



Code	Description	Fee
DIS	Disability Form	\$25.00
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	\$500.00
0627T	Percutaneous injection of allogeneic cellular and/or tissue based product	\$800.00
0707T	Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect(s), bone marrow lesion, bone bruise, stress injury) including imaging guidance and arthroscopic assistance for joint visualization	\$2,877.00
10022	Fine needle aspiration; with imaging guidance	\$200.00
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$287.00
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$520.00
10080	Incision and drainage of pilonidal cyst; simple	\$489.00
10081	Incision and drainage of pilonidal cyst; complicated	\$786.00
10120	Incision and removal of foreign body, subcutaneous tissues; simple	\$397.00
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	\$302.00
10140	Incision and drainage of hematomas, seroma or fluid collection	\$399.00
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	\$148.00
10180	Incision and drainage, complex, postoperative wound infection	\$632.00
10110	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues	\$1,317.00
10111	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle	\$1,558.00
10112	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone	\$2,252.00
10113	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone	\$124.00
10142	Debridement; skin, and subcutaneous tissue	\$315.00
10143	Debridement; skin, subcutaneous tissue, and muscle	\$513.00
10144	Debridement; skin, subcutaneous tissue, muscle, and bone	\$718.00
10145	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)	\$60.00
10146	...each addl 20 sq cm; Debridement, muscle, fascia, and subcutaneous tissue	\$100.00
10147	Addl 20 sq cm; Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia)	\$164.00
10151	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	\$119.00
10156	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions	\$107.00
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	\$125.00
11106	Incisional biopsy of skin, including simple closure, when performed, single lesion	\$186.00
11200	Removal of skin tags, multiple fibrocystic tags, any area; up to and including 15 lesions	\$100.00
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	\$98.00
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	\$128.00
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	\$158.00
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	\$439.00
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	\$254.00
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	\$597.00
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	\$703.00
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	\$126.00
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	\$411.00
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	\$271.00
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	\$547.00
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	\$526.00
11440	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	\$177.00
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	\$521.00
11719	Trimming of nondystrophic nails, any number	\$40.00
11720	Debridement of nails) by any method(s), one to five	\$64.00
11730	Auulsion of nail plate, partial or complete, simple; single	\$235.00
11732	Auulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	\$125.00
11740	Evacuation of subungual hematoma	\$123.00
11750	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;	\$554.00
11752	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal; with amputation of tuft of distal phalanx	\$687.00
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	\$152.00
11760	Repair of nail bed	\$497.00
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	\$596.00
11771	Excision of pilonidal cyst or sinus; extensive	\$1,365.00
11772	Excision of pilonidal cyst or sinus; complicated	\$2,129.00
11900	Injection, intralesional; up to and including seven lesions	\$200.00
11981	Insertion, non-biodegradable drug delivery implant	\$266.00
11982	Removal, non-biodegradable drug delivery implant	\$447.00
11983	Removal with reinsertion, non-biodegradable drug delivery implant	\$620.00
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	\$153.00
12002	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	\$468.00
12004	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	\$550.00
12005	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	\$630.00
12006	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	\$560.00
12020	Treatment of superficial wound dehiscence; simple closure	\$1,313.00
12021	Packing wound dehiscence; Treatment of superficial	\$1,725.00
12031	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	\$278.00
12032	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	\$351.00
12034	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	\$340.00
12035	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	\$578.00
12036	Layer closure of wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	\$630.00
12037	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	\$765.00
12042	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	\$277.00
12044	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	\$425.00
12052	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$330.00
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	\$457.00
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$142.00
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	\$1,087.00
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$355.00
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	\$449.00
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	\$1,408.00
13133	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)	\$453.00
13160	Secondary closure of surgical wound or dehiscence; extensive or complicated	\$2,215.00
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	\$1,370.00
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	\$1,000.00
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	\$2,403.00
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	\$1,900.00
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	\$2,300.00
14302	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)	\$471.00
14350	Filleted finger or toe flap, including preparation of recipient site	\$2,090.00
15002	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	\$392.00
15003	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 each additional 1% of body area	\$300.00
15004	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	\$446.00
15005	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	\$218.00
15050	Pinch graft, single or multiple, to cover small ulcer, lip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	\$537.00
15100	Split-thickness autologous trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)	\$1,245.00
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	\$1,411.00
15240	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	\$1,264.00
15275	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	\$208.00
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	\$2,678.00
15777	Implantation of biologic implant(acellular dermal matrix) for soft tissue reinforcement	\$265.00
15850	Removal of sutures under anesthesia (other than local), same surgeon	\$131.00
15852	Dressing change (for other than burns) under anesthesia (other than local)	\$359.00
15940	Excision, achilal pressure ulcer, with primary suture	\$1,338.00
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), all benign or premalignant lesions (eg, actinic keratosis) other than skin tags or cutaneous vascular proliferative lesions; first lesion	\$89.00
20005	Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated	\$541.00
20103	Exploration of penetrating wound (separate procedure); extremity	\$1,062.00
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	\$656.00
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	\$2,877.00
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	\$818.00
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	\$1,792.00
20520	Removal of foreign body in muscle or tendon sheath; simple	\$563.00
20521	Removal of foreign body in muscle or tendon sheath; deep or complicated	\$1,463.00
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	\$233.00
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	\$100.00
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	\$177.00
20551	Injection(s); single tendon origin/insertion	\$114.00
20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)	\$165.00
20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)	\$187.00
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	\$160.00
20601	Small Joint Guidance	\$330.00
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	\$174.00
20606	Intermediate Joint Injection with Ultrasound Guidance	\$350.00
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	\$210.00
20611	Major Joint Injection with Ultrasound Guidance	\$400.00
20612	Aspiration and/or injection of ganglion cyst(s) any location	\$172.00
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	\$561.00
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	\$1,481.00
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	\$1,410.00
20690	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system	\$2,337.00
20692	Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	\$4,097.00
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))	\$2,045.00
20694	Removal, under anesthesia, of external fixation system	\$1,068.00
20704	Manual preparation and insertion of drug-delivery device, intra-articular	\$190.00
20900	Bone graft, any donor area, minor or small (eg, dowel or button)	\$1,687.00
20902	Bone graft, any donor area, major or large	\$4,990.00
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	\$3,921.00
20930	Allograft morselized for spine surgery only	\$566.00

Code	Description	Fee
20931	Allotraft structural, for spine surgery only.	\$643.00
20932	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminae fragments) obtained from same incision	\$643.00
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	\$1,958.00
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)	\$1,958.00
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	\$80.00
20950	Monitoring of interstitial fluid pressures (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	\$909.00
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	\$1,600.00
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	\$172.00
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (List separately in addition to code for primary procedure)	\$275.00
21501	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	\$578.00
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess); thorax	\$1,396.00
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	\$904.00
21555	Excision tumor, soft tissue of neck or thorax; subcutaneous	\$700.00
21600	Excision of rib, partial	\$1,565.00
21610	Costotransversectomy (separate procedure)	\$1,954.00
21931	Exc, tumor, soft tissue of back or flank, subcutaneous; 3 cm or >	\$1,000.00
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	\$1,450.00
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	\$1,450.00
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	\$1,450.00
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	\$2,217.00
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	\$2,215.00
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	\$2,253.00
22103	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)	\$1,143.00
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	\$4,891.00
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	\$4,408.00
22116	Adi1 level; Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment (List separately in addition to code for primary procedure)	\$1,268.00
22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	\$4,752.00
22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	\$4,400.00
22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	\$1,153.00
22210	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical	\$5,966.00
22212	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic	\$5,200.00
22214	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar	\$5,300.00
22216	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	\$1,400.00
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	\$5,900.00
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	\$6,296.00
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	\$5,850.00
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	\$1,348.00
22305	Closed treatment of vertebral process fracture(s)	\$668.00
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	\$672.00
22313	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), anterior approach, including placement of internal fixation; without grafting	\$2,965.00
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar	\$4,579.00
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; thoracic	\$5,269.00
22328	Adi1 Level, Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment	\$1,581.00
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	\$2,413.00
22513	Thorac; Perc vertebrae augmentation, Kyphoplasty, one vertebral body	\$6,582.00
22514	Lumbar; Perc vertebrae augmentation, including cavity creation (fr reduction and bone biopsy) using mechanical device, 1 vertebral body,	\$800.00
22515	Adi1 level, Perc, vertebral augmentation, Kyphoplasty,	\$5,974.00
22531	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	\$5,235.00
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	\$4,619.00
