 114.50 | 69.35 | | | | Biopsy of floor of mouth |
| 41110 | 165.29 | 101.76 | | | | Excision of lesion of tongue without closure |
| 41112 | 256.78 | 193.80 | | | | Excision of lesion of tongue with closure; anterior two-thirds |
| 41113 | 279.16 | 213.39 | | | | Excision of lesion of tongue with closure; posterior one-third |
| 41114 | | | 483.21 | | | Excision of lesion of tongue with closure; with local tongue flap |
| 41115 | 189.72 | 114.75 | | | | Excision of lingual frenum (frenectomy) |
| 41116 | 255.13 | 169.30 | | | | Excision, lesion of floor of mouth |
| 41120 | | | 815.71 | | | Glossectomy; less than one-half tongue |
| 41130 | | | 999.77 | | | Glossectomy; hemiglossectomy |
| 41135 | | | 1,633.81 | | | Glossectomy; partial, with unilateral radical neck dissection |
| 41140 | | | 1,674.05 | | | Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection |
| 41145 | | | 2,101.96 | | | Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection |
| 41150 | | | 1,663.73 | | | Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection |
| 41153 | | | 1,802.77 | | | Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection |
| 41155 | | | 2,240.77 | | | Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type) |
| 41250 | 185.37 | 110.13 | | | | Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue |
| 41251 | 193.53 | 125.26 | | | | Repair of laceration 2.5 cm or less; posterior one-third of tongue |
| 41252 | 238.61 | 160.03 | | | | Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex |
| 41500 | | | 352.99 | | | Fixation of tongue, mechanical, other than suture (eg, K-wire) |
| 41510 | | | 296.56 | | | Suture of tongue to lip for micrognathia (Douglas type procedure) |
| 41512 | | | 482.82 | | | Tongue base suspension, permanent suture technique |
| 41520 | 268.67 | 195.94 | | | | Frenoplasty (surgical revision of frenum, eg, with Z-plasty) |
| 41530 | 2,623.86 | 315.86 | | | | Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session |
| 41599 | | | I.C. | | | Unlisted procedure, tongue, floor of mouth |
| 41800 | 192.55 | 106.16 | | | | Drainage of abscess, cyst, hematoma from dentoalveolar structures |
| 41805 | 188.77 | 131.08 | | | | Removal of embedded foreign body from dentoalveolar structures; soft tissues |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|---------------|--------|--------|---|
| 41806 | 275.12 | 200.99 | | | | Removal of embedded foreign body from dentoalveolar structures; bone |
| 41820 | | | I.C. | | | Gingivectomy, excision gingiva, each quadrant |
| 41821 | | | I.C. | | | Operculectomy, excision pericoronal tissues |
| 41822 | 221.26 | 135.15 | | | | Excision of fibrous tuberosities, dentoalveolar structures |
| 41823 | 327.56 | 245.35 | | | | Excision of osseous tuberosities, dentoalveolar structures |
| 41825 | 162.41 | 95.80 | | | | Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair |
| 41826 | 231.29 | 158.56 | | | | Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair |
| 41827 | 333.10 | 232.49 | | | | Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair |
| 41828 | 230.10 | 159.87 | | | | Excision of hyperplastic alveolar mucosa, each quadrant (specify) |
| 41830 | 297.33 | 213.17 | | | | Alveolectomy, including curettage of osteitis or sequestrectomy |
| 41850 | | | I.C. | | | Destruction of lesion (except excision), dentoalveolar structures |
| 41870 | | | I.C. | | | Periodontal mucosal grafting |
| 41872 | 283.51 | 203.81 | | | | Gingivoplasty, each quadrant (specify) |
| 41874 | 282.31 | 192.02 | | | | Alveoloplasty, each quadrant (specify) |
| 41899 | | | I.C. | | | Unlisted procedure, dentoalveolar structures |
| 42000 | 121.73 | 79.37 | | | | Drainage of abscess of palate, uvula |
| 42100 | 115.68 | 83.63 | | | | Biopsy of palate, uvula |
| 42104 | 165.28 | 106.20 | | | | Excision, lesion of palate, uvula; without closure |
| 42106 | 207.63 | 136.84 | | | | Excision, lesion of palate, uvula; with simple primary closure |
| 42107 | 352.06 | 262.89 | | | | Excision, lesion of palate, uvula; with local flap closure |
| 42120 | | | 761.24 | | | Resection of palate or extensive resection of lesion |
| 42140 | 199.52 | 121.21 | | | | Uvulectomy, excision of uvula |
| 42145 | | | 538.59 | | | P a l a t o p h a r y n g o p l a s t y (e g , uvulopalatopharyngoplasty, uvulopharyngoplasty) |
| 42160 | 184.39 | 115.28 | | | | Destruction of lesion, palate or uvula (thermal, cryo or chemical) |
| 42180 | 179.31 | 134.45 | | | | Repair, laceration of palate; up to 2 cm |
| 42182 | 247.95 | 197.79 | | | | Repair, laceration of palate; over 2 cm or complex |
| 42200 | | | 658.37 | | | Palatoplasty for cleft palate, soft and/or hard palate only |
| 42205 | | | 721.29 | | | Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only |
| 42210 | | | 788.91 | | | Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft) |
| 42215 | | | 545.15 | | | Palatoplasty for cleft palate; major revision |
| 42220 | | | 403.60 | | | Palatoplasty for cleft palate; secondary lengthening procedure |
| 42225 | | | 708.62 | | | Palatoplasty for cleft palate; attachment pharyngeal flap |
| 42226 | | | 707.51 | | | Lengthening of palate, and pharyngeal flap |
| 42227 | | | 675.63 | | | Lengthening of palate, with island flap |
| 42235 | | | 574.43 | | | Repair of anterior palate, including vomer flap |
| 42260 | 625.87 | 504.09 | | | | Repair of nasolabial fistula |
| 42280 | 124.49 | 82.68 | | | | Maxillary impression for palatal prosthesis |
| 42281 | 158.37 | 116.57 | | | | Insertion of pin-retained palatal prosthesis |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 42299 | | | I.C. | | | Unlisted procedure, palate, uvula |
| 42300 | 162.17 | 117.31 | | | | Drainage of abscess; parotid, simple |
| 42305 | | | 326.97 | | | Drainage of abscess; parotid, complicated |
| 42310 | 125.54 | 96.00 | | | | Drainage of abscess; submaxillary or sublingual, intraoral |
| 42320 | 194.26 | 135.46 | | | | Drainage of abscess; submaxillary, external |
| 42330 | 180.10 | 126.31 | | | | Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral |
| 42335 | 289.86 | 198.18 | | | | Sialolithotomy; submandibular (submaxillary), complicated, intraoral |
| 42340 | 358.54 | 257.93 | | | | Sialolithotomy; parotid, extraoral or complicated intraoral |
| 42400 | 84.74 | 43.22 | | | | Biopsy of salivary gland; needle |
| 42405 | 229.93 | 171.68 | | | | Biopsy of salivary gland; incisional |
| 42408 | 351.88 | 250.72 | | | | Excision of sublingual salivary cyst (ranula) |
| 42409 | 259.55 | 171.77 | | | | Marsupialization of sublingual salivary cyst (ranula) |
| 42410 | | | 469.58 | | | Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection |
| 42415 | | | 838.23 | | | Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve |
| 42420 | | | 958.74 | | | Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve |
| 42425 | | | 634.57 | | | Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve |
| 42426 | | | 1,021.30 | | | Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection |
| 42440 | | | 354.06 | | | Excision of submandibular (submaxillary) gland |
| 42450 | 349.82 | 275.69 | | | | Excision of sublingual gland |
| 42500 | 334.65 | 263.03 | | | | Plastic repair of salivary duct, sialodochoplasty; primary or simple |
| 42505 | 427.54 | 347.28 | | | | Plastic repair of salivary duct, sialodochoplasty; secondary or complicated |
| 42507 | | | 398.26 | | | Parotid duct diversion, bilateral (Wilke type procedure); |
| 42508 | | | 542.10 | | | Parotid duct diversion, bilateral (Wilke type procedure); with excision of 1 submandibular gland |
| 42509 | | | 618.21 | | | Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands |
| 42510 | | | 484.94 | | | Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts |
| 42550 | 108.66 | 46.79 | | | | Injection procedure for sialography |
| 42600 | 374.45 | 269.11 | | | | Closure salivary fistula |
| 42650 | 64.80 | 45.29 | | | | Dilation salivary duct |
| 42660 | 82.06 | 59.21 | | | | Dilation and catheterization of salivary duct, with or without injection |
| 42665 | 244.70 | 160.26 | | | | Ligation salivary duct, intraoral |
| 42699 | | | I.C. | | | Unlisted procedure, salivary glands or ducts |
| 42700 | 147.52 | 105.16 | | | | Incision and drainage abscess; peritonsillar |
| 42720 | 346.48 | 297.71 | | | | Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach |
| 42725 | | | 615.52 | | | Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach |
| 42800 | 123.84 | 86.78 | | | | Biopsy; oropharynx |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 42802 | 187.76 | 104.99 | | | | Biopsy; hypopharynx |
| 42804 | 158.48 | 89.37 | | | | Biopsy; nasopharynx, visible lesion, simple |
| 42806 | 177.02 | 103.73 | | | | Biopsy; nasopharynx, survey for unknown primary lesion |
| 42808 | 176.70 | 124.87 | | | | Excision or destruction of lesion of pharynx, any method |
| 42809 | 131.12 | 99.35 | | | | Removal of foreign body from pharynx |
| 42810 | 303.91 | 223.37 | | | | Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues |
| 42815 | | | 427.53 | | | Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx |
| 42820 | | | 222.33 | | | Tonsillectomy and adenoidectomy; younger than age 12 |
| 42821 | | | 231.57 | | | Tonsillectomy and adenoidectomy; age 12 or over |
| 42825 | | | 202.08 | | | Tonsillectomy, primary or secondary; younger than age 12 |
| 42826 | | | 193.66 | | | Tonsillectomy, primary or secondary; age 12 or over |
| 42830 | | | 160.18 | | | Adenoidectomy, primary; younger than age 12 |
| 42831 | | | 172.88 | | | Adenoidectomy, primary; age 12 or over |
| 42835 | | | 137.30 | | | Adenoidectomy, secondary; younger than age 12 |
| 42836 | | | 186.00 | | | Adenoidectomy, secondary; age 12 or over |
| 42842 | | | 761.46 | | | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure |
| 42844 | | | 1,050.17 | | | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal) |
| 42845 | | | 1,688.86 | | | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap |
| 42860 | | | 145.95 | | | Excision of tonsil tags |
| 42870 | | | 453.88 | | | Excision or destruction lingual tonsil, any method (separate procedure) |
| 42890 | | | 1,073.82 | | | Limited pharyngectomy |
| 42892 | | | 1,413.31 | | | Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls |
| 42894 | | | 1,787.82 | | | Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis |
| 42900 | | | 258.82 | | | Suture pharynx for wound or injury |
| 42950 | | | 619.27 | | | Pharyngoplasty (plastic or reconstructive operation on pharynx) |
| 42953 | | | 755.49 | | | Pharyngoesophageal repair |
| 42955 | | | 583.35 | | | Pharyngostomy (fistulization of pharynx, external for feeding) |
| 42960 | | | 129.68 | | | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple |
| 42961 | | | 323.20 | | | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization |
| 42962 | | | 397.11 | | | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 42970 | | | 299.41 | | | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery |
| 42971 | | | 350.07 | | | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization |
| 42972 | | | 390.84 | | | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention |
| 42999 | | | I.C. | | | Unlisted procedure, pharynx, adenoids, or tonsils |
| 43020 | | | 402.80 | | | Esophagotomy, cervical approach, with removal of foreign body |
| 43030 | | | 394.56 | | | Cricopharyngeal myotomy |
| 43045 | | | 968.89 | | | Esophagotomy, thoracic approach, with removal of foreign body |
| 43100 | | | 473.63 | | | Excision of lesion, esophagus, with primary repair; cervical approach |
| 43101 | | | 748.39 | | | Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach |
| 43107 | | | 1,867.81 | | | Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal) |
| 43108 | | | 3,304.13 | | | Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es) |
| 43112 | | | 1,976.33 | | | Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty |
| 43113 | | | 3,270.05 | | | Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43116 | | | 3,792.67 | | | Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction |
| 43117 | | | 1,812.06 | | | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis) |
| 43118 | | | 2,702.64 | | | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43121 | | | 2,091.93 | | | Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 43122 | | | 1,848.51 | | | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty |
| 43123 | | | 3,336.56 | | | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43124 | | | 2,868.25 | | | Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy |
| 43130 | | | 592.38 | | | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach |
| 43135 | | | 1,096.00 | | | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach |
| 43200 | 170.11 | 79.26 | | | | Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 43201 | 232.83 | 97.40 | | | | Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance |
| 43202 | 223.35 | 86.52 | | | | Esophagoscopy, rigid or flexible; with biopsy, single or multiple |
| 43204 | | | 166.60 | | | Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices |
| 43205 | | | 168.48 | | | Esophagoscopy, rigid or flexible; with band ligation of esophageal varices |
| 43215 | | | 115.68 | | | Esophagoscopy, rigid or flexible; with removal of foreign body |
| 43216 | 158.77 | 107.78 | | | | Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 43217 | 296.64 | 127.77 | | | | Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 43219 | | | 128.78 | | | Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent |
| 43220 | | | 95.59 | | | Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter) |
| 43226 | | | 106.42 | | | Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire |
| 43227 | | | 157.66 | | | Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 43228 | | | 167.44 | | | Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 43231 | | | 143.24 | | | Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination |
| 43232 | | | 196.79 | | | Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) |
| 43234 | 220.21 | 90.35 | | | | Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure) |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 43235 | 232.19 | 109.30 | | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 43236 | 288.31 | 132.25 | | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance |
| 43237 | | | 177.13 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus |
| 43238 | | | 220.69 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus) |
| 43239 | 268.71 | 128.81 | | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple |
| 43240 | | | 297.49 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst |
| 43241 | | | 117.02 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement |
| 43242 | | | 317.95 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate) |
| 43243 | | | 201.01 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices |
| 43244 | | | 222.20 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices |
| 43245 | | | 141.14 | | | 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) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|---|
| 43246 | | | 188.42 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube |
| 43247 | | | 150.53 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body |
| 43248 | | | 142.00 | | | 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 wire |
| 43249 | | | 130.93 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter) |
| 43250 | | | 141.44 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 43251 | | | 163.79 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 43255 | | | 212.36 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method |
| 43256 | | | 191.23 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation) |
| 43257 | | | 238.81 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease |
| 43258 | | | 200.53 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 43259 | | | 228.43 | | | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 43260 | | | 260.48 | | | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 43261 | | | 273.74 | | | Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple |
| 43262 | | | 321.46 | | | Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy |
| 43263 | | | 316.90 | | | Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct) |
| 43264 | | | 385.78 | | | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts |
| 43265 | | | 432.52 | | | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method |
| 43267 | | | 320.07 | | | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube |
| 43268 | | | 326.20 | | | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct |
| 43269 | | | 356.07 | | | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent |
| 43271 | | | 321.18 | | | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s) |
| 43272 | | | 321.46 | | | 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 |
| 43273 | | | 96.01 | | | Endoscopic cannulation of papilla with direct visualization of common bile duct(s) and/or pancreatic duct(s) (List separately in addition to code(s) for primary procedure) |
| 43279 | | | 927.62 | | | Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed |
| 43280 | | | 774.74 | | | Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures) |
| 43281 | | | 1,141.64 | | | Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh |
| 43282 | | | 1,281.78 | | | Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh |
| 43283 | | | 118.19 | | | Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure) |
| 43289 | | | I.C. | | | Unlisted laparoscopy procedure, esophagus |
| 43300 | | | 466.85 | | | Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 43305 | | | 827.08 | | | Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula |
| 43310 | | | 1,105.50 | | | Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula |
| 43312 | | | 1,202.08 | | | Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula |
| 43313 | | | 2,040.08 | | | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula |
| 43314 | | | 2,111.27 | | | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula |
| 43320 | | | 1,005.38 | | | Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach |
| 43325 | | | 958.38 | | | Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure) |
| 43327 | | | 602.04 | | | Esophagogastric fundoplasty partial or complete; laparotomy |
| 43328 | | | 875.68 | | | Esophagogastric fundoplasty partial or complete; thoracotomy |
| 43330 | | | 944.19 | | | Esophagomyotomy (Heller type); abdominal approach |
| 43331 | | | 1,002.63 | | | Esophagomyotomy (Heller type); thoracic approach |
| 43332 | | | 859.44 | | | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis |
| 43333 | | | 932.57 | | | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis |
| 43334 | | | 940.08 | | | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis |
| 43335 | | | 1,012.34 | | | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis |
| 43336 | | | 1,108.19 | | | Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis |
| 43337 | | | 1,212.62 | | | Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis |
| 43338 | | | 98.98 | | | Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure) |
| 43340 | | | 986.40 | | | Esophagojejunostomy (without total gastrectomy); abdominal approach |
| 43341 | | | 1,084.91 | | | Esophagojejunostomy (without total gastrectomy); thoracic approach |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 43350 | | | 893.64 | | | Esophagostomy, fistulization of esophagus, external; abdominal approach |
| 43351 | | | 968.73 | | | Esophagostomy, fistulization of esophagus, external; thoracic approach |
| 43352 | | | 794.35 | | | Esophagostomy, fistulization of esophagus, external; cervical approach |
| 43360 | | | 1,673.07 | | | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty |
| 43361 | | | 1,866.61 | | | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43400 | | | 1,124.57 | | | Ligation, direct, esophageal varices |
| 43401 | | | 1,089.47 | | | Transection of esophagus with repair, for esophageal varices |
| 43405 | | | 1,101.04 | | | Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation |
| 43410 | | | 764.01 | | | Suture of esophageal wound or injury; cervical approach |
| 43415 | | | 1,258.15 | | | Suture of esophageal wound or injury; transthoracic or transabdominal approach |
| 43420 | | | 758.16 | | | Closure of esophagostomy or fistula; cervical approach |
| 43425 | | | 1,106.50 | | | Closure of esophagostomy or fistula; transthoracic or transabdominal approach |
| 43450 | 122.20 | 67.58 | | | | Dilation of esophagus, by unguided sound or bougie, single or multiple passes |
| 43453 | 235.61 | 72.86 | | | | Dilation of esophagus, over guide wire |
| 43456 | 479.47 | 116.63 | | | | Dilation of esophagus, by balloon or dilator, retrograde |
| 43458 | 303.68 | 136.47 | | | | Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia |
| 43460 | | | 166.12 | | | Esophagogastric tamponade, with balloon (Sengstaken type) |
| 43496 | | | 1,533.28 | | | Free jejunum transfer with microvascular anastomosis |
| 43499 | | | I.C. | | | Unlisted procedure, esophagus |
| 43500 | | | 560.99 | | | Gastrotomy; with exploration or foreign body removal |
| 43501 | | | 957.46 | | | Gastrotomy; with suture repair of bleeding ulcer |
| 43502 | | | 1,083.21 | | | Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss) |
| 43510 | | | 694.39 | | | Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin) |
| 43520 | | | 501.28 | | | Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation) |
| 43605 | | | 599.29 | | | Biopsy of stomach, by laparotomy |
| 43610 | | | 698.99 | | | Excision, local; ulcer or benign tumor of stomach |
| 43611 | | | 870.31 | | | Excision, local; malignant tumor of stomach |
| 43620 | | | 1,403.30 | | | Gastrectomy, total; with esophagoenterostomy |
| 43621 | | | 1,609.51 | | | Gastrectomy, total; with Roux-en-Y reconstruction |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|--|
| 43622 | | | 1,632.28 | | | Gastrectomy, total; with formation of intestinal pouch, any type |
| 43631 | | | 1,034.04 | | | Gastrectomy, partial, distal; with gastroduodenostomy |
| 43632 | | | 1,432.80 | | | Gastrectomy, partial, distal; with gastrojejunostomy |
| 43633 | | | 1,358.49 | | | Gastrectomy, partial, distal; with Roux-en-Y reconstruction |
| 43634 | | | 1,502.24 | | | Gastrectomy, partial, distal; with formation of intestinal pouch |
| 43635 | | | 79.94 | | | Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure) |
| 43640 | | | 839.32 | | | Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective |
| 43641 | | | 851.13 | | | Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective) |
| 43644 | | | 1,236.24 | | | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) |
| 43645 | | | 1,320.28 | | | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption |
| 43647 | | | I.C. | | | Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum |
| 43648 | | | I.C. | | | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum |
| 43651 | | | 467.19 | | | Laparoscopy, surgical; transection of vagus nerves, truncal |
| 43652 | | | 545.02 | | | Laparoscopy, surgical; transection of vagus nerves, selective or highly selective |
| 43653 | | | 407.67 | | | Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure) |
| 43659 | | | I.C. | | | Unlisted laparoscopy procedure, stomach |
| 43752 | | | 30.29 | | | Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report) |
| 43753 | | | 15.07 | | | Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed |
| 43754 | 62.63 | 23.90 | | | | Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis) |
| 43755 | 94.47 | 43.19 | | | | Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration |
| 43756 | 175.63 | 39.35 | | | | Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture) |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|--|
| 43757 | 224.83 | 56.23 | | | | Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration |
| 43760 | 326.74 | 36.36 | | | | Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance |
| 43761 | 89.33 | 77.35 | | | | Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition |
| 43770 | | | 798.61 | | | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components) |
| 43771 | | | 908.18 | | | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only |
| 43772 | | | 683.88 | | | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only |
| 43773 | | | 908.18 | | | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only |
| 43774 | | | 685.89 | | | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components |
| 43775 | | | 943.72 | | | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) |
| 43800 | | | 663.32 | | | Pyloroplasty |
| 43810 | | | 721.72 | | | Gastroduodenostomy |
| 43820 | | | 947.31 | | | Gastrojejunostomy; without vagotomy |
| 43825 | | | 929.52 | | | Gastrojejunostomy; with vagotomy, any type |
| 43830 | | | 500.13 | | | Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure) |
| 43831 | | | 426.02 | | | Gastrostomy, open; neonatal, for feeding |
| 43832 | | | 754.41 | | | Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure) |
| 43840 | | | 960.15 | | | Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury |
| 43842 | | | 849.32 | | | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty |
| 43843 | | | 907.57 | | | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty |
| 43845 | | | 1,392.46 | | | Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch) |
| 43846 | | | 1,162.73 | | | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 43847 | | | 1,275.17 | | | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption |
| 43848 | | | 1,374.69 | | | Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure) |
| 43850 | | | 1,153.83 | | | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy |
| 43855 | | | 1,200.85 | | | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy |
| 43860 | | | 1,164.13 | | | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy |
| 43865 | | | 1,214.11 | | | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy |
| 43870 | | | 507.72 | | | Closure of gastrostomy, surgical |
| 43880 | | | 1,136.92 | | | Closure of gastrocolic fistula |
| 43881 | | | I.C. | | | Implantation or replacement of gastric neurostimulator electrodes, antrum, open |
| 43882 | | | I.C. | | | Revision or removal of gastric neurostimulator electrodes, antrum, open |
| 43886 | | | 259.12 | | | Gastric restrictive procedure, open; revision of subcutaneous port component only |
| 43887 | | | 234.57 | | | Gastric restrictive procedure, open; removal of subcutaneous port component only |
| 43888 | | | 329.24 | | | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only |
| 43999 | | | I.C. | | | Unlisted procedure, stomach |
| 44005 | | | 779.64 | | | Enterolysis (freeing of intestinal adhesion) (separate procedure) |
| 44010 | | | 618.02 | | | Duodenotomy, for exploration, biopsy(s), or foreign body removal |
| 44015 | | | 102.50 | | | Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure) |
| 44020 | | | 693.03 | | | Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal |
| 44021 | | | 700.68 | | | Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube) |
| 44025 | | | 704.23 | | | Colotomy, for exploration, biopsy(s), or foreign body removal |
| 44050 | | | 666.15 | | | Reduction of volvulus, intussusception, internal hernia, by laparotomy |
| 44055 | | | 1,063.28 | | | Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure) |
| 44100 | | | 84.78 | | | Biopsy of intestine by capsule, tube, peroral (1 or more specimens) |
| 44110 | | | 605.64 | | | Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 44111 | | | 702.15 | | | Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies |
| 44120 | | | 869.81 | | | Enterectomy, resection of small intestine; single resection and anastomosis |
| 44121 | | | 172.91 | | | Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure) |
| 44125 | | | 841.98 | | | Enterectomy, resection of small intestine; with enterostomy |
| 44126 | | | 1,746.54 | | | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering |
| 44127 | | | 2,020.89 | | | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering |
| 44128 | | | 173.75 | | | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure) |
| 44130 | | | 928.43 | | | Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure) |
| 44132 | | | I.C. | | | Donor enterectomy (including cold preservation), open; from cadaver donor |
| 44133 | | | I.C. | | | Donor enterectomy (including cold preservation), open; partial, from living donor |
