

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 01        | 11404          | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 T | \$340 | 75%         | \$255    |
| 01        | 11444          | EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES | \$340 | 75%         | \$255    |
| 01        | 11971          | REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS  | \$340 | 75%         | \$255    |
| 01        | 12020          | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE  | \$340 | 75%         | \$255    |
| 01        | 12021          | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING  | \$340 | 75%         | \$255    |
| 01        | 15111          | EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA | \$340 | 75%         | \$255    |
| 01        | 15116          | EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/ OR MULTIPLE | \$340 | 75%         | \$255    |
| 01        | 15131          | DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF | \$340 | 75%         | \$255    |
| 01        | 15136          | DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIG | \$340 | 75%         | \$255    |
| 01        | 15151          | TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ CM                         | \$340 | 75%         | \$255    |
| 01        | 15152          | TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERC | \$340 | 75%         | \$255    |
| 01        | 15156          | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,  | \$340 | 75%         | \$255    |
| 01        | 15157          | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,  | \$340 | 75%         | \$255    |
| 01        | 15301          | ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL   | \$340 | 75%         | \$255    |
| 01        | 15321          | ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, | \$340 | 75%         | \$255    |
| 01        | 15331          | ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF    | \$340 | 75%         | \$255    |
| 01        | 15336          | ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MU | \$340 | 75%         | \$255    |
| 01        | 15421          | XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITAL | \$340 | 75%         | \$255    |
| 01        | 15430          | ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN      | \$340 | 75%         | \$255    |
| 01        | 15431          | ACELLULAR XENOGRAFT IMPLANT; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA            | \$340 | 75%         | \$255    |

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| 01        | 16030          | DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)   | \$340 | 75%         | \$255    |
| 01        | 19100          | BIOPSY OF BREAST; NEEDLE (SEPARATE PROCEDURE)  | \$340 | 75%         | \$255    |
| 01        | 19290          | PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST;  | \$340 | 75%         | \$255    |
| 01        | 19291          | PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL LESION                             | \$340 | 75%         | \$255    |
| 01        | 19328          | REMOVAL OF INTACT MAMMARY IMPLANT  | \$340 | 75%         | \$255    |
| 01        | 19330          | REMOVAL OF MAMMARY IMPLANT MATERIAL  | \$340 | 75%         | \$255    |
| 01        | 20206          | BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE  | \$340 | 75%         | \$255    |
| 01        | 20220          | BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)                        | \$340 | 75%         | \$255    |
| 01        | 20665          | REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN  | \$340 | 75%         | \$255    |
| 01        | 20670          | REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)                            | \$340 | 75%         | \$255    |
| 01        | 20694          | REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM   | \$340 | 75%         | \$255    |
| 01        | 21295          | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH | \$340 | 75%         | \$255    |
| 01        | 21296          | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH | \$340 | 75%         | \$255    |
| 01        | 21480          | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT                                       | \$340 | 75%         | \$255    |
| 01        | 21550          | BIOPSY, SOFT TISSUE OF NECK OR THORAX  | \$340 | 75%         | \$255    |
| 01        | 21800          | CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH  | \$340 | 75%         | \$255    |
| 01        | 21820          | CLOSED TREATMENT OF STERNUM FRACTURE   | \$340 | 75%         | \$255    |
| 01        | 21920          | BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL  | \$340 | 75%         | \$255    |
| 01        | 22305          | CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)  | \$340 | 75%         | \$255    |
| 01        | 22310          | CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING          | \$340 | 75%         | \$255    |
| 01        | 23030          | INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA   | \$340 | 75%         | \$255    |
| 01        | 23065          | BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL  | \$340 | 75%         | \$255    |
| 01        | 23330          | REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS  | \$340 | 75%         | \$255    |
| 01        | 23331          | REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL)                                    | \$340 | 75%         | \$255    |
| 01        | 23500          | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 23505          | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION   | \$340 | 75%         | \$255    |
| 01        | 23520          | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION   | \$340 | 75%         | \$255    |
| 01        | 23525          | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 23540          | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 23545          | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION   | \$340 | 75%         | \$255    |
| 01        | 23570          | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION  | \$340 | 75%         | \$255    |

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| 01        | 23575          | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT S | \$340 | 75%         | \$255    |
| 01        | 23600          | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION              | \$340 | 75%         | \$255    |
| 01        | 23620          | CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 23650          | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA                                | \$340 | 75%         | \$255    |
| 01        | 23655          | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA                              | \$340 | 75%         | \$255    |
| 01        | 23700          | MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUD | \$340 | 75%         | \$255    |
| 01        | 23930          | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA                                       | \$340 | 75%         | \$255    |
| 01        | 24065          | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL  | \$340 | 75%         | \$255    |
| 01        | 24100          | ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY  | \$340 | 75%         | \$255    |
| 01        | 24500          | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION   | \$340 | 75%         | \$255    |
| 01        | 24505          | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION               | \$340 | 75%         | \$255    |
| 01        | 24530          | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION;  | \$340 | 75%         | \$255    |
| 01        | 24535          | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION;  | \$340 | 75%         | \$255    |
| 01        | 24560          | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION                      | \$340 | 75%         | \$255    |
| 01        | 24576          | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT                                      | \$340 | 75%         | \$255    |
| 01        | 24577          | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION                            | \$340 | 75%         | \$255    |
| 01        | 24581          | TREATMENT OF CLOSED COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PROXIMAL ULNA AND/OR PROXIMAL RA | \$340 | 75%         | \$255    |
| 01        | 24600          | TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA  | \$340 | 75%         | \$255    |
| 01        | 24655          | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 24670          | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION                     | \$340 | 75%         | \$255    |
| 01        | 24675          | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION                        | \$340 | 75%         | \$255    |
| 01        | 25028          | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA  | \$340 | 75%         | \$255    |
| 01        | 25065          | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL   | \$340 | 75%         | \$255    |
| 01        | 25250          | REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)  | \$340 | 75%         | \$255    |
| 01        | 25251          | REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"  | \$340 | 75%         | \$255    |
| 01        | 25505          | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION   | \$340 | 75%         | \$255    |

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| 01        | 25520          | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI FRACTURE/DISL | \$340 | 75%         | \$255    |
| 01        | 25535          | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 25635          | CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE | \$340 | 75%         | \$255    |
| 01        | 25660          | CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION               | \$340 | 75%         | \$255    |
| 01        | 25671          | PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION  | \$340 | 75%         | \$255    |
| 01        | 25675          | CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 25690          | CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 26011          | DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)  | \$340 | 75%         | \$255    |
| 01        | 26025          | DRAINAGE OF PALMAR BURSA; SINGLE, BURSA  | \$340 | 75%         | \$255    |
| 01        | 26105          | ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH  | \$340 | 75%         | \$255    |
| 01        | 26110          | ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH  | \$340 | 75%         | \$255    |
| 01        | 26350          | REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY OR SECONDARY WITHOUT FREE   | \$340 | 75%         | \$255    |
| 01        | 26476          | LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON   | \$340 | 75%         | \$255    |
| 01        | 26477          | SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON  | \$340 | 75%         | \$255    |
| 01        | 26478          | LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON   | \$340 | 75%         | \$255    |
| 01        | 26479          | SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON  | \$340 | 75%         | \$255    |
| 01        | 26516          | CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT  | \$340 | 75%         | \$255    |
| 01        | 26645          | CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION          | \$340 | 75%         | \$255    |
| 01        | 26990          | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA                                      | \$340 | 75%         | \$255    |
| 01        | 26991          | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA  | \$340 | 75%         | \$255    |
| 01        | 27040          | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL  | \$340 | 75%         | \$255    |
| 01        | 27086          | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE  | \$340 | 75%         | \$255    |
| 01        | 27193          | CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITHOUT MANIPULATION          | \$340 | 75%         | \$255    |
| 01        | 27230          | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION                                 | \$340 | 75%         | \$255    |
| 01        | 27238          | CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULAT | \$340 | 75%         | \$255    |
| 01        | 27246          | CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 27250          | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA   | \$340 | 75%         | \$255    |
| 01        | 27265          | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA                                      | \$340 | 75%         | \$255    |
| 01        | 27323          | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL   | \$340 | 75%         | \$255    |

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| 01        | 27324          | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)                                   | \$340 | 75%         | \$255    |
| 01        | 27380          | SUTURE OF INFRAPATELLAR TENDON; PRIMARY   | \$340 | 75%         | \$255    |
| 01        | 27390          | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON   | \$340 | 75%         | \$255    |
| 01        | 27500          | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 27508          | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION               | \$340 | 75%         | \$255    |
| 01        | 27510          | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION                  | \$340 | 75%         | \$255    |
| 01        | 27516          | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION                                  | \$340 | 75%         | \$255    |
| 01        | 27517          | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL   | \$340 | 75%         | \$255    |
| 01        | 27520          | CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION   | \$340 | 75%         | \$255    |
| 01        | 27530          | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION                                   | \$340 | 75%         | \$255    |
| 01        | 27532          | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION   | \$340 | 75%         | \$255    |
| 01        | 27538          | CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 27550          | CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA  | \$340 | 75%         | \$255    |
| 01        | 27552          | CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA  | \$340 | 75%         | \$255    |
| 01        | 27560          | CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA  | \$340 | 75%         | \$255    |
| 01        | 27562          | CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA  | \$340 | 75%         | \$255    |
| 01        | 27570          | MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICE) | \$340 | 75%         | \$255    |
| 01        | 27605          | TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA                                  | \$340 | 75%         | \$255    |
| 01        | 27606          | TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA                                | \$340 | 75%         | \$255    |
| 01        | 27613          | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL   | \$340 | 75%         | \$255    |
| 01        | 27658          | REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH                                  | \$340 | 75%         | \$255    |
| 01        | 27750          | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION              | \$340 | 75%         | \$255    |
| 01        | 27752          | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHO  | \$340 | 75%         | \$255    |
| 01        | 27760          | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION   | \$340 | 75%         | \$255    |
| 01        | 27762          | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION     | \$340 | 75%         | \$255    |
| 01        | 27780          | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION                                     | \$340 | 75%         | \$255    |
| 01        | 27781          | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION  | \$340 | 75%         | \$255    |