22534	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)	\$1,185.00
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	\$10,816.00
22552	Cervical below C2, each additional vertebral segment (List separately in addition to code for separate procedure)	\$5,450.00
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	\$6,300.00
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	\$7,300.00
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	\$6,978.00
22559	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)	\$1,475.00
22590	Arthrodesis, posterior technique, craniofacial (C0-C1-C2)	\$7,559.00
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	\$6,883.00
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	\$5,565.00
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)	\$5,650.00
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	\$7,000.00
22614	Arthrodesis, posterior or posterolateral technique, single level, each additional vertebral segment (List separately in addition to code for primary procedure)	\$1,500.00
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	\$7,500.00
22632	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)	\$1,575.00
22633	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	\$7,200.00
22634	each additional interspace and segment, arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy .	\$2,749.00
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	\$7,286.00
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	\$7,500.00
22803	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	\$8,000.00
22819	Kyphotomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	\$8,541.71
22830	Exploration of spinal fusion	\$3,600.00
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)	\$5,863.00
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments	\$5,260.00
22843	Posterior segmental instrumentation 7- to 12 vertebral segments (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires)	\$5,900.00
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments	\$6,500.00
22845	Anterior instrumentation; 2 to 3 vertebral segments	\$2,403.00
22846	Anterior instrumentation; 4 to 7 vertebral segments	\$3,400.00
22847	Anterior instrumentation; 8 or more vertebral segments	\$4,500.00
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum	\$1,500.00
22849	Reinsertion of spinal fixation device	\$5,200.00
22850	Removal of anterior nonsegmental instrumentation (eg, Harrington rod)	\$3,863.00
22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace	\$2,795.00
22852	Removal of posterior segmental instrumentation	\$5,300.00
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each inter	\$2,795.00
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete)	\$2,795.00
22855	Removal of anterior instrumentation	\$3,604.00
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	\$3,113.00
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace	\$7,500.00
22858	Adi1 level cervical; Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection)	\$903.00
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary	\$5,200.00
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	\$5,818.00
22899	Thoracic arthrodesis, combined posterior interbody with posterior, single interspace	\$12,620.00
23020	Capsular contracture release (eg, Seiver type procedure)	\$2,494.00
23030	Incision and drainage, shoulder area; deep abscess or hematoma	\$700.00
23031	Incision and drainage, shoulder area; infected bursa	\$790.00
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	\$1,351.00
23040	Arthrothomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	\$2,138.00
23041	Arthrothomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	\$1,288.00
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	\$822.00
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	\$1,404.00
23075	Excision, soft tissue tumor, shoulder area; subcutaneous	\$565.00
23076	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular	\$1,651.00
23078	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area; 5 cm or greater	\$2,955.00
23105	Arthrothomy, glenohumeral joint, with synovectomy, with or without biopsy	\$3,683.00
23107	Arthrothomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	\$2,575.00
23120	Claviclectomy, partial	\$1,684.00
23130	Acromioplasty or acromiectomy, partial, with or without coracoclavicular ligament release	\$1,829.00
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	\$1,491.00
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	\$2,241.00
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	\$1,768.00
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	\$3,604.00
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	\$4,500.00
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	\$1,119.00
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	\$3,270.00
23190	Osteotomy of scapula, partial (eg, superior medial angle)	\$1,770.00
23195	Resection, humeral head	\$2,212.00
23330	Removal of foreign body, shoulder; subcutaneous	\$417.00
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	\$1,138.00
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	\$1,277.00
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	\$1,711.00
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	\$502.00
23395	Muscle transfer, any type, shoulder or upper arm; single	\$5,509.00
23405	Tenotomy, shoulder area; single tendon	\$1,827.00
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	\$2,218.00
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	\$3,610.00
23415	Coracoclavicular ligament release, with or without acromioplasty	\$2,962.00
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	\$5,731.00
23430	Tenodesis of long tendon of biceps	\$2,740.00
23440	Resection or transplantation of long tendon of biceps	\$2,650.00
23455	Capsulorrhaphy, anterior, with labral repair (eg, Bankart procedure)	\$4,260.00
23462	Capsulorrhaphy, anterior, any type, with coracoid process transfer	\$1,508.00
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	\$4,368.00
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	\$3,920.00
23470	Arthroplasty, glenohumeral joint, hemiarthroplasty	\$4,800.00
23472	Arthroplasty, glenohumeral joint, total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	\$5,553.00
23473	Revision total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	\$4,252.00
23474	Revision of total shoulder arthroplasty, including allograft; humeral and glenoid component	\$5,553.00
23480	Osteotomy, clavicle, with or without internal fixation;	\$2,400.00
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	\$2,953.00
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	\$1,153.00
23500	Closed treatment of clavicular fracture; without manipulation	\$595.00
23505	Closed treatment of clavicular fracture; with manipulation	\$989.00
23515	Open treatment of clavicular fracture, with or without internal or external fixation	\$1,747.00
23520	Closed treatment of sternoclavicular dislocation; with manipulation	\$977.00
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	\$1,661.00
23540	Closed treatment of acromioclavicular dislocation; without manipulation	\$647.00
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	\$595.00
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	\$2,170.00

Code	Description	Fee
23570	Closed treatment of scapular fracture, without manipulation	\$635.00
23571	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	\$731.00
23585	Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation	\$1,961.00
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture, without manipulation	\$988.00
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	\$1,342.00
23610	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s);	\$2,766.00
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s); with proximal humeral prosthetic replacement	\$4,513.00
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	\$723.00
23630	Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation	\$2,132.00
23650	Closed treatment of shoulder dislocation, with manipulation, without anesthesia	\$739.00
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	\$1,078.00
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	\$769.00
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with or without internal or external fixation	\$2,922.00
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	\$1,578.00
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	\$935.00
23930	Incision and drainage, upper arm or elbow area, deep abscess or hematoma	\$699.00
23931	Incision and drainage, upper arm or elbow area, bursa	\$568.00
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	\$2,280.00
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	\$2,435.00
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous, 3 cm or greater	\$2,500.00
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	\$1,320.00
24075	Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous	\$1,328.00
24076	Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	\$1,222.00
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	\$2,069.00
24102	Arthrotomy, elbow; with synovectomy	\$2,470.00
24105	Excision, olecranon bursa	\$1,005.00
24110	Excision or curettage of bone cyst or benign tumor, humerus;	\$2,471.00
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	\$1,753.00
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	\$2,550.00
24130	Excision, radial head	\$2,281.00
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	\$1,549.00
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	\$3,288.00
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	\$1,491.00
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	\$1,931.00
24160	Implant removal; radial head	\$1,836.00
24164	Implant removal; radial head	\$1,100.00
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	\$200.00
24220	Injection procedure for elbow arthrography	\$185.00
24300	Manipulation, elbow, under anesthesia	\$1,138.00
24310	Tenotomy, open, elbow to shoulder, each tendon	\$1,243.00
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	\$2,805.00
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	\$4,076.00
24343	Repair lateral collateral ligament, elbow, with local tissue	\$2,522.00
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	\$2,749.00
24345	Repair medial collateral ligament, elbow, with local tissue	\$2,590.00
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	\$5,110.00
24357	Tenotomy, elbow, lateral or medial-epicondylar	\$1,334.00
24358	Debridement, soft tissue and/or bone, open	\$1,000.00
24359	Debridement, soft tissue and/or bone, open with tendon repair or reattachment	\$1,200.00
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	\$5,570.00
24366	Arthroplasty, radial head; with implant	\$2,634.00
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	\$2,762.00
24400	Osteotomy, humerus, with or without internal fixation	\$2,504.00
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	\$3,760.00
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	\$5,509.00
24485	Decompression fasciotomy, forearm, with brachial artery exploration	\$2,860.00
24488	Prophylactic treatment (rolling, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	\$3,320.00
24500	Closed treatment of humeral shaft fracture; without manipulation	\$967.00
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	\$1,433.00
24515	Open treatment of humeral shaft fracture with plate/screws; with or without cerclage	\$2,800.00
24518	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	\$2,694.00
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	\$1,046.00
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	\$1,807.00
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	\$2,471.00
24545	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension	\$1,203.00
24546	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension	\$3,061.00
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	\$560.00
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	\$1,969.00
24571	Open treatment of humeral epicondylar fracture, medial or lateral, with or without internal or external fixation	\$2,402.00
24576	Closed treatment of humeral condylar fracture, medial or lateral, without manipulation	\$909.00
24579	Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation	\$3,013.00
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	\$1,769.00
24583	Open treatment of peritular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	\$1,722.00
24587	Open treatment of peritular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	\$5,351.00
24600	Treatment of closed elbow dislocation; without anesthesia	\$1,093.00
24605	Treatment of closed elbow dislocation; requiring anesthesia	\$1,333.00
24615	Open treatment of acute or chronic elbow dislocation	\$2,400.00
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	\$1,056.00
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external fixation	\$2,400.00
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	\$359.00
24655	Closed treatment of radial head or neck fracture, without manipulation	\$840.00
24665	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision;	\$2,074.00
24666	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; with radial head prosthetic replacement	\$3,053.00
24670	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation	\$795.00
24685	Open treatment of ulna fracture proximal end (olecranon process), with or without internal or external fixation	\$1,674.00