| 44135 | | | I.C. | | | Intestinal allotransplantation; from cadaver donor |
| 44136 | | | I.C. | | | Intestinal allotransplantation; from living donor |
| 44137 | | | 751.99 | | | Removal of transplanted intestinal allograft, complete |
| 44139 | | | 86.65 | | | Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) |
| 44140 | | | 957.14 | | | Colectomy, partial; with anastomosis |
| 44141 | | | 1,295.78 | | | Colectomy, partial; with skin level cecostomy or colostomy |
| 44143 | | | 1,188.66 | | | Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure) |
| 44144 | | | 1,257.60 | | | Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula |
| 44145 | | | 1,186.24 | | | Colectomy, partial; with coloproctostomy (low pelvic anastomosis) |
| 44146 | | | 1,510.10 | | | Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy |
| 44147 | | | 1,371.64 | | | Colectomy, partial; abdominal and transanal approach |
| 44150 | | | 1,335.48 | | | Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 44151 | | | 1,526.49 | | | Colectomy, total, abdominal, without proctectomy; with continent ileostomy |
| 44155 | | | 1,485.95 | | | Colectomy, total, abdominal, with proctectomy; with ileostomy |
| 44156 | | | 1,643.45 | | | Colectomy, total, abdominal, with proctectomy; with continent ileostomy |
| 44157 | | | 1,552.05 | | | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed |
| 44158 | | | 1,587.95 | | | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed |
| 44160 | | | 885.54 | | | Colectomy, partial, with removal of terminal ileum with ileocolostomy |
| 44180 | | | 658.25 | | | Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure) |
| 44186 | | | 468.78 | | | Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding) |
| 44187 | | | 793.78 | | | Laparoscopy, surgical; ileostomy or jejunostomy, non-tube |
| 44188 | | | 878.94 | | | Laparoscopy, surgical, colostomy or skin level cecostomy |
| 44202 | | | 990.14 | | | Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis |
| 44203 | | | 172.91 | | | Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure) |
| 44204 | | | 1,100.91 | | | Laparoscopy, surgical; colectomy, partial, with anastomosis |
| 44205 | | | 959.08 | | | Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy |
| 44206 | | | 1,256.10 | | | Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure) |
| 44207 | | | 1,307.38 | | | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) |
| 44208 | | | 1,425.94 | | | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy |
| 44210 | | | 1,285.77 | | | Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy |
| 44211 | | | 1,599.37 | | | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed |
| 44212 | | | 1,476.74 | | | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy |
| 44213 | | | 135.31 | | | Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 44227 | | | 1,193.32 | | | Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis |
| 44238 | | | I.C. | | | Unlisted laparoscopy procedure, intestine (except rectum) |
| 44300 | | | 602.43 | | | Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure) |
| 44310 | | | 746.26 | | | Ileostomy or jejunostomy, non-tube |
| 44312 | | | 428.26 | | | Revision of ileostomy; simple (release of superficial scar) (separate procedure) |
| 44314 | | | 724.31 | | | Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure) |
| 44316 | | | 1,003.52 | | | Continent ileostomy (Kock procedure) (separate procedure) |
| 44320 | | | 857.74 | | | Colostomy or skin level cecostomy; |
| 44322 | | | 715.85 | | | Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure) |
| 44340 | | | 445.05 | | | Revision of colostomy; simple (release of superficial scar) (separate procedure) |
| 44345 | | | 752.81 | | | Revision of colostomy; complicated (reconstruction in-depth) (separate procedure) |
| 44346 | | | 844.38 | | | Revision of colostomy; with repair of paracolostomy hernia (separate procedure) |
| 44360 | | | 118.78 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 44361 | | | 130.58 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple |
| 44363 | | | 155.15 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body |
| 44364 | | | 166.34 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 44365 | | | 148.56 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 44366 | | | 195.56 | | | 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 | | | 199.80 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 44370 | | | 216.24 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation) |
| 44372 | | | 191.19 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube |
| 44373 | | | 154.22 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube |
| 44376 | | | 227.55 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 44377 | | | 241.34 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple |
| 44378 | | | 309.69 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 44379 | | | 328.69 | | | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation) |
| 44380 | | | 51.70 | | | Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 44382 | | | 62.59 | | | Ileoscopy, through stoma; with biopsy, single or multiple |
| 44383 | | | 126.89 | | | Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation) |
| 44385 | 198.52 | 78.97 | | | | Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 44386 | 275.08 | 93.94 | | | | Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple |
| 44388 | 271.67 | 123.70 | | | | Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 44389 | 311.69 | 138.35 | | | | Colonoscopy through stoma; with biopsy, single or multiple |
| 44390 | 361.74 | 167.22 | | | | Colonoscopy through stoma; with removal of foreign body |
| 44391 | 395.61 | 188.27 | | | | Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 44392 | 339.66 | 162.98 | | | | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 44393 | 391.56 | 207.64 | | | | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 44394 | 392.05 | 191.40 | | | | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 44397 | | | 206.63 | | | Colonoscopy through stoma; with transendoscopic stent placement (includes predilation) |
| 44500 | | | 18.18 | | | Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure) |
| 44602 | | | 995.20 | | | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation |
| 44603 | | | 1,143.36 | | | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations |
| 44604 | | | 753.44 | | | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy |
| 44605 | | | 933.83 | | | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy |
| 44615 | | | 769.23 | | | Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction |
| 44620 | | | 619.08 | | | Closure of enterostomy, large or small intestine; |
| 44625 | | | 728.54 | | | Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal |
| 44626 | | | 1,145.71 | | | Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure) |
| 44640 | | | 1,001.86 | | | Closure of intestinal cutaneous fistula |
| 44650 | | | 1,037.03 | | | Closure of enteroenteric or enterocolic fistula |
| 44660 | | | 981.18 | | | Closure of enterovesical fistula; without intestinal or bladder resection |
| 44661 | | | 1,118.52 | | | Closure of enterovesical fistula; with intestine and/or bladder resection |
| 44680 | | | 763.64 | | | Intestinal plication (separate procedure) |
| 44700 | | | 729.14 | | | Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum) |
| 44701 | | | 119.69 | | | Intraoperative colonic lavage (List separately in addition to code for primary procedure) |
| 44715 | | | I.C. | | | Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein |
| 44720 | | | 186.61 | | | Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 44721 | | | 275.53 | | | Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each |
| 44799 | | | I.C. | | | Unlisted procedure, intestine |
| 44800 | | | 546.72 | | | Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct |
| 44820 | | | 600.74 | | | Excision of lesion of mesentery (separate procedure) |
| 44850 | | | 534.05 | | | Suture of mesentery (separate procedure) |
| 44899 | | | I.C. | | | Unlisted procedure, Meckel's diverticulum and the mesentery |
| 44900 | | | 550.75 | | | Incision and drainage of appendiceal abscess; open |
| 44901 | 758.01 | 126.53 | | | | Incision and drainage of appendiceal abscess; percutaneous |
| 44950 | | | 458.40 | | | Appendectomy; |
| 44955 | | | 60.06 | | | Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure) |
| 44960 | | | 622.06 | | | Appendectomy; for ruptured appendix with abscess or generalized peritonitis |
| 44970 | | | 427.70 | | | Laparoscopy, surgical, appendectomy |
| 44979 | | | I.C. | | | Unlisted laparoscopy procedure, appendix |
| 45000 | | | 304.23 | | | Transrectal drainage of pelvic abscess |
| 45005 | 196.95 | 114.18 | | | | Incision and drainage of submucosal abscess, rectum |
| 45020 | | | 404.14 | | | Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess |
| 45100 | | | 214.52 | | | Biopsy of anorectal wall, anal approach (eg, congenital megacolon) |
| 45108 | | | 262.00 | | | Anorectal myomectomy |
| 45110 | | | 1,326.05 | | | Proctectomy; complete, combined abdominoperineal, with colostomy |
| 45111 | | | 779.83 | | | Proctectomy; partial resection of rectum, transabdominal approach |
| 45112 | | | 1,348.86 | | | Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis) |
| 45113 | | | 1,409.28 | | | Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy |
| 45114 | | | 1,285.84 | | | Proctectomy, partial, with anastomosis; abdominal and transsacral approach |
| 45116 | | | 1,126.74 | | | Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type) |
| 45119 | | | 1,395.71 | | | Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed |
| 45120 | | | 1,129.28 | | | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation) |
| 45121 | | | 1,232.39 | | | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|---|
| 45123 | | | 797.28 | | | Proctectomy, partial, without anastomosis, perineal approach |
| 45126 | | | 2,075.22 | | | Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof |
| 45130 | | | 777.80 | | | Excision of rectal procidentia, with anastomosis; perineal approach |
| 45135 | | | 972.18 | | | Excision of rectal procidentia, with anastomosis; abdominal and perineal approach |
| 45136 | | | 1,304.31 | | | Excision of ileoanal reservoir with ileostomy |
| 45150 | | | 288.53 | | | Division of stricture of rectum |
| 45160 | | | 719.46 | | | Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach |
| 45171 | | | 448.55 | | | Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) |
| 45172 | | | 606.92 | | | Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) |
| 45190 | | | 493.19 | | | Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach |
| 45300 | 89.03 | 38.31 | | | | Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 45303 | 712.18 | 65.09 | | | | Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie) |
| 45305 | 142.65 | 57.09 | | | | Proctosigmoidoscopy, rigid; with biopsy, single or multiple |
| 45307 | 158.46 | 73.18 | | | | Proctosigmoidoscopy, rigid; with removal of foreign body |
| 45308 | 150.18 | 62.39 | | | | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery |
| 45309 | 160.03 | 68.34 | | | | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique |
| 45315 | 176.48 | 79.50 | | | | Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique |
| 45317 | 169.06 | 84.35 | | | | Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 45320 | 165.04 | 78.93 | | | | Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser) |
| 45321 | | | 78.29 | | | Proctosigmoidoscopy, rigid; with decompression of volvulus |
| 45327 | | | 92.70 | | | Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation) |
| 45330 | 108.04 | 47.01 | | | | Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 45331 | 134.84 | 57.09 | | | | Sigmoidoscopy, flexible; with biopsy, single or multiple |
| 45332 | 225.66 | 82.70 | | | | Sigmoidoscopy, flexible; with removal of foreign body |
| 45333 | 228.17 | 82.42 | | | | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 45334 | | | 123.19 | | | Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 45335 | 199.84 | 69.14 | | | | Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance |
| 45337 | | | 106.25 | | | Sigmoidoscopy, flexible; with decompression of volvulus, any method |
| 45338 | 248.45 | 106.05 | | | | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 45339 | 258.52 | 139.80 | | | | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 45340 | 363.15 | 86.70 | | | | Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures |
| 45341 | | | 118.19 | | | Sigmoidoscopy, flexible; with endoscopic ultrasound examination |
| 45342 | | | 179.94 | | | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) |
| 45345 | | | 130.95 | | | Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation) |
| 45355 | | | 151.07 | | | Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple |
| 45378 | 305.64 | 162.12 | | | | Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure) |
| 45379 | 390.26 | 202.71 | | | | Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body |
| 45380 | 365.44 | 194.61 | | | | Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple |
| 45381 | 356.38 | 184.72 | | | | Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance |
| 45382 | 479.39 | 248.37 | | | | Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 45383 | 436.00 | 250.12 | | | | Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 45384 | 360.03 | 202.30 | | | | Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 45385 | 410.37 | 230.62 | | | | Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 45386 | 518.85 | 198.65 | | | | Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures |
| 45387 | | | 258.61 | | | Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation) |
| 45391 | | | 222.02 | | | Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination |
| 45392 | | | 284.50 | | | Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) |
| 45395 | | | 1,429.50 | | | Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy |
| 45397 | | | 1,542.67 | | | Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed |
| 45400 | | | 825.41 | | | Laparoscopy, surgical; proctopexy (for prolapse) |
| 45402 | | | 1,095.23 | | | Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection |
| 45499 | | | I.C. | | | Unlisted laparoscopy procedure, rectum |
| 45500 | | | 374.51 | | | Proctoplasty; for stenosis |
| 45505 | | | 419.28 | | | Proctoplasty; for prolapse of mucous membrane |
| 45520 | 109.92 | 29.10 | | | | Perirectal injection of sclerosing solution for prolapse |
| 45540 | | | 756.43 | | | Proctopexy (eg, for prolapse); abdominal approach |
| 45541 | | | 663.55 | | | Proctopexy (eg, for prolapse); perineal approach |
| 45550 | | | 1,046.42 | | | Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach |
| 45560 | | | 510.98 | | | Repair of rectocele (separate procedure) |
| 45562 | | | 800.76 | | | Exploration, repair, and presacral drainage for rectal injury; |
| 45563 | | | 1,167.53 | | | Exploration, repair, and presacral drainage for rectal injury; with colostomy |
| 45800 | | | 874.64 | | | Closure of rectovesical fistula; |
| 45805 | | | 1,036.56 | | | Closure of rectovesical fistula; with colostomy |
| 45820 | | | 855.50 | | | Closure of rectourethral fistula; |
| 45825 | | | 1,050.49 | | | Closure of rectourethral fistula; with colostomy |
| 45900 | | | 144.62 | | | Reduction of procidentia (separate procedure) under anesthesia |
| 45905 | | | 122.45 | | | Dilation of anal sphincter (separate procedure) under anesthesia other than local |
| 45910 | | | 142.81 | | | Dilation of rectal stricture (separate procedure) under anesthesia other than local |
| 45915 | 238.17 | 162.65 | | | | Removal of fecal impaction or foreign body (separate procedure) under anesthesia |
| 45990 | | | 77.74 | | | Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic |
| 45999 | | | I.C. | | | Unlisted procedure, rectum |
| 46020 | 196.04 | 167.06 | | | | Placement of seton |
| 46030 | 99.97 | 64.86 | | | | Removal of anal seton, other marker |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 46040 | 381.30 | 295.74 | | | | Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure) |
| 46045 | | | 306.72 | | | Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia |
| 46050 | 144.26 | 69.85 | | | | Incision and drainage, perianal abscess, superficial |
| 46060 | | | 337.13 | | | Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton |
| 46070 | | | 168.23 | | | Incision, anal septum (infant) |
| 46080 | 177.92 | 114.11 | | | | Sphincterotomy, anal, division of sphincter (separate procedure) |
| 46083 | 131.79 | 78.00 | | | | Incision of thrombosed hemorrhoid, external |
| 46200 | 312.87 | 231.50 | | | | Fissurectomy, including sphincterotomy, when performed |
| 46220 | 149.03 | 85.49 | | | | Excision of single external papilla or tag, anus |
| 46221 | 192.91 | 137.18 | | | | Hemorrhoidectomy, internal, by rubber band ligation(s) |
| 46230 | 197.16 | 123.87 | | | | Excision of multiple external papillae or tags, anus |
| 46250 | 331.81 | 224.52 | | | | Hemorrhoidectomy, external, 2 or more columns/groups |
| 46255 | 363.67 | 252.20 | | | | Hemorrhoidectomy, internal and external, single column/group; |
| 46257 | | | 299.33 | | | Hemorrhoidectomy, internal and external, single column/group; with fissurectomy |
| 46258 | | | 331.86 | | | Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed |
| 46260 | | | 336.64 | | | Hemorrhoidectomy, internal and external, 2 or more columns/groups; |
| 46261 | | | 375.78 | | | Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy |
| 46262 | | | 393.16 | | | Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed |
| 46270 | 361.58 | 277.70 | | | | Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous |
| 46275 | 380.65 | 293.71 | | | | Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric |
| 46280 | | | 332.23 | | | Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed |
| 46285 | 374.07 | 291.58 | | | | Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage |
| 46288 | | | 388.70 | | | Closure of anal fistula with rectal advancement flap |
| 46320 | 131.65 | 79.25 | | | | Excision of thrombosed hemorrhoid, external |
| 46500 | 168.06 | 93.10 | | | | Injection of sclerosing solution, hemorrhoids |
| 46505 | 206.90 | 172.34 | | | | Chemodenervation of internal anal sphincter |
| 46600 | 64.68 | 29.01 | | | | Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 46604 | 442.57 | 47.96 | | | | Anoscopy; with dilation (eg, balloon, guide wire, bougie) |
| 46606 | 167.63 | 55.04 | | | | Anoscopy; with biopsy, single or multiple |
| 46608 | 172.74 | 58.21 | | | | Anoscopy; with removal of foreign body |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|---|
| 46610 | 169.75 | 58.56 | | | | Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery |
| 46611 | 131.04 | 59.42 | | | | Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique |
| 46612 | 200.06 | 68.80 | | | | Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique |
| 46614 | 95.91 | 47.98 | | | | Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 46615 | 107.45 | 68.71 | | | | Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 46700 | | | 464.13 | | | Anoplasty, plastic operation for stricture; adult |
| 46705 | | | 356.44 | | | Anoplasty, plastic operation for stricture; infant |
| 46706 | | | 120.91 | | | Repair of anal fistula with fibrin glue |
| 46707 | | | 352.50 | | | Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS]) |
| 46710 | | | 783.00 | | | Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach |
| 46712 | | | 1,485.28 | | | Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach |
| 46715 | | | 357.05 | | | Repair of low imperforate anus; with anoperineal fistula (cut-back procedure) |
| 46716 | | | 850.31 | | | Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula |
| 46730 | | | 1,295.75 | | | Repair of high imperforate anus without fistula; perineal or sacroperineal approach |
| 46735 | | | 1,499.70 | | | Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches |
| 46740 | | | 1,517.42 | | | Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach |
| 46742 | | | 1,768.06 | | | Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches |
| 46744 | | | 2,431.63 | | | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach |
| 46746 | | | 2,604.95 | | | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; |
| 46748 | | | 2,760.11 | | | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps |
| 46750 | | | 549.09 | | | Sphincteroplasty, anal, for incontinence or prolapse; adult |
| 46751 | | | 446.22 | | | Sphincteroplasty, anal, for incontinence or prolapse; child |
| 46753 | | | 418.18 | | | Graft (Thiersch operation) for rectal incontinence and/or prolapse |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 46754 | 216.08 | 164.53 | | | | Removal of Thiersch wire or suture, anal canal |
| 46760 | | | 778.25 | | | Sphincteroplasty, anal, for incontinence, adult; muscle transplant |
| 46761 | | | 668.27 | | | Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair) |
| 46762 | | | 660.54 | | | Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter |
| 46900 | 175.80 | 100.84 | | | | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical |
| 46910 | 182.95 | 96.84 | | | | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation |
| 46916 | 176.92 | 108.09 | | | | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery |
| 46917 | 354.43 | 97.21 | | | | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery |
| 46922 | 193.73 | 97.31 | | | | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision |
| 46924 | 401.85 | 133.49 | | | | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 46930 | 158.60 | 112.90 | | | | Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency) |
| 46940 | 163.23 | 105.26 | | | | Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial |
| 46942 | 153.20 | 94.40 | | | | Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent |
| 46945 | 220.22 | 163.37 | | | | Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group |
| 46946 | 227.87 | 164.34 | | | | Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups |
| 46947 | | | 272.34 | | | Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling |
| 46999 | | | I.C. | | | Unlisted procedure, anus |
| 47000 | 274.04 | 72.27 | | | | Biopsy of liver, needle; percutaneous |
| 47001 | | | 73.93 | | | Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure) |
| 47010 | | | 858.13 | | | Hepatotomy; for open drainage of abscess or cyst, 1 or 2 stages |
| 47011 | | | 138.73 | | | Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages |
| 47015 | | | 825.47 | | | Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 47100 | | | 603.10 | | | Biopsy of liver, wedge |
| 47120 | | | 1,658.80 | | | Hepatectomy, resection of liver; partial lobectomy |
| 47122 | | | 2,441.36 | | | Hepatectomy, resection of liver; trisegmentectomy |
| 47125 | | | 2,187.74 | | | Hepatectomy, resection of liver; total left lobectomy |
| 47130 | | | 2,347.51 | | | Hepatectomy, resection of liver; total right lobectomy |
| 47133 | | | I.C. | | | Donor hepatectomy (including cold preservation), from cadaver donor |
| 47135 | | | 3,484.59 | | | Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age |
| 47136 | | | 2,959.38 | | | Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age |
| 47140 | | | 2,536.12 | | | Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III) |
| 47141 | | | 2,814.71 | | | Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV) |
| 47142 | | | 3,342.84 | | | Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII) |
| 47143 | | | I.C. | | | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split |
| 47144 | | | I.C. | | | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII]) |
| 47145 | | | I.C. | | | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII]) |
| 47146 | | | 234.99 | | | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each |
| 47147 | | | 274.05 | | | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each |
| 47300 | | | 807.57 | | | Marsupialization of cyst or abscess of liver |
| 47350 | | | 978.40 | | | Management of liver hemorrhage; simple suture of liver wound or injury |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 47360 | | | 1,333.72 | | | Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation |
| 47361 | | | 2,149.17 | | | Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver |
| 47362 | | | 1,025.82 | | | Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing |
| 47370 | | | 884.29 | | | Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency |
| 47371 | | | 902.02 | | | Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical |
| 47379 | | | I.C. | | | Unlisted laparoscopic procedure, liver |
| 47380 | | | 1,028.96 | | | Ablation, open, of 1 or more liver tumor(s); radiofrequency |
| 47381 | | | 1,021.91 | | | Ablation, open, of 1 or more liver tumor(s); cryosurgical |
| 47382 | 3,729.14 | 594.86 | | | | Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency |
| 47399 | | | I.C. | | | Unlisted procedure, liver |
| 47400 | | | 1,532.35 | | | Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus |
| 47420 | | | 956.67 | | | Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty |
| 47425 | | | 970.97 | | | Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty |
| 47460 | | | 913.45 | | | Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure) |
| 47480 | | | 622.20 | | | Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure) |
| 47490 | | | 278.05 | | | Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation |
| 47500 | | | 73.73 | | | Injection procedure for percutaneous transhepatic cholangiography |
| 47505 | | | 28.33 | | | Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube) |
| 47510 | | | 360.82 | | | Introduction of percutaneous transhepatic catheter for biliary drainage |
| 47511 | | | 442.93 | | | Introduction of percutaneous transhepatic stent for internal and external biliary drainage |
| 47525 | 414.98 | 73.87 | | | | Change of percutaneous biliary drainage catheter |
| 47530 | 1,159.89 | 271.47 | | | | Revision and/or reinsertion of transhepatic tube |
| 47550 | | | 118.49 | | | Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 47552 | | | 239.02 | | | Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure) |
| 47553 | | | 238.17 | | | Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple |
| 47554 | | | 362.42 | | | Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi |
| 47555 | | | 283.16 | | | Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent |
| 47556 | | | 321.02 | | | Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent |
| 47560 | | | 191.91 | | | Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy |
| 47561 | | | 210.45 | | | Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy |
| 47562 | | | 533.75 | | | Laparoscopy, surgical; cholecystectomy |
| 47563 | | | 539.71 | | | Laparoscopy, surgical; cholecystectomy with cholangiography |
| 47564 | | | 616.69 | | | Laparoscopy, surgical; cholecystectomy with exploration of common duct |
| 47570 | | | 552.73 | | | Laparoscopy, surgical; cholecystoenterostomy |
| 47579 | | | I.C. | | | Unlisted laparoscopy procedure, biliary tract |
| 47600 | | | 768.65 | | | Cholecystectomy; |
| 47605 | | | 700.04 | | | Cholecystectomy; with cholangiography |
| 47610 | | | 893.12 | | | Cholecystectomy with exploration of common duct; |
| 47612 | | | 902.46 | | | Cholecystectomy with exploration of common duct; with choledochoenterostomy |
| 47620 | | | 980.16 | | | Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography |
| 47630 | | | 414.59 | | | Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique) |
| 47700 | | | 751.63 | | | Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography |
| 47701 | | | 1,258.39 | | | Portoenterostomy (eg, Kasai procedure) |
| 47711 | | | 1,110.78 | | | Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic |
| 47712 | | | 1,420.26 | | | Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic |
| 47715 | | | 943.76 | | | Excision of choledochal cyst |
| 47720 | | | 815.94 | | | Cholecystoenterostomy; direct |
| 47721 | | | 961.55 | | | Cholecystoenterostomy; with gastroenterostomy |
| 47740 | | | 930.63 | | | Cholecystoenterostomy; Roux-en-Y |
| 47741 | | | 1,048.34 | | | Cholecystoenterostomy; Roux-en-Y with gastroenterostomy |
| 47760 | | | 1,591.94 | | | Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract |
| 47765 | | | 2,131.59 | | | Anastomosis, of intrahepatic ducts and gastrointestinal tract |
| 47780 | | | 1,743.34 | | | Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 47785 | | | 2,281.40 | | | Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract |
| 47800 | | | 1,125.20 | | | Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis |
| 47801 | | | 759.97 | | | Placement of choledochal stent |
| 47802 | | | 1,084.89 | | | U-tube hepaticoenterostomy |
| 47900 | | | 971.71 | | | Suture of extrahepatic biliary duct for pre-existing injury (separate procedure) |
| 47999 | | | I.C. | | | Unlisted procedure, biliary tract |
| 48000 | | | 1,323.16 | | | Placement of drains, peripancreatic, for acute pancreatitis; |
| 48001 | | | 1,641.71 | | | Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy |
| 48020 | | | 838.35 | | | Removal of pancreatic calculus |
| 48100 | | | 633.08 | | | Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy) |
| 48102 | 422.07 | 184.36 | | | | Biopsy of pancreas, percutaneous needle |
| 48105 | | | 2,027.18 | | | Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis |
| 48120 | | | 788.09 | | | Excision of lesion of pancreas (eg, cyst, adenoma) |
| 48140 | | | 1,111.93 | | | Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy |
| 48145 | | | 1,158.62 | | | Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy |
| 48146 | | | 1,333.26 | | | Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure) |
| 48148 | | | 885.50 | | | Excision of ampulla of Vater |
| 48150 | | | 2,209.37 | | | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy |
| 48152 | | | 2,053.47 | | | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy |
| 48153 | | | 2,206.12 | | | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy |
| 48154 | | | 2,059.96 | | | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy |
| 48155 | | | 1,292.16 | | | Pancreatectomy, total |
| 48160 | | | I.C. | | | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells |
| 48400 | | | 76.54 | | | Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure) |
| 48500 | | | 817.25 | | | Marsupialization of pancreatic cyst |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 48510 | | | 774.65 | | | External drainage, pseudocyst of pancreas; open |
| 48511 | 754.62 | 150.17 | | | | External drainage, pseudocyst of pancreas; percutaneous |
| 48520 | | | 778.83 | | | Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct |
| 48540 | | | 921.61 | | | Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y |
| 48545 | | | 952.41 | | | Pancreatorrhaphy for injury |
| 48547 | | | 1,270.53 | | | Duodenal exclusion with gastrojejunostomy for pancreatic injury |
| 48548 | | | 1,184.85 | | | Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation) |
| 48550 | | | I.C. | | | Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation |
| 48551 | | | I.C. | | | Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery |
| 48552 | | | 168.97 | | | Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each |
| 48554 | | | 1,828.60 | | | Transplantation of pancreatic allograft |
| 48556 | | | 904.58 | | | Removal of transplanted pancreatic allograft |
| 48999 | | | I.C. | | | Unlisted procedure, pancreas |
| 49000 | | | 552.63 | | | Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure) |
| 49002 | | | 740.06 | | | Reopening of recent laparotomy |
| 49010 | | | 680.44 | | | Exploration, retroperitoneal area with or without biopsy(s) (separate procedure) |
| 49020 | | | 1,136.11 | | | Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open |
| 49021 | 720.20 | 126.34 | | | | Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous |
| 49040 | | | 715.71 | | | Drainage of subdiaphragmatic or subphrenic abscess; open |
| 49041 | 739.85 | 149.89 | | | | Drainage of subdiaphragmatic or subphrenic abscess; percutaneous |
| 49060 | | | 792.78 | | | Drainage of retroperitoneal abscess; open |
| 49061 | 725.16 | 138.55 | | | | Drainage of retroperitoneal abscess; percutaneous |
| 49062 | | | 537.83 | | | Drainage of extraperitoneal lymphocele to peritoneal cavity, open |
| 49082 | 123.50 | 50.49 | | | | Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance |
| 49083 | 233.86 | 77.55 | | | | Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance |
| 49084 | | | 70.43 | | | Peritoneal lavage, including imaging guidance, when performed |
| 49180 | 126.78 | 64.91 | | | | Biopsy, abdominal or retroperitoneal mass, percutaneous needle |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|--|
| 49203 | | | 858.25 | | | Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less |
| 49204 | | | 1,090.56 | | | Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter |
| 49205 | | | 1,249.28 | | | Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter |
| 49215 | | | 1,575.74 | | | Excision of presacral or sacrococcygeal tumor |
| 49220 | | | 693.86 | | | Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning) |
| 49250 | | | 418.83 | | | Umbilectomy, omphalectomy, excision of umbilicus (separate procedure) |
| 49255 | | | 566.12 | | | Omentectomy, epiploectomy, resection of omentum (separate procedure) |
| 49320 | | | 236.58 | | | Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 49321 | | | 250.15 | | | Laparoscopy, surgical; with biopsy (single or multiple) |
| 49322 | | | 268.68 | | | Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple) |
| 49323 | | | 464.50 | | | Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity |
| 49324 | | | 283.79 | | | Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter |
| 49325 | | | 303.22 | | | Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed |
| 49326 | | | 135.03 | | | Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure) |
| 49327 | | | 95.21 | | | Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure) |
| 49329 | | | I.C. | | | Unlisted laparoscopy procedure, abdomen, peritoneum and omentum |
| 49400 | 120.18 | 71.42 | | | | Injection of air or contrast into peritoneal cavity (separate procedure) |
| 49402 | | | 611.59 | | | Removal of peritoneal foreign body from peritoneal cavity |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 49411 | 410.80 | 144.95 | | | | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple |
| 49412 | | | 59.42 | | | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure) |
| 49418 | 1,224.67 | 171.27 | | | | Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous |
| 49419 | | | 321.90 | | | Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable) |
| 49421 | | | 197.82 | | | Insertion of tunneled intraperitoneal catheter for dialysis, open |
| 49422 | | | 276.75 | | | Removal of tunneled intraperitoneal catheter |
| 49423 | 461.44 | 55.68 | | | | Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure) |
| 49424 | 121.41 | 29.45 | | | | Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure) |
| 49425 | | | 545.34 | | | Insertion of peritoneal-venous shunt |
| 49426 | | | 461.44 | | | Revision of peritoneal-venous shunt |
| 49427 | | | 33.99 | | | Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt |
| 49428 | | | 314.47 | | | Ligation of peritoneal-venous shunt |
| 49429 | | | 329.65 | | | Removal of peritoneal-venous shunt |
| 49435 | | | 85.37 | | | Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure) |
| 49436 | | | 135.01 | | | Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter |
| 49440 | 874.22 | 170.28 | | | | Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| 49441 | 968.20 | 193.48 | | | | Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| 49442 | 813.20 | 160.54 | | | | Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 49446 | 811.55 | 124.61 | | | | Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| 49450 | 583.31 | 50.20 | | | | Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| 49451 | 588.60 | 69.99 | | | | Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| 49452 | 729.41 | 107.96 | | | | Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| 49460 | 645.99 | 36.24 | | | | Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report |
| 49465 | 139.11 | 23.18 | | | | Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report |
| 49491 | | | 562.60 | | | Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible |
| 49492 | | | 680.23 | | | Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated |
| 49495 | | | 289.06 | | | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible |
| 49496 | | | 439.87 | | | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated |
| 49500 | | | 275.52 | | | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible |
| 49501 | | | 430.35 | | | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 49505 | | | 371.40 | | | Repair initial inguinal hernia, age 5 years or older; reducible |
| 49507 | | | 455.04 | | | Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated |
| 49520 | | | 450.71 | | | Repair recurrent inguinal hernia, any age; reducible |
| 49521 | | | 545.65 | | | Repair recurrent inguinal hernia, any age; incarcerated or strangulated |
| 49525 | | | 408.90 | | | Repair inguinal hernia, sliding, any age |
| 49540 | | | 482.69 | | | Repair lumbar hernia |
| 49550 | | | 411.19 | | | Repair initial femoral hernia, any age; reducible |
| 49553 | | | 450.13 | | | Repair initial femoral hernia, any age; incarcerated or strangulated |
| 49555 | | | 426.81 | | | Repair recurrent femoral hernia; reducible |
| 49557 | | | 516.43 | | | Repair recurrent femoral hernia; incarcerated or strangulated |
| 49560 | | | 526.20 | | | Repair initial incisional or ventral hernia; reducible |
| 49561 | | | 662.49 | | | Repair initial incisional or ventral hernia; incarcerated or strangulated |
| 49565 | | | 547.95 | | | Repair recurrent incisional or ventral hernia; reducible |
| 49566 | | | 669.55 | | | Repair recurrent incisional or ventral hernia; incarcerated or strangulated |
| 49568 | | | 190.99 | | | Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair) |
| 49570 | | | 296.95 | | | Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure) |
| 49572 | | | 366.53 | | | Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated |
| 49580 | | | 236.71 | | | Repair umbilical hernia, younger than age 5 years; reducible |
| 49582 | | | 343.14 | | | Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated |
| 49585 | | | 317.26 | | | Repair umbilical hernia, age 5 years or older; reducible |
| 49587 | | | 373.62 | | | Repair umbilical hernia, age 5 years or older; incarcerated or strangulated |
| 49590 | | | 408.26 | | | Repair spigelian hernia |
| 49600 | | | 524.21 | | | Repair of small omphalocele, with primary closure |
| 49605 | | | 3,539.62 | | | Repair of large omphalocele or gastroschisis; with or without prosthesis |
| 49606 | | | 807.10 | | | Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room |
| 49610 | | | 491.91 | | | Repair of omphalocele (Gross type operation); first stage |
| 49611 | | | 408.71 | | | Repair of omphalocele (Gross type operation); second stage |
| 49650 | | | 305.66 | | | Laparoscopy, surgical; repair initial inguinal hernia |
| 49651 | | | 397.17 | | | Laparoscopy, surgical; repair recurrent inguinal hernia |
| 49652 | | | 534.44 | | | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 49653 | | | 669.20 | | | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated |
| 49654 | | | 613.14 | | | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible |
| 49655 | | | 737.77 | | | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated |
| 49656 | | | 615.28 | | | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible |
| 49657 | | | 883.18 | | | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated |
| 49659 | | | I.C. | | | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy |
| 49900 | | | 586.45 | | | Suture, secondary, of abdominal wall for evisceration or dehiscence |
| 49904 | | | 1,068.73 | | | Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects) |
| 49905 | | | 253.46 | | | Omental flap, intra-abdominal (List separately in addition to code for primary procedure) |
| 49906 | | | I.C. | | | Free omental flap with microvascular anastomosis |
| 49999 | | | I.C. | | | Unlisted procedure, abdomen, peritoneum and omentum |
| 50010 | | | 551.05 | | | Renal exploration, not necessitating other specific procedures |
| 50020 | | | 782.46 | | | Drainage of perirenal or renal abscess; open |
| 50021 | 761.73 | 126.06 | | | | Drainage of perirenal or renal abscess; percutaneous |
| 50040 | | | 707.38 | | | Nephrostomy, nephrotomy with drainage |
| 50045 | | | 709.76 | | | Nephrotomy, with exploration |
| 50060 | | | 871.03 | | | Nephrolithotomy; removal of calculus |
| 50065 | | | 916.45 | | | Nephrolithotomy; secondary surgical operation for calculus |
| 50070 | | | 908.23 | | | Nephrolithotomy; complicated by congenital kidney abnormality |
| 50075 | | | 1,114.76 | | | Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy) |
| 50080 | | | 666.98 | | | Percutaneous nephrostolithotomy or pyelolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm |
| 50081 | | | 977.33 | | | Percutaneous nephrostolithotomy or pyelolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm |
| 50100 | | | 723.34 | | | Transection or repositioning of aberrant renal vessels (separate procedure) |
| 50120 | | | 723.28 | | | Pyelotomy; with exploration |
| 50125 | | | 771.30 | | | Pyelotomy; with drainage, pyelostomy |
| 50130 | | | 791.14 | | | Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 50135 | | | 856.09 | | | Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality) |
| 50200 | 462.35 | 108.98 | | | | Renal biopsy; percutaneous, by trocar or needle |
| 50205 | | | 542.60 | | | Renal biopsy; by surgical exposure of kidney |
| 50220 | | | 790.69 | | | Nephrectomy, including partial ureterectomy, any open approach including rib resection; |
| 50225 | | | 908.19 | | | Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney |
| 50230 | | | 976.56 | | | Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy |
| 50234 | | | 992.50 | | | Nephrectomy with total ureterectomy and bladder cuff; through same incision |
| 50236 | | | 1,121.35 | | | Nephrectomy with total ureterectomy and bladder cuff; through separate incision |
| 50240 | | | 1,011.61 | | | Nephrectomy, partial |
| 50250 | | | 934.74 | | | Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed |
| 50280 | | | 727.70 | | | Excision or unroofing of cyst(s) of kidney |
| 50290 | | | 694.56 | | | Excision of perinephric cyst |
| 50300 | | | I.C. | | | Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral |
| 50320 | | | 1,042.04 | | | Donor nephrectomy (including cold preservation); open, from living donor |
| 50323 | | | I.C. | | | Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary |
| 50325 | | | I.C. | | | Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary |
| 50327 | | | 155.86 | | | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each |
| 50328 | | | 136.43 | | | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each |
| 50329 | | | 129.32 | | | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each |
| 50340 | | | 675.95 | | | Recipient nephrectomy (separate procedure) |
| 50360 | | | 1,835.44 | | | Renal allotransplantation, implantation of graft; without recipient nephrectomy |
| 50365 | | | 2,062.72 | | | Renal allotransplantation, implantation of graft; with recipient nephrectomy |
| 50370 | | | 859.12 | | | Removal of transplanted renal allograft |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 50380 | | | 1,458.70 | | | Renal autotransplantation, reimplantation of kidney |
| 50382 | 1,025.91 | 208.83 | | | | Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation |
| 50384 | 855.06 | 189.58 | | | | Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation |
| 50385 | 1,006.48 | 179.37 | | | | Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation |
| 50386 | 654.13 | 135.80 | | | | Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation |
| 50387 | 477.94 | 75.53 | | | | Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation |
| 50389 | 265.92 | 41.30 | | | | Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent) |
| 50390 | | | 73.36 | | | Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous |
| 50391 | 97.14 | 75.68 | | | | Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent) |
| 50392 | | | 136.38 | | | Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous |
| 50393 | | | 165.75 | | | Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous |
| 50394 | 82.68 | 38.65 | | | | Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter |
| 50395 | | | 137.86 | | | Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous |
| 50396 | | | 89.14 | | | Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter |
| 50398 | 434.41 | 55.68 | | | | Change of nephrostomy or pyelostomy tube |
| 50400 | | | 882.67 | | | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple |
| 50405 | | | 1,064.46 | | | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycolasty) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 50500 | | | 920.91 | | | Nephrorrhaphy, suture of kidney wound or injury |
| 50520 | | | 788.23 | | | Closure of nephrocutaneous or pyelocutaneous fistula |
| 50525 | | | 1,073.50 | | | Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach |
| 50526 | | | 1,053.49 | | | Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach |
| 50540 | | | 867.23 | | | Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation) |
| 50541 | | | 703.29 | | | Laparoscopy, surgical; ablation of renal cysts |
| 50542 | | | 893.49 | | | Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed |
| 50543 | | | 1,138.66 | | | Laparoscopy, surgical; partial nephrectomy |
| 50544 | | | 953.01 | | | Laparoscopy, surgical; pyeloplasty |
| 50545 | | | 1,025.39 | | | Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy) |
| 50546 | | | 916.50 | | | Laparoscopy, surgical; nephrectomy, including partial ureterectomy |
| 50547 | | | 1,168.49 | | | Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor |
| 50548 | | | 1,030.06 | | | Laparoscopy, surgical; nephrectomy with total ureterectomy |
| 50549 | | | I.C. | | | Unlisted laparoscopy procedure, renal |
| 50551 | 282.44 | 225.59 | | | | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| 50553 | 299.21 | 240.13 | | | | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| 50555 | 321.95 | 260.92 | | | | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| 50557 | 327.94 | 264.68 | | | | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| 50561 | 372.13 | 302.18 | | | | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| 50562 | | | 446.26 | | | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 50570 | | | 375.76 | | | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| 50572 | | | 407.02 | | | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| 50574 | | | 432.61 | | | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| 50575 | | | 545.97 | | | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent) |
| 50576 | | | 431.24 | | | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| 50580 | | | 463.07 | | | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| 50590 | 681.06 | 434.43 | | | | Lithotripsy, extracorporeal shock wave |
| 50592 | 2,797.72 | 275.41 | | | | Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency |
| 50593 | 3,850.01 | 356.79 | | | | Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy |
| 50600 | | | 715.07 | | | Ureterotomy with exploration or drainage (separate procedure) |
| 50605 | | | 719.71 | | | Ureterotomy for insertion of indwelling stent, all types |
| 50610 | | | 722.86 | | | Ureterolithotomy; upper one-third of ureter |
| 50620 | | | 691.68 | | | Ureterolithotomy; middle one-third of ureter |
| 50630 | | | 677.34 | | | Ureterolithotomy; lower one-third of ureter |
| 50650 | | | 791.04 | | | Ureterectomy, with bladder cuff (separate procedure) |
| 50660 | | | 871.14 | | | Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach |
| 50684 | 120.30 | 38.65 | | | | Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter |
| 50686 | 113.64 | 71.56 | | | | Manometric studies through ureterostomy or indwelling ureteral catheter |
| 50688 | | | 62.02 | | | Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit |
| 50690 | 77.31 | 53.62 | | | | Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service |
| 50700 | | | 706.05 | | | Ureteroplasty, plastic operation on ureter (eg, stricture) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 50715 | | | 869.47 | | | Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis |
| 50722 | | | 770.25 | | | Ureterolysis for ovarian vein syndrome |
| 50725 | | | 858.45 | | | Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava |
| 50727 | | | 389.07 | | | Revision of urinary-cutaneous anastomosis (any type urostomy); |
| 50728 | | | 530.19 | | | Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia |
| 50740 | | | 877.67 | | | Ureteropyelostomy, anastomosis of ureter and renal pelvis |
| 50750 | | | 883.69 | | | Ureterocalycostomy, anastomosis of ureter to renal calyx |
| 50760 | | | 847.16 | | | Ureteroureterostomy |
| 50770 | | | 865.02 | | | Transureteroureterostomy, anastomosis of ureter to contralateral ureter |
| 50780 | | | 838.15 | | | Ureteroneocystostomy; anastomosis of single ureter to bladder |
| 50782 | | | 855.30 | | | Ureteroneocystostomy; anastomosis of duplicated ureter to bladder |
| 50783 | | | 870.64 | | | Ureteroneocystostomy; with extensive ureteral tailoring |
| 50785 | | | 922.90 | | | Ureteroneocystostomy; with vesico-psoas hitch or bladder flap |
| 50800 | | | 706.79 | | | Ureteroenterostomy, direct anastomosis of ureter to intestine |
| 50810 | | | 973.68 | | | Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis |
| 50815 | | | 933.11 | | | Ureterocolon conduit, including intestine anastomosis |
| 50820 | | | 999.09 | | | Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation) |
| 50825 | | | 1,261.55 | | | Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty) |
| 50830 | | | 1,363.95 | | | Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy) |
| 50840 | | | 939.69 | | | Replacement of all or part of ureter by intestine segment, including intestine anastomosis |
| 50845 | | | 955.04 | | | Cutaneous appendico-vesicostomy |
| 50860 | | | 720.79 | | | Ureterostomy, transplantation of ureter to skin |
| 50900 | | | 642.98 | | | Ureterorrhaphy, suture of ureter (separate procedure) |
| 50920 | | | 674.35 | | | Closure of ureterocutaneous fistula |
| 50930 | | | 866.27 | | | Closure of ureterovisceral fistula (including visceral repair) |
| 50940 | | | 675.77 | | | Deligation of ureter |
| 50945 | | | 743.16 | | | Laparoscopy, surgical; ureterolithotomy |
| 50947 | | | 1,051.10 | | | Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement |
| 50948 | | | 975.98 | | | Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 50949 | | | I.C. | | | Unlisted laparoscopy procedure, ureter |
| 50951 | 295.31 | 235.12 | | | | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| 50953 | 312.05 | 260.78 | | | | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| 50955 | 339.91 | 280.83 | | | | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| 50957 | 335.30 | 270.93 | | | | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| 50961 | 303.18 | 243.26 | | | | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| 50970 | | | 283.58 | | | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| 50972 | | | 273.72 | | | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| 50974 | | | 361.79 | | | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| 50976 | | | 356.23 | | | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| 50980 | | | 272.66 | | | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| 51020 | | | 361.69 | | | Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material |
| 51030 | | | 357.91 | | | Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion |
| 51040 | | | 225.53 | | | Cystostomy, cystotomy with drainage |
| 51045 | | | 371.73 | | | Cystotomy, with insertion of ureteral catheter or stent (separate procedure) |
| 51050 | | | 364.01 | | | Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection |
| 51060 | | | 447.42 | | | Transvesical ureterolithotomy |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 51065 | | | 444.36 | | | Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus |
| 51080 | | | 314.10 | | | Drainage of perivesical or prevesical space abscess |
| 51100 | 48.79 | 29.56 | | | | Aspiration of bladder; by needle |
| 51101 | 102.16 | 39.46 | | | | Aspiration of bladder; by trocar or intracatheter |
| 51102 | 182.49 | 112.26 | | | | Aspiration of bladder; with insertion of suprapubic catheter |
| 51500 | | | 498.20 | | | Excision of urachal cyst or sinus, with or without umbilical hernia repair |
| 51520 | | | 452.23 | | | Cystotomy; for simple excision of vesical neck (separate procedure) |
| 51525 | | | 657.93 | | | Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure) |
| 51530 | | | 597.95 | | | Cystotomy; for excision of bladder tumor |
| 51535 | | | 591.61 | | | Cystotomy for excision, incision, or repair of ureterocele |
| 51550 | | | 732.08 | | | Cystectomy, partial; simple |
| 51555 | | | 963.52 | | | Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location) |
| 51565 | | | 983.72 | | | Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy) |
| 51570 | | | 1,123.52 | | | Cystectomy, complete; (separate procedure) |
| 51575 | | | 1,389.48 | | | Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| 51580 | | | 1,448.66 | | | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; |
| 51585 | | | 1,612.02 | | | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| 51590 | | | 1,472.25 | | | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; |
| 51595 | | | 1,669.76 | | | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| 51596 | | | 1,795.36 | | | Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder |
| 51597 | | | 1,743.24 | | | Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof |
| 51600 | 156.83 | 33.38 | | | | Injection procedure for cystography or voiding urethrocytography |
| 51605 | | | 29.52 | | | Injection procedure and placement of chain for contrast and/or chain urethrocytography |
| 51610 | 87.47 | 49.01 | | | | Injection procedure for retrograde urethrocytography |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 51700 | 67.93 | 33.65 | | | | Bladder irrigation, simple, lavage and/or instillation |
| 51701 | 46.75 | 20.83 | | | | Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine) |
| 51702 | 60.96 | 23.06 | | | | Insertion of temporary indwelling bladder catheter; simple (eg, Foley) |
| 51703 | 107.85 | 62.43 | | | | Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon) |
| 51705 | 88.30 | 52.35 | | | | Change of cystostomy tube; simple |
| 51710 | 122.72 | 73.67 | | | | Change of cystostomy tube; complicated |
| 51715 | 229.06 | 151.59 | | | | Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck |
| 51720 | 87.95 | 62.04 | | | | Bladder instillation of anticarcinogenic agent (including retention time) |
| 51725 | | | 166.32 | 57.17 | 109.15 | Simple cystometrogram (CMG) (eg, spinal manometer) |
| 51726 | | | 244.92 | 65.17 | 179.74 | Complex cystometrogram (ie, calibrated electronic equipment); |
| 51727 | | | 241.50 | 80.24 | 161.26 | Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique |
| 51728 | | | 239.36 | 78.66 | 160.70 | Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique |
| 51729 | | | 261.03 | 94.75 | 166.28 | Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique |
| 51736 | | | 28.17 | 9.32 | 18.86 | Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter) |
| 51741 | | | 34.58 | 12.94 | 21.64 | Complex uroflowmetry (eg, calibrated electronic equipment) |
| 51784 | | | 162.07 | 57.94 | 104.13 | Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique |
| 51785 | | | 178.79 | 58.21 | 120.57 | Needle electromyography studies (EMG) of anal or urethral sphincter, any technique |
| 51792 | | | 186.12 | 42.14 | 143.98 | Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time) |
| 51797 | | | 107.43 | 31.16 | 76.26 | Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure) |
| 51798 | | | 16.07 | | | Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging |
| 51800 | | | 798.30 | | | Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck |
| 51820 | | | 812.75 | | | Cystourethroplasty with unilateral or bilateral ureteroneocystostomy |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 51840 | | | 498.42 | | | Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple |
| 51841 | | | 592.09 | | | Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair) |