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| 01        | 27786          | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION                          | \$340 | 75%         | \$255    |
| 01        | 27788          | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION                             | \$340 | 75%         | \$255    |
| 01        | 27808          | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT                                     | \$340 | 75%         | \$255    |
| 01        | 27810          | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION                           | \$340 | 75%         | \$255    |
| 01        | 27816          | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION  | \$340 | 75%         | \$255    |
| 01        | 27818          | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION   | \$340 | 75%         | \$255    |
| 01        | 27824          | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND) | \$340 | 75%         | \$255    |
| 01        | 27830          | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA                                | \$340 | 75%         | \$255    |
| 01        | 27831          | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA                              | \$340 | 75%         | \$255    |
| 01        | 27840          | CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA  | \$340 | 75%         | \$255    |
| 01        | 27842          | CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION    | \$340 | 75%         | \$255    |
| 01        | 27860          | MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)  | \$340 | 75%         | \$255    |
| 01        | 28222          | TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)  | \$340 | 75%         | \$255    |
| 01        | 28225          | TENOLYSIS, EXTENSOR, FOOT; SINGLE  | \$340 | 75%         | \$255    |
| 01        | 28226          | TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)  | \$340 | 75%         | \$255    |
| 01        | 28264          | CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)   | \$340 | 75%         | \$255    |
| 01        | 28400          | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION   | \$340 | 75%         | \$255    |
| 01        | 28545          | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING                                  | \$340 | 75%         | \$255    |
| 01        | 28575          | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA   | \$340 | 75%         | \$255    |
| 01        | 28605          | CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA                                    | \$340 | 75%         | \$255    |
| 01        | 28635          | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA                                | \$340 | 75%         | \$255    |
| 01        | 28665          | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA                                    | \$340 | 75%         | \$255    |
| 01        | 30120          | EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA  | \$340 | 75%         | \$255    |
| 01        | 30124          | EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS  | \$340 | 75%         | \$255    |
| 01        | 30310          | REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA   | \$340 | 75%         | \$255    |
| 01        | 30801          | ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (EG, ELECTROCAUTERY         | \$340 | 75%         | \$255    |
| 01        | 30802          | ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (EG; ELECTROCAUTERY, RADIO  | \$340 | 75%         | \$255    |
| 01        | 30903          | CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD                      | \$340 | 75%         | \$255    |
| 01        | 30905          | CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL      | \$340 | 75%         | \$255    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 01        | 30906          | CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; SUBSEQUENT   | \$340 | 75%         | \$255    |
| 01        | 31235          | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY  | \$340 | 75%         | \$255    |
| 01        | 31238          | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH CONTROL OF EPISTAXIS   | \$340 | 75%         | \$255    |
| 01        | 31270          | SPHENOID ENDOSCOPY, DIAGNOSTIC, WITH OR WITHOUT BIOPSY (SEPARATE PROCEDURE)                                    | \$340 | 75%         | \$255    |
| 01        | 31515          | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION  | \$340 | 75%         | \$255    |
| 01        | 31525          | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN                                  | \$340 | 75%         | \$255    |
| 01        | 31527          | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR                                 | \$340 | 75%         | \$255    |
| 01        | 31585          | TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITHOUT MANIPULATION   | \$340 | 75%         | \$255    |
| 01        | 31612          | TRACHEAL PUNCTURE, PERCUTANEOUS FOR ASPIRATION OF MUCUS (TRANSTRACHEAL ASPIRATION)                             | \$340 | 75%         | \$255    |
| 01        | 31615          | TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION  | \$340 | 75%         | \$255    |
| 01        | 31622          | BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING | \$340 | 75%         | \$255    |
| 01        | 31645          | BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION   | \$340 | 75%         | \$255    |
| 01        | 31646          | BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION   | \$340 | 75%         | \$255    |
| 01        | 31656          | BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH INJECTION OF CONTRAST    | \$340 | 75%         | \$255    |
| 01        | 31659          | BRONCHOSCOPY; WITH OTHER BRONCHOSCOPIC PROCEDURES  | \$340 | 75%         | \$255    |
| 01        | 31700          | CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE)   | \$340 | 75%         | \$255    |
| 01        | 31710          | CATHETERIZATION FOR BRONCHOGRAPHY, WITH OR WITHOUT INSTILLATION OF CONTRAST MATERIAL                           | \$340 | 75%         | \$255    |
| 01        | 31715          | TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY  | \$340 | 75%         | \$255    |
| 01        | 31717          | CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY  | \$340 | 75%         | \$255    |
| 01        | 31720          | CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEOBRONCHIAL   | \$340 | 75%         | \$255    |
| 01        | 31730          | TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWELLING TUBE FOR OXYGEN THERAPY  | \$340 | 75%         | \$255    |
| 01        | 31820          | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR   | \$340 | 75%         | \$255    |
| 01        | 32000          | THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT                                | \$340 | 75%         | \$255    |
| 01        | 32400          | BIOPSY, PLEURA; PERCUTANEOUS NEEDLE  | \$340 | 75%         | \$255    |
| 01        | 32405          | BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE   | \$340 | 75%         | \$255    |
| 01        | 32420          | PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION  | \$340 | 75%         | \$255    |
| 01        | 36262          | REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP  | \$340 | 75%         | \$255    |
| 01        | 36488          | PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HY | \$340 | 75%         | \$255    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 01        | 36489          | PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HY | \$340 | 75%         | \$255    |
| 01        | 36490          | PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HY | \$340 | 75%         | \$255    |
| 01        | 36491          | PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HY | \$340 | 75%         | \$255    |
| 01        | 36532          | REMOVAL OF IMPLANTABLE INTRAVENOUS INFUSION PUMP   | \$340 | 75%         | \$255    |
| 01        | 36535          | REMOVAL OF IMPLANTABLE VENOUS ACCESS DEVICE, AND/OR SUBCUTANEOUS RESERVOIR                                     | \$340 | 75%         | \$255    |
| 01        | 36589          | REMOVAL OF TUNNELED CENTRAL VENOUS CATHERER. WITHOUT SUBCUTANEOUS PORT OR PUMP                                 | \$340 | 75%         | \$255    |
| 01        | 36590          | REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL        | \$340 | 75%         | \$255    |
| 01        | 36640          | ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN                                | \$340 | 75%         | \$255    |
| 01        | 38300          | DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE  | \$340 | 75%         | \$255    |
| 01        | 38505          | BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)                 | \$340 | 75%         | \$255    |
| 01        | 38790          | INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY   | \$340 | 75%         | \$255    |
| 01        | 40806          | INCISION OF LABIAL FRENUM (FRENOTOMY)  | \$340 | 75%         | \$255    |
| 01        | 40818          | EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT  | \$340 | 75%         | \$255    |
| 01        | 40819          | EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)                                  | \$340 | 75%         | \$255    |
| 01        | 40820          | DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)   | \$340 | 75%         | \$255    |
| 01        | 40831          | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX  | \$340 | 75%         | \$255    |
| 01        | 41000          | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL             | \$340 | 75%         | \$255    |
| 01        | 41005          | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFI | \$340 | 75%         | \$255    |
| 01        | 41006          | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, S | \$340 | 75%         | \$255    |
| 01        | 41007          | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE     | \$340 | 75%         | \$255    |
| 01        | 41008          | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE | \$340 | 75%         | \$255    |
| 01        | 41009          | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE    | \$340 | 75%         | \$255    |
| 01        | 41010          | INCISION OF LINGUAL FRENUM (FRENOTOMY)   | \$340 | 75%         | \$255    |
| 01        | 41015          | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL                    | \$340 | 75%         | \$255    |



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|-----------|----------------|--|-------|-------------|----------|
| 01        | 41016          | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL                     | \$340 | 75%         | \$255    |
| 01        | 41017          | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR                 | \$340 | 75%         | \$255    |
| 01        | 41018          | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE              | \$340 | 75%         | \$255    |
| 01        | 41110          | EXCISION OF LESION OF TONGUE WITHOUT CLOSURE   | \$340 | 75%         | \$255    |
| 01        | 41115          | EXCISION OF LINGUAL FRENUM (FRENECTOMY)  | \$340 | 75%         | \$255    |
| 01        | 41116          | EXCISION, LESION OF FLOOR OF MOUTH   | \$340 | 75%         | \$255    |
| 01        | 41500          | FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)   | \$340 | 75%         | \$255    |
| 01        | 41510          | SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)  | \$340 | 75%         | \$255    |
| 01        | 41800          | DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES  | \$340 | 75%         | \$255    |
| 01        | 41805          | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES                                   | \$340 | 75%         | \$255    |
| 01        | 41806          | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE   | \$340 | 75%         | \$255    |
| 01        | 41899          | UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES   | \$340 | 75%         | \$255    |
| 01        | 42160          | DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)   | \$340 | 75%         | \$255    |
| 01        | 42180          | REPAIR, LACERATION OF PALATE; UP TO 2 CM   | \$340 | 75%         | \$255    |
| 01        | 42300          | DRAINAGE OF ABSCESS; PAROTID, SIMPLE   | \$340 | 75%         | \$255    |
| 01        | 42310          | DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL   | \$340 | 75%         | \$255    |
| 01        | 42320          | DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL  | \$340 | 75%         | \$255    |
| 01        | 42600          | CLOSURE SALIVARY FISTULA   | \$340 | 75%         | \$255    |
| 01        | 42700          | INCISION AND DRAINAGE ABSCESS; PERITONSILLAR   | \$340 | 75%         | \$255    |
| 01        | 42720          | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH                           | \$340 | 75%         | \$255    |
| 01        | 42802          | BIOPSY; HYPOPHARYNX  | \$340 | 75%         | \$255    |
| 01        | 42804          | BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE  | \$340 | 75%         | \$255    |
| 01        | 42900          | SUTURE PHARYNX FOR WOUND OR INJURY   | \$340 | 75%         | \$255    |
| 01        | 42960          | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY);                                | \$340 | 75%         | \$255    |
| 01        | 43200          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); DIAGNOSTIC PROCEDURE                                    | \$340 | 75%         | \$255    |
| 01        | 43201          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE                         | \$340 | 75%         | \$255    |
| 01        | 43202          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR | \$340 | 75%         | \$255    |
| 01        | 43204          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INJECTION SCLEROSIS OF ESOPHAGEAL VARICES           | \$340 | 75%         | \$255    |
| 01        | 43205          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES                                     | \$340 | 75%         | \$255    |
| 01        | 43215          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF FOREIGN BODY                             | \$340 | 75%         | \$255    |