24920	Amputation, arm through humerus, open, circular (guillotine)	\$2,694.00
25000	Incision, extensor tendon sheath, wrist (eg, deQuervain's disease)	\$1,208.00
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	\$1,835.00
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	\$2,241.00
25026	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	\$2,400.00
25028	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	\$2,124.00
25028	Incision and drainage, forearm and/or wrist, deep abscess or hematoma	\$1,032.00
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	\$2,400.00
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	\$2,678.00
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	\$826.00
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	\$1,063.00
25075	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous	\$862.00
25076	Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)	\$1,300.00
25105	Arthrotomy, wrist joint; with synovectomy	\$2,495.00
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	\$1,600.00
25110	Excision, lesion of tendon sheath, forearm and/or wrist	\$880.00
25112	Excision of ganglion, wrist (dorsal or volar); primary	\$1,017.00
25112	Excision of ganglion, wrist (dorsal or volar); recurrent	\$1,242.00
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	\$2,857.00
25116	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	\$2,630.00
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	\$1,225.00
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	\$2,192.00
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	\$2,184.00
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	\$1,430.00
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	\$1,828.00
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	\$2,398.00
25210	Carpectomy, one bone	\$1,553.00
25215	Carpectomy; all bones of proximal row	\$2,350.00
25230	Radial styloidectomy (separate procedure)	\$1,532.00
25240	Excision distal ulna partial or complete (eg, Darach type or matched resection)	\$1,593.00
25246	Injection procedure for wrist arthrography	\$200.00
25248	Exploration with removal of deep foreign body, forearm or wrist	\$959.00
25259	Manipulation, wrist, under anesthesia	\$1,137.00
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	\$2,511.00
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	\$3,380.00
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	\$2,126.00
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	\$1,538.00
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	\$3,372.00
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	\$1,997.00
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	\$1,510.00
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	\$2,215.00
25300	Tenodesis at wrist; extensors of fingers	\$2,338.00
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single, each tendon	\$2,528.00
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	\$2,863.00
25320	Capsulectomy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulectomy and open reduction) for carpal instability	\$3,737.00
25332	Arthroplasty, wrist, with or without external or internal fixation	\$1,165.00
25337	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) or without open reduction of distal radioulnar joint	\$2,489.00
25350	Osteotomy, radius, distal third	\$2,729.00
25360	Osteotomy, ulna	\$2,672.00
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	\$3,686.00
25390	Osteoplasty, radius OR ulna; shortening	\$3,015.00
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	\$3,567.00
25400	Repair of nonunion or malunion, radius OR ulna, without graft (eg, compression technique)	\$3,160.00
25405	Repair of nonunion or malunion, radius OR ulna, with autograft (includes obtaining graft)	\$3,862.00
25414	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	\$3,721.00
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	\$4,388.00
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	\$2,225.00
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	\$3,249.00
25445	Arthroplasty with prosthetic replacement, trapezium	\$2,212.00
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	\$2,916.00
25500	Closed treatment of radial shaft fracture; without manipulation	\$720.00
25505	Closed treatment of radial shaft fracture; with manipulation	\$1,428.00
25515	Open treatment of radial shaft fracture, with or without internal or external fixation	\$2,440.00

Code	Description	Fee
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	\$2,015.00
25521	Open treatment of distal shaft fracture, with internal and/or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation	\$2,737.00
25526	Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar joint (Galeazzi fracture/dislocation), includes repair of triangular fibrocartilage complex	\$3,258.00
25530	Closed treatment of ulnar shaft fracture; without manipulation	\$695.00
25535	Closed treatment of ulnar shaft fracture; with manipulation	\$1,365.00
25545	Open treatment of ulnar shaft fracture, with or without internal or external fixation	\$2,073.00
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	\$732.00
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	\$1,505.00
25574	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius OR ulna	\$2,942.00
25575	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius AND ulna	\$3,661.00
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation	\$805.00
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation	\$1,590.00
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	\$1,079.00
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	\$1,048.00
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation, with internal fixation of 2 fragments	\$1,226.00
25609	Open treatment distal radial intra-articular fx or epiphyseal separation with internal fixation of 3 or more fragments	\$1,842.00
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	\$821.00
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	\$1,309.00
25628	Open treatment of carpal scaphoid (navicular) fracture, with or without internal or external fixation	\$2,019.00
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone	\$849.00
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone	\$1,251.00
25645	Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)); each bone	\$2,090.00
25650	Closed treatment of ulnar styloid fracture	\$569.00
25651	Percutaneous skeletal fixation of ulnar styloid fracture	\$1,334.00
25652	Open treatment of ulnar styloid fracture	\$1,812.00
25660	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation	\$857.00
25670	Open treatment of radiocarpal or intercarpal dislocation, one or more bones	\$2,162.00
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	\$1,077.00
25675	Closed treatment of distal radioulnar dislocation with manipulation	\$1,243.00
25676	Open treatment of distal radioulnar dislocation, acute or chronic	\$1,912.00
25680	Closed treatment of distal radioulnar type of fracture dislocation, with manipulation	\$1,532.00
25800	Arthrodesis, wrist, complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	\$2,546.00
25810	Arthrodesis, wrist, with iliac or other autograft (includes obtaining graft)	\$3,340.00
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	\$2,930.00
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	\$3,284.00
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	\$3,609.00
26010	Drainage of finger abscess; simple	\$244.00
26011	Drainage of finger abscess; complicated (eg, felon)	\$1,249.00
26020	Drainage of tendon sheath, digit and/or palm, each	\$965.00
26030	Drainage of palmar bursa; single, bursa	\$1,222.00
26030	Drainage of palmar bursa; multiple bursa	\$1,633.00
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	\$1,046.00
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	\$1,395.00
26037	Decompressive fasciotomy, hand (excludes 26035)	\$1,601.00
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	\$700.00
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	\$1,437.00
26055	Tendon sheath incision (eg, for trigger finger)	\$1,916.00
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	\$1,233.00
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	\$949.00
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	\$878.00
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	\$852.00
26110	Arthrotomy with biopsy; interphalangeal joint, each	\$823.00
26111	Excision tumor or vascular malformation, soft tissue of hand or finger; subcutaneous 1.5 cm or greater	\$1,450.00
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	\$1,009.00
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous	\$1,940.00
26116	Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)	\$1,412.00
26117	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger	\$1,532.00
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	\$1,776.00
26123	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)	\$2,243.00
26125	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 each)	\$903.00
26130	Synovectomy, carpometacarpal joint	\$1,437.00
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	\$1,795.00
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	\$1,601.00
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	\$1,747.00
26180	Excision of tendon, finger, flexor (separate procedure), each tendon	\$1,566.00
26180	Excision of tendon, finger, flexor (separate procedure), each tendon	\$1,084.00
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	\$1,753.00
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	\$1,304.00
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	\$1,849.00
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	\$1,119.00
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	\$1,480.00
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	\$1,309.00
26340	Manipulation, finger joint, under anesthesia, each joint	\$872.00
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	\$125.00
26350	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	\$1,652.00
26352	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	\$3,530.00
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, man's land); primary, without free graft, each tendon	\$1,981.00
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	\$2,872.00
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	\$1,726.00
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	\$2,488.00
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	\$1,934.00
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	\$2,209.00
26410	Repair, extensor tendon, hand, primary or secondary, without free graft, each tendon	\$1,925.00
26412	Repair, extensor tendon, hand, primary or secondary, with free graft (includes obtaining graft), each tendon	\$1,482.00
26418	Repair, extensor tendon, finger, primary or secondary, without free graft, each tendon	\$1,231.00
26420	Repair, extensor tendon, finger, primary or secondary, with free graft (includes obtaining graft), each tendon	\$1,641.00
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using lateral band(s), each finger	\$1,890.00
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	\$2,700.00
26433	Repair of extensor tendon, distal insertion, primary or secondary, without graft (eg, mallet finger)	\$1,961.00
26437	Realignment of extensor tendon, hand, each tendon	\$1,321.00
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	\$2,136.00
26442	Tenolysis, flexor tendon; palm AND finger, each tendon	\$1,829.00
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	\$931.00
26448	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	\$2,640.00
26450	Tenotomy, flexor, palm, open, each tendon	\$1,076.00
26455	Tenotomy, flexor, finger, open, each tendon	\$732.00
26460	Tenotomy, extensor, hand or finger, open, each tendon	\$804.00
2647	Tenodesis, of proximal interphalangeal joint, each joint	\$1,641.00
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	\$1,873.00
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	\$2,986.00
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	\$1,695.00
26505	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	\$1,988.00
26516	Capsulodesis, metacarpophalangeal joint; single digit	\$2,306.00
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	\$1,600.00
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	\$1,548.00
26530	Arthroplasty, metacarpophalangeal joint, each joint	\$1,694.00
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	\$1,961.00
26535	Arthroplasty, interphalangeal joint; each joint	\$1,404.00
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	\$2,126.00
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	\$2,168.00
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	\$2,788.00
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	\$2,232.00
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	\$2,155.00
26546	Repair non-union, metacarpal of phalanx, (includes obtaining bone graft with or without external or internal fixation)	\$2,860.00
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	\$1,437.00
26565	Osteotomy, metacarpal, each	\$2,222.00
26567	Osteotomy, phalanx of finger, each	\$2,230.00
26591	Repair, intrinsic muscles of hand, each muscle	\$2,967.00
26600	Closed treatment of metacarpal fracture, single, without manipulation, each bone	\$659.00
26605	Closed treatment of metacarpal fracture, single, with manipulation, each bone	\$888.00
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	\$1,421.00
26615	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone	\$1,313.00