| 51845 | | | 449.92 | | | Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra) |
| 51860 | | | 560.56 | | | Cystorrhaphy, suture of bladder wound, injury or rupture; simple |
| 51865 | | | 679.46 | | | Cystorrhaphy, suture of bladder wound, injury or rupture; complicated |
| 51880 | | | 357.67 | | | Closure of cystostomy (separate procedure) |
| 51900 | | | 626.84 | | | Closure of vesicovaginal fistula, abdominal approach |
| 51920 | | | 576.50 | | | Closure of vesicouterine fistula; |
| 51925 | | | 794.27 | | | Closure of vesicouterine fistula; with hysterectomy |
| 51940 | | | 1,228.85 | | | Closure, exstrophy of bladder |
| 51960 | | | 1,061.11 | | | Enterocystoplasty, including intestinal anastomosis |
| 51980 | | | 545.11 | | | Cutaneous vesicostomy |
| 51990 | | | 569.12 | | | Laparoscopy, surgical; urethral suspension for stress incontinence |
| 51992 | | | 635.08 | | | Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic) |
| 51999 | | | I.C. | | | Unlisted laparoscopy procedure, bladder |
| 52000 | 164.98 | 96.43 | | | | Cystourethroscopy (separate procedure) |
| 52001 | 294.51 | 219.55 | | | | Cystourethroscopy with irrigation and evacuation of multiple obstructing clots |
| 52005 | 229.03 | 102.23 | | | | Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| 52007 | 416.70 | 127.16 | | | | Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis |
| 52010 | 318.33 | 124.65 | | | | Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service |
| 52204 | 336.16 | 108.20 | | | | Cystourethroscopy, with biopsy(s) |
| 52214 | 502.93 | 160.43 | | | | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands |
| 52224 | 606.79 | 129.69 | | | | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy |
| 52234 | | | 188.55 | | | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm) |
| 52235 | | | 220.94 | | | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 52240 | | | 385.04 | | | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s) |
| 52250 | | | 186.15 | | | Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration |
| 52260 | | | 160.68 | | | Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia |
| 52265 | 325.68 | 123.92 | | | | Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia |
| 52270 | 310.40 | 139.57 | | | | Cystourethroscopy, with internal urethrotomy; female |
| 52275 | 421.73 | 190.43 | | | | Cystourethroscopy, with internal urethrotomy; male |
| 52276 | | | 203.45 | | | Cystourethroscopy with direct vision internal urethrotomy |
| 52277 | | | 248.86 | | | Cystourethroscopy, with resection of external sphincter (sphincterotomy) |
| 52281 | 228.74 | 112.53 | | | | Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female |
| 52282 | | | 257.31 | | | Cystourethroscopy, with insertion of permanent urethral stent |
| 52283 | 220.05 | 154.28 | | | | Cystourethroscopy, with steroid injection into stricture |
| 52285 | 222.48 | 149.74 | | | | Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone |
| 52290 | | | 187.31 | | | Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral |
| 52300 | | | 216.71 | | | Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral |
| 52301 | | | 224.34 | | | Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral |
| 52305 | | | 213.18 | | | Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple |
| 52310 | 195.18 | 116.32 | | | | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple |
| 52315 | 340.81 | 209.84 | | | | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated |
| 52317 | 724.04 | 265.61 | | | | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm) |
| 52318 | | | 361.72 | | | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm) |
| 52320 | | | 188.48 | | | Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 52325 | | | 245.00 | | | Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique) |
| 52327 | | | 199.69 | | | Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material |
| 52330 | 529.64 | 201.63 | | | | Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus |
| 52332 | 399.11 | 112.63 | | | | Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) |
| 52334 | | | 196.64 | | | Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde |
| 52341 | | | 222.48 | | | Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52342 | | | 241.73 | | | Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52343 | | | 268.80 | | | Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52344 | | | 291.96 | | | Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52345 | | | 311.21 | | | Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52346 | | | 351.00 | | | Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52351 | | | 240.62 | | | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic |
| 52352 | | | 282.68 | | | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included) |
| 52353 | | | 324.39 | | | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included) |
| 52354 | | | 300.41 | | | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion |
| 52355 | | | 357.41 | | | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor |
| 52400 | | | 368.34 | | | Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds |
| 52402 | | | 203.45 | | | Cystourethroscopy with transurethral resection or incision of ejaculatory ducts |
| 52450 | | | 362.48 | | | Transurethral incision of prostate |
| 52500 | | | 376.77 | | | Transurethral resection of bladder neck (separate procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 52601 | | | 639.11 | | | Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) |
| 52630 | | | 340.93 | | | Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) |
| 52640 | | | 230.20 | | | Transurethral resection; of postoperative bladder neck contracture |
| 52647 | 1,650.26 | 496.54 | | | | Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed) |
| 52648 | 1,687.74 | 529.28 | | | | Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) |
| 52649 | | | 741.29 | | | Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) |
| 52700 | | | 336.23 | | | Transurethral drainage of prostatic abscess |
| 53000 | | | 115.47 | | | Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra |
| 53010 | | | 229.21 | | | Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external |
| 53020 | | | 74.33 | | | Meatotomy, cutting of meatus (separate procedure); except infant |
| 53025 | | | 51.23 | | | Meatotomy, cutting of meatus (separate procedure); infant |
| 53040 | | | 302.24 | | | Drainage of deep periurethral abscess |
| 53060 | 141.02 | 124.58 | | | | Drainage of Skene's gland abscess or cyst |
| 53080 | | | 330.98 | | | Drainage of perineal urinary extravasation; uncomplicated (separate procedure) |
| 53085 | | | 487.47 | | | Drainage of perineal urinary extravasation; complicated |
| 53200 | 119.26 | 107.55 | | | | Biopsy of urethra |
| 53210 | | | 591.53 | | | Urethrectomy, total, including cystostomy; female |
| 53215 | | | 711.50 | | | Urethrectomy, total, including cystostomy; male |
| 53220 | | | 349.00 | | | Excision or fulguration of carcinoma of urethra |
| 53230 | | | 465.86 | | | Excision of urethral diverticulum (separate procedure); female |
| 53235 | | | 488.29 | | | Excision of urethral diverticulum (separate procedure); male |
| 53240 | | | 329.19 | | | Marsupialization of urethral diverticulum, male or female |
| 53250 | | | 327.36 | | | Excision of bulbourethral gland (Cowper's gland) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 53260 | 155.91 | 136.96 | | | | Excision or fulguration; urethral polyp(s), distal urethra |
| 53265 | 171.38 | 142.40 | | | | Excision or fulguration; urethral caruncle |
| 53270 | 163.30 | 145.46 | | | | Excision or fulguration; Skene's glands |
| 53275 | | | 202.58 | | | Excision or fulguration; urethral prolapse |
| 53400 | | | 614.73 | | | Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type) |
| 53405 | | | 671.18 | | | Urethroplasty; second stage (formation of urethra), including urinary diversion |
| 53410 | | | 750.64 | | | Urethroplasty, 1-stage reconstruction of male anterior urethra |
| 53415 | | | 863.58 | | | Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra |
| 53420 | | | 626.25 | | | Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage |
| 53425 | | | 719.43 | | | Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage |
| 53430 | | | 732.67 | | | Urethroplasty, reconstruction of female urethra |
| 53431 | | | 881.61 | | | Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure) |
| 53440 | | | 676.91 | | | Sling operation for correction of male urinary incontinence (eg, fascia or synthetic) |
| 53442 | | | 599.15 | | | Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic) |
| 53444 | | | 609.13 | | | Insertion of tandem cuff (dual cuff) |
| 53445 | | | 675.88 | | | Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff |
| 53446 | | | 495.98 | | | Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff |
| 53447 | | | 623.01 | | | Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session |
| 53448 | | | 979.97 | | | Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue |
| 53449 | | | 471.57 | | | Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff |
| 53450 | | | 315.56 | | | Urethromeatoplasty, with mucosal advancement |
| 53460 | | | 352.75 | | | Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure) |
| 53500 | | | 572.41 | | | Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring) |
| 53502 | | | 372.80 | | | Urethrorrhaphy, suture of urethral wound or injury, female |
| 53505 | | | 374.75 | | | Urethrorrhaphy, suture of urethral wound or injury; penile |
| 53510 | | | 485.62 | | | Urethrorrhaphy, suture of urethral wound or injury; perineal |
| 53515 | | | 608.46 | | | Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|---|
| 53520 | | | 428.34 | | | Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure) |
| 53600 | 66.17 | 48.61 | | | | Dilation of urethral stricture by passage of sound or urethral dilator, male; initial |
| 53601 | 65.34 | 40.81 | | | | Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent |
| 53605 | | | 48.82 | | | Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia |
| 53620 | 94.30 | 66.99 | | | | Dilation of urethral stricture by passage of filiform and follower, male; initial |
| 53621 | 89.81 | 54.97 | | | | Dilation of urethral stricture by passage of filiform and follower, male; subsequent |
| 53660 | 57.78 | 31.86 | | | | Dilation of female urethra including suppository and/or instillation; initial |
| 53661 | 57.18 | 30.99 | | | | Dilation of female urethra including suppository and/or instillation; subsequent |
| 53665 | | | 29.08 | | | Dilation of female urethra, general or conduction (spinal) anesthesia |
| 53850 | 1,881.76 | 435.71 | | | | Transurethral destruction of prostate tissue; by microwave thermotherapy |
| 53852 | 1,809.25 | 477.45 | | | | Transurethral destruction of prostate tissue; by radiofrequency thermotherapy |
| 53855 | 579.40 | 60.50 | | | | Insertion of a temporary prostatic urethral stent, including urethral measurement |
| 53860 | 1,176.59 | 170.84 | | | | Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence |
| 53899 | | | I.C. | | | Unlisted procedure, urinary system |
| 54000 | 122.18 | 83.72 | | | | Slitting of prepuce, dorsal or lateral (separate procedure); newborn |
| 54001 | 150.17 | 107.26 | | | | Slitting of prepuce, dorsal or lateral (separate procedure); except newborn |
| 54015 | | | 236.83 | | | Incision and drainage of penis, deep |
| 54050 | 101.63 | 79.90 | | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical |
| 54055 | 92.77 | 70.75 | | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation |
| 54056 | 109.25 | 85.00 | | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery |
| 54057 | 110.09 | 73.03 | | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery |
| 54060 | 145.64 | 100.50 | | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision |
| 54065 | 169.48 | 129.91 | | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 54100 | 155.50 | 95.59 | | | | Biopsy of penis; (separate procedure) |
| 54105 | 213.41 | 165.48 | | | | Biopsy of penis; deep structures |
| 54110 | | | 479.08 | | | Excision of penile plaque (Peyronie disease); |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 54111 | | | 614.42 | | | Excision of penile plaque (Peyronie disease); with graft to 5 cm in length |
| 54112 | | | 719.95 | | | Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length |
| 54115 | 351.22 | 326.97 | | | | Removal foreign body from deep penile tissue (eg, plastic implant) |
| 54120 | | | 485.71 | | | Amputation of penis; partial |
| 54125 | | | 622.91 | | | Amputation of penis; complete |
| 54130 | | | 913.84 | | | Amputation of penis, radical; with bilateral inguino-femoral lymphadenectomy |
| 54135 | | | 1,156.88 | | | Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes |
| 54150 | 129.12 | 74.22 | | | | Circumcision, using clamp or other device with regional dorsal penile or ring block |
| 54160 | 180.51 | 110.56 | | | | Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less) |
| 54161 | | | 151.88 | | | Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age |
| 54162 | 209.66 | 152.81 | | | | Lysis or excision of penile post-circumcision adhesions |
| 54163 | | | 170.37 | | | Repair incomplete circumcision |
| 54164 | | | 150.84 | | | Frenulotomy of penis |
| 54200 | 87.53 | 66.63 | | | | Injection procedure for Peyronie disease; |
| 54205 | | | 412.84 | | | Injection procedure for Peyronie disease; with surgical exposure of plaque |
| 54220 | 164.84 | 103.25 | | | | Irrigation of corpora cavernosa for priapism |
| 54230 | 75.91 | 61.42 | | | | Injection procedure for corpora cavernosography |
| 54231 | 109.66 | 89.88 | | | | Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine) |
| 54235 | 70.98 | 56.76 | | | | Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine) |
| 54240 | | | 77.97 | 49.08 | 28.89 | Penile plethysmography |
| 54250 | | | 93.31 | 83.65 | 9.66 | Nocturnal penile tumescence and/or rigidity test |
| 54300 | | | 496.72 | | | Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra |
| 54304 | | | 579.86 | | | Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps |
| 54308 | | | 563.60 | | | Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm |
| 54312 | | | 645.30 | | | Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm |
| 54316 | | | 784.12 | | | Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia |
| 54318 | | | 553.92 | | | Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair) |
| 54322 | | | 603.02 | | | 1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 54324 | | | 747.68 | | | 1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap) |
| 54326 | | | 713.48 | | | 1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra |
| 54328 | | | 719.44 | | | 1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap |
| 54332 | | | 780.34 | | | 1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap |
| 54336 | | | 904.80 | | | 1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap |
| 54340 | | | 436.51 | | | Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple |
| 54344 | | | 745.66 | | | Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft |
| 54348 | | | 874.85 | | | Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion) |
| 54352 | | | 1,230.21 | | | Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts |
| 54360 | | | 556.98 | | | Plastic operation on penis to correct angulation |
| 54380 | | | 617.25 | | | Plastic operation on penis for epispadias distal to external sphincter; |
| 54385 | | | 752.53 | | | Plastic operation on penis for epispadias distal to external sphincter; with incontinence |
| 54390 | | | 937.84 | | | Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder |
| 54400 | | | 408.85 | | | Insertion of penile prosthesis; non-inflatable (semi-rigid) |
| 54401 | | | 509.26 | | | Insertion of penile prosthesis; inflatable (self-contained) |
| 54405 | | | 621.11 | | | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir |
| 54406 | | | 561.22 | | | Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis |
| 54408 | | | 607.09 | | | Repair of component(s) of a multi-component, inflatable penile prosthesis |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|-------|-------|------------|--------|--------|--|
| 54410 | | | 661.89 | | | Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session |
| 54411 | | | 786.55 | | | Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue |
| 54415 | | | 407.31 | | | Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis |
| 54416 | | | 547.00 | | | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session |
| 54417 | | | 688.89 | | | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue |
| 54420 | | | 543.64 | | | Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral |
| 54430 | | | 494.54 | | | Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral |
| 54435 | | | 323.21 | | | Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism |
| 54440 | | | I.C. | | | Plastic operation of penis for injury |
| 54450 | 55.44 | 44.02 | | | | Foreskin manipulation including lysis of preputial adhesions and stretching |
| 54500 | | | 57.35 | | | Biopsy of testis, needle (separate procedure) |
| 54505 | | | 163.21 | | | Biopsy of testis, incisional (separate procedure) |
| 54512 | | | 412.26 | | | Excision of extraparenchymal lesion of testis |
| 54520 | | | 251.63 | | | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach |
| 54522 | | | 446.88 | | | Orchiectomy, partial |
| 54530 | | | 390.36 | | | Orchiectomy, radical, for tumor; inguinal approach |
| 54535 | | | 565.14 | | | Orchiectomy, radical, for tumor; with abdominal exploration |
| 54550 | | | 377.08 | | | Exploration for undescended testis (inguinal or scrotal area) |
| 54560 | | | 515.72 | | | Exploration for undescended testis with abdominal exploration |
| 54600 | | | 348.97 | | | Reduction of torsion of testis, surgical, with or without fixation of contralateral testis |
| 54620 | | | 231.54 | | | Fixation of contralateral testis (separate procedure) |
| 54640 | | | 366.55 | | | Orchiopexy, inguinal approach, with or without hernia repair |
| 54650 | | | 542.80 | | | Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens) |
| 54660 | | | 275.48 | | | Insertion of testicular prosthesis (separate procedure) |
| 54670 | | | 312.46 | | | Suture or repair of testicular injury |
| 54680 | | | 598.62 | | | Transplantation of testis(es) to thigh (because of scrotal destruction) |
| 54690 | | | 513.91 | | | Laparoscopy, surgical; orchiectomy |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 54692 | | | 582.54 | | | Laparoscopy, surgical; orchiopexy for intra-abdominal testis |
| 54699 | | | I.C. | | | Unlisted laparoscopy procedure, testis |
| 54700 | | | 163.96 | | | Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma) |
| 54800 | | | 112.96 | | | Biopsy of epididymis, needle |
| 54830 | | | 287.59 | | | Excision of local lesion of epididymis |
| 54840 | | | 248.96 | | | Excision of spermatocele, with or without epididymectomy |
| 54860 | | | 323.25 | | | Epididymectomy; unilateral |
| 54861 | | | 434.87 | | | Epididymectomy; bilateral |
| 54865 | | | 276.86 | | | Exploration of epididymis, with or without biopsy |
| 54900 | | | 585.34 | | | Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral |
| 54901 | | | 817.00 | | | Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral |
| 55000 | 94.62 | 64.80 | | | | Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication |
| 55040 | | | 261.40 | | | Excision of hydrocele; unilateral |
| 55041 | | | 392.30 | | | Excision of hydrocele; bilateral |
| 55060 | | | 293.39 | | | Repair of tunica vaginalis hydrocele (Bottle type) |
| 55100 | 172.44 | 128.13 | | | | Drainage of scrotal wall abscess |
| 55110 | | | 299.05 | | | Scrotal exploration |
| 55120 | | | 274.90 | | | Removal of foreign body in scrotum |
| 55150 | | | 377.69 | | | Resection of scrotum |
| 55175 | | | 281.41 | | | Scrotoplasty; simple |
| 55180 | | | 530.35 | | | Scrotoplasty; complicated |
| 55200 | 374.13 | 213.61 | | | | Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) |
| 55250 | 626.12 | 248.79 | | | | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) |
| 55300 | | | 138.96 | | | Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral |
| 55400 | | | 385.17 | | | Vasovasostomy, vasovasorrhaphy |
| 55450 | 294.50 | 196.40 | | | | Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) |
| 55500 | | | 300.08 | | | Excision of hydrocele of spermatic cord, unilateral (separate procedure) |
| 55520 | | | 325.18 | | | Excision of lesion of spermatic cord (separate procedure) |
| 55530 | | | 273.21 | | | Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure) |
| 55535 | | | 330.09 | | | Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach |
| 55540 | | | 389.20 | | | Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair |
| 55550 | | | 326.15 | | | Laparoscopy, surgical, with ligation of spermatic veins for varicocele |
| 55559 | | | I.C. | | | Unlisted laparoscopy procedure, spermatic cord |
| 55600 | | | 325.82 | | | Vesiculotomy; |
| 55605 | | | 400.69 | | | Vesiculotomy; complicated |
| 55650 | | | 547.33 | | | Vesiculectomy, any approach |
| 55680 | | | 262.92 | | | Excision of Mullerian duct cyst |
| 55700 | 179.58 | 105.73 | | | | Biopsy, prostate; needle or punch, single or multiple, any approach |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 55705 | | | 206.05 | | | Biopsy, prostate; incisional, any approach |
| 55706 | | | 290.33 | | | Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance |
| 55720 | | | 347.25 | | | Prostatotomy, external drainage of prostatic abscess, any approach; simple |
| 55725 | | | 454.58 | | | Prostatotomy, external drainage of prostatic abscess, any approach; complicated |
| 55801 | | | 833.44 | | | Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy) |
| 55810 | | | 1,005.18 | | | Prostatectomy, perineal radical; |
| 55812 | | | 1,228.98 | | | Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy) |
| 55815 | | | 1,347.17 | | | Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes |
| 55821 | | | 670.26 | | | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages |
| 55831 | | | 724.47 | | | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal |
| 55840 | | | 1,023.82 | | | Prostatectomy, retropubic radical, with or without nerve sparing; |
| 55842 | | | 1,095.50 | | | Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy) |
| 55845 | | | 1,249.71 | | | Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| 55860 | | | 670.24 | | | Exposure of prostate, any approach, for insertion of radioactive substance; |
| 55862 | | | 841.39 | | | Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy) |
| 55865 | | | 1,022.37 | | | Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes |
| 55866 | | | 1,324.69 | | | Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed |
| 55870 | 136.95 | 109.91 | | | | Electroejaculation |
| 55873 | 5,132.08 | 647.88 | | | | Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring) |
| 55875 | | | 585.24 | | | Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy |
| 55876 | 107.83 | 78.01 | | | | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 55899 | | | I.C. | | | Unlisted procedure, male genital system |
| 55920 | | | 330.54 | | | Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application |
| 55970 | | | I.C. | | | Intersex surgery; male to female |
| 55980 | | | I.C. | | | Intersex surgery; female to male |
| 56405 | 82.41 | 81.29 | | | | Incision and drainage of vulva or perineal abscess |
| 56420 | 94.48 | 68.56 | | | | Incision and drainage of Bartholin's gland abscess |
| 56440 | | | 136.44 | | | Marsupialization of Bartholin's gland cyst |
| 56441 | 110.84 | 105.27 | | | | Lysis of labial adhesions |
| 56442 | | | 36.33 | | | Hymenotomy, simple incision |
| 56501 | 99.54 | 86.16 | | | | Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 56515 | 168.82 | 148.19 | | | | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 56605 | 62.57 | 44.45 | | | | Biopsy of vulva or perineum (separate procedure); 1 lesion |
| 56606 | 28.17 | 21.48 | | | | Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure) |
| 56620 | | | 373.85 | | | Vulvectomy simple; partial |
| 56625 | | | 445.47 | | | Vulvectomy simple; complete |
| 56630 | | | 650.64 | | | Vulvectomy, radical, partial; |
| 56631 | | | 824.02 | | | Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy |
| 56632 | | | 958.59 | | | Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy |
| 56633 | | | 844.38 | | | Vulvectomy, radical, complete; |
| 56634 | | | 892.95 | | | Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy |
| 56637 | | | 1,048.86 | | | Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy |
| 56640 | | | 1,032.31 | | | Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy |
| 56700 | | | 140.06 | | | Partial hymenectomy or revision of hymenal ring |
| 56740 | | | 220.45 | | | Excision of Bartholin's gland or cyst |
| 56800 | | | 179.72 | | | Plastic repair of introitus |
| 56805 | | | 844.54 | | | Clitoroplasty for intersex state |
| 56810 | | | 192.99 | | | Perineoplasty, repair of perineum, nonobstetrical (separate procedure) |
| 56820 | 83.21 | 62.58 | | | | Colposcopy of the vulva; |
| 56821 | 110.54 | 84.07 | | | | Colposcopy of the vulva; with biopsy(s) |
| 57000 | | | 141.73 | | | Colpotomy; with exploration |
| 57010 | | | 323.06 | | | Colpotomy; with drainage of pelvic abscess |
| 57020 | 69.83 | 59.80 | | | | Colpocentesis (separate procedure) |
| 57022 | | | 124.58 | | | Incision and drainage of vaginal hematoma; obstetrical/postpartum |
| 57023 | | | 230.68 | | | Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding) |
| 57061 | 87.10 | 74.00 | | | | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 57065 | 144.16 | 127.44 | | | | Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 57100 | 66.19 | 48.08 | | | | Biopsy of vaginal mucosa; simple (separate procedure) |
| 57105 | 102.39 | 94.03 | | | | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts) |
| 57106 | | | 357.80 | | | Vaginectomy, partial removal of vaginal wall; |
| 57107 | | | 1,032.00 | | | Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) |
| 57109 | | | 1,177.69 | | | Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy) |
| 57110 | | | 663.20 | | | Vaginectomy, complete removal of vaginal wall; |
| 57111 | | | 1,185.77 | | | Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) |
| 57112 | | | 1,117.01 | | | Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy) |
| 57120 | | | 380.29 | | | Colpocleisis (Le Fort type) |
| 57130 | 134.86 | 119.54 | | | | Excision of vaginal septum |
| 57135 | 144.57 | 128.69 | | | | Excision of vaginal cyst or tumor |
| 57150 | 36.53 | 21.48 | | | | Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease |
| 57155 | 254.07 | 133.40 | | | | Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy |
| 57156 | 114.56 | 75.83 | | | | Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy |
| 57160 | 58.69 | 34.73 | | | | Fitting and insertion of pessary or other intravaginal support device |
| 57170 | 96.86 | 53.18 | | | | Diaphragm or cervical cap fitting with instructions |
| 57180 | 108.00 | 79.29 | | | | Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure) |
| 57200 | | | 223.26 | | | Colporrhaphy, suture of injury of vagina (nonobstetrical) |
| 57210 | | | 273.24 | | | Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical) |
| 57220 | | | 239.79 | | | Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication) |
| 57230 | | | 298.38 | | | Plastic repair of urethrocele |
| 57240 | | | 494.18 | | | Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele |
| 57250 | | | 493.98 | | | Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy |
| 57260 | | | 609.15 | | | Combined anteroposterior colporrhaphy; |
| 57265 | | | 671.18 | | | Combined anteroposterior colporrhaphy; with enterocele repair |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 57267 | | | 190.83 | | | Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure) |
| 57268 | | | 359.40 | | | Repair of enterocele, vaginal approach (separate procedure) |
| 57270 | | | 589.68 | | | Repair of enterocele, abdominal approach (separate procedure) |
| 57280 | | | 707.90 | | | Colpopexy, abdominal approach |
| 57282 | | | 375.31 | | | Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus) |
| 57283 | | | 512.06 | | | Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy) |
| 57284 | | | 609.29 | | | Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach |