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|-----------|----------------|--|-------|-------------|----------|
| 01        | 43216          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYPS(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEP | \$340 | 75%         | \$255    |
| 01        | 43217          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF POLYPOID LESION(S)                       | \$340 | 75%         | \$255    |
| 01        | 43219          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INSERTION OF PLASTIC TUBE OR STENT                  | \$340 | 75%         | \$255    |
| 01        | 43220          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR DILATION, DIRECT, ANY METHOD                        | \$340 | 75%         | \$255    |
| 01        | 43226          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INSERTION OF WIRE TO GUIDE                          | \$340 | 75%         | \$255    |
| 01        | 43234          | UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION (EG, WITH SMALL DIAMETER FLEXIBLE FIBERSCOPE)     | \$340 | 75%         | \$255    |
| 01        | 43235          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$340 | 75%         | \$255    |
| 01        | 43450          | DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; INITIAL SESSION                 | \$340 | 75%         | \$255    |
| 01        | 43451          | DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; SUBSEQUENT SESSION              | \$340 | 75%         | \$255    |
| 01        | 43453          | DILATION OF ESOPHAGUS, OVER GUIDE WIRE OR STRING   | \$340 | 75%         | \$255    |
| 01        | 43600          | BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)   | \$340 | 75%         | \$255    |
| 01        | 43760          | CHANGE OF GASTROSTOMY TUBE   | \$340 | 75%         | \$255    |
| 01        | 43870          | CLOSURE OF GASTROSTOMY, SURGICAL   | \$340 | 75%         | \$255    |
| 01        | 44100          | BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)  | \$340 | 75%         | \$255    |
| 01        | 44312          | REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)                               | \$340 | 75%         | \$255    |
| 01        | 44380          | FIBEROPTIC ILEOSCOPY THROUGH STOMA;  | \$340 | 75%         | \$255    |
| 01        | 44382          | FIBEROPTIC ILEOSCOPY THROUGH STOMA; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING           | \$340 | 75%         | \$255    |
| 01        | 44385          | FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH;  | \$340 | 75%         | \$255    |
| 01        | 44386          | FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY | \$340 | 75%         | \$255    |
| 01        | 44388          | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY;  | \$340 | 75%         | \$255    |
| 01        | 44389          | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING     | \$340 | 75%         | \$255    |
| 01        | 44390          | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF FOREIGN BODY   | \$340 | 75%         | \$255    |
| 01        | 44391          | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGU | \$340 | 75%         | \$255    |
| 01        | 44392          | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF POLYPOID LESION(S)                                   | \$340 | 75%         | \$255    |
| 01        | 44393          | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH ABLATION OF TUMOR OR MUCOSAL LESION (EG, LASER, HOT BIOPSY/FULG | \$340 | 75%         | \$255    |

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|-----------|----------------|---|-------|-------------|----------|
| 01        | 44394          | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY SNARE TECHNIQUE                          | \$340 | 75%         | \$255    |
| 01        | 45000          | TRANSRECTAL DRAINAGE OF PELVIC ABSCESS  | \$340 | 75%         | \$255    |
| 01        | 45100          | BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)  | \$340 | 75%         | \$255    |
| 01        | 45305          | PROCTOSIGMOIDOSCOPY; WITH BIOPSY  | \$340 | 75%         | \$255    |
| 01        | 45307          | PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF FOREIGN BODY   | \$340 | 75%         | \$255    |
| 01        | 45308          | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPO          | \$340 | 75%         | \$255    |
| 01        | 45309          | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE                     | \$340 | 75%         | \$255    |
| 01        | 45310          | PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF POLYP OR PAPILOMA  | \$340 | 75%         | \$255    |
| 01        | 45315          | PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF MULTIPLE EXCRESCENCES, PAPILOMATA OR POLYPS  | \$340 | 75%         | \$255    |
| 01        | 45317          | PROCTOSIGMOIDOSCOPY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION)                        | \$340 | 75%         | \$255    |
| 01        | 45320          | PROCTOSIGMOIDOSCOPY; WITH ABLATION OF TUMOR (EG, ELECTROCOAGULATION, PHOTOCOAGULATION, HOT BIOPSY/FULGURATION)          | \$340 | 75%         | \$255    |
| 01        | 45321          | PROCTOSIGMOIDOSCOPY; WITH DECOMPRESSION OF VOLVULUS   | \$340 | 75%         | \$255    |
| 01        | 45330          | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC  | \$340 | 75%         | \$255    |
| 01        | 45331          | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING                    | \$340 | 75%         | \$255    |
| 01        | 45332          | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY  | \$340 | 75%         | \$255    |
| 01        | 45333          | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF POLYPOID LESION(S)  | \$340 | 75%         | \$255    |
| 01        | 45334          | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION)         | \$340 | 75%         | \$255    |
| 01        | 45335          | SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE   | \$340 | 75%         | \$255    |
| 01        | 45336          | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH ABLATION OF TUMOR OR MUCOSAL LESION (EG, ELECTROCOAGULATION, PHOTOCOAGULATION) | \$340 | 75%         | \$255    |
| 01        | 45337          | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH DECOMPRESSION OF VOLVULUS  | \$340 | 75%         | \$255    |
| 01        | 45338          | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMORS, POLYPS OR OTHER LESIONS BY SNARE TECHNIQUE                             | \$340 | 75%         | \$255    |
| 01        | 45339          | SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMORS, POLYPS, OR OTHER LESION NOT AMENABLE TO REMOVAL BY HOT BIOPSY         | \$340 | 75%         | \$255    |
| 01        | 45340          | SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES   | \$340 | 75%         | \$255    |
| 01        | 45355          | COLONOSCOPY, WITH STANDARD SIGMOIDOSCOPE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE                               | \$340 | 75%         | \$255    |