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation	\$1,113.00
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation	\$2,084.00
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	\$1,489.00
26685	Open treatment of carpometacarpal dislocation, other than thumb; with or without internal or external fixation, each joint	\$1,630.00
26690	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple or delayed reduction	\$1,947.00
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation, requiring anesthesia	\$1,152.00
26715	Open treatment of metacarpophalangeal dislocation, single, with or without internal or external fixation	\$1,383.00
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$526.00
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	\$974.00
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each	\$930.00
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each	\$1,429.00
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	\$606.00
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	\$1,068.00
26748	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each	\$1,406.00
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	\$498.00
26755	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb; with manipulation, each	\$899.00
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	\$790.00
26760	Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each	\$1,050.00
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	\$457.00
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	\$688.00
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	\$846.00
26780	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single	\$1,072.00
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	\$1,828.00
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	\$2,277.00
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	\$1,853.00
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	\$788.00

Code	Description	Fee
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	\$2,067.00
26863	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)	\$1,004.00
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	\$1,456.00
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurotomy; with direct closure	\$711.00
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurotomy; with local advancement flaps (V-Y, hood)	\$919.00
26990	Incision and drainage, pelvis or hip joint area, deep abscess or hematoma	\$1,817.00
26991	Incision and drainage, pelvis or hip joint area, infected bursa	\$600.00
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	\$1,893.00
27005	Tenotomy, hip flexor(s), open (separate procedure)	\$1,507.00
27006	Tenotomy, abductors and/or extensors(s) of hip, open (separate procedure)	\$1,507.00
27025	Fasciotomy, hip or thigh, any type	\$2,478.00
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	\$1,970.00
27030	Arthrotomy, hip, with drainage (eg, infection)	\$3,505.00
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	\$3,544.00
27036	Capsulectomy or capsulectomy, 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)	\$3,713.00
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous, 3 cm or greater	\$899.00
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	\$1,454.00
27047	Excision, tumor, pelvis and hip area, subcutaneous tissue	\$1,150.00
27057	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	\$2,168.00
27062	Excision; trochanteric bursa or calcification	\$933.00
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft	\$1,225.42
27066	Excision of bone cyst or benign tumor; deep, with or without autograft	\$2,367.00
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)	\$1,596.00
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	\$3,000.00
27080	Coccygectomy, primary	\$1,640.00
27090	Removal of hip prosthesis; (separate procedure)	\$3,203.00
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	\$3,383.00
27093	Injection procedure for hip arthrography, without anesthesia	\$198.00
27095	Injection procedure for hip arthrography; with anesthesia	\$258.00
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	\$651.00
27097	Release or recession, hamstring, proximal	\$3,300.00
27122	Acetabuloplasty, resection, femoral head (eg, Girdlestone procedure)	\$5,014.00
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	\$5,177.00
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	\$6,600.00
27132	Conversion of total hip surgery to total hip arthroplasty, with or without autograft or allograft	\$6,800.00
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	\$17,000.00
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	\$7,453.00
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	\$7,300.00
27161	Osteotomy, femoral neck (separate procedure)	\$4,341.00
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	\$4,148.00
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	\$3,900.00
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	\$4,950.00
27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia	\$2,178.00
27197	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum with or without ant pelvic ring fx, unilateral or bilateral; without manipulation	\$855.00
27200	Closed treatment of coccygeal fracture	\$700.00
27218	Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum)	\$3,250.00
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	\$1,483.00
27231	Closed treatment of femoral fracture, proximal end, neck; without manipulation	\$1,000.00
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	\$4,500.00
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	\$4,953.00
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	\$1,322.00
27241	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant; with or without cerclage	\$3,573.00
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	\$4,335.00
27246	Closed treatment of greater trochanteric fracture; without manipulation	\$775.00
27248	Open treatment of greater trochanteric fracture, with or without internal or external fixation	\$1,832.00
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	\$2,344.00
27253	Open treatment of hip dislocation, traumatic; without internal fixation	\$3,664.35
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	\$2,105.00
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	\$4,471.00
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	\$1,201.00
27268	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	\$17,400.00
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	\$804.00
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	\$3,874.00
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	\$3,884.00
27295	Disarticulation of hip	\$4,219.00
27299	Repair Gluteus Medius Tendon	\$3,426.00
27299	Lengthening Iliotibial band, Hip	\$1,532.00
27299	Hip Core Decompression	\$2,430.00
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	\$1,984.00
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	\$1,233.00
27305	Fasciotomy, iliotibial (tenotomy), open	\$1,266.00
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	\$1,398.00
27311	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	\$2,800.00
27324	Biopsy, soft tissue of thigh or knee area, deep (subfascial or intramuscular)	\$575.00
27327	Excision, tumor, thigh or knee area; subcutaneous	\$1,258.00
27328	Excision, tumor, thigh or knee area; deep, subfascial or intramuscular	\$1,242.00
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	\$2,875.00
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	\$2,592.00
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	\$4,300.00
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	\$814.00
27338	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	\$1,407.00
27340	Excision, prepatellar bursa	\$1,200.00
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	\$2,100.00
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	\$1,600.00
27350	Patellectomy or hemipatellectomy	\$2,064.00
27355	Excision or curettage of bone cyst or benign tumor of femur;	\$2,400.00
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	\$3,100.00
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	\$3,600.00
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	\$2,499.00
27361	Injection procedure for Knee Arthrography	\$200.00
27372	Removal of foreign body, deep, thigh region or knee area	\$1,785.00
27380	Suture of infrapatellar tendon; primary	\$2,630.00
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	\$2,900.00
27381	Suture of quadriceps or hamstring muscle rupture; primary	\$2,941.00
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	\$3,907.00
27393	Lengthening of hamstring tendon; single tendon	\$1,532.00
27394	Lengthening of hamstring tendon; multiple tendons, one leg	\$1,972.00
27401	Arthrotomy with meniscus repair, knee	\$2,870.00
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	\$3,200.00
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	\$4,681.00
27412	Autologous chondrocyte implantation, knee	\$4,888.00
27415	Osteochondral allograft, knee; open	\$3,300.00
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))	\$4,296.00
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	\$4,100.00
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	\$3,600.00
27421	Reconstruction of dislocating patella, with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwate type procedure)	\$3,600.00
27425	Lateral retinacular release, open	\$3,100.00
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	\$3,700.00
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	\$4,876.00
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	\$4,991.00
27430	Quadricepsplasty (eg, Bennett or Thompson type)	\$3,685.00
27435	Capsulectomy, posterior capsular release, knee	\$2,252.00
27437	Arthroplasty, patella; without prosthesis	\$3,087.00
27438	Arthroplasty, patella; with prosthesis	\$5,600.00
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	\$5,900.00
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	\$6,100.00
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	\$6,700.00
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	\$6,700.00
27448	Osteotomy, femur, shaft or supracondylar; without fixation	\$3,328.00
27450	Osteotomy, femur, shaft or supracondylar; with fixation	\$4,250.00
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	\$2,888.00
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal closure	\$3,300.00
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	\$5,100.00
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	\$5,500.00
27486	Revision of total knee arthroplasty, with or without allograft; one component	\$7,800.00
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	\$7,900.00
27488	Removal of knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	\$3,474.00
27495	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femur	\$4,814.00
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);	\$932.00
27500	Closed treatment of femoral shaft fracture, without manipulation	\$1,485.00
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	\$1,455.00
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	\$2,560.00
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	\$4,300.00
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	\$4,300.00
27508	Closed treatment of femur fracture, distal end, medial or lateral condyle, without manipulation	\$1,100.00
27509	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	\$1,916.00
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without internal or external fixation	\$4,400.00
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, with or without internal or external fixation	\$4,300.00
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without internal or external fixation	\$4,607.00
27521	Closed treatment of patella fracture, without manipulation	\$5,000.00
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	\$2,745.00
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	\$1,099.00
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	\$1,700.00
27533	Open treatment of tibial fracture, proximal (plateau); unicondylar; with or without internal or external fixation	\$3,200.00
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar; with or without internal fixation	\$3,600.00
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	\$1,300.00
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without internal or external fixation	\$3,414.00
27552	Closed treatment of knee dislocation, requiring anesthesia	\$1,857.00

Code	Description	Fee
27557	Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair	\$4,076.00
27558	Open treatment of patellar dislocation, with or without partial or total patellectomy	\$2,822.00
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	\$700.00
27580	Arthrodesis, knee, any technique	\$4,312.00
27590	Amputation, thigh, through femur, any level;	\$3,300.00
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	\$3,379.00
27596	Amputation, thigh, through femur, any level; re-amputation	\$2,198.00
27599	Unlisted, Repair bone defect of the Tibia	\$2,937.00
27599	Unlisted, Repair bone defect of the Femur	\$2,813.00
27599	Unlisted, DeNovo Allograft Implantation	\$4,898.00
27599	Unlisted, Repair Rupture Medial Retinaculum	\$3,087.00
27599	Percutaneous Subchondroplasty	\$1,916.00
27599	Unlisted Repair IT Band Knee	\$3,087.00
27600	Decompression fasciotomy, leg, anterior and/or lateral compartments only	\$1,270.00
27601	Decompression fasciotomy, leg, posterior compartment(s) only	\$1,200.00
27602	Decompression fasciotomy, leg, anterior and/or lateral, and posterior compartment(s)	\$1,600.00