| 57285 | | | 502.26 | | | Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach |
| 57287 | | | 515.08 | | | Removal or revision of sling for stress incontinence (eg, fascia or synthetic) |
| 57288 | | | 531.83 | | | Sling operation for stress incontinence (eg, fascia or synthetic) |
| 57289 | | | 547.15 | | | Pereyra procedure, including anterior colporrhaphy |
| 57291 | | | 445.66 | | | Construction of artificial vagina; without graft |
| 57292 | | | 609.05 | | | Construction of artificial vagina; with graft |
| 57295 | | | 360.07 | | | Revision (including removal) of prosthetic vaginal graft; vaginal approach |
| 57296 | | | 701.69 | | | Revision (including removal) of prosthetic vaginal graft; open abdominal approach |
| 57300 | | | 406.48 | | | Closure of rectovaginal fistula; vaginal or transanal approach |
| 57305 | | | 670.42 | | | Closure of rectovaginal fistula; abdominal approach |
| 57307 | | | 759.48 | | | Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy |
| 57308 | | | 479.47 | | | Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication |
| 57310 | | | 351.44 | | | Closure of urethrovaginal fistula; |
| 57311 | | | 399.12 | | | Closure of urethrovaginal fistula; with bulbocavernosus transplant |
| 57320 | | | 404.42 | | | Closure of vesicovaginal fistula; vaginal approach |
| 57330 | | | 558.65 | | | Closure of vesicovaginal fistula; transvesical and vaginal approach |
| 57335 | | | 861.49 | | | Vaginoplasty for intersex state |
| 57400 | | | 99.33 | | | Dilation of vagina under anesthesia (other than local) |
| 57410 | | | 79.50 | | | Pelvic examination under anesthesia (other than local) |
| 57415 | | | 119.52 | | | Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local) |
| 57420 | 87.02 | 66.12 | | | | Colposcopy of the entire vagina, with cervix if present; |
| 57421 | 116.96 | 89.93 | | | | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 57423 | | | 680.13 | | | Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach |
| 57425 | | | 717.26 | | | Laparoscopy, surgical, colpopexy (suspension of vaginal apex) |
| 57426 | | | 622.66 | | | Revision (including removal) of prosthetic vaginal graft, laparoscopic approach |
| 57452 | 81.72 | 67.79 | | | | Colposcopy of the cervix including upper/adjacent vagina; |
| 57454 | 114.72 | 100.51 | | | | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage |
| 57455 | 107.51 | 81.60 | | | | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix |
| 57456 | 101.80 | 76.16 | | | | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage |
| 57460 | 225.10 | 120.59 | | | | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix |
| 57461 | 251.97 | 138.55 | | | | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix |
| 57500 | 101.03 | 56.16 | | | | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) |
| 57505 | 77.66 | 69.30 | | | | Endocervical curettage (not done as part of a dilation and curettage) |
| 57510 | 98.83 | 85.73 | | | | Cautery of cervix; electro or thermal |
| 57511 | 109.89 | 99.02 | | | | Cautery of cervix; cryocautery, initial or repeat |
| 57513 | 108.49 | 99.30 | | | | Cautery of cervix; laser ablation |
| 57520 | 231.08 | 203.49 | | | | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser |
| 57522 | 198.60 | 181.88 | | | | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision |
| 57530 | | | 257.11 | | | Trachelectomy (cervicectomy), amputation of cervix (separate procedure) |
| 57531 | | | 1,259.59 | | | Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s) |
| 57540 | | | 575.37 | | | Excision of cervical stump, abdominal approach; |
| 57545 | | | 606.96 | | | Excision of cervical stump, abdominal approach; with pelvic floor repair |
| 57550 | | | 304.73 | | | Excision of cervical stump, vaginal approach; |
| 57555 | | | 444.98 | | | Excision of cervical stump, vaginal approach; with anterior and/or posterior repair |
| 57556 | | | 421.67 | | | Excision of cervical stump, vaginal approach; with repair of enterocele |
| 57558 | 94.38 | 84.91 | | | | Dilation and curettage of cervical stump |
| 57700 | | | 234.29 | | | Cerclage of uterine cervix, nonobstetrical |
| 57720 | | | 230.18 | | | Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach |
| 57800 | 45.39 | 35.91 | | | | Dilation of cervical canal, instrumental (separate procedure) |
| 58100 | 82.54 | 64.70 | | | | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 58110 | 35.91 | 30.06 | | | | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) |
| 58120 | 190.72 | 161.18 | | | | Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) |
| 58140 | | | 675.42 | | | 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; abdominal approach |
| 58145 | | | 403.15 | | | 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 |
| 58146 | | | 851.77 | | | Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach |
| 58150 | | | 731.81 | | | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); |
| 58152 | | | 917.80 | | | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopy (e.g., Marshall-Marchetti-Krantz, Burch) |
| 58180 | | | 703.95 | | | Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s) |
| 58200 | | | 963.42 | | | Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s) |
| 58210 | | | 1,286.72 | | | Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s) |
| 58240 | | | 2,040.94 | | | Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof |
| 58260 | | | 610.95 | | | Vaginal hysterectomy, for uterus 250 g or less; |
| 58262 | | | 680.64 | | | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s) |
| 58263 | | | 731.83 | | | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele |
| 58267 | | | 778.12 | | | Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control |
| 58270 | | | 650.67 | | | Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele |
| 58275 | | | 725.69 | | | Vaginal hysterectomy, with total or partial vaginectomy; |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 58280 | | | 775.82 | | | Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele |
| 58285 | | | 965.65 | | | Vaginal hysterectomy, radical (Schauta type operation) |
| 58290 | | | 848.77 | | | Vaginal hysterectomy, for uterus greater than 250 g; |
| 58291 | | | 920.23 | | | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| 58292 | | | 969.38 | | | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele |
| 58293 | | | 1,007.02 | | | Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytostomy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control |
| 58294 | | | 897.67 | | | Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele |
| 58300 | 99.67 | 58.77 | | | | Insertion of intrauterine device (IUD) |
| 58301 | 112.10 | 74.92 | | | | Removal of intrauterine device (IUD) |
| 58321 | 57.48 | 34.35 | | | | Artificial insemination; intra-cervical |
| 58322 | 65.63 | 43.06 | | | | Artificial insemination; intra-uterine |
| 58323 | 13.28 | 9.10 | | | | Sperm washing for artificial insemination |
| 58340 | 96.54 | 43.59 | | | | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography |
| 58345 | | | 207.37 | | | Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography |
| 58346 | | | 326.51 | | | Insertion of Heyman capsules for clinical brachytherapy |
| 58350 | 74.42 | 59.65 | | | | Chromotubation of oviduct, including materials |
| 58353 | 867.31 | 163.38 | | | | Endometrial ablation, thermal, without hysteroscopic guidance |
| 58356 | 1,608.41 | 254.60 | | | | Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed |
| 58400 | | | 329.12 | | | Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure) |
| 58410 | | | 593.38 | | | Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy |
| 58520 | | | 591.24 | | | Hysterorrhaphy, repair of ruptured uterus (nonobstetrical) |
| 58540 | | | 669.60 | | | Hysteroplasty, repair of uterine anomaly (Strassman type) |
| 58541 | | | 635.22 | | | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; |
| 58542 | | | 708.56 | | | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) |
| 58543 | | | 720.52 | | | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 58544 | | | 778.09 | | | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| 58545 | | | 659.13 | | | Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas |
| 58546 | | | 830.57 | | | Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g |
| 58548 | | | 1,312.60 | | | Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed |
| 58550 | | | 652.05 | | | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; |
| 58552 | | | 722.51 | | | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) |
| 58553 | | | 835.61 | | | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; |
| 58554 | | | 966.91 | | | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| 58555 | 205.24 | 140.03 | | | | Hysteroscopy, diagnostic (separate procedure) |
| 58558 | 270.57 | 196.72 | | | | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C |
| 58559 | | | 252.72 | | | Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method) |
| 58560 | | | 285.26 | | | Hysteroscopy, surgical; with division or resection of intrauterine septum (any method) |
| 58561 | | | 402.90 | | | Hysteroscopy, surgical; with removal of leiomyomata |
| 58562 | 281.61 | 213.89 | | | | Hysteroscopy, surgical; with removal of impacted foreign body |
| 58563 | 1,418.15 | 252.72 | | | | Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation) |
| 58565 | 2,433.98 | 486.44 | | | | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants |
| 58570 | | | 682.26 | | | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; |
| 58571 | | | 755.13 | | | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) |
| 58572 | | | 846.09 | | | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; |
| 58573 | | | 965.06 | | | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| 58578 | | | I.C. | | | Unlisted laparoscopy procedure, uterus |
| 58579 | | | I.C. | | | Unlisted hysteroscopy procedure, uterus |
| 58600 | | | 398.31 | | | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 58605 | | | 361.75 | | | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) |
| 58611 | | | 86.56 | | | Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure) |
| 58615 | | | 283.64 | | | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach |
| 58660 | | | 494.75 | | | Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure) |
| 58661 | | | 472.97 | | | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) |
| 58662 | | | 519.73 | | | Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method |
| 58670 | | | 271.57 | | | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) |
| 58671 | | | 271.29 | | | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring) |
| 58672 | | | 542.67 | | | Laparoscopy, surgical; with fimbrioplasty |
| 58673 | | | 590.45 | | | Laparoscopy, surgical; with salpingostomy (salpingoneostomy) |
| 58679 | | | I.C. | | | Unlisted laparoscopy procedure, oviduct, ovary |
| 58700 | | | 569.35 | | | Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) |
| 58720 | | | 531.48 | | | Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure) |
| 58740 | | | 645.06 | | | Lysis of adhesions (salpingolysis, ovariolysis) |
| 58750 | | | 666.05 | | | Tubotubal anastomosis |
| 58752 | | | 637.85 | | | Tubouterine implantation |
| 58760 | | | 599.87 | | | Fimbrioplasty |
| 58770 | | | 623.07 | | | Salpingostomy (salpingoneostomy) |
| 58800 | 240.73 | 223.73 | | | | Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach |
| 58805 | | | 299.89 | | | Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach |
| 58820 | | | 244.99 | | | Drainage of ovarian abscess; vaginal approach, open |
| 58822 | | | 531.52 | | | Drainage of ovarian abscess; abdominal approach |
| 58823 | 732.92 | 127.36 | | | | Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic) |
| 58825 | | | 518.12 | | | Transposition, ovary(s) |
| 58900 | | | 323.39 | | | Biopsy of ovary, unilateral or bilateral (separate procedure) |
| 58920 | | | 516.10 | | | Wedge resection or bisection of ovary, unilateral or bilateral |
| 58925 | | | 544.24 | | | Ovarian cystectomy, unilateral or bilateral |
| 58940 | | | 379.94 | | | Oophorectomy, partial or total, unilateral or bilateral; |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 58943 | | | 827.26 | | | Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy |
| 58950 | | | 792.47 | | | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; |
| 58951 | | | 1,015.82 | | | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy |
| 58952 | | | 1,146.63 | | | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors) |
| 58953 | | | 1,417.21 | | | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; |
| 58954 | | | 1,535.79 | | | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy |
| 58956 | | | 970.83 | | | Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy |
| 58957 | | | 1,104.00 | | | Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; |
| 58958 | | | 1,215.46 | | | Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy |
| 58960 | | | 681.93 | | | Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy |
| 58970 | 159.98 | 141.03 | | | | Follicle puncture for oocyte retrieval, any method |
| 58974 | | | I.C. | | | Embryo transfer, intrauterine |
| 58976 | 181.92 | 155.17 | | | | Gamete, zygote, or embryo intrafallopian transfer, any method |
| 58999 | | | I.C. | | | Unlisted procedure, female genital system (nonobstetrical) |
| 59000 | 152.13 | 89.86 | | | | Amniocentesis; diagnostic |
| 59001 | | | 200.38 | | | Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 59012 | | | 225.99 | | | Cordocentesis (intrauterine), any method |
| 59015 | 172.23 | 147.14 | | | | Chorionic villus sampling, any method |
| 59020 | | | 73.19 | 41.76 | 31.44 | Fetal contraction stress test |
| 59025 | | | 48.01 | 33.92 | 14.09 | Fetal non-stress test |
| 59030 | | | 125.35 | | | Fetal scalp blood sampling |
| 59050 | | | 56.43 | | | Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation |
| 59051 | | | 46.57 | | | Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only |
| 59070 | 316.43 | 228.36 | | | | Transabdominal amnioinfusion, including ultrasound guidance |
| 59072 | | | 382.61 | | | Fetal umbilical cord occlusion, including ultrasound guidance |
| 59074 | 309.74 | 231.43 | | | | Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance |
| 59076 | | | 377.87 | | | Fetal shunt placement, including ultrasound guidance |
| 59100 | | | 609.31 | | | Hysterotomy, abdominal (eg, for hydatidiform mole, abortion) |
| 59120 | | | 853.34 | | | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach |
| 59121 | | | 860.16 | | | Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy |
| 59130 | | | 618.35 | | | Surgical treatment of ectopic pregnancy; abdominal pregnancy |
| 59135 | | | 618.84 | | | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy |
| 59136 | | | 912.95 | | | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus |
| 59140 | | | 270.12 | | | Surgical treatment of ectopic pregnancy; cervical, with evacuation |
| 59150 | | | 829.66 | | | Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy |
| 59151 | | | 819.26 | | | Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy |
| 59160 | 263.46 | 213.74 | | | | Curettage, postpartum |
| 59200 | 89.10 | 49.60 | | | | Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure) |
| 59300 | 212.61 | 156.85 | | | | Episiotomy or vaginal repair, by other than attending physician |
| 59320 | | | 169.48 | | | Cerclage of cervix, during pregnancy; vaginal |
| 59325 | | | 242.19 | | | Cerclage of cervix, during pregnancy; abdominal |
| 59350 | | | 203.00 | | | Hysterorrhaphy of ruptured uterus |
| 59400 | | | 2,045.18 | | | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care |
| 59409 | | | 851.74 | | | Vaginal delivery only (with or without episiotomy and/or forceps); |
| 59410 | | | 980.17 | | | Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 59412 | | | 69.43 | | | External cephalic version, with or without tocolysis |
| 59414 | | | 101.75 | | | Delivery of placenta (separate procedure) |
| 59425 | 472.68 | 361.16 | | | | Antepartum care only; 4-6 visits |
| 59426 | 843.56 | 637.70 | | | | Antepartum care only; 7 or more visits |
| 59430 | 153.56 | 139.15 | | | | Postpartum care only (separate procedure) |
| 59510 | | | 2,309.68 | | | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care |
| 59514 | | | 1,006.12 | | | Cesarean delivery only; |
| 59515 | | | 1,182.80 | | | Cesarean delivery only; including postpartum care |
| 59525 | | | 353.37 | | | Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure) |
| 59610 | | | 2,138.92 | | | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery |
| 59612 | | | 955.89 | | | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); |
| 59614 | | | 1,066.78 | | | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care |
| 59618 | | | 2,422.24 | | | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery |
| 59620 | | | 1,100.58 | | | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; |
| 59622 | | | 1,283.21 | | | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care |
| 59812 | 324.57 | 315.74 | | | | Treatment of incomplete abortion, any trimester, completed surgically |
| 59820 | 412.52 | 375.34 | | | | Treatment of missed abortion, completed surgically; first trimester |
| 59821 | 418.83 | 381.19 | | | | Treatment of missed abortion, completed surgically; second trimester |
| 59830 | | | 322.42 | | | Treatment of septic abortion, completed surgically |
| 59840 | 160.13 | 153.72 | | | | Induced abortion, by dilation and curettage |
| 59841 | 281.85 | 264.57 | | | | Induced abortion, by dilation and evacuation |
| 59850 | | | 259.96 | | | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; |
| 59851 | | | 294.98 | | | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation |
| 59852 | | | 377.66 | | | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 59855 | | | 305.82 | | | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; |
| 59856 | | | 358.32 | | | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation |
| 59857 | | | 387.57 | | | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation) |
| 59866 | | | 159.66 | | | Multifetal pregnancy reduction(s) (MPR) |
| 59870 | | | 352.59 | | | Uterine evacuation and curettage for hydatidiform mole |
| 59871 | | | 98.52 | | | Removal of cerclage suture under anesthesia (other than local) |
| 59897 | | | I.C. | | | Unlisted fetal invasive procedure, including ultrasound guidance, when performed |
| 59898 | | | I.C. | | | Unlisted laparoscopy procedure, maternity care and delivery |
| 59899 | | | I.C. | | | Unlisted procedure, maternity care and delivery |
| 60000 | 124.34 | 111.52 | | | | Incision and drainage of thyroglossal duct cyst, infected |
| 60100 | 84.76 | 58.84 | | | | Biopsy thyroid, percutaneous core needle |
| 60200 | | | 486.95 | | | Excision of cyst or adenoma of thyroid, or transection of isthmus |
| 60210 | | | 516.96 | | | Partial thyroid lobectomy, unilateral; with or without isthmusectomy |
| 60212 | | | 740.32 | | | Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy |
| 60220 | | | 564.99 | | | Total thyroid lobectomy, unilateral; with or without isthmusectomy |
| 60225 | | | 679.46 | | | Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy |
| 60240 | | | 708.95 | | | Thyroidectomy, total or complete |
| 60252 | | | 963.04 | | | Thyroidectomy, total or subtotal for malignancy; with limited neck dissection |
| 60254 | | | 1,238.95 | | | Thyroidectomy, total or subtotal for malignancy; with radical neck dissection |
| 60260 | | | 802.36 | | | Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid |
| 60270 | | | 1,008.07 | | | Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach |
| 60271 | | | 774.89 | | | Thyroidectomy, including substernal thyroid; cervical approach |
| 60280 | | | 333.84 | | | Excision of thyroglossal duct cyst or sinus; |
| 60281 | | | 442.53 | | | Excision of thyroglossal duct cyst or sinus; recurrent |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|-------|-------|------------|--------|--------|--|
| 60300 | 86.27 | 36.39 | | | | Aspiration and/or injection, thyroid cyst |
| 60500 | | | 740.14 | | | Parathyroidectomy or exploration of parathyroid(s); |
| 60502 | | | 928.82 | | | Parathyroidectomy or exploration of parathyroid(s); re-exploration |
| 60505 | | | 1,016.29 | | | Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach |
| 60512 | | | 175.52 | | | Parathyroid autotransplantation (List separately in addition to code for primary procedure) |
| 60520 | | | 753.87 | | | Thymectomy, partial or total; transcervical approach (separate procedure) |
| 60521 | | | 844.11 | | | Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure) |
| 60522 | | | 1,021.72 | | | Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure) |
| 60540 | | | 777.05 | | | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); |
| 60545 | | | 889.90 | | | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor |
| 60600 | | | 1,052.35 | | | Excision of carotid body tumor; without excision of carotid artery |
| 60605 | | | 1,317.17 | | | Excision of carotid body tumor; with excision of carotid artery |
| 60650 | | | 868.99 | | | Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal |
| 60659 | | | I.C. | | | Unlisted laparoscopy procedure, endocrine system |
| 60699 | | | I.C. | | | Unlisted procedure, endocrine system |
| 61000 | | | 81.53 | | | Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial |
| 61001 | | | 83.78 | | | Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps |
| 61020 | | | 100.98 | | | Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection |
| 61026 | | | 94.48 | | | 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 | | | 78.35 | | | Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure) |
| 61055 | | | 101.08 | | | Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2) |
| 61070 | | | 63.15 | | | Puncture of shunt tubing or reservoir for aspiration or injection procedure |
| 61105 | | | 331.32 | | | Twist drill hole for subdural or ventricular puncture |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|---|
| 61107 | | | 227.86 | | | Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device |
| 61108 | | | 651.27 | | | Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma |
| 61120 | | | 536.08 | | | Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material) |
| 61140 | | | 905.82 | | | Burr hole(s) or trephine; with biopsy of brain or intracranial lesion |
| 61150 | | | 972.57 | | | Burr hole(s) or trephine; with drainage of brain abscess or cyst |
| 61151 | | | 711.70 | | | Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst |
| 61154 | | | 910.67 | | | Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural |
| 61156 | | | 896.92 | | | Burr hole(s); with aspiration of hematoma or cyst, intracerebral |
| 61210 | | | 266.01 | | | Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure) |
| 61215 | | | 363.57 | | | Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter |
| 61250 | | | 619.40 | | | Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery |
| 61253 | | | 624.66 | | | Burr hole(s) or trephine, infratentorial, unilateral or bilateral |
| 61304 | | | 1,180.95 | | | Craniectomy or craniotomy, exploratory; supratentorial |
| 61305 | | | 1,445.06 | | | Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa) |
| 61312 | | | 1,492.65 | | | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural |
| 61313 | | | 1,424.34 | | | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral |
| 61314 | | | 1,312.11 | | | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural |
| 61315 | | | 1,487.97 | | | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar |
| 61316 | | | 63.06 | | | Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure) |
| 61320 | | | 1,369.50 | | | Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial |
| 61321 | | | 1,522.53 | | | Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial |
| 61322 | | | 1,695.13 | | | Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 61323 | | | 1,711.42 | | | Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy |
| 61330 | | | 1,267.78 | | | Decompression of orbit only, transcranial approach |
| 61332 | | | 1,408.61 | | | Exploration of orbit (transcranial approach); with biopsy |
| 61333 | | | 1,472.65 | | | Exploration of orbit (transcranial approach); with removal of lesion |
| 61334 | | | 961.35 | | | Exploration of orbit (transcranial approach); with removal of foreign body |
| 61340 | | | 1,036.39 | | | Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome) |
| 61343 | | | 1,579.60 | | | Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation) |
| 61345 | | | 1,467.97 | | | Other cranial decompression, posterior fossa |
| 61440 | | | 1,439.42 | | | Craniotomy for section of tentorium cerebelli (separate procedure) |
| 61450 | | | 1,379.55 | | | Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion |
| 61458 | | | 1,445.45 | | | Craniectomy, suboccipital; for exploration or decompression of cranial nerves |
| 61460 | | | 1,502.98 | | | Craniectomy, suboccipital; for section of 1 or more cranial nerves |
| 61470 | | | 1,378.97 | | | Craniectomy, suboccipital; for medullary tractotomy |
| 61480 | | | 1,125.52 | | | Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy |
| 61490 | | | 1,364.00 | | | Craniotomy for lobotomy, including cingulotomy |
| 61500 | | | 971.17 | | | Craniectomy; with excision of tumor or other bone lesion of skull |
| 61501 | | | 838.37 | | | Craniectomy; for osteomyelitis |
| 61510 | | | 1,570.39 | | | Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma |
| 61512 | | | 1,834.81 | | | Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial |
| 61514 | | | 1,367.68 | | | Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial |
| 61516 | | | 1,333.41 | | | Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial |
| 61517 | | | 62.82 | | | Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure) |
| 61518 | | | 1,982.40 | | | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull |
| 61519 | | | 2,121.61 | | | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma |
| 61520 | | | 2,716.97 | | | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 61521 | | | 2,286.92 | | | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull |
| 61522 | | | 1,574.64 | | | Craniectomy, infratentorial or posterior fossa; for excision of brain abscess |
| 61524 | | | 1,493.87 | | | Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst |
| 61526 | | | 2,601.88 | | | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; |
| 61530 | | | 2,200.32 | | | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy |
| 61531 | | | 879.66 | | | Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring |
| 61533 | | | 1,095.69 | | | Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring |
| 61534 | | | 1,183.61 | | | Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery |
| 61535 | | | 719.18 | | | Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure) |
| 61536 | | | 1,858.96 | | | Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array) |
| 61537 | | | 1,758.21 | | | Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery |
| 61538 | | | 1,900.97 | | | Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery |
| 61539 | | | 1,693.10 | | | Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery |
| 61540 | | | 1,572.63 | | | Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery |
| 61541 | | | 1,543.69 | | | Craniotomy with elevation of bone flap; for transection of corpus callosum |
| 61542 | | | 1,604.80 | | | Craniotomy with elevation of bone flap; for total hemispherectomy |
| 61543 | | | 1,552.64 | | | Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy |
| 61544 | | | 1,322.43 | | | Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus |
| 61545 | | | 2,286.10 | | | Craniotomy with elevation of bone flap; for excision of craniopharyngioma |
| 61546 | | | 1,657.28 | | | Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach |
| 61548 | | | 1,132.55 | | | Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 61550 | | | 692.38 | | | Craniectomy for craniosynostosis; single cranial suture |
| 61552 | | | 876.52 | | | Craniectomy for craniosynostosis; multiple cranial sutures |
| 61556 | | | 1,179.26 | | | Craniotomy for craniosynostosis; frontal or parietal bone flap |
| 61557 | | | 1,214.37 | | | Craniotomy for craniosynostosis; bifrontal bone flap |
| 61558 | | | 1,268.10 | | | Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts |