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|-----------|----------------|--|-------|-------------|----------|
| 01        | 45387          | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDING PREDILATIO | \$340 | 75%         | \$255    |
| 01        | 45900          | REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA   | \$340 | 75%         | \$255    |
| 01        | 45905          | DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL                              | \$340 | 75%         | \$255    |
| 01        | 45910          | DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL                            | \$340 | 75%         | \$255    |
| 01        | 45915          | REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA                               | \$340 | 75%         | \$255    |
| 01        | 46030          | REMOVAL OF ANAL SETON, OTHER MARKER  | \$340 | 75%         | \$255    |
| 01        | 46050          | INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL   | \$340 | 75%         | \$255    |
| 01        | 46220          | PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)  | \$340 | 75%         | \$255    |
| 01        | 46285          | FISTULECTOMY; SECOND STAGE   | \$340 | 75%         | \$255    |
| 01        | 46608          | ANOSCOPY; FOR REMOVAL OF FOREIGN BODY  | \$340 | 75%         | \$255    |
| 01        | 46610          | ANOSCOPY; FOR REMOVAL OF POLYP   | \$340 | 75%         | \$255    |
| 01        | 46611          | ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE                              | \$340 | 75%         | \$255    |
| 01        | 46612          | ANOSCOPY; FOR MULTIPLE POLYP REMOVAL   | \$340 | 75%         | \$255    |
| 01        | 46917          | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LA  | \$340 | 75%         | \$255    |
| 01        | 46922          | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SU  | \$340 | 75%         | \$255    |
| 01        | 46924          | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE,  | \$340 | 75%         | \$255    |
| 01        | 47000          | BIOPSY OF LIVER, PERCUTANEOUS NEEDLE;  | \$340 | 75%         | \$255    |
| 01        | 47525          | CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER   | \$340 | 75%         | \$255    |
| 01        | 47530          | REVISION AND/OR REINSERTION OF TRANSHEPATIC T-TUBE   | \$340 | 75%         | \$255    |
| 01        | 48102          | BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE  | \$340 | 75%         | \$255    |
| 01        | 49180          | BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE   | \$340 | 75%         | \$255    |
| 01        | 49400          | PNEUMOPERITONEUM (SEPARATE PROCEDURE); INITIAL   | \$340 | 75%         | \$255    |
| 01        | 49401          | PNEUMOPERITONEUM (SEPARATE PROCEDURE); SUBSEQUENT  | \$340 | 75%         | \$255    |
| 01        | 49420          | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPORARY                           | \$340 | 75%         | \$255    |
| 01        | 49421          | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT                           | \$340 | 75%         | \$255    |
| 01        | 49422          | REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER   | \$340 | 75%         | \$255    |
| 01        | 50200          | RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE  | \$340 | 75%         | \$255    |
| 01        | 50390          | ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS                                    | \$340 | 75%         | \$255    |
| 01        | 50392          | INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS        | \$340 | 75%         | \$255    |
| 01        | 50393          | INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER | \$340 | 75%         | \$255    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 01        | 50395          | INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEO | \$340 | 75%         | \$255    |
| 01        | 50396          | MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER                     | \$340 | 75%         | \$255    |
| 01        | 50398          | CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE   | \$340 | 75%         | \$255    |
| 01        | 50520          | CLOSURE OF NEPHROCUTANEOUS OR PYELOUTANEOUS FISTULA  | \$340 | 75%         | \$255    |
| 01        | 50551          | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR | \$340 | 75%         | \$255    |
| 01        | 50553          | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR | \$340 | 75%         | \$255    |
| 01        | 50555          | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR | \$340 | 75%         | \$255    |
| 01        | 50557          | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR | \$340 | 75%         | \$255    |
| 01        | 50559          | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR | \$340 | 75%         | \$255    |
| 01        | 50561          | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR | \$340 | 75%         | \$255    |
| 01        | 50570          | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP | \$340 | 75%         | \$255    |
| 01        | 50572          | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP | \$340 | 75%         | \$255    |
| 01        | 50574          | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP | \$340 | 75%         | \$255    |
| 01        | 50576          | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP | \$340 | 75%         | \$255    |
| 01        | 50578          | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP | \$340 | 75%         | \$255    |
| 01        | 50580          | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP | \$340 | 75%         | \$255    |
| 01        | 50684          | INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHET | \$340 | 75%         | \$255    |
| 01        | 50688          | CHANGE OF URETEROSTOMY TUBE  | \$340 | 75%         | \$255    |
| 01        | 50690          | INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/ OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SER | \$340 | 75%         | \$255    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 01        | 50951          | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO | \$340 | 75%         | \$255    |
| 01        | 50953          | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO | \$340 | 75%         | \$255    |
| 01        | 50955          | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO | \$340 | 75%         | \$255    |
| 01        | 50957          | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO | \$340 | 75%         | \$255    |
| 01        | 50959          | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO | \$340 | 75%         | \$255    |
| 01        | 50961          | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO | \$340 | 75%         | \$255    |
| 01        | 50970          | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU | \$340 | 75%         | \$255    |
| 01        | 50972          | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU | \$340 | 75%         | \$255    |
| 01        | 50974          | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU | \$340 | 75%         | \$255    |
| 01        | 50976          | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU | \$340 | 75%         | \$255    |
| 01        | 50978          | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU | \$340 | 75%         | \$255    |
| 01        | 50980          | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU | \$340 | 75%         | \$255    |
| 01        | 51005          | ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER  | \$340 | 75%         | \$255    |
| 01        | 51010          | ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER   | \$340 | 75%         | \$255    |
| 01        | 51080          | DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS  | \$340 | 75%         | \$255    |
| 01        | 51600          | INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY  | \$340 | 75%         | \$255    |
| 01        | 51605          | INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/ OR CHAIN URETHROCYSTOGRAPHY                       | \$340 | 75%         | \$255    |
| 01        | 51610          | INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY  | \$340 | 75%         | \$255    |
| 01        | 51710          | CHANGE OF CYSTOSTOMY TUBE; COMPLICATED   | \$340 | 75%         | \$255    |
| 01        | 51725          | SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)   | \$340 | 75%         | \$255    |
| 01        | 51726          | COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)   | \$340 | 75%         | \$255    |
| 01        | 51772          | URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE                     | \$340 | 75%         | \$255    |
| 01        | 51785          | ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE                                    | \$340 | 75%         | \$255    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 01        | 51880          | CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)   | \$340 | 75%         | \$255    |
| 01        | 52000          | CYSTOURETHROSCOPY (SEPARATE PROCEDURE)   | \$340 | 75%         | \$255    |
| 01        | 52317          | LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; S | \$340 | 75%         | \$255    |
| 01        | 52606          | TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER THE USUAL FOLLOW-UP TIME                  | \$340 | 75%         | \$255    |
| 01        | 52614          | TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION (RESECTION COMPLETED)                 | \$340 | 75%         | \$255    |
| 01        | 52620          | TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTOPERATIVE                            | \$340 | 75%         | \$255    |
| 01        | 53000          | URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA                                  | \$340 | 75%         | \$255    |
| 01        | 53010          | URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA,                                  | \$340 | 75%         | \$255    |
| 01        | 53020          | MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT   | \$340 | 75%         | \$255    |
| 01        | 53200          | BIOPSY OF URETHRA  | \$340 | 75%         | \$255    |
| 01        | 53442          | REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE   | \$340 | 75%         | \$255    |
| 01        | 53445          | OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCT | \$340 | 75%         | \$255    |
| 01        | 53446          | REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF                     | \$340 | 75%         | \$255    |
| 01        | 53447          | REMOVAL, REPAIR OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF             | \$340 | 75%         | \$255    |
| 01        | 53449          | SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE                                    | \$340 | 75%         | \$255    |
| 01        | 53450          | URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT   | \$340 | 75%         | \$255    |
| 01        | 53460          | URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)               | \$340 | 75%         | \$255    |
| 01        | 53665          | DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA  | \$340 | 75%         | \$255    |
| 01        | 54057          | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; L  | \$340 | 75%         | \$255    |
| 01        | 54060          | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; S  | \$340 | 75%         | \$255    |
| 01        | 54065          | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE  | \$340 | 75%         | \$255    |
| 01        | 54100          | BIOPSY OF PENIS; (SEPARATE PROCEDURE)  | \$340 | 75%         | \$255    |
| 01        | 54105          | BIOPSY OF PENIS; DEEP STRUCTURES   | \$340 | 75%         | \$255    |
| 01        | 54115          | REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)   | \$340 | 75%         | \$255    |
| 01        | 54150          | CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN   | \$340 | 75%         | \$255    |
| 01        | 54152          | CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN  | \$340 | 75%         | \$255    |

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|-----------|----------------|--|-------|-------------|----------|
| 01        | 54220          | IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM   | \$340 | 75%         | \$255    |
| 01        | 54450          | FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING                                    | \$340 | 75%         | \$255    |
| 01        | 54500          | BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)  | \$340 | 75%         | \$255    |
| 01        | 54505          | BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)  | \$340 | 75%         | \$255    |
| 01        | 54800          | BIOPSY OF EPIDIDYMIS, NEEDLE   | \$340 | 75%         | \$255    |
| 01        | 54820          | EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY  | \$340 | 75%         | \$255    |
| 01        | 55100          | DRAINAGE OF SCROTAL WALL ABSCESS   | \$340 | 75%         | \$255    |
| 01        | 55150          | RESECTION OF SCROTUM   | \$340 | 75%         | \$255    |
| 01        | 55175          | SCROTOPLASTY; SIMPLE   | \$340 | 75%         | \$255    |
| 01        | 55400          | VASOVASOSTOMY, VASOVASORRHAPHY   | \$340 | 75%         | \$255    |
| 01        | 55600          | VESICULOTOMY;  | \$340 | 75%         | \$255    |
| 01        | 55605          | VESICULOTOMY; COMPLICATED  | \$340 | 75%         | \$255    |
| 01        | 55650          | VESICULECTOMY, ANY APPROACH  | \$340 | 75%         | \$255    |
| 01        | 55680          | EXCISION OF MULLERIAN DUCT CYST  | \$340 | 75%         | \$255    |
| 01        | 55720          | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE                                     | \$340 | 75%         | \$255    |
| 01        | 56350          | HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)  | \$340 | 75%         | \$255    |
| 01        | 56441          | LYSIS OF LABIAL ADHESIONS  | \$340 | 75%         | \$255    |
| 01        | 56605          | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION   | \$340 | 75%         | \$255    |
| 01        | 56700          | PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING  | \$340 | 75%         | \$255    |
| 01        | 56720          | HYMENOTOMY, SIMPLE INCISION  | \$340 | 75%         | \$255    |
| 01        | 57000          | COLPOTOMY; WITH EXPLORATION  | \$340 | 75%         | \$255    |
| 01        | 57023          | INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA, SPONTANEOUS BLEEDING)             | \$340 | 75%         | \$255    |
| 01        | 57065          | DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD  | \$340 | 75%         | \$255    |
| 01        | 57180          | INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (S | \$340 | 75%         | \$255    |
| 01        | 57200          | COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)  | \$340 | 75%         | \$255    |
| 01        | 57700          | CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL   | \$340 | 75%         | \$255    |
| 01        | 57800          | DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)  | \$340 | 75%         | \$255    |
| 01        | 58555          | HYSTEROSCOPY, DIAGNOSTIC (SEPERATE PROCEDURE)  | \$340 | 75%         | \$255    |
| 01        | 59320          | CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL  | \$340 | 75%         | \$255    |
| 01        | 59409          | VAGINAL DELIVERY ONLY  | \$340 | 75%         | \$255    |
| 01        | 59514          | CESAREAN DELIVERY ONLY   | \$340 | 75%         | \$255    |
| 01        | 60000          | INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED   | \$340 | 75%         | \$255    |
| 01        | 61020          | VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVO | \$340 | 75%         | \$255    |



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|-----------|----------------|--|-------|-------------|----------|
| 01        | 61026          | VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVO | \$340 | 75%         | \$255    |
| 01        | 61050          | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)                         | \$340 | 75%         | \$255    |
| 01        | 61055          | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TRE | \$340 | 75%         | \$255    |
| 01        | 61070          | PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE                                    | \$340 | 75%         | \$255    |
| 01        | 61795          | STEREOTACTIC COMPUTER ASSISTED VOLUMETRIC (NAVIGATIONAL) PROCEDURE,  | \$340 | 75%         | \$255    |
| 01        | 61888          | REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER                                     | \$340 | 75%         | \$255    |
| 01        | 62194          | REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER  | \$340 | 75%         | \$255    |
| 01        | 62225          | REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER  | \$340 | 75%         | \$255    |
| 01        | 62263          | PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION OR MECHANICAL MEANS INCLUDING RADIOL         | \$340 | 75%         | \$255    |
| 01        | 62268          | PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX  | \$340 | 75%         | \$255    |
| 01        | 62269          | BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE   | \$340 | 75%         | \$255    |
| 01        | 62270          | SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC  | \$340 | 75%         | \$255    |
| 01        | 62272          | SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)                             | \$340 | 75%         | \$255    |
| 01        | 62273          | INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH  | \$340 | 75%         | \$255    |
| 01        | 62274          | INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE;SUBARACHNOID OR SUBDURAL,SINGLE   | \$340 | 75%         | \$255    |
| 01        | 62276          | INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCOTICS), DIAGNOSTIC OR THERAPEUTIC; SUBARACHNOID OR SUBDURAL,  | \$340 | 75%         | \$255    |
| 01        | 62277          | INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCOTICS), DIAGNOSTIC OR THERAPEUTIC; SUBARACHNOID OR SUBDURAL,  | \$340 | 75%         | \$255    |
| 01        | 62278          | INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCOTICS), DIAGNOSTIC OR THERAPEUTIC; EPIDURAL, LUMBAR OR CAUDAL | \$340 | 75%         | \$255    |
| 01        | 62279          | INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCOTICS), DIAGNOSTIC OR THERAPEUTIC; EPIDURAL, LUMBAR OR CAUDAL | \$340 | 75%         | \$255    |
| 01        | 62280          | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE                                   | \$340 | 75%         | \$255    |
| 01        | 62281          | INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, CERVICAL OR THORACIC | \$340 | 75%         | \$255    |
| 01        | 62282          | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE                                   | \$340 | 75%         | \$255    |
| 01        | 62288          | INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTI- SPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; SUBARACHN    | \$340 | 75%         | \$255    |
| 01        | 62289          | INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; LUMBAR OR CAUDAL EPIDURAL (SE | \$340 | 75%         | \$255    |