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	\$1,600.00
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	\$1,778.00
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	\$2,300.00
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	\$2,421.00
27613	Biopsy, soft tissue of leg or ankle area; superficial	\$637.00
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	\$1,543.00
27616	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; 5 cm or greater	\$3,345.00
27618	Excision, tumor, leg or ankle area; subcutaneous tissue	\$1,536.00
27619	Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)	\$1,400.00
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	\$2,200.00
27625	Arthrotomy, with synovectomy, ankle;	\$2,134.00
27626	Arthrotomy, with synovectomy, ankle, including tenosynovectomy	\$2,600.00
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	\$1,478.00
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	\$900.00
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	\$2,200.00
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula, with autograft (includes obtaining graft)	\$3,100.00
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula, with allograft	\$3,200.00
27640	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia	\$2,698.00
27641	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula	\$2,185.00
27648	Injection procedure for ankle arthrography	\$185.00
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	\$2,572.00
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	\$3,200.00
27654	Repair, secondary, Achilles tendon, with or without graft	\$3,200.00
27656	Repair, fascial defect of leg	\$1,600.00
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	\$1,532.00
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	\$1,800.00
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	\$1,600.00
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	\$2,199.00
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	\$1,600.00
27676	Repair, dislocating peroneal tendons; with fibular osteotomy	\$1,904.00
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	\$1,138.00
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	\$1,655.00
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	\$1,700.00
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	\$2,100.00
27687	Gastrocnemius recession (eg, Strayer procedure)	\$1,800.00
27688	Transfer or transfer of tendon (with or without redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	\$2,300.00
27691	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)	\$2,429.00
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	\$624.00
27695	Repair, primary, disrupted ligament, ankle; collateral	\$2,429.00
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	\$3,367.00
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	\$2,900.00
27705	Osteotomy, tibia	\$2,637.00
27707	Osteotomy, fibula	\$1,532.00
27709	Osteotomy, tibia and fibula	\$4,200.00
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	\$3,600.00
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	\$4,300.00
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	\$4,252.00
27726	Repair of fibula nonunion and/or malunion with internal fixation	\$2,486.00
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	\$1,302.00
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	\$1,534.00
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	\$2,900.00
27758	Open treatment of tibial shaft fracture, (with or without fibular fracture) with plates/screws, with or without cerclage	\$3,200.00
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	\$2,559.00
27760	Closed treatment of medial malleolus fracture; without manipulation	\$1,000.00
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	\$1,410.00
27766	Open treatment of medial malleolus fracture, with or without internal or external fixation	\$2,362.00
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	\$1,655.00
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	\$852.00
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	\$1,204.00
27784	Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation	\$1,700.00
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	\$814.00
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	\$1,227.00
27792	Open treatment of distal fibular fracture (lateral malleolus), with or without internal or external fixation	\$2,210.00
27808	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation	\$1,510.00
27810	Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation	\$1,717.00
27814	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation	\$3,200.00
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	\$876.00
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	\$1,752.00
27822	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip	\$3,300.00
27823	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; with fixation of posterior lip	\$3,600.00
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	\$1,000.00
27825	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	\$1,900.00
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of fibula only	\$3,300.00
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of tibia only	\$3,120.00
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of both tibia and fibula	\$3,780.00
27829	Open treatment of distal tibiotalar joint (syndesmosis) disruption, with or without internal or external fixation	\$2,300.00
27832	Open treatment of proximal tibiotalar joint dislocation, with or without internal or external fixation, or with excision of proximal fibula	\$2,199.00
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	\$912.00
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	\$2,404.00
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	\$2,616.00
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	\$600.00
27871	Arthrodesis, ankle, open	\$3,700.00
27871	Arthrodesis, tibiotalar joint, proximal or distal	\$4,513.00
27880	Amputation, leg, through tibia and fibula;	\$2,915.00
27881	Amputation, leg, through tibia and fibula, with immediate fitting technique including application of first cast	\$3,270.00
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	\$2,164.00
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	\$1,755.00
27886	Amputation, leg, through tibia and fibula; re-amputation	\$1,992.00
27892	Decompression fasciotomy, leg, anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	\$1,363.00
27899	Open Osteochondral Autograft Talus Dome	\$1,139.00
27899	Open Osteochondral Allograft Talus Dome	\$3,700.00
27899	Open Excision Osteochondral Defect of Talus including Drilling/Microfracture of Defect	\$3,360.00
28001	Incision and drainage, bursa, foot	\$680.00
28002	Incision and drainage below fascia, with or without tendon sheath involvement; foot; single bursal space	\$1,170.00
28003	Incision and drainage below fascia, with or without tendon sheath involvement; foot; multiple areas	\$2,164.00
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	\$1,842.00
28008	Fasciotomy, foot and/or toe	\$863.00
28010	Tenotomy, percutaneous, toe; single tendon	\$644.00
28011	Tenotomy, percutaneous, toe; multiple tendons	\$596.00
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	\$1,618.00
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	\$1,289.00
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	\$747.00
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	\$1,981.00
28039	Exc, tumor, soft tissue of foot or toe subcutaneous, 1.5 cm or greater	\$1,116.00
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	\$867.00
28043	Excision, tumor, foot; subcutaneous tissue	\$893.00
28045	Excision, tumor, foot; deep, subfascial, intramuscular	\$1,224.00
28046	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot	\$1,505.00
28047	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; 3 cm or greater	\$2,057.00
28052	Arthrotomy with biopsy; metatarsophalangeal joint	\$933.00
28055	Neurectomy, intrinsic musculature of foot	\$1,261.00
28060	Fasciectomy, plantar fascia; partial (separate procedure)	\$1,305.00
28062	Fasciectomy, plantar fascia; radical (separate procedure)	\$1,025.00
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	\$1,655.00
28072	Synovectomy; metatarsophalangeal joint, each	\$933.00
28080	Excision, interdigital (Morton) neuroma, single, each	\$1,301.00
28086	Synovectomy, tendon sheath, foot; flexor	\$1,523.00
28088	Synovectomy, tendon sheath, foot; extensor	\$1,288.00
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	\$935.00
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	\$880.00
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	\$1,635.00
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	\$1,833.00
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	\$1,564.00
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	\$1,292.00
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	\$1,655.00
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	\$1,061.00
28110	Osteotomy, partial excision, 1st metatarsal head (bunionectomy) (separate procedure)	\$720.00
28111	Osteotomy, complete excision; 1st metatarsal head	\$1,741.00
28112	Osteotomy, complete excision; other metatarsal head (second, third or fourth)	\$914.00
28114	Osteotomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	\$2,603.00
28116	Osteotomy, excision of tarsal coalition	\$1,784.00
28118	Osteotomy, calcaneus;	\$1,482.00

Code	Description	Fee
28119	Osteotomy, calcaneus, for spur, with or without plantar fascial release	\$1,327.00
28120	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or bonying); talus or calcaneus	\$1,527.00
28122	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or bonying); tarsal or metatarsal bone, except talus or calcaneus	\$1,735.00
28124	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or bonying); phalanx of toe	\$1,192.00
28126	Resection, partial or complete, phalangeal base, each toe	\$1,137.00
28130	Talectomy (astraglectomy)	\$2,578.00
28140	Metatarsiectomy	\$1,723.00
28150	Phalangectomy, toe, each toe	\$1,000.00
28153	Resection, condyle(s), distal end of phalanx, each toe	\$985.00
28190	Removal of foreign body, foot; subcutaneous	\$629.00
28192	Removal of foreign body, foot; deep	\$1,221.00
28193	Removal of foreign body, foot; complicated	\$1,350.00
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	\$1,412.00
28206	Repair, tendon, extensor, foot; primary or secondary, each tendon	\$719.00
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	\$1,536.00
28220	Tenolysis, flexor, foot; single tendon	\$1,225.00
28222	Tenolysis, flexor, foot; multiple tendons	\$1,703.00
28225	Tenolysis, extensor, foot; single tendon	\$688.00
28226	Tenolysis, extensor, foot; multiple tendons	\$1,025.00
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	\$697.00
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	\$950.00
28234	Tenotomy, open, extensor, foot or toe, each tendon	\$620.00
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	\$1,841.00
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	\$1,420.00
28260	Capsulotomy, midfoot; medial release only (separate procedure)	\$2,181.00
28262	Capsulotomy, midfoot; extensive, including posterior talibital capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	\$3,510.00
28264	Capsulotomy, tarsal (eg, Heyman type procedure)	\$2,778.00
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	\$743.00
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	\$743.00
28280	Syndactylization, toes (eg, webbing or Keilman type procedure)	\$1,385.00
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	\$1,016.00
28288	Osteotomy, partial, excoectomy or conylectomy; metatarsal head, each metatarsal head	\$830.00
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint	\$1,831.00
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple excoectomy (eg, Silver type procedure)	\$1,454.00
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	\$1,875.00
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	\$1,755.00
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	\$2,218.00
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	\$743.00
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	\$2,133.00
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy	\$2,926.00
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	\$2,389.00
28300	Osteotomy, calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	\$2,155.00
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	\$1,890.00
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	\$2,057.00
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	\$1,341.00
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	\$1,359.00
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	\$1,209.00
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	\$1,259.00
28315	Sesamoidectomy, first toe (separate procedure)	\$1,243.00
28320	Repair, nonunion or malunion; tarsal bones	\$1,430.00
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	\$2,143.00
28404	Closed treatment of calcaneal fracture; without manipulation	\$700.00
28405	Closed treatment of calcaneal fracture; with manipulation	\$1,291.00
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	\$2,208.00
28415	Open treatment of calcaneal fracture, with or without internal or external fixation;	\$2,250.00
28420	Open treatment of calcaneal fracture, with or without internal or external fixation; with primary iliac or other autogenous bone graft (includes obtaining graft)	\$3,721.00
28430	Closed treatment of talus fracture; without manipulation	\$711.00