| 61559 | | | 1,546.02 | | | Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts) |
| 61563 | | | 1,425.55 | | | Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression |
| 61564 | | | 1,733.49 | | | Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression |
| 61566 | | | 1,622.37 | | | Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy |
| 61567 | | | 1,851.86 | | | Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery |
| 61570 | | | 1,336.61 | | | Craniectomy or craniotomy; with excision of foreign body from brain |
| 61571 | | | 1,432.50 | | | Craniectomy or craniotomy; with treatment of penetrating wound of brain |
| 61575 | | | 1,782.70 | | | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; |
| 61576 | | | 2,643.43 | | | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy) |
| 61580 | | | 1,830.96 | | | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration |
| 61581 | | | 2,027.98 | | | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy |
| 61582 | | | 2,187.74 | | | Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa |
| 61583 | | | 2,099.16 | | | Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa |
| 61584 | | | 2,065.05 | | | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 61585 | | | 2,289.75 | | | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration |
| 61586 | | | 1,716.22 | | | Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft |
| 61590 | | | 2,285.06 | | | Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery |
| 61591 | | | 2,306.12 | | | Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery |
| 61592 | | | 2,294.27 | | | Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe |
| 61595 | | | 1,752.56 | | | Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization |
| 61596 | | | 1,870.36 | | | Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery |
| 61597 | | | 2,092.39 | | | Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization |
| 61598 | | | 1,985.78 | | | Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus |
| 61600 | | | 1,585.70 | | | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural |
| 61601 | | | 1,729.85 | | | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft |
| 61605 | | | 1,645.66 | | | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 61606 | | | 2,176.79 | | | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft |
| 61607 | | | 2,094.49 | | | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural |
| 61608 | | | 2,342.33 | | | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft |
| 61609 | | | 428.31 | | | Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure) |
| 61610 | | | 1,351.12 | | | Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure) |
| 61611 | | | 287.96 | | | Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure) |
| 61612 | | | 1,066.75 | | | Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure) |
| 61613 | | | 2,355.18 | | | Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus |
| 61615 | | | 1,740.07 | | | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural |
| 61616 | | | 2,406.67 | | | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft |
| 61618 | | | 943.61 | | | Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts) |
| 61619 | | | 1,084.37 | | | Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle) |
| 61623 | | | 405.54 | | | Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 61624 | | | 810.46 | | | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) |
| 61626 | | | 638.52 | | | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch) |
| 61630 | | | 934.65 | | | Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous |
| 61635 | | | 1,012.60 | | | Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed |
| 61640 | | | 460.13 | | | Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel |
| 61641 | | | 161.85 | | | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure) |
| 61642 | | | 323.23 | | | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure) |
| 61680 | | | 1,628.32 | | | Surgery of intracranial arteriovenous malformation; supratentorial, simple |
| 61682 | | | 3,014.85 | | | Surgery of intracranial arteriovenous malformation; supratentorial, complex |
| 61684 | | | 2,037.16 | | | Surgery of intracranial arteriovenous malformation; infratentorial, simple |
| 61686 | | | 3,243.80 | | | Surgery of intracranial arteriovenous malformation; infratentorial, complex |
| 61690 | | | 1,570.36 | | | Surgery of intracranial arteriovenous malformation; dural, simple |
| 61692 | | | 2,630.84 | | | Surgery of intracranial arteriovenous malformation; dural, complex |
| 61697 | | | 3,027.17 | | | Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation |
| 61698 | | | 3,305.34 | | | Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation |
| 61700 | | | 2,468.34 | | | Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation |
| 61702 | | | 2,876.98 | | | Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation |
| 61703 | | | 979.35 | | | Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type) |
| 61705 | | | 1,857.93 | | | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery |
| 61708 | | | 1,531.45 | | | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 61710 | | | 1,354.98 | | | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter |
| 61711 | | | 1,873.24 | | | Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries |
| 61720 | | | 892.85 | | | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus |
| 61735 | | | 1,082.38 | | | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus |
| 61750 | | | 1,011.69 | | | Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; |
| 61751 | | | 990.72 | | | Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance |
| 61760 | | | 1,123.10 | | | Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring |
| 61770 | | | 1,147.66 | | | Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source |
| 61781 | | | 173.27 | | | Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure) |
| 61782 | | | 143.24 | | | Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure) |
| 61783 | | | 173.27 | | | Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure) |
| 61790 | | | 624.21 | | | Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion |
| 61791 | | | 800.33 | | | Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract |
| 61796 | | | 698.78 | | | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion |
| 61797 | | | 155.59 | | | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure) |
| 61798 | | | 924.81 | | | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion |
| 61799 | | | 214.70 | | | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 61800 | | | 108.94 | | | Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) |
| 61850 | | | 666.46 | | | Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical |
| 61860 | | | 1,127.02 | | | Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical |
| 61863 | | | 1,081.92 | | | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array |
| 61864 | | | 205.65 | | | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure) |
| 61867 | | | 1,644.11 | | | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array |
| 61868 | | | 362.19 | | | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure) |
| 61870 | | | 855.30 | | | Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical |
| 61875 | | | 768.24 | | | Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical |
| 61880 | | | 406.61 | | | Revision or removal of intracranial neurostimulator electrodes |
| 61885 | | | 401.85 | | | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array |
| 61886 | | | 607.32 | | | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays |
| 61888 | | | 284.21 | | | Revision or removal of cranial neurostimulator pulse generator or receiver |
| 62000 | | | 710.27 | | | Elevation of depressed skull fracture; simple, extradural |
| 62005 | | | 908.42 | | | Elevation of depressed skull fracture; compound or comminuted, extradural |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 62010 | | | 1,097.20 | | | Elevation of depressed skull fracture; with repair of dura and/or debridement of brain |
| 62100 | | | 1,159.48 | | | Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea |
| 62115 | | | 907.09 | | | Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty |
| 62116 | | | 1,276.80 | | | Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty |
| 62117 | | | 1,295.29 | | | Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts) |
| 62120 | | | 1,287.16 | | | Repair of encephalocele, skull vault, including cranioplasty |
| 62121 | | | 1,231.94 | | | Craniotomy for repair of encephalocele, skull base |
| 62140 | | | 753.08 | | | Cranioplasty for skull defect; up to 5 cm diameter |
| 62141 | | | 826.15 | | | Cranioplasty for skull defect; larger than 5 cm diameter |
| 62142 | | | 639.99 | | | Removal of bone flap or prosthetic plate of skull |
| 62143 | | | 746.53 | | | Replacement of bone flap or prosthetic plate of skull |
| 62145 | | | 1,017.98 | | | Cranioplasty for skull defect with reparative brain surgery |
| 62146 | | | 891.04 | | | Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter |
| 62147 | | | 1,049.19 | | | Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter |
| 62148 | | | 90.81 | | | Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure) |
| 62160 | | | 137.47 | | | Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure) |
| 62161 | | | 1,091.62 | | | Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter) |
| 62162 | | | 1,363.60 | | | Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage |
| 62163 | | | 884.24 | | | Neuroendoscopy, intracranial; with retrieval of foreign body |
| 62164 | | | 1,491.29 | | | Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage |
| 62165 | | | 1,136.71 | | | Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach |
| 62180 | | | 1,152.59 | | | Ventriculocisternostomy (Torkildsen type operation) |
| 62190 | | | 663.90 | | | Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular |
| 62192 | | | 701.74 | | | Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus |
| 62194 | | | 294.85 | | | Replacement or irrigation, subarachnoid/subdural catheter |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 62200 | | | 990.36 | | | Ventriculocisternostomy, third ventricle; |
| 62201 | | | 864.68 | | | Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method |
| 62220 | | | 731.40 | | | Creation of shunt; ventriculo-atrial, -jugular, -auricular |
| 62223 | | | 759.82 | | | Creation of shunt; ventriculo-peritoneal, -pleural, other terminus |
| 62225 | | | 373.09 | | | Replacement or irrigation, ventricular catheter |
| 62230 | | | 605.70 | | | Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system |
| 62252 | | | 70.19 | 33.22 | 36.97 | Reprogramming of programmable cerebrospinal shunt |
| 62256 | | | 431.31 | | | Removal of complete cerebrospinal fluid shunt system; without replacement |
| 62258 | | | 808.48 | | | Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation |
| 62263 | 552.54 | 298.94 | | | | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days |
| 62264 | 318.88 | 171.18 | | | | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day |
| 62267 | 188.54 | 116.92 | | | | Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes |
| 62268 | 267.48 | 191.12 | | | | Percutaneous aspiration, spinal cord cyst or syrinx |
| 62269 | 287.44 | 194.64 | | | | Biopsy of spinal cord, percutaneous needle |
| 62270 | 120.19 | 57.49 | | | | Spinal puncture, lumbar, diagnostic |
| 62272 | 149.98 | 61.64 | | | | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter) |
| 62273 | 127.65 | 81.67 | | | | Injection, epidural, of blood or clot patch |
| 62280 | 251.00 | 118.63 | | | | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid |
| 62281 | 200.38 | 110.64 | | | | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic |
| 62282 | 229.26 | 103.30 | | | | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) |
| 62284 | 167.97 | 64.30 | | | | Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 62287 | | | 409.93 | | | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy) |
| 62290 | 258.49 | 126.12 | | | | Injection procedure for discography, each level; lumbar |
| 62291 | 243.77 | 121.71 | | | | Injection procedure for discography, each level; cervical or thoracic |
| 62292 | | | 405.63 | | | Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar |
| 62294 | | | 506.32 | | | Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal |
| 62310 | 180.46 | 76.24 | | | | Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic |
| 62311 | 155.44 | 62.92 | | | | Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal) |
| 62318 | 185.28 | 72.42 | | | | Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic |
| 62319 | 146.61 | 68.86 | | | | Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal) |
| 62350 | | | 287.68 | | | 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 | | | 625.35 | | | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy |
| 62355 | | | 218.59 | | | Removal of previously implanted intrathecal or epidural catheter |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|--|
| 62360 | | | 222.64 | | | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir |
| 62361 | | | 287.28 | | | Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump |
| 62362 | | | 299.84 | | | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming |
| 62365 | | | 240.61 | | | Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion |
| 62367 | 30.66 | 17.84 | | | | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming |
| 62368 | 43.98 | 27.81 | | | | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming |
| 62369 | 94.70 | 25.38 | | | | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill |
| 62370 | 98.53 | 33.95 | | | | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring physician's skill) |
| 63001 | | | 891.37 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical |
| 63003 | | | 895.91 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic |
| 63005 | | | 854.58 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis |
| 63011 | | | 790.44 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 63012 | | | 861.78 | | | Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure) |
| 63015 | | | 1,069.74 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical |
| 63016 | | | 1,095.45 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic |
| 63017 | | | 902.99 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar |
| 63020 | | | 845.86 | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, cervical |
| 63030 | | | 704.19 | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, lumbar |
| 63035 | | | 140.75 | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure) |
| 63040 | | | 1,016.51 | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical |
| 63042 | | | 946.38 | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar |
| 63043 | | | I.C. | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure) |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 63044 | | | I.C. | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure) |
| 63045 | | | 919.57 | | | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical |
| 63046 | | | 878.05 | | | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic |
| 63047 | | | 800.64 | | | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar |
| 63048 | | | 155.36 | | | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) |
| 63050 | | | 1,130.63 | | | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; |
| 63051 | | | 1,244.23 | | | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed) |
| 63055 | | | 1,176.40 | | | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic |
| 63056 | | | 1,074.58 | | | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc) |
| 63057 | | | 235.02 | | | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure) |
| 63064 | | | 1,279.29 | | | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-----------------------|---------------|---------------|---|
| 63066 | | | 149.89 | | | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure) |
| 63075 | | | 997.75 | | | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace |
| 63076 | | | 182.24 | | | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure) |
| 63077 | | | 1,092.52 | | | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace |
| 63078 | | | 142.89 | | | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (List separately in addition to code for primary procedure) |
| 63081 | | | 1,284.47 | | | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment |
| 63082 | | | 196.11 | | | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure) |
| 63085 | | | 1,377.68 | | | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment |
| 63086 | | | 139.86 | | | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure) |
| 63087 | | | 1,739.04 | | | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment |
| 63088 | | | 190.24 | | | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure) |
| 63090 | | | 1,436.04 | | | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 63091 | | | 131.08 | | | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure) |
| 63101 | | | 1,680.71 | | | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment |
| 63102 | | | 1,634.26 | | | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment |
| 63103 | | | 214.69 | | | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure) |
| 63170 | | | 1,136.21 | | | Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar |
| 63172 | | | 1,011.76 | | | Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space |
| 63173 | | | 1,242.54 | | | Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space |
| 63180 | | | 1,049.24 | | | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments |
| 63182 | | | 1,124.49 | | | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments |
| 63185 | | | 854.57 | | | Laminectomy with rhizotomy; 1 or 2 segments |
| 63190 | | | 928.52 | | | Laminectomy with rhizotomy; more than 2 segments |
| 63191 | | | 866.68 | | | Laminectomy with section of spinal accessory nerve |
| 63194 | | | 1,015.38 | | | Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical |
| 63195 | | | 1,098.74 | | | Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic |
| 63196 | | | 1,069.56 | | | Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical |
| 63197 | | | 1,229.73 | | | Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic |
| 63198 | | | 1,175.04 | | | Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical |
| 63199 | | | 1,301.48 | | | Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic |
| 63200 | | | 1,094.85 | | | Laminectomy, with release of tethered spinal cord, lumbar |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 63250 | | | 2,128.19 | | | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical |
| 63251 | | | 2,181.79 | | | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic |
| 63252 | | | 2,179.88 | | | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar |
| 63265 | | | 1,202.96 | | | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical |
| 63266 | | | 1,238.06 | | | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic |
| 63267 | | | 994.67 | | | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar |
| 63268 | | | 1,038.48 | | | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral |
| 63270 | | | 1,490.02 | | | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical |
| 63271 | | | 1,489.50 | | | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic |
| 63272 | | | 1,370.99 | | | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar |
| 63273 | | | 1,324.04 | | | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral |
| 63275 | | | 1,293.07 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical |
| 63276 | | | 1,286.36 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic |
| 63277 | | | 1,122.45 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar |
| 63278 | | | 1,135.15 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral |
| 63280 | | | 1,522.77 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical |
| 63281 | | | 1,508.37 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic |
| 63282 | | | 1,422.08 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar |
| 63283 | | | 1,362.45 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral |
| 63285 | | | 1,870.28 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical |
| 63286 | | | 1,850.25 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic |
| 63287 | | | 1,971.01 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar |
| 63290 | | | 1,998.76 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 63295 | | | 237.96 | | | Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure) |
| 63300 | | | 1,322.99 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical |
| 63301 | | | 1,558.74 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach |
| 63302 | | | 1,542.64 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach |
| 63303 | | | 1,635.88 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach |
| 63304 | | | 1,684.47 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical |
| 63305 | | | 1,762.32 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach |
| 63306 | | | 1,632.50 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach |
| 63307 | | | 1,718.83 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach |
| 63308 | | | 234.21 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment) |
| 63600 | | | 623.27 | | | Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording) |
| 63610 | 666.25 | 288.36 | | | | Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery |
| 63615 | | | 874.17 | | | Stereotactic biopsy, aspiration, or excision of lesion, spinal cord |
| 63620 | | | 760.44 | | | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion |
| 63621 | | | 178.66 | | | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure) |
| 63650 | | | 307.95 | | | Percutaneous implantation of neurostimulator electrode array, epidural |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 63655 | | | 625.51 | | | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural |
| 63661 | 464.97 | 245.65 | | | | Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed |
| 63662 | | | 532.99 | | | Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed |
| 63663 | 661.77 | 354.66 | | | | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed |
| 63664 | | | 553.93 | | | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed |
| 63685 | | | 292.79 | | | Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling |
| 63688 | | | 265.16 | | | Revision or removal of implanted spinal neurostimulator pulse generator or receiver |
| 63700 | | | 923.32 | | | Repair of meningocele; less than 5 cm diameter |
| 63702 | | | 1,022.15 | | | Repair of meningocele; larger than 5 cm diameter |
| 63704 | | | 1,162.16 | | | Repair of myelomeningocele; less than 5 cm diameter |
| 63706 | | | 1,312.46 | | | Repair of myelomeningocele; larger than 5 cm diameter |
| 63707 | | | 660.27 | | | Repair of dural/cerebrospinal fluid leak, not requiring laminectomy |
| 63709 | | | 797.94 | | | Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy |
| 63710 | | | 799.38 | | | Dural graft, spinal |
| 63740 | | | 679.97 | | | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy |
| 63741 | | | 447.19 | | | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy |
| 63744 | | | 478.15 | | | Replacement, irrigation or revision of lumbosubarachnoid shunt |
| 63746 | | | 425.92 | | | Removal of entire lumbosubarachnoid shunt system without replacement |
| 64400 | 86.78 | 48.88 | | | | Injection, anesthetic agent; trigeminal nerve, any division or branch |
| 64402 | 85.99 | 53.38 | | | | Injection, anesthetic agent; facial nerve |
| 64405 | 84.98 | 57.95 | | | | Injection, anesthetic agent; greater occipital nerve |
| 64408 | 93.95 | 67.75 | | | | Injection, anesthetic agent; vagus nerve |
| 64410 | 113.18 | 60.23 | | | | Injection, anesthetic agent; phrenic nerve |
| 64412 | 116.15 | 54.56 | | | | Injection, anesthetic agent; spinal accessory nerve |
| 64413 | 90.27 | 57.66 | | | | Injection, anesthetic agent; cervical plexus |
| 64415 | 93.88 | 48.74 | | | | Injection, anesthetic agent; brachial plexus, single |
| 64416 | | | 58.68 | | | Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) |
| 64417 | 99.05 | 50.83 | | | | Injection, anesthetic agent; axillary nerve |
| 64418 | 106.36 | 54.24 | | | | Injection, anesthetic agent; suprascapular nerve |
| 64420 | 106.03 | 49.18 | | | | Injection, anesthetic agent; intercostal nerve, single |

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| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|--|
| 64421 | 152.22 | 67.23 | | | | Injection, anesthetic agent; intercostal nerves, multiple, regional block |
| 64425 | 98.74 | 68.92 | | | | Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves |
| 64430 | 110.40 | 61.35 | | | | Injection, anesthetic agent; pudendal nerve |
| 64435 | 108.10 | 61.00 | | | | Injection, anesthetic agent; paracervical (uterine) nerve |
| 64445 | 102.61 | 54.96 | | | | Injection, anesthetic agent; sciatic nerve, single |
| 64446 | | | 59.79 | | | Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement) |
| 64447 | 91.02 | 47.55 | | | | Injection, anesthetic agent; femoral nerve, single |
| 64448 | | | 53.11 | | | Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) |
| 64449 | | | 60.90 | | | Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) |
| 64450 | 78.21 | 50.62 | | | | Injection, anesthetic agent; other peripheral nerve or branch |
| 64455 | 36.64 | 26.88 | | | | Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma) |
| 64479 | 206.74 | 96.67 | | | | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level |
| 64480 | 97.59 | 48.83 | | | | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure) |
| 64483 | 189.22 | 76.36 | | | | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level |
| 64484 | 82.82 | 39.07 | | | | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure) |
| 64490 | 152.55 | 82.88 | | | | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level |
| 64491 | 74.43 | 46.28 | | | | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) |
| 64492 | 75.27 | 47.12 | | | | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 64493 | 136.65 | 70.05 | | | | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level |
| 64494 | 67.49 | 39.35 | | | | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure) |
| 64495 | 68.61 | 39.90 | | | | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) |
| 64505 | 74.35 | 61.25 | | | | Injection, anesthetic agent; sphenopalatine ganglion |
| 64508 | 79.21 | 54.96 | | | | Injection, anesthetic agent; carotid sinus (separate procedure) |
| 64510 | 105.24 | 51.73 | | | | Injection, anesthetic agent; stellate ganglion (cervical sympathetic) |
| 64517 | 132.40 | 88.37 | | | | Injection, anesthetic agent; superior hypogastric plexus |
| 64520 | 150.65 | 58.13 | | | | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) |
| 64530 | 151.48 | 67.04 | | | | Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring |
| 64550 | 12.07 | 6.49 | | | | Application of surface (transcutaneous) neurostimulator |
| 64553 | 156.69 | 118.79 | | | | Percutaneous implantation of neurostimulator electrodes; cranial nerve |
| 64555 | 154.06 | 110.86 | | | | Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve) |
| 64561 | 766.91 | 303.19 | | | | Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement) |
| 64565 | 135.49 | 93.13 | | | | Percutaneous implantation of neurostimulator electrodes; neuromuscular |
| 64566 | 103.24 | 21.86 | | | | Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming |
| 64568 | | | 481.80 | | | Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator |
| 64569 | | | 449.89 | | | Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator |
| 64570 | | | 393.66 | | | Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator |
| 64575 | | | 214.64 | | | Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve) |
| 64580 | | | 223.90 | | | Incision for implantation of neurostimulator electrodes; neuromuscular |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 64581 | | | 520.24 | | | Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement) |
| 64585 | 228.86 | 114.32 | | | | Revision or removal of peripheral neurostimulator electrodes |
| 64590 | 222.97 | 126.27 | | | | Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling |
| 64595 | 224.13 | 100.39 | | | | Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver |
| 64600 | 318.64 | 162.58 | | | | Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch |
| 64605 | 505.82 | 254.18 | | | | Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale |
| 64610 | 550.45 | 352.87 | | | | Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring |
| 64611 | 75.73 | 67.92 | | | | Chemodenervation of parotid and submandibular salivary glands, bilateral |
| 64612 | 127.01 | 114.47 | | | | Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm) |
| 64613 | 121.72 | 106.39 | | | | Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia) |
| 64614 | 131.54 | 112.59 | | | | Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis) |
| 64620 | 182.63 | 125.78 | | | | Destruction by neurolytic agent, intercostal nerve |
| 64630 | 170.43 | 139.77 | | | | Destruction by neurolytic agent; pudendal nerve |
| 64632 | 64.24 | 52.25 | | | | Destruction by neurolytic agent; plantar common digital nerve |
| 64633 | 339.40 | 171.50 | | | | Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint |
| 64634 | 156.80 | 50.84 | | | | Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) |
| 64635 | 333.54 | 168.01 | | | | Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint |
| 64636 | 141.22 | 44.22 | | | | Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure) |
| 64640 | 166.11 | 125.42 | | | | Destruction by neurolytic agent; other peripheral nerve or branch |
| 64650 | 71.65 | 29.29 | | | | Chemodenervation of eccrine glands; both axillae |
| 64653 | 84.55 | 38.01 | | | | Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 64680 | 244.65 | 121.19 | | | | Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus |
| 64681 | 289.64 | 146.68 | | | | Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus |
| 64702 | | | 359.83 | | | Neuroplasty; digital, 1 or both, same digit |
| 64704 | | | 241.42 | | | Neuroplasty; nerve of hand or foot |
| 64708 | | | 359.37 | | | Neuroplasty, major peripheral nerve, arm or leg, open; other than specified |
| 64712 | | | 406.42 | | | Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve |
| 64713 | | | 556.72 | | | Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus |
| 64714 | | | 493.84 | | | Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus |
| 64716 | | | 398.03 | | | Neuroplasty and/or transposition; cranial nerve (specify) |
| 64718 | | | 433.34 | | | Neuroplasty and/or transposition; ulnar nerve at elbow |
| 64719 | | | 294.15 | | | Neuroplasty and/or transposition; ulnar nerve at wrist |
| 64721 | 315.97 | 314.30 | | | | Neuroplasty and/or transposition; median nerve at carpal tunnel |
| 64722 | | | 254.58 | | | Decompression; unspecified nerve(s) (specify) |
| 64726 | | | 206.74 | | | Decompression; plantar digital nerve |
| 64727 | | | 135.48 | | | Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis) |
| 64732 | | | 308.02 | | | Transection or avulsion of; supraorbital nerve |
| 64734 | | | 318.89 | | | Transection or avulsion of; infraorbital nerve |
| 64736 | | | 316.34 | | | Transection or avulsion of; mental nerve |
| 64738 | | | 377.94 | | | Transection or avulsion of; inferior alveolar nerve by osteotomy |
| 64740 | | | 345.42 | | | Transection or avulsion of; lingual nerve |
| 64742 | | | 356.67 | | | Transection or avulsion of; facial nerve, differential or complete |
| 64744 | | | 336.46 | | | Transection or avulsion of; greater occipital nerve |
| 64746 | | | 322.75 | | | Transection or avulsion of; phrenic nerve |
| 64752 | | | 377.11 | | | Transection or avulsion of; vagus nerve (vagotomy), transthoracic |
| 64755 | | | 653.66 | | | Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy) |
| 64760 | | | 361.80 | | | Transection or avulsion of; vagus nerve (vagotomy), abdominal |
| 64761 | | | 330.98 | | | Transection or avulsion of; pudendal nerve |
| 64763 | | | 387.83 | | | Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy |
| 64766 | | | 439.24 | | | Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy |
| 64771 | | | 420.74 | | | Transection or avulsion of other cranial nerve, extradural |
| 64772 | | | 422.55 | | | Transection or avulsion of other spinal nerve, extradural |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 64774 | | | 306.15 | | | Excision of neuroma; cutaneous nerve, surgically identifiable |
| 64776 | | | 288.79 | | | Excision of neuroma; digital nerve, 1 or both, same digit |
| 64778 | | | 140.36 | | | Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure) |
| 64782 | | | 334.25 | | | Excision of neuroma; hand or foot, except digital nerve |
| 64783 | | | 161.41 | | | Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure) |
| 64784 | | | 537.12 | | | Excision of neuroma; major peripheral nerve, except sciatic |
| 64786 | | | 788.61 | | | Excision of neuroma; sciatic nerve |
| 64787 | | | 179.15 | | | Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision) |
| 64788 | | | 292.87 | | | Excision of neurofibroma or neurolemmoma; cutaneous nerve |
| 64790 | | | 608.84 | | | Excision of neurofibroma or neurolemmoma; major peripheral nerve |
| 64792 | | | 816.11 | | | Excision of neurofibroma or neurolemmoma; extensive (including malignant type) |
| 64795 | | | 143.50 | | | Biopsy of nerve |
| 64802 | | | 457.42 | | | Sympathectomy, cervical |
| 64804 | | | 598.21 | | | Sympathectomy, cervicothoracic |
| 64809 | | | 630.00 | | | Sympathectomy, thoracolumbar |
| 64818 | | | 485.63 | | | Sympathectomy, lumbar |
| 64820 | | | 563.45 | | | Sympathectomy; digital arteries, each digit |
| 64821 | | | 509.62 | | | Sympathectomy; radial artery |
| 64822 | | | 505.44 | | | Sympathectomy; ulnar artery |
| 64823 | | | 571.61 | | | Sympathectomy; superficial palmar arch |
| 64831 | | | 505.24 | | | Suture of digital nerve, hand or foot; 1 nerve |
| 64832 | | | 251.06 | | | Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure) |
| 64834 | | | 548.71 | | | Suture of 1 nerve; hand or foot, common sensory nerve |
| 64835 | | | 596.30 | | | Suture of 1 nerve; median motor thenar |
| 64836 | | | 596.86 | | | Suture of 1 nerve; ulnar motor |
| 64837 | | | 265.98 | | | Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure) |
| 64840 | | | 653.43 | | | Suture of posterior tibial nerve |
| 64856 | | | 747.91 | | | Suture of major peripheral nerve, arm or leg, except sciatic; including transposition |
| 64857 | | | 778.51 | | | Suture of major peripheral nerve, arm or leg, except sciatic; without transposition |
| 64858 | | | 898.78 | | | Suture of sciatic nerve |
| 64859 | | | 193.77 | | | Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure) |
| 64861 | | | 941.20 | | | Suture of; brachial plexus |
| 64862 | | | 1,053.86 | | | Suture of; lumbar plexus |
| 64864 | | | 643.44 | | | Suture of facial nerve; extracranial |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|---|
| 64865 | | | 857.02 | | | Suture of facial nerve; infratemporal, with or without grafting |
| 64866 | | | 858.21 | | | Anastomosis; facial-spinal accessory |
| 64868 | | | 780.38 | | | Anastomosis; facial-hypoglossal |
| 64870 | | | 792.38 | | | Anastomosis; facial-phrenic |
| 64872 | | | 85.32 | | | Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neuroorrhaphy) |
| 64874 | | | 129.99 | | | Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture) |
| 64876 | | | 141.83 | | | Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture) |
| 64885 | | | 830.86 | | | Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length |
| 64886 | | | 974.28 | | | Nerve graft (includes obtaining graft), head or neck; more than 4 cm length |
| 64890 | | | 797.94 | | | Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length |
| 64891 | | | 868.08 | | | Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length |
| 64892 | | | 774.04 | | | Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length |
| 64893 | | | 828.51 | | | Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length |
| 64895 | | | 998.95 | | | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length |
| 64896 | | | 1,107.04 | | | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length |
| 64897 | | | 939.77 | | | Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length |
| 64898 | | | 1,014.29 | | | Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length |
| 64901 | | | 461.74 | | | Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure) |
| 64902 | | | 532.65 | | | Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure) |
| 64905 | | | 756.48 | | | Nerve pedicle transfer; first stage |
| 64907 | | | 856.24 | | | Nerve pedicle transfer; second stage |
| 64910 | | | 609.28 | | | Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve |
| 64911 | | | 755.97 | | | Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve |
| 64999 | | | I.C. | | | Unlisted procedure, nervous system |
| 65091 | | | 471.33 | | | Evisceration of ocular contents; without implant |
| 65093 | | | 467.87 | | | Evisceration of ocular contents; with implant |
| 65101 | | | 546.57 | | | Enucleation of eye; without implant |
| 65103 | | | 570.31 | | | Enucleation of eye; with implant, muscles not attached to implant |
| 65105 | | | 628.46 | | | Enucleation of eye; with implant, muscles attached to implant |
| 65110 | | | 882.51 | | | Exenteration of orbit (does not include skin graft), removal of orbital contents; only |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 65112 | | | 1,030.03 | | | Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone |
| 65114 | | | 1,078.05 | | | Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap |
| 65125 | 341.26 | 215.02 | | | | Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure) |
| 65130 | | | 540.92 | | | Insertion of ocular implant secondary; after evisceration, in scleral shell |
| 65135 | | | 549.55 | | | Insertion of ocular implant secondary; after enucleation, muscles not attached to implant |
| 65140 | | | 586.86 | | | Insertion of ocular implant secondary; after enucleation, muscles attached to implant |
| 65150 | | | 415.37 | | | Reinsertion of ocular implant; with or without conjunctival graft |
| 65155 | | | 627.65 | | | Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant |
| 65175 | | | 478.20 | | | Removal of ocular implant |
| 65205 | 40.50 | 31.58 | | | | Removal of foreign body, external eye; conjunctival superficial |
| 65210 | 50.43 | 38.72 | | | | Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating |
| 65220 | 41.80 | 30.37 | | | | Removal of foreign body, external eye; corneal, without slit lamp |
| 65222 | 55.48 | 42.38 | | | | Removal of foreign body, external eye; corneal, with slit lamp |
| 65235 | | | 512.51 | | | Removal of foreign body, intraocular; from anterior chamber of eye or lens |
| 65260 | | | 678.00 | | | Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route |
| 65265 | | | 800.72 | | | Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction |
| 65270 | 197.40 | 101.81 | | | | Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure |
| 65272 | 361.81 | 247.83 | | | | Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization |
| 65273 | | | 269.72 | | | Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization |
| 65275 | 414.27 | 330.95 | | | | Repair of laceration; cornea, nonperforating, with or without removal foreign body |
| 65280 | | | 493.00 | | | Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue |
| 65285 | | | 759.00 | | | Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue |
| 65286 | 516.88 | 357.47 | | | | Repair of laceration; application of tissue glue, wounds of cornea and/or sclera |
| 65290 | | | 362.64 | | | Repair of wound, extraocular muscle, tendon and/or Tenon's capsule |
| 65400 | 493.25 | 435.56 | | | | Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium |
| 65410 | 106.81 | 77.55 | | | | Biopsy of cornea |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|----------|--------|------------|--------|--------|--|
| 65420 | 379.55 | 273.10 | | | | Excision or transposition of pterygium; without graft |
| 65426 | 478.41 | 346.32 | | | | Excision or transposition of pterygium; with graft |
| 65430 | 83.69 | 75.33 | | | | Scraping of cornea, diagnostic, for smear and/or culture |
| 65435 | 58.95 | 51.43 | | | | Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage) |
| 65436 | 283.84 | 271.85 | | | | Removal of corneal epithelium; with application of chelating agent (eg, EDTA) |
| 65450 | 236.13 | 233.35 | | | | Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization |
| 65600 | 286.96 | 248.22 | | | | Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo) |
| 65710 | | | 802.08 | | | Keratoplasty (corneal transplant); anterior lamellar |
| 65730 | | | 888.84 | | | Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia) |
| 65750 | | | 891.95 | | | Keratoplasty (corneal transplant); penetrating (in aphakia) |
| 65755 | | | 890.02 | | | Keratoplasty (corneal transplant); penetrating (in pseudophakia) |
| 65756 | | | 834.01 | | | Keratoplasty (corneal transplant); endothelial |
| 65757 | | | I.C. | | | Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure) |
| 65760 | | | I.C. | | | Keratomileusis |
| 65765 | | | I.C. | | | Keratophakia |
| 65767 | | | I.C. | | | Epikeratoplasty |
| 65770 | | | 1,099.34 | | | Keratoprosthesis |
| 65771 | | | I.C. | | | Radial keratotomy |
| 65772 | 326.99 | 292.99 | | | | Corneal relaxing incision for correction of surgically induced astigmatism |
| 65775 | | | 391.79 | | | Corneal wedge resection for correction of surgically induced astigmatism |
| 65778 | 1,023.12 | 55.55 | | | | Placement of amniotic membrane on the ocular surface for wound healing; self-retaining |
| 65779 | 911.48 | 218.69 | | | | Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured |
| 65780 | | | 644.72 | | | Ocular surface reconstruction; amniotic membrane transplantation, multiple layers |
| 65781 | | | 947.50 | | | Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor) |
| 65782 | | | 854.61 | | | Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft) |
| 65800 | 108.65 | 94.99 | | | | Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous |
| 65805 | 121.09 | 96.29 | | | | Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous |
| 65810 | | | 342.33 | | | Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection |
| 65815 | 472.53 | 349.36 | | | | Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection |
| 65820 | | | 533.65 | | | Goniotomy |
| 65850 | | | 617.45 | | | Trabeculotomy ab externo |
| 65855 | 248.99 | 217.78 | | | | Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series) |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 65860 | 241.75 | 199.67 | | | | Severing adhesions of anterior segment, laser technique (separate procedure) |
| 65865 | | | 336.98 | | | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechia |
| 65870 | | | 433.81 | | | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechia, except goniosynechia |
| 65875 | | | 456.81 | | | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechia |
| 65880 | | | 469.89 | | | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions |
| 65900 | | | 683.96 | | | Removal of epithelial downgrowth, anterior chamber of eye |
| 65920 | | | 568.94 | | | Removal of implanted material, anterior segment of eye |
| 65930 | | | 469.34 | | | Removal of blood clot, anterior segment of eye |
| 66020 | 135.10 | 93.30 | | | | Injection, anterior chamber of eye (separate procedure); air or liquid |
| 66030 | 122.59 | 80.51 | | | | Injection, anterior chamber of eye (separate procedure); medication |
| 66130 | 521.25 | 423.99 | | | | Excision of lesion, sclera |
| 66150 | | | 620.43 | | | Fistulization of sclera for glaucoma; trephination with iridectomy |
| 66155 | | | 619.90 | | | Fistulization of sclera for glaucoma; thermocauterization with iridectomy |
| 66160 | | | 699.26 | | | Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy |
| 66165 | | | 608.20 | | | Fistulization of sclera for glaucoma; iridencleisis or iridotasis |
| 66170 | | | 864.84 | | | Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery |
| 66172 | | | 1,090.06 | | | Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents) |
| 66174 | | | 737.40 | | | Transluminal dilation of aqueous outflow canal; without retention of device or stent |
| 66175 | | | 818.13 | | | Transluminal dilation of aqueous outflow canal; with retention of device or stent |
| 66180 | | | 841.01 | | | Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin) |
| 66185 | | | 548.20 | | | Revision of aqueous shunt to extraocular reservoir |
| 66220 | | | 533.80 | | | Repair of scleral staphyloma; without graft |
| 66225 | | | 687.19 | | | Repair of scleral staphyloma; with graft |
| 66250 | 557.57 | 410.15 | | | | Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure |
| 66500 | | | 252.95 | | | Iridotomy by stab incision (separate procedure); except transfixion |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 66505 | | | 277.16 | | | Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe |
| 66600 | | | 587.64 | | | Iridectomy, with corneoscleral or corneal section; for removal of lesion |
| 66605 | | | 745.79 | | | Iridectomy, with corneoscleral or corneal section; with cyclectomy |
| 66625 | | | 311.35 | | | Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure) |
| 66630 | | | 415.64 | | | Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure) |
| 66635 | | | 406.54 | | | Iridectomy, with corneoscleral or corneal section; optical (separate procedure) |
| 66680 | | | 382.18 | | | Repair of iris, ciliary body (as for iridodialysis) |
| 66682 | | | 466.99 | | | Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture) |
| 66700 | 322.73 | 280.65 | | | | Ciliary body destruction; diathermy |
| 66710 | 326.12 | 290.18 | | | | Ciliary body destruction; cyclophotocoagulation, transscleral |
| 66711 | | | 454.56 | | | Ciliary body destruction; cyclophotocoagulation, endoscopic |
| 66720 | 341.53 | 305.02 | | | | Ciliary body destruction; cryotherapy |
| 66740 | 311.23 | 278.62 | | | | Ciliary body destruction; cyclodialysis |
| 66761 | 243.15 | 204.69 | | | | Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session) |
| 66762 | 344.04 | 306.98 | | | | Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle) |
| 66770 | 374.95 | 341.23 | | | | Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure) |
| 66820 | | | 290.90 | | | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife) |
| 66821 | 240.58 | 226.09 | | | | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages) |
| 66825 | | | 551.35 | | | Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure) |
| 66830 | | | 504.20 | | | Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy) |
| 66840 | | | 513.24 | | | Removal of lens material; aspiration technique, 1 or more stages |
| 66850 | | | 573.38 | | | Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration |
| 66852 | | | 619.23 | | | Removal of lens material; pars plana approach, with or without vitrectomy |
| 66920 | | | 533.18 | | | Removal of lens material; intracapsular |
| 66930 | | | 605.60 | | | Removal of lens material; intracapsular, for dislocated lens |
| 66940 | | | 571.13 | | | Removal of lens material; extracapsular (other than 66840, 66850, 66852) |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 66982 | | | 769.31 | | | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage |
| 66983 | | | 525.66 | | | Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure) |
| 66984 | | | 554.98 | | | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification) |
| 66985 | | | 554.76 | | | Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal |
| 66986 | | | 658.62 | | | Exchange of intraocular lens |
| 66990 | | | 63.77 | | | Use of ophthalmic endoscope (List separately in addition to code for primary procedure) |
| 66999 | | | I.C. | | | Unlisted procedure, anterior segment of eye |
| 67005 | | | 349.65 | | | Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal |
| 67010 | | | 392.50 | | | Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy |
| 67015 | | | 421.09 | | | Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy) |
| 67025 | 534.55 | 462.93 | | | | Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure) |
| 67027 | | | 623.48 | | | Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous |
| 67028 | 98.20 | 80.92 | | | | Intravitreal injection of a pharmacologic agent (separate procedure) |
| 67030 | | | 376.42 | | | Dissection of vitreous strands (without removal), pars plana approach |
| 67031 | 281.61 | 257.36 | | | | Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages) |
| 67036 | | | 694.76 | | | Vitrectomy, mechanical, pars plana approach; |
| 67039 | | | 906.40 | | | Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation |
| 67040 | | | 1,028.67 | | | Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation |
| 67041 | | | 955.50 | | | Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker) |
| 67042 | | | 1,091.16 | | | Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------------|-------------|------------|-------------------|---------------|---------------|---|
| 67043 | | | 1,164.37 | | | Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation |
| 67101 | 574.75 | 493.38 | | | | Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid |
| 67105 | 523.01 | 465.60 | | | | Repair of retinal detachment, 1 or more sessions; photocoagulation, with or without drainage of subretinal fluid |
| 67107 | | | 891.09 | | | Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid |
| 67108 | | | 1,161.00 | | | 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 technique |
| 67110 | 629.67 | 558.05 | | | | Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy) |
| 67112 | | | 958.54 | | | Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques |
| 67113 | | | 1,258.34 | | | Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens |
| 67115 | | | 359.39 | | | Release of encircling material (posterior segment) |
| 67120 | 487.06 | 411.26 | | | | Removal of implanted material, posterior segment; extraocular |
| 67121 | | | 665.38 | | | Removal of implanted material, posterior segment; intraocular |
| 67141 | 383.92 | 356.61 | | | | Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy |
| 67145 | 381.83 | 359.26 | | | | Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc) |
| 67208 | 424.10 | 408.21 | | | | Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy |
| 67210 | 501.05 | 483.49 | | | | Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 67218 | | | 977.27 | | | Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source) |
| 67220 | 779.03 | 740.85 | | | | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions |
| 67221 | 213.35 | 155.95 | | | | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion) |
| 67225 | 21.13 | 19.74 | | | | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment) |
| 67227 | 433.18 | 403.36 | | | | Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), 1 or more sessions, cryotherapy, diathermy |
| 67228 | 858.90 | 768.61 | | | | Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation |
| 67229 | | | 804.22 | | | Treatment of extensive or progressive retinopathy, 1 or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy |
| 67250 | | | 573.92 | | | Scleral reinforcement (separate procedure); without graft |
| 67255 | | | 623.02 | | | Scleral reinforcement (separate procedure); with graft |
| 67299 | | | I.C. | | | Unlisted procedure, posterior segment |
| 67311 | | | 437.53 | | | Strabismus surgery, recession or resection procedure; 1 horizontal muscle |
| 67312 | | | 525.31 | | | Strabismus surgery, recession or resection procedure; 2 horizontal muscles |
| 67314 | | | 491.28 | | | Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique) |
| 67316 | | | 590.04 | | | Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique) |
| 67318 | | | 498.23 | | | Strabismus surgery, any procedure, superior oblique muscle |
| 67320 | | | 226.11 | | | Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure) |
| 67331 | | | 223.16 | | | Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure) |
| 67332 | | | 242.67 | | | Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure) |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 67334 | | | 211.51 | | | Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure) |
| 67335 | | | 109.39 | | | Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery) |
| 67340 | | | 251.69 | | | Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure) |
| 67343 | | | 481.57 | | | Release of extensive scar tissue without detaching extraocular muscle (separate procedure) |
| 67345 | 177.13 | 159.85 | | | | Chemodeneration of extraocular muscle |
| 67346 | | | 149.60 | | | Biopsy of extraocular muscle |
| 67399 | | | I.C. | | | Unlisted procedure, ocular muscle |
| 67400 | | | 688.18 | | | Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy |
| 67405 | | | 577.59 | | | Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only |
| 67412 | | | 631.29 | | | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion |
| 67413 | | | 636.05 | | | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body |
| 67414 | | | 953.81 | | | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression |
| 67415 | | | 76.03 | | | Fine needle aspiration of orbital contents |
| 67420 | | | 1,202.53 | | | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion |
| 67430 | | | 889.48 | | | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body |
| 67440 | | | 875.63 | | | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage |
| 67445 | | | 1,038.17 | | | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression |
| 67450 | | | 910.05 | | | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy |
| 67500 | 60.03 | 54.18 | | | | Retrobulbar injection; medication (separate procedure, does not include supply of medication) |
| 67505 | 65.65 | 59.25 | | | | Retrobulbar injection; alcohol |
| 67515 | 70.20 | 64.62 | | | | Injection of medication or other substance into Tenon's capsule |
| 67550 | | | 716.26 | | | Orbital implant (implant outside muscle cone); insertion |
| 67560 | | | 718.27 | | | Orbital implant (implant outside muscle cone); removal or revision |
| 67570 | | | 893.02 | | | Optic nerve decompression (eg, incision or fenestration of optic nerve sheath) |
| 67599 | | | I.C. | | | Unlisted procedure, orbit |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 67700 | 200.34 | 84.69 | | | | Blepharotomy, drainage of abscess, eyelid |
| 67710 | 169.59 | 72.06 | | | | Severing of tarsorrhaphy |
| 67715 | 178.52 | 80.98 | | | | Canthotomy (separate procedure) |
| 67800 | 93.48 | 76.20 | | | | Excision of chalazion; single |
| 67801 | 119.97 | 99.07 | | | | Excision of chalazion; multiple, same lid |
| 67805 | 149.49 | 122.18 | | | | Excision of chalazion; multiple, different lids |
| 67808 | | | 271.54 | | | Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple |
| 67810 | 166.98 | 67.21 | | | | Biopsy of eyelid |
| 67820 | 37.34 | 39.29 | | | | Correction of trichiasis; epilation, by forceps only |
| 67825 | 95.35 | 89.78 | | | | Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery) |
| 67830 | 200.26 | 102.16 | | | | Correction of trichiasis; incision of lid margin |
| 67835 | | | 325.00 | | | Correction of trichiasis; incision of lid margin, with free mucous membrane graft |
| 67840 | 206.54 | 116.25 | | | | Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure |
| 67850 | 164.17 | 102.02 | | | | Destruction of lesion of lid margin (up to 1 cm) |
| 67875 | 128.53 | 71.68 | | | | Temporary closure of eyelids by suture (eg, Frost suture) |
| 67880 | 338.61 | 270.06 | | | | Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; |
| 67882 | 418.11 | 348.44 | | | | Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate |
| 67900 | 475.56 | 376.07 | | | | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) |
| 67901 | 537.28 | 424.70 | | | | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia) |
| 67902 | | | 529.84 | | | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia) |
| 67903 | 447.80 | 361.41 | | | | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach |
| 67904 | 541.84 | 438.45 | | | | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach |
| 67906 | | | 361.06 | | | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) |
| 67908 | 366.22 | 317.46 | | | | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type) |
| 67909 | 399.60 | 325.48 | | | | Reduction of overcorrection of ptosis |
| 67911 | | | 411.19 | | | Correction of lid retraction |
| 67912 | 670.58 | 361.25 | | | | Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight) |