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|-----------|----------------|--|-------|-------------|----------|
| 01        | 62310          | INJECTION, SINGLE OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) EPIDURAL OR SUBARACHNOID;CERVICAL OR THORACIC      | \$340 | 75%         | \$255    |
| 01        | 62311          | INJECTION SINGLE, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)EPIDURAL OR SUBARACHNOID; LUMBAR OR SACRAL          | \$340 | 75%         | \$255    |
| 01        | 62318          | INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS,EPIDURAL OR                 | \$340 | 75%         | \$255    |
| 01        | 62319          | INJECTION, INCLUDING CATHETER PLACEMENT, EPIDURAL OR SUBARACHNOID; LUMBAR, SACRAL (CAUDAL)                     | \$340 | 75%         | \$255    |
| 01        | 63610          | STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY        | \$340 | 75%         | \$255    |
| 01        | 63660          | REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODES   | \$340 | 75%         | \$255    |
| 01        | 63688          | REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER                            | \$340 | 75%         | \$255    |
| 01        | 64410          | INJECTION, ANESTHETIC AGENT; PHRENIC NERVE   | \$340 | 75%         | \$255    |
| 01        | 64415          | INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS   | \$340 | 75%         | \$255    |
| 01        | 64417          | INJECTION, ANESTHETIC AGENT; AXILLARY NERVE  | \$340 | 75%         | \$255    |
| 01        | 64420          | INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE   | \$340 | 75%         | \$255    |
| 01        | 64421          | INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK                                      | \$340 | 75%         | \$255    |
| 01        | 64430          | INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE  | \$340 | 75%         | \$255    |
| 01        | 64442          | INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, SINGLE LEVEL                             | \$340 | 75%         | \$255    |
| 01        | 64443          | INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, EACH ADDITIONAL                          | \$340 | 75%         | \$255    |
| 01        | 64470          | INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET JOINT NERVE,SINGLE              | \$340 | 75%         | \$255    |
| 01        | 64472          | INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET JOINT NERVE; EACH ADDITIONAL L  | \$340 | 75%         | \$255    |
| 01        | 64475          | INJECTION, ANESTHETIC AGENT AND/OR STEROID; LUMBAR OR SACRAL, SINGLE LEVEL                                     | \$340 | 75%         | \$255    |
| 01        | 64476          | INJECTION, ANESTHETIC AGENT AND/OR STERIOD, PARAVERTEBRAL FACET JOINT OR FACET JOINT NERVE;LUMBAR OR SACRAL,EA | \$340 | 75%         | \$255    |
| 01        | 64479          | INJECTION, ANESTHETIC AGENT AND/OR STERIOD TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, SINGLE LEVEL         | \$340 | 75%         | \$255    |
| 01        | 64480          | INJECTION, ANESTHETIC AGENT AND/OR STERIOD, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC EACH ADDITIONAL LEVE | \$340 | 75%         | \$255    |
| 01        | 64483          | INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL OR SACRAL,EACH,SINGLE LEVEL                | \$340 | 75%         | \$255    |
| 01        | 64484          | INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL,EACH ADDITIONAL LEVEL    | \$340 | 75%         | \$255    |

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|-----------|----------------|--|-------|-------------|----------|
| 01        | 64493          | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING | \$340 | 75%         | \$255    |
| 01        | 64494          | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING | \$340 | 75%         | \$255    |
| 01        | 64495          | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING | \$340 | 75%         | \$255    |
| 01        | 64510          | INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)  | \$340 | 75%         | \$255    |
| 01        | 64520          | INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)                                    | \$340 | 75%         | \$255    |
| 01        | 64530          | INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING                              | \$340 | 75%         | \$255    |
| 01        | 64553          | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE   | \$340 | 75%         | \$255    |
| 01        | 64573          | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE   | \$340 | 75%         | \$255    |
| 01        | 64575          | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE                                      | \$340 | 75%         | \$255    |
| 01        | 64577          | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE                                       | \$340 | 75%         | \$255    |
| 01        | 64580          | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR   | \$340 | 75%         | \$255    |
| 01        | 64585          | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES   | \$340 | 75%         | \$255    |
| 01        | 64595          | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER                                  | \$340 | 75%         | \$255    |
| 01        | 64600          | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BR | \$340 | 75%         | \$255    |
| 01        | 64605          | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE         | \$340 | 75%         | \$255    |
| 01        | 64610          | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER R | \$340 | 75%         | \$255    |
| 01        | 64620          | DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE   | \$340 | 75%         | \$255    |
| 01        | 64622          | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR                                    | \$340 | 75%         | \$255    |
| 01        | 64623          | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR                                    | \$340 | 75%         | \$255    |
| 01        | 64626          | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL OR THORACIC, SINGLE LEVEL           | \$340 | 75%         | \$255    |
| 01        | 64627          | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE;CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL   | \$340 | 75%         | \$255    |
| 01        | 64702          | NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT  | \$340 | 75%         | \$255    |
| 01        | 64704          | NEUROPLASTY; NERVE OF HAND OR FOOT   | \$340 | 75%         | \$255    |
| 01        | 64722          | DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)  | \$340 | 75%         | \$255    |
| 01        | 64726          | DECOMPRESSION; PLANTAR DIGITAL NERVE   | \$340 | 75%         | \$255    |
| 01        | 64727          | INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLAST | \$340 | 75%         | \$255    |
| 01        | 64832          | SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE   | \$340 | 75%         | \$255    |

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|-----------|----------------|---|-------|-------------|----------|
| 01        | 64837          | SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT   | \$340 | 75%         | \$255    |
| 01        | 64859          | SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE  | \$340 | 75%         | \$255    |
| 01        | 64907          | NERVE PEDICLE TRANSFER; SECOND STAGE  | \$340 | 75%         | \$255    |
| 01        | 65175          | REMOVAL OF OCULAR IMPLANT   | \$340 | 75%         | \$255    |
| 01        | 65400          | EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM                                     | \$340 | 75%         | \$255    |
| 01        | 65800          | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS               | \$340 | 75%         | \$255    |
| 01        | 65805          | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH THERAPEUTIC RELEASE OF AQUEOUS                 | \$340 | 75%         | \$255    |
| 01        | 65865          | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID)  | \$340 | 75%         | \$255    |
| 01        | 66020          | INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID   | \$340 | 75%         | \$255    |
| 01        | 66030          | INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION  | \$340 | 75%         | \$255    |
| 01        | 66500          | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION   | \$340 | 75%         | \$255    |
| 01        | 66505          | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE                               | \$340 | 75%         | \$255    |
| 01        | 66762          | IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIO    | \$340 | 75%         | \$255    |
| 01        | 67015          | ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)      | \$340 | 75%         | \$255    |
| 01        | 67025          | INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRATION | \$340 | 75%         | \$255    |
| 01        | 67030          | DISSECTION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH   | \$340 | 75%         | \$255    |
| 01        | 67208          | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS    | \$340 | 75%         | \$255    |
| 01        | 67227          | DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHER    | \$340 | 75%         | \$255    |
| 01        | 67350          | BIOPSY OF EXTRAOCULAR MUSCLE  | \$340 | 75%         | \$255    |
| 01        | 67415          | FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS  | \$340 | 75%         | \$255    |
| 01        | 67715          | CANTHOTOMY (SEPARATE PROCEDURE)   | \$340 | 75%         | \$255    |
| 01        | 68510          | BIOPSY OF LACRIMAL GLAND  | \$340 | 75%         | \$255    |
| 01        | 68525          | BIOPSY OF LACRIMAL SAC  | \$340 | 75%         | \$255    |
| 01        | 68810          | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;   | \$340 | 75%         | \$255    |
| 01        | 69110          | EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR   | \$340 | 75%         | \$255    |
| 01        | 69205          | REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA  | \$340 | 75%         | \$255    |
| 01        | 69424          | VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER PHYSICIAN  | \$340 | 75%         | \$255    |
| 01        | 69433          | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA                               | \$340 | 75%         | \$255    |

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|-----------|----------------|--|-------|-------------|----------|
| 01        | 69450          | TYMPANOLYSIS, TRANSCANAL   | \$340 | 75%         | \$255    |
| 01        | 69711          | REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE                           | \$340 | 75%         | \$255    |
| 01        | 92002          | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROG | \$340 | 75%         | \$255    |
| 01        | 92004          | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROG | \$340 | 75%         | \$255    |
| 01        | 92012          | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC A | \$340 | 75%         | \$255    |
| 01        | 92014          | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC A | \$340 | 75%         | \$255    |
| 01        | 92015          | DETERMINATION OF REFRACTIVE STATE  | \$340 | 75%         | \$255    |
| 01        | 92330          | PRESCRIPTION, FITTING, AND SUPPLY OF OCULAR PROSTHESIS (ARTIFICIAL EYE), WITH MEDICAL SUPERVISION OF ADAPTATIO | \$340 | 75%         | \$255    |
| 01        | 92335          | PRESCRIPTION OF OCULAR PROSTHESIS (ARTIFICIAL EYE) AND DIRECTION OF FITTING AND SUPPLY BY INDEPENDENT TECHNICI | \$340 | 75%         | \$255    |
| 01        | 92342          | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL                                      | \$340 | 75%         | \$255    |
| 01        | 92352          | FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL   | \$340 | 75%         | \$255    |
| 01        | 92353          | FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL  | \$340 | 75%         | \$255    |
| 01        | 92370          | REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA  | \$340 | 75%         | \$255    |
| 01        | 92371          | REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA  | \$340 | 75%         | \$255    |
| 01        | 92392          | SUPPLY OF LOW VISION AIDS (A LOW VISION AID IS ANY LENS OR DEVICE USED TO AID OR IMPROVE VISUAL FUNCTION IN A  | \$340 | 75%         | \$255    |
| 01        | A4614          | PEEK EXPIRATORY FLOW RATE METER, HAND HELD   | \$340 | 75%         | \$255    |
| 01        | G0260          | INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT AND  | \$340 | 75%         | \$255    |
| 01        | J1630          | INJECTION, HALOPERIDOL, UP TO 5 MG.  | \$340 | 75%         | \$255    |
| 01        | J1631          | INJECTION, HALOPERIDOL DECANOATE, 50 MG.   | \$340 | 75%         | \$255    |
| 01        | J1650          | INJECTION, ENOXAPARIN SODIUM, 10 MG  | \$340 | 75%         | \$255    |
| 01        | J2680          | INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG.  | \$340 | 75%         | \$255    |
| 01        | V2100          | SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS   | \$340 | 75%         | \$255    |
| 01        | V2200          | SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS  | \$340 | 75%         | \$255    |
| 01        | V2620          | PROSTHETIC, EYE, GLASS, STOCK  | \$340 | 75%         | \$255    |
| 01        | V2621          | PROSTHETIC, EYE PLASTIC, STOCK   | \$340 | 75%         | \$255    |
| 01        | V2622          | PROSTHETIC, EYE, GLASS, CUSTOM   | \$340 | 75%         | \$255    |
| 01        | V2623          | PROSTHETIC EYE, PLASTIC, CUSTOM  | \$340 | 75%         | \$255    |
| 01        | V2629          | PROSTHETIC EYE, OTHER TYPE   | \$340 | 75%         | \$255    |