28435	Closed treatment of talus fracture; with manipulation	\$1,243.00
28445	Open treatment of talus fracture, with or without internal or external fixation	\$2,620.00
28446	Open osteotendal autograft, talus (includes obtaining graft(s))	\$2,950.00
28460	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	\$857.00
28465	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	\$842.00
28466	Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each	\$1,653.00
28470	Closed treatment of metatarsal fracture; without manipulation, each	\$611.00
28475	Closed treatment of metatarsal fracture; with manipulation, each	\$789.00
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	\$988.00
28485	Open treatment of metatarsal fracture, with or without internal or external fixation, each	\$1,374.00
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	\$365.00
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	\$449.00
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	\$1,311.00
28505	Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation	\$657.00
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	\$345.00
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	\$403.00
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each	\$1,265.00
28555	Open treatment of tarsal bone dislocation, with or without internal or external fixation	\$1,946.00
28575	Closed treatment of talonavicular joint dislocation; requiring anesthesia	\$876.00
28577	Percutaneous skeletal fixation of talonavicular joint dislocation, with manipulation	\$765.00
28585	Open treatment of talonavicular joint dislocation, with or without internal or external fixation	\$2,012.00
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	\$550.00
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	\$768.00
28615	Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation	\$1,954.00
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	\$257.00
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	\$500.00
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	\$517.00
28645	Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation	\$1,018.00
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	\$301.00
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	\$270.00
28675	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation	\$1,500.00
28705	Arthrodesis, pantalar	\$4,084.00
28715	Arthrodesis, triple	\$2,882.00
28725	Arthrodesis, subtalar	\$2,556.00
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	\$2,410.00
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	\$2,350.00
28737	Arthrodesis, with tendon transfer and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	\$1,819.00
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	\$1,469.00
28750	Arthrodesis, great toe; metatarsophalangeal joint	\$2,293.00
28755	Arthrodesis, great toe; interphalangeal joint	\$1,307.00
28765	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	\$1,665.00
28800	Amputation, foot, midtarsal (eg, Chopart type procedure)	\$1,950.00
28805	Amputation, foot, transmetatarsal	\$1,960.00
28810	Amputation, metatarsal, with toe, single	\$1,335.00
28820	Amputation, toe, metatarsophalangeal joint	\$1,417.00
28825	Amputation, toe, interphalangeal joint	\$689.00
28899	Tendon interposition arthroplasty tarsometatarsal joint	\$2,916.00
29044	Application of body cast, shoulder to hips; including one thigh	\$657.00
29065	Application, cast, shoulder to hand (long arm)	\$282.00
29075	Application, cast, elbow to finger (short arm)	\$243.00
29105	Application of long arm splint (shoulder to hand)	\$252.00
29125	Application of short arm splint (forearm to hand); static	\$190.00
29130	Application of finger splint; static	\$100.00
29200	Strapping; thorax	\$80.00
29240	Strapping; shoulder (eg, Velpeau)	\$82.00
29260	Strapping; elbow or wrist	\$98.00
29280	Strapping; hand or finger	\$75.00
29345	Application of long leg cast (thigh to toes);	\$385.00
29358	Application of long leg cast brace	\$750.00
29365	Application of cylinder cast (thigh to ankle)	\$400.00
29405	Application of short leg cast (below knee to toes);	\$315.00
29435	Application of castellar tendon bearing (PTB) cast	\$334.00
29445	Application of rigid total contact leg cast	\$445.00
29450	Application of clubfoot cast with molding or manipulation, long or short leg	\$443.00
29505	Application of long leg splint (thigh to ankle or toes)	\$219.00
29515	Application of short leg splint (calf to foot)	\$183.00
29530	Strapping; knee	\$130.00
29540	Strapping; ankle and/or foot	\$40.00
29550	Strapping; toes	\$80.00
29580	Strapping; Ulna boot	\$140.00
29705	Removal or bivalving; full arm or full leg cast	\$100.00
29720	Repair of spica, body cast or jacket	\$220.00
29730	Windowing of cast	\$192.00
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	\$1,437.00
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	\$3,750.00
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	\$3,900.00
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	\$3,900.00
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	\$2,800.00
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	\$3,800.00
29822	Arthroscopy, shoulder, surgical; debridement, limited	\$2,800.00
29823	Arthroscopy, shoulder, surgical; debridement, extensive	\$3,800.00
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	\$1,970.00
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	\$3,900.00
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoclavicular release	\$3,500.00
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$3,610.00
29828	Biceps Tenodesis	\$1,500.00
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	\$3,900.00
29836	Arthroscopy, elbow, surgical; synovectomy, complete	\$4,000.00
29837	Arthroscopy, elbow, surgical; debridement, limited	\$2,973.00
29838	Arthroscopy, elbow, surgical; debridement, extensive	\$3,798.00
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	\$1,704.00

Code	Description	Fee
29844	Arthroscopy, wrist, surgical, synovectomy, partial	\$3,500.00
29845	Arthroscopy, wrist, surgical, synovectomy, complete	\$3,700.00
29846	Arthroscopy, wrist, surgical, excision and/or repair of triangular fibrocartilage and/or joint debridement	\$3,800.00
29847	Arthroscopy, wrist, surgical, internal fixation for fracture or instability	\$2,972.00
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	\$1,450.00
29851	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)	\$3,352.00
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); uniconylar, with or without internal or external fixation (includes arthroscopy)	\$3,200.00
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); biconylar, with or without internal or external fixation (includes arthroscopy)	\$3,130.00
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	\$1,843.00
29861	Arthroscopy, hip, surgical, with removal of loose body or foreign body	\$4,700.00
29862	Arthroscopy, hip, surgical, with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	\$4,200.00
29863	Arthroscopy, hip, surgical, with synovectomy	\$4,500.00
29866	Arthroscopy, knee, surgical, osteochondral autografts (eg, mosaicplasty) (includes harvesting of the autograft)	\$4,500.00
29867	Arthroscopy, knee, surgical, osteochondral allograft (eg, mosaicplasty)	\$4,258.00
29868	Arthroscopy, knee, surgical, meniscal transplantation (includes arthroscopy for meniscal insertion), medial or lateral	\$3,900.00
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	\$1,400.00
29871	Arthroscopy, knee, surgical, for infection, lavage and drainage	\$2,500.00
29873	Arthroscopy, knee, surgical, with lateral release	\$2,200.00
29874	Arthroscopy, knee, surgical, for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	\$3,900.00
29875	Arthroscopy, knee, surgical, synovectomy, limited (eg, plica or shelf resection) (separate procedure)	\$3,000.00
29876	Arthroscopy, knee, surgical, synovectomy, major, two or more compartments (eg, medial or lateral)	\$3,600.00
29877	Arthroscopy, knee, surgical, debridement/shaving of articular cartilage (chondroplasty)	\$3,500.00
29879	Arthroscopy, knee, surgical, abrasion arthroplasty (includes chondroplasty when necessary) or multiple drilling or microfracture	\$3,600.00
29880	Arthroscopy, knee, surgical, with meniscectomy (medial AND lateral, including any meniscal shaving)	\$4,500.00
29881	Arthroscopy, knee, surgical, with meniscectomy (medial OR lateral, including any meniscal shaving)	\$3,500.00
29882	Arthroscopy, knee, surgical, with meniscus repair (medial OR lateral)	\$3,600.00
29883	Arthroscopy, knee, surgical, with meniscus repair (medial AND lateral)	\$3,550.00
29884	Arthroscopy, knee, surgical, with lysis of adhesions, with or without manipulation (separate procedure)	\$3,518.00
29885	Arthroscopy, knee, surgical, drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	\$3,718.00
29886	Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion	\$2,465.00
29887	Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion with internal fixation	\$3,518.00
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	\$5,800.00
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	\$5,856.00
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talar and/or tibia, including drilling of the defect	\$3,360.00
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	\$3,551.00
29894	Arthroscopy, ankle (bibiotalar and fibulotalar joints), surgical, with removal of loose body or foreign body	\$3,900.00
29895	Arthroscopy, ankle (bibiotalar and fibulotalar joints), surgical, synovectomy, partial	\$2,700.00
29897	Arthroscopy, ankle (bibiotalar and fibulotalar joints), surgical, debridement, limited	\$2,800.00
29898	Arthroscopy, ankle (bibiotalar and fibulotalar joints), surgical, debridement, extensive	\$3,900.00
29899	Arthroscopy, subtalar joint, surgical, with debridement	\$1,700.00
29914	Arthroscopy, hip, surgical, with femoroplasty (ie, treatment of cam lesion)	\$2,148.00
29915	Arthroscopy, hip, surgical, with acetabuloplasty (ie, treatment of pincer lesion)	\$2,225.00
29916	Arthroscopy, hip, surgical, with labral repair	\$2,225.00
29990	Arthroscopy	\$2,215.00
29999	Arthroscopy, shoulder microfracture	\$2,600.00
29999	Arthroscopic neuroplasty, major peripheral nerve of arm, brachial plexus	\$3,124.00
29999	Arthroscopy, osteoplasty distal humerus	\$3,439.00
29999	Arthroscopy, Thermal Capsulorrhaphy	\$1,532.00
29999	Arthroscopic treatment of greater humeral tuberosity fracture; includes internal fixation when performed	\$2,132.00
29999	Arthroscopic Core Decompression	\$3,050.00
29999	Arthroscopic Repair/Reconstruction Medial Collateral Ligament	\$4,388.00
29999	Arthroscopy Thermal Capsulorrhaphy	\$3,750.00
29999	Arthroscopic Repair Gluteus Medius Tear	\$3,426.00
29999	Arthroscopic Remplissage	\$4,365.00
29999	Arthroscopic Iliotibial Lengthening, Fasciotomy	\$1,266.00
29999	Arthroscopic Repair Scapular Fracture (Body, glenoid or acromion) including internal fixation	\$2,451.00
29999	Arthroscopic Subchondroplasty knee	\$2,877.00
29999	Arthroscopic Internal Fixation Greater Tuberosity Fracture	\$2,132.00
29999	Arthroscopic Microfracture Arthroplasty Wrist	\$3,429.00
29999	Arthroscopic Wedge Resection Distal Radius	\$1,593.00
29999	Arthroscopic Repair Lateral Retinaculum of Knee	\$2,922.00
29999	Arthroscopic Subacromioplasty for Decompression	\$3,335.00
29999	Arthroscopic Repair Greater Tuberosity with Internal Fixation	\$2,421.00
29999	Arthroscopic Excision Bone Cyst or Benign Lesion Proximal Humerus with Grafting	\$4,500.00
29999	Arthroscopic Tibial Ligament Shrinkage of the Wrist	\$3,603.00
62273	Injection, epidural, of blood or clot patch	\$545.00
62282	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous disectomy, percutaneous laser disectomy)	\$4,296.00
62290	Injection procedure for diskography, each level, lumbar	\$795.00
62310	Injection, single, with or without contrast, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, etc)	\$522.00
62311	Injection, single (not with 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, etc)	\$498.00
62318	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, etc)	\$600.00
62319	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, etc)	\$779.00
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic	\$533.00
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral	\$390.00
62350	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	\$2,228.00
62355	Removal of previously implanted intrathecal or epidural catheter	\$1,088.00
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	\$3,255.00
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	\$75.00
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	\$80.00
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (eg, spinal stenosis), one or two vertebral segments; thoracic	\$6,608.00
63004	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (eg, spinal stenosis), one or two vertebral segments; lumbar, except for spondylolysis	\$4,900.00
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (eg, spinal stenosis), one or two vertebral segments; sacral	\$4,800.00
63012	Laminectomy with removal of abnormal facets and/or pars interarticularis with decompression of cauda equina and nerve roots for spondylolysis, lumbar (Gill type procedure)	\$5,900.00
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (eg, spinal stenosis), more than 2 vertebral segments; cervical	\$7,514.00
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (eg, spinal stenosis), more than 2 vertebral segments; thoracic	\$6,800.00
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (eg, spinal stenosis), more than 2 vertebral segments; lumbar	\$5,988.00