| 67914 | 289.25 | 212.61 | | | | Repair of ectropion; suture |
| 67915 | 256.13 | 185.07 | | | | Repair of ectropion; thermocauterization |
| 67916 | 399.39 | 318.29 | | | | Repair of ectropion; excision tarsal wedge |
| 67917 | 435.79 | 351.35 | | | | Repair of ectropion; extensive (eg, tarsal strip operations) |
| 67921 | 277.17 | 200.54 | | | | Repair of entropion; suture |
| 67922 | 247.66 | 177.99 | | | | Repair of entropion; thermocauterization |
| 67923 | 421.53 | 344.34 | | | | Repair of entropion; excision tarsal wedge |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|---|
| 67924 | 436.46 | 331.96 | | | | Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation) |
| 67930 | 272.89 | 179.25 | | | | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness |
| 67935 | 443.24 | 329.82 | | | | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness |
| 67938 | 182.39 | 84.86 | | | | Removal of embedded foreign body, eyelid |
| 67950 | 427.05 | 343.73 | | | | Canthoplasty (reconstruction of canthus) |
| 67961 | 428.64 | 337.23 | | | | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin |
| 67966 | 567.43 | 482.43 | | | | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin |
| 67971 | | | 537.50 | | | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage |
| 67973 | | | 693.25 | | | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage |
| 67974 | | | 691.13 | | | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage |
| 67975 | | | 508.71 | | | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage |
| 67999 | | | I.C. | | | Unlisted procedure, eyelids |
| 68020 | 87.13 | 80.72 | | | | Incision of conjunctiva, drainage of cyst |
| 68040 | 48.06 | 39.15 | | | | Expression of conjunctival follicles (eg, for trachoma) |
| 68100 | 126.40 | 71.50 | | | | Biopsy of conjunctiva |
| 68110 | 168.42 | 109.90 | | | | Excision of lesion, conjunctiva; up to 1 cm |
| 68115 | 230.45 | 133.20 | | | | Excision of lesion, conjunctiva; over 1 cm |
| 68130 | 390.24 | 293.26 | | | | Excision of lesion, conjunctiva; with adjacent sclera |
| 68135 | 113.83 | 109.65 | | | | Destruction of lesion, conjunctiva |
| 68200 | 31.18 | 25.33 | | | | Subconjunctival injection |
| 68320 | 538.54 | 396.98 | | | | Conjunctivoplasty; with conjunctival graft or extensive rearrangement |
| 68325 | | | 486.55 | | | Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft) |
| 68326 | | | 476.55 | | | Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement |
| 68328 | | | 526.27 | | | Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft) |
| 68330 | 449.74 | 339.94 | | | | Repair of symblepharon; conjunctivoplasty, without graft |
| 68335 | | | 477.42 | | | Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft) |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 68340 | 405.61 | 294.14 | | | | Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens |
| 68360 | 394.29 | 302.89 | | | | Conjunctival flap; bridge or partial (separate procedure) |
| 68362 | | | 484.12 | | | Conjunctival flap; total (such as Gunderson thin flap or purse string flap) |
| 68371 | | | 294.13 | | | Harvesting conjunctival allograft, living donor |
| 68399 | | | I.C. | | | Unlisted procedure, conjunctiva |
| 68400 | 212.00 | 99.41 | | | | Incision, drainage of lacrimal gland |
| 68420 | 237.46 | 123.76 | | | | Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy) |
| 68440 | 78.39 | 73.09 | | | | Snip incision of lacrimal punctum |
| 68500 | | | 728.71 | | | Excision of lacrimal gland (dacryoadenectomy), except for tumor; total |
| 68505 | | | 720.41 | | | Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial |
| 68510 | 335.08 | 216.64 | | | | Biopsy of lacrimal gland |
| 68520 | | | 497.85 | | | Excision of lacrimal sac (dacryocystectomy) |
| 68525 | | | 196.77 | | | Biopsy of lacrimal sac |
| 68530 | 322.22 | 191.80 | | | | Removal of foreign body or dacryolith, lacrimal passages |
| 68540 | | | 671.73 | | | Excision of lacrimal gland tumor; frontal approach |
| 68550 | | | 821.60 | | | Excision of lacrimal gland tumor; involving osteotomy |
| 68700 | | | 445.87 | | | Plastic repair of canaliculi |
| 68705 | 177.11 | 123.04 | | | | Correction of everted punctum, cautery |
| 68720 | | | 554.99 | | | Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity) |
| 68745 | | | 562.52 | | | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube |
| 68750 | | | 581.94 | | | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent |
| 68760 | 150.27 | 107.91 | | | | Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery |
| 68761 | 108.99 | 87.25 | | | | Closure of the lacrimal punctum; by plug, each |
| 68770 | | | 451.39 | | | Closure of lacrimal fistula (separate procedure) |
| 68801 | 92.38 | 79.56 | | | | Dilation of lacrimal punctum, with or without irrigation |
| 68810 | 178.54 | 139.81 | | | | Probing of nasolacrimal duct, with or without irrigation; |
| 68811 | | | 152.91 | | | Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia |
| 68815 | 333.82 | 190.02 | | | | Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent |
| 68816 | 538.59 | 185.23 | | | | Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation |
| 68840 | 93.88 | 84.68 | | | | Probing of lacrimal canaliculi, with or without irrigation |
| 68850 | 45.47 | 41.29 | | | | Injection of contrast medium for dacryocystography |
| 68899 | | | I.C. | | | Unlisted procedure, lacrimal system |
| 69000 | 142.10 | 89.71 | | | | Drainage external ear, abscess or hematoma; simple |
| 69005 | 164.39 | 119.25 | | | | Drainage external ear, abscess or hematoma; complicated |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 69020 | 182.87 | 110.41 | | | | Drainage external auditory canal, abscess |
| 69090 | | | I.C. | | | Ear piercing |
| 69100 | 80.45 | 36.97 | | | | Biopsy external ear |
| 69105 | 111.05 | 48.63 | | | | Biopsy external auditory canal |
| 69110 | 357.51 | 252.44 | | | | Excision external ear; partial, simple repair |
| 69120 | | | 311.15 | | | Excision external ear; complete amputation |
| 69140 | | | 683.01 | | | Excision exostosis(es), external auditory canal |
| 69145 | 308.72 | 192.51 | | | | Excision soft tissue lesion, external auditory canal |
| 69150 | | | 798.10 | | | Radical excision external auditory canal lesion; without neck dissection |
| 69155 | | | 1,276.75 | | | Radical excision external auditory canal lesion; with neck dissection |
| 69200 | 96.57 | 43.07 | | | | Removal foreign body from external auditory canal; without general anesthesia |
| 69205 | | | 77.96 | | | Removal foreign body from external auditory canal; with general anesthesia |
| 69210 | 38.08 | 23.87 | | | | Removal impacted cerumen (separate procedure), 1 or both ears |
| 69220 | 108.89 | 47.31 | | | | Debridement, mastoidectomy cavity, simple (eg, routine cleaning) |
| 69222 | 174.15 | 106.71 | | | | Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning) |
| 69300 | 517.03 | 360.97 | | | | Otoplasty, protruding ear, with or without size reduction |
| 69310 | | | 844.85 | | | Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure) |
| 69320 | | | 1,186.78 | | | Reconstruction external auditory canal for congenital atresia, single stage |
| 69399 | | | I.C. | | | Unlisted procedure, external ear |
| 69400 | 115.02 | 47.31 | | | | Eustachian tube inflation, transnasal; with catheterization |
| 69401 | 66.43 | 37.73 | | | | Eustachian tube inflation, transnasal; without catheterization |
| 69405 | 201.32 | 146.98 | | | | Eustachian tube catheterization, transtympanic |
| 69420 | 150.72 | 93.03 | | | | Myringotomy including aspiration and/or eustachian tube inflation |
| 69421 | | | 115.91 | | | Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia |
| 69424 | 101.57 | 47.23 | | | | Ventilating tube removal requiring general anesthesia |
| 69433 | 156.34 | 100.33 | | | | Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia |
| 69436 | | | 124.82 | | | Tympanostomy (requiring insertion of ventilating tube), general anesthesia |
| 69440 | | | 531.04 | | | Middle ear exploration through postauricular or ear canal incision |
| 69450 | | | 420.56 | | | Tympanolysis, transcanal |
| 69501 | | | 561.11 | | | Transmastoid antrotomy (simple mastoidectomy) |
| 69502 | | | 743.90 | | | Mastoidectomy; complete |
| 69505 | | | 933.03 | | | Mastoidectomy; modified radical |
| 69511 | | | 956.35 | | | Mastoidectomy; radical |
| 69530 | | | 1,273.80 | | | Petrous apicectomy including radical mastoidectomy |
| 69535 | | | 2,039.42 | | | Resection temporal bone, external approach |
| 69540 | 165.87 | 99.55 | | | | Excision aural polyp |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 69550 | | | 808.25 | | | Excision aural glomus tumor; transcanal |
| 69552 | | | 1,207.89 | | | Excision aural glomus tumor; transmastoid |
| 69554 | | | 1,904.23 | | | Excision aural glomus tumor; extended (extratemporal) |
| 69601 | | | 802.33 | | | Revision mastoidectomy; resulting in complete mastoidectomy |
| 69602 | | | 835.74 | | | Revision mastoidectomy; resulting in modified radical mastoidectomy |
| 69603 | | | 979.41 | | | Revision mastoidectomy; resulting in radical mastoidectomy |
| 69604 | | | 857.63 | | | Revision mastoidectomy; resulting in tympanoplasty |
| 69605 | | | 1,204.75 | | | Revision mastoidectomy; with apicectomy |
| 69610 | 299.16 | 222.53 | | | | Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch |
| 69620 | 542.40 | 375.19 | | | | Myringoplasty (surgery confined to drumhead and donor area) |
| 69631 | | | 681.58 | | | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction |
| 69632 | | | 829.94 | | | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration) |
| 69633 | | | 801.76 | | | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]) |
| 69635 | | | 946.18 | | | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction |
| 69636 | | | 1,068.82 | | | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction |
| 69637 | | | 1,065.60 | | | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]) |
| 69641 | | | 799.73 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction |
| 69642 | | | 1,027.08 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction |

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AMBULATORY CARE

16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 69643 | | | 938.65 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction |
| 69644 | | | 1,143.50 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction |
| 69645 | | | 1,123.20 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction |
| 69646 | | | 1,188.83 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction |
| 69650 | | | 614.04 | | | Stapes mobilization |
| 69660 | | | 711.20 | | | Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; |
| 69661 | | | 926.57 | | | Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out |
| 69662 | | | 885.38 | | | Revision of stapedectomy or stapedotomy |
| 69666 | | | 620.67 | | | Repair oval window fistula |
| 69667 | | | 621.75 | | | Repair round window fistula |
| 69670 | | | 724.38 | | | Mastoid obliteration (separate procedure) |
| 69676 | | | 641.84 | | | Tympanic neurectomy |
| 69700 | | | 530.57 | | | Closure postauricular fistula, mastoid (separate procedure) |
| 69710 | | | I.C. | | | Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone |
| 69711 | | | 665.19 | | | Removal or repair of electromagnetic bone conduction hearing device in temporal bone |
| 69714 | | | 823.46 | | | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy |
| 69715 | | | 1,015.19 | | | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy |
| 69717 | | | 870.12 | | | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy |
| 69718 | | | 1,026.26 | | | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy |
| 69720 | | | 902.49 | | | Decompression facial nerve, intratemporal; lateral to geniculate ganglion |
| 69725 | | | 1,432.13 | | | Decompression facial nerve, intratemporal; including medial to geniculate ganglion |

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 69740 | | | 893.05 | | | Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion |
| 69745 | | | 953.47 | | | Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion |
| 69799 | | | I.C. | | | Unlisted procedure, middle ear |
| 69801 | 155.47 | 238.52 | | | | Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal |
| 69805 | | | 804.67 | | | Endolymphatic sac operation; without shunt |
| 69806 | | | 723.86 | | | Endolymphatic sac operation; with shunt |
| 69820 | | | 661.93 | | | Fenestration semicircular canal |
| 69840 | | | 645.84 | | | Revision fenestration operation |
| 69905 | | | 707.61 | | | Labyrinthectomy; transcanal |
| 69910 | | | 780.01 | | | Labyrinthectomy; with mastoidectomy |
| 69915 | | | 1,171.12 | | | Vestibular nerve section, translabyrinthine approach |
| 69930 | | | 937.49 | | | Cochlear device implantation, with or without mastoidectomy |
| 69949 | | | I.C. | | | Unlisted procedure, inner ear |
| 69950 | | | 1,431.88 | | | Vestibular nerve section, transcranial approach |
| 69955 | | | 1,507.90 | | | Total facial nerve decompression and/or repair (may include graft) |
| 69960 | | | 1,462.76 | | | Decompression internal auditory canal |
| 69970 | | | 1,632.75 | | | Removal of tumor, temporal bone |
| 69979 | | | I.C. | | | Unlisted procedure, temporal bone, middle fossa approach |
| 69990 | | | 157.06 | | | Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure) |
| 80500 | 15.37 | 13.41 | | | | Clinical pathology consultation; limited, without review of patient's history and medical records |
| 80502 | 46.87 | 45.48 | | | | Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records |
| 83020 | | | | 14.25 | | Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F) |
| 83912 | | | | 13.41 | | Molecular diagnostics; interpretation and report |
| 84165 | | | | 13.97 | | Protein; electrophoretic fractionation and quantitation, serum |
| 84166 | | | | 13.97 | | Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF) |
| 84181 | | | | 14.25 | | Protein; Western Blot, with interpretation and report, blood or other body fluid |
| 84182 | | | | 13.97 | | Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each |
| 85060 | | | 17.02 | | | Blood smear, peripheral, interpretation by physician with written report |
| 85097 | 66.32 | 34.55 | | | | Bone marrow, smear interpretation |
| 85390 | | | | 14.53 | | Fibrinolytics or coagulopathy screen, interpretation and report |
| 85396 | | | 13.97 | | | Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|-------|-------|------------|--------|--------|--|
| 85576 | | | | 14.25 | | Platelet, aggregation (in vitro), each agent |
| 86077 | 37.90 | 35.39 | | | | Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report |
| 86078 | 38.18 | 35.67 | | | | Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report |
| 86079 | 38.18 | 35.67 | | | | Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report |
| 86255 | | | | 14.25 | | Fluorescent noninfectious agent antibody; screen, each antibody |
| 86256 | | | | 13.88 | | Fluorescent noninfectious agent antibody; titer, each antibody |
| 86320 | | | | 13.88 | | Immunoelectrophoresis; serum |
| 86325 | | | | 13.60 | | Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration |
| 86327 | | | | 16.30 | | Immunoelectrophoresis; crossed (2-dimensional assay) |
| 86334 | | | | 14.25 | | Immunofixation electrophoresis; serum |
| 86335 | | | | 13.97 | | Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF) |
| 86486 | | | 4.09 | | | Skin test; unlisted antigen, each |
| 86490 | | | 5.48 | | | Skin test; coccidioidomycosis |
| 86510 | | | 5.20 | | | Skin test; histoplasmosis |
| 86580 | | | 6.04 | | | Skin test; tuberculosis, intradermal |
| 87164 | | | | 14.25 | | Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection |
| 87207 | | | | 14.25 | | Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses) |
| 88104 | | | 51.27 | 20.43 | 30.84 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation |
| 88106 | | | 63.25 | 20.15 | 43.10 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation |
| 88108 | | | 59.63 | 20.15 | 39.48 | Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique) |
| 88112 | | | 79.38 | 41.57 | 37.81 | Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal |
| 88120 | | | 369.31 | 38.25 | 331.07 | Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual |
| 88121 | | | 311.99 | 34.24 | 277.75 | Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology |
| 88125 | | | 16.98 | 9.82 | 7.15 | Cytopathology, forensic (eg, sperm) |
| 88141 | | | 21.87 | | | Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|------------|--------|--------|--|
| 88160 | | | 42.57 | 18.14 | 24.43 | Cytopathology, smears, any other source; screening and interpretation |
| 88161 | | | 42.57 | 17.59 | 24.99 | Cytopathology, smears, any other source; preparation, screening and interpretation |
| 88162 | | | 60.94 | 27.32 | 33.63 | Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains |
| 88172 | | | 39.14 | 22.24 | 16.91 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site |
| 88173 | | | 107.31 | 50.56 | 56.76 | Cytopathology, evaluation of fine needle aspirate; interpretation and report |
| 88177 | | | 21.13 | 15.93 | 5.20 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) |
| 88182 | | | 81.90 | 25.33 | 56.57 | Flow cytometry, cell cycle or DNA analysis |
| 88184 | | | 68.74 | | | Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker |
| 88185 | | | 41.15 | | | Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker) |
| 88187 | | | 49.74 | | | Flow cytometry, interpretation; 2 to 8 markers |
| 88188 | | | 61.72 | | | Flow cytometry, interpretation; 9 to 15 markers |
| 88189 | | | 75.44 | | | Flow cytometry, interpretation; 16 or more markers |
| 88199 | | | I.C. | | | Unlisted cytopathology procedure |
| 88291 | | | 21.78 | | | Cytogenetics and molecular cytogenetics, interpretation and report |
| 88299 | | | I.C. | | | Unlisted cytogenetic study |
| 88300 | | | 21.54 | 3.24 | 18.30 | Level I - Surgical pathology, gross examination only |
| 88302 | | | 43.09 | 4.73 | 38.36 | Level II - Surgical pathology, gross and microscopic examination Appendix, incidental, Fallopian tube, sterilization, Fingers/toes, amputation, traumatic, Foreskin, newborn, Hernia sac, any location, Hydrocele sac, Nerve, Skin, plastic repair, Sympathetic ganglion, Testis, castration, Vaginal mucosa, incidental, Vas deferens, sterilization |
| 88304 | | | 50.28 | 8.02 | 42.27 | Level III - Surgical pathology, gross and microscopic examination Abortion, induced, Abscess, Aneurysm - arterial/ventricular, Anus, tag, Appendix, other than incidental, Artery, atheromatous plaque, Bartholin's gland cyst, Bone fragment(s), other than pathologic fracture, Bursa/synovial cyst, Carpal tunnel tissue, Cartilage, shavings, Cholesteatoma, Colon, colostomy stoma, Conjunctiva - biopsy/pterygium, Cornea, Diverticulum - esophagus/small intestine, Dupuytren's contracture tissue, Femoral head, other than fracture, Fissure/fistula, Foreskin, other than newborn, Gallbladder, Ganglion cyst, Hematoma, Hemorrhoids, Hydatid of Morgagni, |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|------|-----|---------------|--------|--------|--|
| 88305 | | | 84.02 | 26.98 | 57.04 | Intervertebral disc, Joint, loose body, Meniscus, Mucocele, salivary, Neuroma - Morton's/traumatic, Pilonidal cyst/sinus, Polyps, inflammatory - nasal/sinusoidal, Skin - cyst/tag/debridement, Soft tissue, debridement, Soft tissue, lipoma, Spermatocoele, Tendon/tendon sheath, Testicular appendage, Thrombus or embolus, Tonsil and/or adenoids, Varicocele, Vas deferens, other than sterilization, Vein, varicosity Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed, Artery, biopsy, Bone marrow, biopsy, Bone exostosis, Brain/meninges, other than for tumor resection, Breast, biopsy, not requiring microscopic evaluation of surgical margins, Breast, reduction mammoplasty, Bronchus, biopsy, Cell block, any source, Cervix, biopsy, Colon, biopsy, Duodenum, biopsy, Endocervix, curettings/biopsy, Endometrium, curettings/biopsy, Esophagus, biopsy, Extremity, amputation, traumatic, Fallopian tube, biopsy, Fallopian tube, ectopic pregnancy, Femoral head, fracture, Fingers/toes, amputation, non-traumatic, Gingiva/oral mucosa, biopsy, Heart valve, Joint, resection, Kidney, biopsy, Larynx, biopsy, Leiomyoma(s), uterine myomectomy - without uterus, Lip, biopsy/wedge resection, Lung, transbronchial biopsy, Lymph node, biopsy, Muscle, biopsy, Nasal mucosa, biopsy, Nasopharynx/oropharynx, biopsy, Nerve, biopsy, Odontogenic/dental cyst, Omentum, biopsy, Ovary with or without tube, non-neoplastic, Ovary, biopsy/wedge resection, Parathyroid gland, Peritoneum, biopsy, Pituitary tumor, Placenta, other than third trimester, Pleura/pericardium - biopsy/tissue, Polyp, cervical/endometrial, Polyp, colorectal, Polyp, stomach/small intestine, Prostate, needle biopsy, Prostate, TUR, Salivary gland, biopsy, Sinus, paranasal biopsy, Skin, other than cyst/tag/debridement/plastic repair, Small intestine, biopsy, Soft tissue, other than tumor/mass/lipoma/debridement, Spleen, Stomach, biopsy, Synovium, Testis, other than tumor/biopsy/castration, Thyroglossal duct/brachial cleft cyst, Tongue, biopsy, Tonsil, biopsy, Trachea, biopsy, Ureter, biopsy, Urethra, biopsy, Urinary bladder, biopsy, Uterus, with or without tub |
| 88307 | | | 179.32 | 59.02 | 120.29 | Level V - Surgical pathology, gross and microscopic examination Adrenal, resection, Bone - biopsy/curettings, Bone fragment(s), pathologic fracture, Brain, biopsy, Brain/meninges, tumor resection, Breast, excision of lesion, requiring microscopic evaluation of surgical margins, Breast, mastectomy - partial/simple, Cervix, conization, Colon, segmental resection, other than |

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| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|-------|------------|--------|--------|--|
| 88309 | | | 269.92 | 102.99 | 166.92 | for tumor, Extremity, amputation, non-traumatic, Eye, enucleation, Kidney, partial/total nephrectomy, Larynx, partial/total resection, Liver, biopsy - needle/wedge, Liver, partial resection, Lung, wedge biopsy, Lymph nodes, regional resection, Mediastinum, mass, Myocardium, biopsy, Odontogenic tumor, Ovary with or without tube, neoplastic, Pancreas, biopsy, Placenta, third trimester, Prostate, except radical resection, Salivary gland, Sentinel lymph node, Small intestine, resection, other than for tumor, Soft tissue mass (except lipoma) - biopsy/simple excision, Stomach - subtotal/total resection, other than for tumor, Testis, biopsy, Thymus, tumor, Thyroid, total/lobe, Ureter, resection, Urinary bladder, TUR, Uterus, with or without tubes and ovaries, other than neoplastic/prolapse Level VI - Surgical pathology, gross and microscopic examination Bone resection, Breast, mastectomy - with regional lymph nodes, Colon, segmental resection for tumor, Colon, total resection, Esophagus, partial/total resection, Extremity, disarticulation, Fetus, with dissection, Larynx, partial/total resection - with regional lymph nodes, Lung - total/lobe/segment resection, Pancreas, total/subtotal resection, Prostate, radical resection, Small intestine, resection for tumor, Soft tissue tumor, extensive resection, Stomach - subtotal/total resection for tumor, Testis, tumor, Tongue/tonsil -resection for tumor, Urinary bladder, partial/total resection, Uterus, with or without tubes and ovaries, neoplastic, Vulva, total/subtotal resection |
| 88311 | | | 14.26 | 8.78 | 5.48 | Decalcification procedure (List separately in addition to code for surgical pathology examination) |
| 88312 | | | 85.34 | 19.39 | 65.95 | Special stains; Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), including interpretation and report, each |
| 88313 | | | 62.75 | 8.50 | 54.25 | Special stains; Group II, all other (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, including interpretation and report, each |
| 88314 | | | 72.02 | 16.65 | 55.36 | Special stains; histochemical staining with frozen section(s), including interpretation and report (List separately in addition to code for primary procedure) |
| 88319 | | | 117.80 | 19.52 | 98.28 | Determinative histochemistry or cytochemistry to identify enzyme constituents, each |
| 88321 | 67.51 | 59.71 | | | | Consultation and report on referred slides prepared elsewhere |
| 88323 | | | 109.89 | 61.77 | 48.12 | Consultation and report on referred material requiring preparation of slides |
| 88325 | 153.32 | 94.52 | | | | Consultation, comprehensive, with review of records and specimens, with report on referred material |

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| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|-------|-------|------------|--------|--------|---|
| 88329 | 39.81 | 25.32 | | | | Pathology consultation during surgery; |
| 88331 | | | 70.43 | 44.33 | 26.10 | Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen |
| 88332 | | | 30.82 | 21.72 | 9.10 | Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) |
| 88333 | | | 73.17 | 44.56 | 28.61 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site |
| 88334 | | | 45.17 | 27.15 | 18.02 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) |
| 88342 | | | 81.79 | 30.33 | 51.46 | Immunohistochemistry (including tissue immunoperoxidase), each antibody |
| 88346 | | | 80.27 | 30.48 | 49.79 | Immunofluorescent study, each antibody; direct method |
| 88347 | | | 59.93 | 27.97 | 31.95 | Immunofluorescent study, each antibody; indirect method |
| 88348 | | | 551.82 | 54.02 | 497.80 | Electron microscopy; diagnostic |
| 88349 | | | 291.13 | 28.71 | 262.42 | Electron microscopy; scanning |
| 88355 | | | 167.96 | 61.32 | 106.64 | Morphometric analysis; skeletal muscle |
| 88356 | | | 219.41 | 95.22 | 124.19 | Morphometric analysis; nerve |
| 88358 | | | 57.46 | 30.80 | 26.66 | Morphometric analysis; tumor (eg, DNA ploidy) |
| 88360 | | | 96.76 | 38.61 | 58.15 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual |
| 88361 | | | 119.51 | 41.01 | 78.49 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology |
| 88362 | | | 222.34 | 78.91 | 143.42 | Nerve teasing preparations |
| 88363 | 29.58 | 12.30 | | | | Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) |
| 88365 | | | 130.95 | 42.15 | 88.80 | In situ hybridization (eg, FISH), each probe |
| 88367 | | | 204.81 | 44.66 | 160.15 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology |
| 88368 | | | 174.72 | 45.51 | 129.21 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual |
| 88371 | | | | 13.97 | | Protein analysis of tissue by Western Blot, with interpretation and report; |
| 88372 | | | | 14.25 | | Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each |
| 88380 | | | 137.35 | 53.28 | 84.07 | Microdissection (ie, sample preparation of microscopically identified target); laser capture |
| 88381 | | | 146.35 | 39.16 | 107.20 | Microdissection (ie, sample preparation of microscopically identified target); manual |
| 88384 | | | I.C. | | | Array-based evaluation of multiple molecular probes; 11 through 50 probes |

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16.05: continued

| Code | NFAC | FAC | Global Fee | PC Fee | TC Fee | Description (continued) |
|-------|--------|--------|------------|--------|--------|--|
| 88385 | | | 464.83 | 47.93 | 416.90 | Array-based evaluation of multiple molecular probes; 51 through 250 probes |
| 88386 | | | 517.68 | 63.44 | 454.24 | Array-based evaluation of multiple molecular probes; 251 through 500 probes |
| 88387 | | | 30.71 | 23.56 | 7.15 | Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node) |
| 88388 | | | 17.40 | 13.87 | 3.53 | Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure) |
| 88399 | | | I.C. | | | Unlisted surgical pathology procedure |
| 89049 | 202.95 | 48.29 | | | | Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report |
| 89060 | | | | 14.25 | | Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine) |
| 89220 | | | 13.00 | | | Sputum, obtaining specimen, aerosol induced technique (separate procedure) |
| 89230 | | | 2.41 | | | Sweat collection by iontophoresis |
| 89240 | | | I.C. | | | Unlisted miscellaneous pathology test |
| G0105 | 440.84 | 225.69 | | | | Colorectal cancer screening; colonoscopy on individual at high risk |
| G0121 | 440.84 | 225.69 | | | | Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk |
| S2260 | | | 747.11 | | | Induced abortion, 17 to 24 weeks |

16.06: Severability

The provisions of 114.3 CMR 16.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 16.00: M.G.L. c. 118G.