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|-----------|----------------|---|-------|-------------|----------|
| 01        | V2630          | ANTERIOR CHAMBER INTRAOCULAR LENS   | \$340 | 75%         | \$255    |
| 01        | V2632          | POSTERIOR CHAMBER INTRAOCULAR LENS  | \$340 | 75%         | \$255    |
| 01        | V681           | ISSUE OF REPEAT PRESCRIPTIONS   | \$340 | 75%         | \$255    |
| 01        | W1610          | DIAPERS - MR/DD WAIVER  | \$340 | 75%         | \$255    |
| 01        | W1620          | UNDERPADS - MR/DD WAIVER  | \$340 | 75%         | \$255    |
| 01        | W2610          | DIAPERS - AD WAIVER   | \$340 | 75%         | \$255    |
| 01        | W2620          | UNDERPADS - AD WAIVER   | \$340 | 75%         | \$255    |
| 01        | W2630          | EMERGENCY RESPONSE SYSTEM INSTALLATION - AD WAIVER  | \$340 | 75%         | \$255    |
| 01        | W2640          | EMERGENCY RESPONSE SYSTEM MONTHLY RENTAL - AD WAIVER  | \$340 | 75%         | \$255    |
| 01        | W3610          | DIAPERS - HCBS/SDC WAIVER   | \$340 | 75%         | \$255    |
| 01        | W3620          | UNDERPADS - HCBS/SDC WAIVER   | \$340 | 75%         | \$255    |
| 01        | W5610          | DIAPERS - DEA WAIVER  | \$340 | 75%         | \$255    |
| 01        | W5620          | UNDERPADS - DEA WAIVER  | \$340 | 75%         | \$255    |
| 01        | W5630          | EMERGENCY RESPONSE SYSTEM INSTALLATION - DEA WAIVER   | \$340 | 75%         | \$255    |
| 01        | W5640          | EMERGENCY RESPONSE SYSTEM MONTHLY RENTAL - DEA WAIVER   | \$340 | 75%         | \$255    |
| 01        | X0019          | TRANSPORTATION OF PORTABLE EKG EQUIPMENT TO FACILITY OR LOCATION, ONE PATIENT SEEN              | \$340 | 75%         | \$255    |
| 01        | X0020          | TRANSPORTATION OF PORTABLE EKG EQUIPMENT TO FACILITY OR LOCATION, 2 PATIENTS SEEN               | \$340 | 75%         | \$255    |
| 01        | X0064          | HOSPICE CARE - CONTINUOUS HOME CARE, PER HOUR   | \$340 | 75%         | \$255    |
| 01        | X0067          | HOSPICE CARE - INPATIENT RESPITE CARE, PER DAY  | \$340 | 75%         | \$255    |
| 01        | X0070          | HOSPICE CARE - GENERAL INPATIENT CARE, PER DAY  | \$340 | 75%         | \$255    |
| 01        | X0087          | EPSDT NURSING SERVICES - PERSONAL CARE ( 1 HOUR )   | \$340 | 75%         | \$255    |
| 01        | X0088          | EPSDT NURSING SERVICES - PEDIATRIC PRIVATE DUTY NURSE   | \$340 | 75%         | \$255    |
| 01        | X0089          | EPSDT NURSING SERVICES - PERSONAL CARE ( 1/2 HOUR )   | \$340 | 75%         | \$255    |
| 01        | X0201          | PHYSICAL THERAPY (PT) EVALUATION  | \$340 | 75%         | \$255    |
| 01        | X0204          | PT PROGRAM - GROUP  | \$340 | 75%         | \$255    |
| 01        | X0214          | PSYCH HOSPITAL, JCAHO ACCREDITED - SPECIAL ED   | \$340 | 75%         | \$255    |
| 01        | X0217          | DAY PROGRAM SERVICES - SPECIAL ED   | \$340 | 75%         | \$255    |
| 01        | X0225          | HEARING TEST - SPECIAL ED   | \$340 | 75%         | \$255    |
| 01        | X0285          | SEXUAL ABUSE GROUP TREATMENT UNIT (90 MIN. SESSION)   | \$340 | 75%         | \$255    |
| 01        | X0302          | SUBSTANCE ABUSE, DAY TREATMENT  | \$340 | 75%         | \$255    |
| 01        | X0305          | METHADONE DETOXIFICATION - OUTPATIENT   | \$340 | 75%         | \$255    |
| 01        | X0322          | SUBSTANCE ABUSE COUNSELING SERVICES, SIGNIFICANT OTHER - ASSESSMENT, MINIMUM 1 1/2 HOURS        | \$340 | 75%         | \$255    |
| 01        | X0323          | SUBSTANCE ABUSE COUNSELING SERVICES, SIGNIFICANT OTHER - INDIVIDUAL, MINIMUM 40-50 MINUTE VISIT | \$340 | 75%         | \$255    |