63020	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of hemiated intervertebral disk; one interspace, cervical	\$4,900.00
63030	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of hemiated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach)	\$4,200.00
63035	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of hemiated intervertebral disk; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	\$1,300.00
63042	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of hemiated intervertebral disk; reexploration, single interspace; lumbar	\$6,500.00
63044	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of hemiated intervertebral disk; reexploration, single interspace; each additional lumbar interspace (List separately in additi	\$1,200.00
63045	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	\$5,700.00
63046	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	\$5,900.00
63047	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	\$4,400.00
63048	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 lu	\$1,100.00
63051	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior body elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-	\$6,771.00
63052	Laminectomy facetectomy or foraminotomy for decompression during posterior interbody arthrodesis, lumbar	\$2,873.00
63053	Add1 level, laminectomy or foraminotomy for decompression during posterior interbody arthrodesis, lumbar	\$650.00
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, hemiated intervertebral disk), single segment; thoracic	\$6,320.00
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, hemiated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral hemiated intervertebral disk)	\$4,941.00
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, hemiated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	\$1,217.00
63075	Disectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy, cervical, single interspace	\$5,825.00
63076	Disectomy, 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)	\$1,212.00
63077	Disectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace	\$4,900.00
63078	Disectomy, 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)	\$1,300.00
63081	Vertebral corporectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	\$7,090.00
63082	Vertebral corporectomy (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)	\$1,789.00
63085	Vertebral corporectomy (vertebral body resection), partial or complete, transforaminal approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	\$6,800.00
63086	Vertebral corporectomy (vertebral body resection), partial or complete, transforaminal approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	\$1,768.00
63087	Vertebral corporectomy (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	\$6,800.00
63088	Vertebral corporectomy (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	\$1,800.00
63090	Vertebral corporectomy (vertebral body resection), partial or complete, transpedicular or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s); lower thoracic, lumbar, or sacral; single segment	\$7,090.00
63091	Vertebral corporectomy, Add1 segment,partial or complete, transpedicular or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s); lower thoracic, lumbar, or sacral; each additional segment (List separately	\$1,768.00
63101	Vertebral corporectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); thoracic, single segment	\$6,273.00
63102	Vertebral corporectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); lumbar, single segment	\$5,378.00
63103	Add1 Level,Vertebral corporectomy, partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); thoracic or lumbar, each additional segment (List se	\$1,607.00
63650	Percutaneous implantation of neurostimulator electrode array, epidural	\$2,046.00
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	\$952.00
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	\$2,000.00
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	\$1,541.00
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	\$1,424.00
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	\$850.00
63686	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	\$3,700.00
63707	Repair of lumbar/cebrospinal fluid leak, not requiring laminectomy	\$5,500.00
63709	Repair of dural/cebrospinal fluid leak or pseudomeningocele, with laminectomy	\$7,000.00
63710	Dural graft, spinal	\$5,500.00
63743	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	\$5,825.00
63746	Removal of entire lumbar/subarachnoid shunt system without replacement	\$2,325.00
64405	Injection, anesthetic agent; greater occipital nerve	\$225.00
64420	Injection, anesthetic agent; intercostal nerve, single	\$450.00
64421	Injection, anesthetic agent; intercostal nerve, multiple, regional block	\$600.00
64450	Injection, anesthetic agent, other peripheral nerve or branch	\$207.00
64451	Injection SI joint, with image guidance (Fluoro or CT)	\$110.00
64454	Injection genicular nerve branches, including imaging when performed	\$500.00
64455	Injection(s), anesthetic agent and/or steroid, plantar cannon (digital nerve) (eg, Morton's neuroma)	\$250.00
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance cervical or thoracic, single level	\$745.00
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	\$347.00
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level	\$747.00
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	\$360.00
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT) cervical or thoracic, single level	\$695.00
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) 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)	\$286.00
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT) third and any additional level(s) (List separately in addition to code for primary procedure)	\$286.00
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT) lumbar or sacral; single level	\$631.00
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) 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)	\$745.00
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) 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 f	\$243.00
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	\$360.00
64520	Injection, anesthetic agent, lumbar or thoracic (paravertebral sympathetic)	\$480.00
64550	Application of surface (transcutaneous) neurostimulator	\$122.00

Code	Description	Fee
64612	Chemodestruction of muscle(s), muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	\$1,263.00
64624	Destruction neurolytic agent, genicular nerve branches includes imaging	\$700.00
64625	Radiofrequency St Joint with Image Guidance	\$600.00
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT), cervical or thoracic, single facet joint	\$800.00
64634	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)	\$500.00
64635	Destruction by neurolytic agent, paravertebral facet joint nerves with imaging guidance lumbar or sacral, single facet joint	\$845.00
64636	Destruction Neurolytic agent, paravertebral facet joint nerve(s) lumbar or sacral, each additional facet joint	\$415.00
64640	Destruction by neurolytic agent; other peripheral nerve or branch	\$500.00
64702	Neuroplasty, digital, one or both, same digit	\$852.00
64704	Neuroplasty, nerve of hand or foot	\$1,201.00
64708	Neuroplasty, major peripheral nerve, arm or leg; other than specified	\$1,817.00
64712	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve	\$2,337.00
64713	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus	\$2,840.00
64714	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus	\$1,851.00
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	\$2,181.00
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	\$1,580.00
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	\$1,331.00
64722	Decompression, unspecified nerve(s) (specify)	\$1,947.00
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	\$404.00
64772	Transection or avulsion of other spinal nerve, extradural	\$4,718.00
64774	Excision of neuroma, cutaneous nerve, surgically identifiable	\$1,126.00
64776	Excision of neuroma, digital nerve, one or both, same digit	\$2,184.00
64778	Excision of neuroma, digital nerve, each additional digit (List separately in addition to code for primary procedure)	\$405.00
64782	Excision of neuroma; hand or foot, except digital nerve	\$1,264.00
64784	Excision of neuroma, major peripheral nerve, except sciatic	\$2,067.00
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	\$1,200.00
64788	Excision of neuroma or neuroma-in-situ, cutaneous nerve	\$1,010.00
64831	Suture of digital nerve, hand or foot; one nerve	\$1,410.00
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	\$1,100.00
64834	Suture of one nerve, hand or foot; common sensory nerve	\$1,482.00
64835	Suture of one nerve, hand or foot; median motor thenar	\$1,761.00
64836	Suture of one nerve, hand or foot; ulnar motor	\$2,342.00
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	\$2,903.00
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	\$3,050.00
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	\$829.00
64874	Suture of nerve, requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	\$876.00
64905	Nerve pedicle transfer; first stage	\$2,355.00
64910	Nerve repair, with synthetic conduit or vein allograft (eg, nerve tube), each nerve	\$1,352.00
64912	Nerve repair, with nerve allograft, each nerve, first strand (cable)	\$1,227.00
64989	Ganglion Intra Block	\$500.00
64999	Spinal Hardware Block	\$747.00
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	\$703.00
70010	Myelography, posterior fossa, radiological supervision and interpretation	\$606.00
70100	Radiologic examination, mandible; partial, less than four views	\$99.00
70260	Radiologic examination, skull; complete, minimum of four views	\$100.00
71021	Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure	\$127.00
71045	Radiologic examination, chest; single view	\$85.00
71046	Radiologic examination, chest; 2 views	\$85.00
71100	Radiologic examination, ribs, unilateral; two views	\$101.00
71110	Radiologic examination, ribs, bilateral; three views	\$133.00
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views	\$216.00
71120	Radiologic examination, sternum; minimum of two views	\$109.00
71130	Radiologic examination; sternoclavicular joint or joints, minimum of three views	\$120.00
72020	Radiologic examination, spine, single view, specify level	\$74.00
72040	Radiologic examination, spine, cervical; two or three views	\$104.00
72050	Radiologic examination, spine, cervical; minimum of four views	\$159.00
72052	Radiologic examination, spine, cervical, complete, including oblique and flexion and/or extension studies	\$187.00
72070	Radiologic examination, spine; thoracic, two views	\$110.00
72080	Radiologic examination, spine; thoracolumbar, two views	\$112.00
72081	Radiologic Examination, spine; scoliosis exam, one view	\$97.00
72082	XRay Standing Scoliosis (2-3) Views	\$132.00
72100	Radiologic examination, spine, lumbosacral; two or three views	\$134.00
72110	Radiologic examination, spine, lumbosacral; minimum of four views	\$177.00
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material	\$1,520.00
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	\$1,658.00
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	\$1,639.00
72170	Radiologic examination, pelvis; one or two views	\$99.00
72190	Radiologic examination, pelvis; complete, minimum of three views	\$145.00
72196	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	\$1,484.00
72200	Radiologic examination, sacroiliac joints; less than three views	\$113.00
72202	Radiologic examination, sacroiliac joints; three or more views	\$126.00
72220	Radiologic examination, sacrum and coccyx; minimum of two views	\$105.00
73000	Radiologic examination, clavicle, complete	\$84.00
73010	Radiologic examination; scapula, complete	\$103.00
73020	Radiologic examination, shoulder; one view	\$85.00
73030	Radiologic examination, shoulder; complete, minimum of two views	\$105.00
73050	Radiologic examination, acromioclavicular joints, bilateral; with or without weighted distraction	\$109.00
73060	Radiologic examination; humerus, minimum of two views	\$103.00
73070	Radiologic examination, elbow; two views	\$99.00
73080	Radiologic examination, elbow; complete, minimum of three views	\$109.00
73090	Radiologic examination, forearm; two views	\$108.00
73100	Radiologic examination, wrist; two views	\$85.00
73110	Radiologic examination, wrist; complete, minimum of three views	\$107.00
73120	Radiologic examination, hand; two views	\$81.00
73130	Radiologic examination, hand; minimum of three views	\$101.00
73140	Radiologic examination, finger(s); minimum of two views	\$76.00
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	\$1,459.00
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	\$1,459.00
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity, with contrast material(s)	\$1,700.00
73501	XRay Hip wPelvis (1) View	\$99.00
73502	XRay Hip wPelvis (2-3) Views	\$125.00
73522	XRay Hips Bilateral 3-4 views wAP Pelvis	\$132.00
73551	Xray Femur (1) View	\$100.00
73552	XRay Femur (2) Views	\$105.00
73560	Radiologic examination, knee; one or two views	\$93.00
73562	Radiologic examination, knee; three views	\$104.00
73564	Radiologic examination, knee; complete, four or more views	\$126.00
73565	Radiologic examination, knee; both knees, standing, anteroposterior	\$167.00
73590	Radiologic examination, tibia and fibula, two views	\$101.00