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|-----------|----------------|--|-------|-------------|----------|
| 01        | X0324          | SUBSTANCE ABUSE COUNSELING SERVICES, SIGNIFICANT OTHER - INDIVIDUAL, MINIMUM 20-30 MINUTE VISIT                | \$340 | 75%         | \$255    |
| 01        | X0325          | SUBSTANCE ABUSE COUNSELING SERVICES, SIGNIFICANT OTHER - GROUP, MINIMUM 40-50 MINUTE VISIT, PER CLIENT VISIT   | \$340 | 75%         | \$255    |
| 01        | X0326          | SUBSTANCE ABUSE COUNSELING: INITIAL ASSESSMENT, 60-90 MINUTES - RESIDENTIAL                                    | \$340 | 75%         | \$255    |
| 01        | X0327          | SUBSTANCE ABUSE COUNSELING: INDIVIDUAL, MINIMUM 40-50 MINUTES - RESIDENTIAL                                    | \$340 | 75%         | \$255    |
| 01        | X0328          | SUBSTANCE ABUSE COUNSELING: GROUP, MINIMUM 40-50 MINUTES - RESIDENTIAL   | \$340 | 75%         | \$255    |
| 01        | X0329          | COMMUNITY INTENSIVE SERVICE (CIS) - CASE MANAGEMENT, PER DAY   | \$340 | 75%         | \$255    |
| 01        | X0330          | COMMUNITY INTENSIVE SERVICE (CIS) - PRIVATE RESIDENCE  | \$340 | 75%         | \$255    |
| 01        | X0338          | COMMUNITY INTENSIVE SERVICE (CIS) - GROUP HOME   | \$340 | 75%         | \$255    |
| 01        | X0403          | DISPENSING TWO PAIR OF GLASSES, RECIPIENT UNDER AGE 21   | \$340 | 75%         | \$255    |
| 01        | X0404          | OPHTHAMOLOGICAL EXAM, INCLUDING DETERMINATION OF REFRACTIVE STATE;RECIP UNDER AGE 21, 0-11 MOS AFTER PREV EXAM | \$340 | 75%         | \$255    |
| 01        | X0405          | OPHTHAMOLOGICAL EXAM, INCLUDING DETERMINATION OF REFRACTIVE STATE;RECIP UNDER AGE 21, 12-23 MOS AFTER PREV EXM | \$340 | 75%         | \$255    |
| 01        | X0410          | POLYCARBONATE LENS, PER LENS (IF RECIPIENT LEGALLY BLIND IN ONE EYE OR UNDER 21 YEARS OF                       | \$340 | 75%         | \$255    |
| 01        | X0450          | INTENSIVE COMMUNITY BASED TREATMENT (ICBT)   | \$340 | 75%         | \$255    |
| 01        | X0501          | DCYF - CHILD PSYCHIATRIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT 60-90 MINUTES                          | \$340 | 75%         | \$255    |
| 01        | X0502          | DCYF - CHILD PSYCHIATRIST INDIVIDUAL THERAPY INCLUDING REPORT 45-60 MINUTES                                    | \$340 | 75%         | \$255    |
| 01        | X0503          | DCYF- CHILD PSYCHIATRIST INDIVIDUAL THERAPY WITH MEDICATION MANAGEMENT 20-30 MINUTES                           | \$340 | 75%         | \$255    |
| 01        | X0504          | DCYF FAMILY THERAPY W/O CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS 45-60 MINUTES                         | \$340 | 75%         | \$255    |
| 01        | X0505          | DCYF - CHILD PSYCHOLOGIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT 60-90 MINUTES                          | \$340 | 75%         | \$255    |
| 01        | X0506          | DCYF - CHILD PSYCHOLOGIST - INDIVIDUAL THERAPY WITH REPORT 45-60 MINUTES                                       | \$340 | 75%         | \$255    |
| 01        | X0507          | DCYF - CHILD PSYCHOLOGIST - INDIVIDUAL THERAPY WITH REPORT 20-30 MINUTES                                       | \$340 | 75%         | \$255    |
| 01        | X0508          | DCYF - CHILD PSYCHOLOGIST - GROUP THERAPY WITH REPORT 60-90 MINUTES  | \$340 | 75%         | \$255    |
| 01        | X0509          | DCYF-CHILD MENTAL HEALTH SW, NP,MFT,LICENSED MENTAL HEALTH COUNSELOR INITIAL DIAGNOSTIC INTERVIEW W/RPT 60-90  | \$340 | 75%         | \$255    |
| 01        | X0510          | DCYF-CHILD MENTAL HEALTH SW, NP,MFT,LICENSED MENTAL HEALTH COUNSELOR INDIVIDUAL THERAPY W/RPTS 45-60 MIN       | \$340 | 75%         | \$255    |
| 01        | X0511          | DCYF - NURSE PRACTITIONER INDIVIDUAL THERAPY WITH MEDICATION MANAGEMENT 20-30 MINUTES                          | \$340 | 75%         | \$255    |
| 01        | X0512          | DCYF- CHILD MENTAL HEALTH SW,NP, MFT,LICENSED MENTAL HEALTH COUNSELOR, GROUP THERAPY WITH REPORTS 60-90 MINUTS | \$340 | 75%         | \$255    |
| 01        | X0521          | SPECIAL ED - CHILD MENTAL HEALTH PHYSICIAN - ASSESSMENT MINIMUM 1 1/2 HOURS                                    | \$340 | 75%         | \$255    |
| 01        | X0523          | S/B 20-30 MINUTE VISIT, PSYCHIATRIST INDIVIDUAL COUNSELING   | \$340 | 75%         | \$255    |
| 01        | X0525          | SPECIAL ED - CHILD MENTAL HEALTH PSYCHOLOGIST - ASSESSMENT, MINIMUM 1 1/2 HOURS                                | \$340 | 75%         | \$255    |
| 01        | X0527          | S/B 20-30 MINUTE VISIT PSYCHOLOGIST INDIVIDUAL COUNSELING  | \$340 | 75%         | \$255    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 01        | X0529          | SPECIAL ED - CHILD MENTAL HEALTH SOCIAL WORKER/ PSYCHIATRIC NURSE - ASSESSMENT, MINIMUM 1 1/2 HOURS            | \$340 | 75%         | \$255    |
| 01        | X0531          | 20-30 MINUTE VISIT, INDIVIDUAL COUNSELING  | \$340 | 75%         | \$255    |
| 01        | X0540          | MENTAL HEALTH COUNSELOR - ASSESSMENT - MINIMUM 90 MINUTES  | \$340 | 75%         | \$255    |
| 01        | X0542          | MENTAL HEALTH COUNSELOR - INDIVIDUAL, MINIMUM 40-50 MINUTES  | \$340 | 75%         | \$255    |
| 01        | X0544          | MENTAL HEALTH COUNSELOR - INDIVIDUAL - MINIMUM 25-30 MINUTES   | \$340 | 75%         | \$255    |
| 01        | X0546          | MENTAL HEALTH COUNSELOR - GROUP - MINIMUM 40-50 MINUTES  | \$340 | 75%         | \$255    |
| 01        | X0550          | PRINCIPAL COUNSELOR - ASSESSMENT - MINIMUM 90 MINUTES  | \$340 | 75%         | \$255    |
| 01        | X0552          | PRINCIPAL COUNSELOR - INDIVIDUAL - MINIMUM 40-50 MINUTES   | \$340 | 75%         | \$255    |
| 01        | X0554          | PRINCIPAL COUNSELOR - INDIVIDUAL - MINIMUM 25-30 MINUTES   | \$340 | 75%         | \$255    |
| 01        | X0556          | PRINCIPAL COUNSELOR - GROUP - MINIMUM 40-50 MINUTES  | \$340 | 75%         | \$255    |
| 01        | X0560          | COUNSELOR - ASSESSMENT - MINIMUM 90 MINUTES  | \$340 | 75%         | \$255    |
| 01        | X0562          | COUNSELOR - INDIVIDUAL - MINIMUM 40-50 MINUTES   | \$340 | 75%         | \$255    |
| 01        | X0564          | COUNSELOR - INDIVIDUAL - MINIMUM 25-30 MINUTES   | \$340 | 75%         | \$255    |
| 01        | X0566          | COUNSELOR - GROUP - MINIMUM 40-50 MINUTES  | \$340 | 75%         | \$255    |
| 01        | X0655          | MEDICAL CASE MANAGEMENT - LEAD PROGRAM   | \$340 | 75%         | \$255    |
| 01        | X0675          | MEDICAL CASE MANAGEMENT - EARLY INTERVENTION   | \$340 | 75%         | \$255    |
| 01        | X5999          | MGD CARE ROUTINE OBSTETRIC CARE INC ANTEPARTUM, VAGINAL OR CESAREAN, FETAL DEATH => 20 WEEKS, AND              | \$340 | 75%         | \$255    |
| 01        | Y0010          | OXIMETER   | \$340 | 75%         | \$255    |
| 01        | Y0020          | PEAK FLOW METER  | \$340 | 75%         | \$255    |
| 01        | Y0100          | TENS SUPPLIES  | \$340 | 75%         | \$255    |
| 01        | Y0200          | TRACHEOTOMY TUBE, CUSTOM MADE  | \$340 | 75%         | \$255    |
| 01        | Y0300          | BREAST PUMP, MANUAL  | \$340 | 75%         | \$255    |
| 01        | Y0310          | BREAST PUMP, ELECTRIC  | \$340 | 75%         | \$255    |
| 01        | Y0400          | SUPPLIES FOR MAINTENANCE OF DRUG INFUSION SITE (NO CATHETER) PER WEEK  | \$340 | 75%         | \$255    |
| 01        | Y0900          | WHEELCHAIR REPAIR LABOR CHARGE, PER HOUR   | \$340 | 75%         | \$255    |
| 01        | Y0910          | WALKER - CHILDREN'S, CUSTOM-MADE   | \$340 | 75%         | \$255    |
| 01        | Y0920          | PRONE/SUPINE STANDER   | \$340 | 75%         | \$255    |
| 02        | 10121          | INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED  | \$455 | 75%         | \$341.25 |
| 02        | 10180          | INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION  | \$455 | 75%         | \$341.25 |
| 02        | 11010          | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN | \$455 | 75%         | \$341.25 |
| 02        | 11011          | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S);      | \$455 | 75%         | \$341.25 |



| ASC Level | Procedure Code | Procedure Code Description  | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|---|-------|-------------|----------|
| 02        | 11012          | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S);                       | \$455 | 75%         | \$341.25 |
| 02        | 11042          | DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE  | \$455 | 75%         | \$341.25 |
| 02        | 11043          | DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE  | \$455 | 75%         | \$341.25 |
| 02        | 11044          | DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS | \$455 | 75%         | \$341.25 |
| 02        | 11406          | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER                   | \$455 | 75%         | \$341.25 |
| 02        | 11424          | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO                  | \$455 | 75%         | \$341.25 |
| 02        | 11426          | EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO                  | \$455 | 75%         | \$341.25 |
| 02        | 11446          | EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES                  | \$455 | 75%         | \$341.25 |
| 02        | 11450          | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR                         | \$455 | 75%         | \$341.25 |
| 02        | 11451          | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR  | \$455 | 75%         | \$341.25 |
| 02        | 11462          | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR                         | \$455 | 75%         | \$341.25 |
| 02        | 11463          | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR  | \$455 | 75%         | \$341.25 |
| 02        | 11470          | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR IN                  | \$455 | 75%         | \$341.25 |
| 02        | 11471          | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPA                  | \$455 | 75%         | \$341.25 |
| 02        | 11604          | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM   | \$455 | 75%         | \$341.25 |
| 02        | 11606          | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM   | \$455 | 75%         | \$341.25 |
| 02        | 11624          | EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM                                  | \$455 | 75%         | \$341.25 |
| 02        | 11626          | EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM                                    | \$455 | 75%         | \$341.25 |
| 02        | 11644          | EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM                                      | \$455 | 75%         | \$341.25 |
| 02        | 11646          | EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM  | \$455 | 75%         | \$341.25 |
| 02        | 11960          | INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION   | \$455 | 75%         | \$341.25 |
| 02        | 12005          | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC                  | \$455 | 75%         | \$341.25 |
| 02        | 12006          | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC                  | \$455 | 75%         | \$341.25 |

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|-----------|----------------|--|-------|-------------|----------|
| 02        | 12007          | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC | \$455 | 75%         | \$341.25 |
| 02        | 12016          | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20. | \$455 | 75%         | \$341.25 |
| 02        | 12017          | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30. | \$455 | 75%         | \$341.25 |
| 02        | 12018          | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM   | \$455 | 75%         | \$341.25 |
| 02        | 12034          | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 | \$455 | 75%         | \$341.25 |
| 02        | 12035          | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20. | \$455 | 75%         | \$341.25 |
| 02        | 12036          | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30. | \$455 | 75%         | \$341.25 |
| 02        | 12037          | LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM   | \$455 | 75%         | \$341.25 |
| 02        | 12044          | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM                      | \$455 | 75%         | \$341.25 |
| 02        | 12045          | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0                        | \$455 | 75%         | \$341.25 |
| 02        | 12046          | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0                        | \$455 | 75%         | \$341.25 |
| 02        | 12047          | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM                           | \$455 | 75%         | \$341.25 |
| 02        | 12054          | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 7.6 CM TO 1 | \$455 | 75%         | \$341.25 |
| 02        | 12055          | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 12.6 CM TO  | \$455 | 75%         | \$341.25 |
| 02        | 12056          | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 20.1 CM TO  | \$455 | 75%         | \$341.25 |
| 02        | 12057          | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS OVER 30.0 C | \$455 | 75%         | \$341.25 |
| 02        | 13100          | REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM   | \$455 | 75%         | \$341.25 |
| 02        | 13120          | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM  | \$455 | 75%         | \$341.25 |
| 02        | 13131          | REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM  | \$455 | 75%         | \$341.25 |
| 02        | 13160          | SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED                                    | \$455 | 75%         | \$341.25 |
| 02        | 14000          | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS                                      | \$455 | 75%         | \$341.25 |
| 02        | 14040          | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/ | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 15000          | SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE OF OPEN WOUNDS, BURN ESCHAR, OR SCAR; FIRST 100 SQ CM OR    | \$455 | 75%         | \$341.25 |
| 02        | 15001          | BURN WOUND PREPARATION; EACH ADDITIONAL 100 SQ. CM   | \$455 | 75%         | \$341.25 |
| 02        | 15002          | SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN                            | \$455 | 75%         | \$341.25 |
| 02        | 15050          | PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FAC | \$455 | 75%         | \$341.25 |
| 02        | 15100          | SPLIT GRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN   | \$455 | 75%         | \$341.25 |
| 02        | 15110          | EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS        | \$455 | 75%         | \$341.25 |
| 02        | 15115          | EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/ OR MULTIPLE | \$455 | 75%         | \$341.25 |
| 02        | 15120          | SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS;   | \$455 | 75%         | \$341.25 |
| 02        | 15130          | DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILD | \$455 | 75%         | \$341.25 |
| 02        | 15135          | DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIG | \$455 | 75%         | \$341.25 |
| 02        | 15150          | TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS                                 | \$455 | 75%         | \$341.25 |
| 02        | 15155          | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,  | \$455 | 75%         | \$341.25 |
| 02        | 15201          | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM            | \$455 | 75%         | \$341.25 |
| 02        | 15220          | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS | \$455 | 75%         | \$341.25 |
| 02        | 15221          | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL  | \$455 | 75%         | \$341.25 |
| 02        | 15260          | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM | \$455 | 75%         | \$341.25 |
| 02        | 15261          | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADD | \$455 | 75%         | \$341.25 |
| 02        | 15300          | ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY | \$455 | 75%         | \$341.25 |
| 02        | 15320          | ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, | \$455 | 75%         | \$341.25 |