73592	Radiologic examination; lower extremity, infant, minimum of two views	\$81.00
73600	Radiologic examination, ankle; two views	\$82.00
73610	Radiologic examination, ankle; complete, minimum of three views	\$107.00
73620	Radiologic examination, foot; two views	\$81.00
73630	Radiologic examination, foot; complete, minimum of three views	\$107.00
73650	Radiologic examination, calcaneus; minimum of two views	\$93.00
73660	Radiologic examination, toes(s); minimum of two views	\$74.00
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	\$1,459.00
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	\$1,459.00
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	\$1,700.00
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$1,459.00
74000	Radiologic examination, abdomen; single anteroposterior view	\$80.00
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	\$1,500.00
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	\$300.00
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	\$200.00
76942	Ultrasound guidance for needle placement (eg, biopsy, aspiration, injection, focalization device), imaging supervision and interpretation	\$300.00
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay), capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	\$30.00
95972	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements	\$150.00
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician	\$144.00
96372	Therapeutic, prophylactic, or diag injec; subcut or intramuscular	\$28.00
97012	Application of a modality to one or more areas; traction, mechanical	\$55.00
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	\$47.00
97016	Application of a modality to one or more areas; vasopneumatic devices	\$55.00
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$70.00
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$72.00
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	\$68.00
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$48.00
97161	PT EVAL Low Complex 20 min	\$165.00
97162	PT EVAL MOD COMPLEX 30 MIN	\$185.00
97163	PT EVAL HIGH COMPLEX 45 MIN	\$180.00
97164	PT RE-EVAL EST PLAN CARE	\$70.00
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An	\$165.00
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$74.00
99202	Office Visit New Level 2	\$84.00
99203	Office Visit New Level 3	\$124.00
99204	Office Visit New Level 4	\$181.00
99205	Office Visit New Level 5	\$228.00
99212	Office Visit Est Level 2	\$65.00
99213	Office Visit Est Level 3	\$88.00
99214	Office Visit Est Level 4	\$134.00
99215	Office Visit Est Level 5	\$191.00
99217	Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report	\$125.00
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward	\$150.00
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coord	\$175.00
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordina	\$263.00
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or	\$136.00
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordina	\$172.00
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination	\$225.00

Code	Description	Fee
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward	\$71.00
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity	\$62.00
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or	\$118.00
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examinat	\$226.00
99238	Hospital discharge day management; 30 minutes or less	\$119.00
99239	Hospital discharge day management; more than 30 minutes	\$135.00
99242	Office Service Cons Level 2	\$172.00
99243	Office / Out Pt Service Cons Level 3	\$200.00
99244	Office Service Cons Level 4	\$227.00
99245	Office Service Cons Level 5	\$297.00
99251	Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with	\$135.00
99252	Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordi	\$161.00
99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provid	\$187.00
99254	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care wi	\$250.00
99255	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with o	\$280.00
99282	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling a	\$88.00
99283	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counsel	\$108.00
99284	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care wi	\$172.00
99285	Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a compreh	\$252.00
99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List sepa	\$300.00
99355	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 mi	\$200.00
99358	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (List separately in addition to co	\$350.00
99359	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (List separately i	\$200.00
99361	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes	\$255.00
99366	Medical Team Conference face to face with patient and/or family 30 minutes or more	\$255.00
99367	Medical Team Conference patient and/or family not present 30 minutes or more	\$260.00
99368	Medical Team Conference for family not present 30min or more by non physician	\$150.00
99441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24	\$65.00
99442	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24	\$105.00
99443	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24	\$150.00
99453	RPM Device with daily recordings each 30 days	\$50.00
99454	RPM Device supply with daily recordings each 30 days	\$62.00
99455	Work related or medical disability examination by the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a di	\$300.00
99456	Work related or medical disability examination by the treating physician EACH additional half hour	\$85.00
99456	Work related or medical disability examination by other than the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulat	\$325.00
99457	RPM First 20 minutes	\$58.00
99458	RPM each additional 20 minutes	\$48.00
99499	Case Manager Conference less than 15 minutes	\$100.00
99499	Case Manager Conference 15 minutes or more	\$150.00
A4467	Lateral Stair (Breg)	\$70.00
A4467	Palumbo Knee Brace (Alimed)	\$80.00
A4467	Knee Sleeve-Neoprene (Breg)	\$25.00
A4467	Patella Tendon Strap (Breg)	\$25.00
A4467	Tennis Elbow Strap (Breg)	\$25.00
A4467	Qualcare Ankle Sleeve (Alimed)	\$25.00
A4467	Sport Knee Sleeve Open Pat. (DUO)	\$25.00
A4467	Surround Elbow, Univ (DUO)	\$25.00
A4467	Aiccast pneumatic Armid Tennis Elbow	\$25.00
A4467	ELASTIC ANKLE SUPPORT (DUO)	\$20.00
A4565	Sling EZ Wrap	\$15.00
A4570	Splint	\$20.00
A4570	Comfort Foam Finger Splint	\$10.00
A4570	Stack Splint	\$10.00
E0100	Cane Adjustable or Fixed with Tip Henry Schein	\$25.00
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	\$40.00
E0114	Aluminum Crutches Henry Schein	\$40.00
E0191	Elbow/Heel Protector Alimed	\$50.00
E0218	Water circulating cold pad with pump	\$115.00
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	\$6,500.00
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	\$6,500.00
E0960	Cervical Home Traction Over door	\$40.00
E0952	Toe loop/holder, any type, each Alimed	\$16.00
G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial i	\$50.00
G0180	Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial impi	\$66.00
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	\$25.00
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	\$1,842.00
G0372	Physician service required to establish and document the need for a power mobility device (use in addition to primary evaluation and management code)	\$25.00
J0702	Injection, betamethasone acetate and betamethasone sodium phosphate, 3 mg	\$13.00
J0897	Injection, denabrut, 1 mg	\$25.00
J1885	Injection, (TORADOL) ketorolac tromethamine, per 15 mg	\$22.00
J3301	Injection, triamcinolone acetonide, per 10 mg	\$15.00
J3304	Zinetta Injection, triamcinolone acetonide, preservative-free, extended-release, Microsphere formulation, 1 mg	\$22.00
J3310	Durolone, Hyaluron intra-articular injection, 1 mg	\$30.00
J3320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	\$25.00
J3321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	\$20.00
J3323	Hyaluronan or derivative, Euflexa, for intra-articular injection, per dose	\$320.00
J3324	Orthovisc, intra-articular injection, per dose	\$500.00
J3325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	\$34.00
J3325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	\$34.00
J3326	Gel-One	\$1,500.00
J3327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	\$950.00
J3328	Hyaluronan or derivative, gelys-3, for intra-articular injection, 0.1 mg	\$4.00
L0120	Universal Clinical Collar	\$62.00
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	\$150.00
L0172	Aspen Collar w/Trachea	\$175.00
L0220	Thoracic, fb belt, custom fabricated	\$50.00
L0464	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, res	\$1,875.00
L0621	Sacroiliac orthosis, flexible, provides pelvis-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	\$120.00
L0623	Sacroiliac orthosis, provides pelvis-sacral support, with rigid or semi-rigid panels over the sacrum and includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting a	\$100.00
L0625	Lumbar orthosis, sagittal control panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavity pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder	\$500.00
L0627	Aspen Quickdraw w/Ant Pann 627	\$520.00
L0630	Elastic Lumbar Support (Breg)	\$165.00
L0637	Aspen Summit 637	\$1,725.00
L0650	Aspen Summit L50 Off the Shelf	\$1,300.00
L1620	HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment	\$146.00
L1685	X-ACT ROM Hip Universal Brace (DUO) Off the Shelf	\$1,470.00
L1686	T-Scope Post Op Hip Brace Breg	\$1,100.00
L1810	PTO (Lateral Stabilizer) Breg	\$150.00
L1812	TRU-PULL LITE (lateral stabilizer, DJO, off the shelf)	\$150.00
L1812	Reaction Knee Brace (DUO)	\$150.00
L1832	T-Scope Post Op (Breg)	\$800.00
L1832	Stomacher (Breg)	\$800.00
L1832	Cool, X-ACT ROM LITE, POST OP KNEE BRACE (DUO)	\$800.00
L1832	Action HNGD Knee Wrap (DUO)	\$800.00
L1833	X-ACT ROM Post Op Knee Universal (DUO)	\$742.00
L1833	Drytex, Hinged Knee Wrap (DUO) off the shelf	\$742.00
L1836	KO, rigid, without joints), includes soft interface material, prefabricated, off the shelf	\$400.00
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	\$2,100.00
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	\$1,510.00
L1846	Fusion OTS Breg	\$1,510.00
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	\$1,510.00
L1846	Fusion XT Custom Breg	\$1,810.00
L1846	X2K Custom Breg	\$1,810.00
L1846	Defiance Custom ACL Brace (DUO)	\$1,500.00
L1851	Clima-Flex OA U Offloader (DUO) off the shelf	\$1,510.00
L1852	OA Assist Nano Medial Offloader off the Shelf (DUO)	\$1,510.00
L1852	DJO Renegade ACL Brace Off the Shelf	\$1,510.00
L1902	ASO/Ankle Sweetside Alimed	\$85.00
L1902	Stabilizing Ankle Support (DUO)	\$85.00
L1906	Ultra Ankle Gridiron Breg	\$150.00
L1906	Velocity ES, STD Ankle Brace (DUO)	\$150.00
L1930	Plantar Fasciitis Splint Bird & Cronin	\$230.00
L3903	Quickfit Wrist I, Univ (PRO-CARE) DJO	\$65.00
L3908	Comfort Form Wrist Pediatric	\$65.00
L3908	QUICK FIT WRIST & FOREARM UNIV (DUO) OFF THE SHELF	\$65.00
L3912	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment Alimed	\$85.00
L3913	HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$320.00
L3917	HO, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment Alimed 5113	\$125.00
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$320.00
L3921	HFO, includes one or more nonunion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	\$390.00
L3923	Santa Barbara Thumb Splint Hely Weber	\$90.00
L3923	Hand,lab Metagrip Thumb Splint	\$90.00
L3924	Santa Barbara Thumb Splint Hely Weber	\$90.00
L3924	Universal Thumb-O-Prene (DUO) Off the Shelf	\$90.00
L3924	Metagrip Thumb Splint	\$90.00
L4360	Kool Air Strump Breg	\$120.00
L4350	Kool Air Strump (DUO)	\$120.00
L4360	Surround Gel Ankle, ATH, 9" (DUO)	\$120.00
L4360	Air Walker Tall (Venure pneumatic walker) Breg	\$330.00
L4360	XCELTRAX AIR DUO	\$330.00
L4360	Air Walker Tall (Restorative Care of America, Inc)	\$330.00
L4361	XCELTRAX AIR (DUO) off the shelf	\$300.00
L4361	Mini Trax Pediatric (DUO) off the shelf	\$300.00
L4397	PPS STRETCH NIGHT SPLINT (B&O-OTS)	\$230.00
L4397	PLANTAR FASCITIS NIGHT SPLINT (DUO-OTS)	\$230.00
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass	\$30.00
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	\$8.00
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	\$18.00
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass	\$20.00

Code	Description	Fee
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	\$6.00
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	\$10.00
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass	\$25.00
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass	\$18.00
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	\$9.00
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	\$8.00
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	\$15.00
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	\$5.00
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	\$8.00
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass	\$70.00
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	\$35.00
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass	\$40.00
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	\$20.00
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass	\$31.00
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	\$16.00
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	\$17.00
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	\$9.00
Q4049	Finger splint, static Bird & Cronin	\$10.00
Q4049	Plastic Finger Splint (DUO)	\$10.00
SCHOOL	SCHOOL PHYSICAL	\$45.00