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|-----------|----------------|--|-------|-------------|----------|
| 02        | 15330          | ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA            | \$455 | 75%         | \$341.25 |
| 02        | 15335          | ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR    | \$455 | 75%         | \$341.25 |
| 02        | 15350          | APPLICATION OF ALLOGRAFT, SKIN; 100 SQ CM OR LESS  | \$455 | 75%         | \$341.25 |
| 02        | 15351          | APPLICATION OF ALLOGRAFT,SKIN;EACH ADDITIONAL 100 SQ. CM   | \$455 | 75%         | \$341.25 |
| 02        | 15400          | APPLICATION OF XENOGRAFT, SKIN; 100 SQ CM OR LESS  | \$455 | 75%         | \$341.25 |
| 02        | 15401          | SURGICAL CODE EACH ADDITIONAL 100 SQ. CM.  | \$455 | 75%         | \$341.25 |
| 02        | 15420          | XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITAL | \$455 | 75%         | \$341.25 |
| 02        | 15740          | FLAP; ISLAND PEDICLE   | \$455 | 75%         | \$341.25 |
| 02        | 15750          | FLAP; NEUROVASCULAR PEDICLE  | \$455 | 75%         | \$341.25 |
| 02        | 15760          | GRAFT; COMPOSITE (FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA          | \$455 | 75%         | \$341.25 |
| 02        | 16015          | DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, MEDIUM OR LARGE, OR WITH MAJOR DEBRIDEM | \$455 | 75%         | \$341.25 |
| 02        | 16035          | ESCHAROTOMY  | \$455 | 75%         | \$341.25 |
| 02        | 19020          | MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP  | \$455 | 75%         | \$341.25 |
| 02        | 19101          | BIOPSY OF BREAST; INCISIONAL   | \$455 | 75%         | \$341.25 |
| 02        | 19102          | BIOPSY OF BREAST; PERCUNTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE   | \$455 | 75%         | \$341.25 |
| 02        | 19103          | BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING BIOPSY DEVICE, USING IMAGING GUIDANCE    | \$455 | 75%         | \$341.25 |
| 02        | 19110          | NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT    | \$455 | 75%         | \$341.25 |
| 02        | 19340          | IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION                  | \$455 | 75%         | \$341.25 |
| 02        | 20005          | INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED                          | \$455 | 75%         | \$341.25 |
| 02        | 20200          | BIOPSY, MUSCLE; SUPERFICIAL  | \$455 | 75%         | \$341.25 |
| 02        | 20225          | BIOPSY, BONE, TROCER OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)   | \$455 | 75%         | \$341.25 |
| 02        | 20240          | BIOPSY, BONE, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)         | \$455 | 75%         | \$341.25 |
| 02        | 20660          | APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)           | \$455 | 75%         | \$341.25 |
| 02        | 20690          | APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM                   | \$455 | 75%         | \$341.25 |
| 02        | 20975          | ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)   | \$455 | 75%         | \$341.25 |
| 02        | 21010          | ARTHROTOMY, TEMPOROMANDIBULAR JOINT  | \$455 | 75%         | \$341.25 |

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|-----------|----------------|--|-------|-------------|----------|
| 02        | 21025          | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE   | \$455 | 75%         | \$341.25 |
| 02        | 21026          | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)                                       | \$455 | 75%         | \$341.25 |
| 02        | 21029          | REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)                                   | \$455 | 75%         | \$341.25 |
| 02        | 21040          | EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE   | \$455 | 75%         | \$341.25 |
| 02        | 21041          | EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; COMPLEX  | \$455 | 75%         | \$341.25 |
| 02        | 21044          | EXCISION OF MALIGNANT TUMOR OF MANDIBLE;   | \$455 | 75%         | \$341.25 |
| 02        | 21046          | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGRESSIVE O          | \$455 | 75%         | \$341.25 |
| 02        | 21047          | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG LC | \$455 | 75%         | \$341.25 |
| 02        | 21060          | MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)                                | \$455 | 75%         | \$341.25 |
| 02        | 21100          | APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)           | \$455 | 75%         | \$341.25 |
| 02        | 21300          | CLOSED TREATMENT OF SKULL FRACTURE WITHOUT OPERATION   | \$455 | 75%         | \$341.25 |
| 02        | 21310          | CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION   | \$455 | 75%         | \$341.25 |
| 02        | 21315          | CLOSED TREATMENT, NASAL BONE FRACTURE; WITHOUT STABILIZATION   | \$455 | 75%         | \$341.25 |
| 02        | 21320          | CLOSED TREATMENT, NASAL BONE FRACTURE; WITH STABILIZATION  | \$455 | 75%         | \$341.25 |
| 02        | 21337          | CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION                                       | \$455 | 75%         | \$341.25 |
| 02        | 21400          | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION                                  | \$455 | 75%         | \$341.25 |
| 02        | 21452          | PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION  | \$455 | 75%         | \$341.25 |
| 02        | 21485          | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT COMPLICATED (EG, RECURRENT REQUIRING  | \$455 | 75%         | \$341.25 |
| 02        | 21497          | INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE  | \$455 | 75%         | \$341.25 |
| 02        | 21501          | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;                               | \$455 | 75%         | \$341.25 |
| 02        | 21502          | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY    | \$455 | 75%         | \$341.25 |
| 02        | 21555          | EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBCUTANEOUS; LESS THAN 3 CM                           | \$455 | 75%         | \$341.25 |
| 02        | 21556          | EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBFASCIAL, (EG,INTRAMUSCULAR); LESS THAN 5 CM         | \$455 | 75%         | \$341.25 |
| 02        | 21600          | EXCISION OF RIB, PARTIAL   | \$455 | 75%         | \$341.25 |
| 02        | 21610          | COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)  | \$455 | 75%         | \$341.25 |
| 02        | 21620          | OSTECTOMY OF STERNUM, PARTIAL  | \$455 | 75%         | \$341.25 |
| 02        | 21700          | DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB  | \$455 | 75%         | \$341.25 |
| 02        | 21805          | OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH  | \$455 | 75%         | \$341.25 |
| 02        | 21810          | TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")  | \$455 | 75%         | \$341.25 |
| 02        | 21925          | BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP   | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description  | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|---|-------|-------------|----------|
| 02        | 21930          | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK   | \$455 | 75%         | \$341.25 |
| 02        | 22315          | CLOSED TREATMENT OF VERTEBRAL FRACTURE(S), AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH OR          | \$455 | 75%         | \$341.25 |
| 02        | 22505          | MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION  | \$455 | 75%         | \$341.25 |
| 02        | 23000          | REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, ANY METHOD                                       | \$455 | 75%         | \$341.25 |
| 02        | 23020          | CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)   | \$455 | 75%         | \$341.25 |
| 02        | 23066          | BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP  | \$455 | 75%         | \$341.25 |
| 02        | 23075          | EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM                                     | \$455 | 75%         | \$341.25 |
| 02        | 23076          | EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA; SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5                      | \$455 | 75%         | \$341.25 |
| 02        | 23100          | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY  | \$455 | 75%         | \$341.25 |
| 02        | 23170          | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE  | \$455 | 75%         | \$341.25 |
| 02        | 23172          | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA   | \$455 | 75%         | \$341.25 |
| 02        | 23174          | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK                           | \$455 | 75%         | \$341.25 |
| 02        | 23405          | TENOTOMY, SHOULDER AREA; SINGLE TENDON  | \$455 | 75%         | \$341.25 |
| 02        | 23406          | TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION   | \$455 | 75%         | \$341.25 |
| 02        | 23605          | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT | \$455 | 75%         | \$341.25 |
| 02        | 23625          | CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION  | \$455 | 75%         | \$341.25 |
| 02        | 23665          | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH MANIPULATION        | \$455 | 75%         | \$341.25 |
| 02        | 23675          | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION          | \$455 | 75%         | \$341.25 |
| 02        | 23931          | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA   | \$455 | 75%         | \$341.25 |
| 02        | 23935          | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW           | \$455 | 75%         | \$341.25 |
| 02        | 24066          | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)                              | \$455 | 75%         | \$341.25 |
| 02        | 24075          | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS; LESS THAN 3 CM                           | \$455 | 75%         | \$341.25 |
| 02        | 24076          | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL ( EG, INTRAMUSCULAR)                  | \$455 | 75%         | \$341.25 |
| 02        | 24110          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;  | \$455 | 75%         | \$341.25 |
| 02        | 24134          | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS                                 | \$455 | 75%         | \$341.25 |
| 02        | 24136          | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK                                     | \$455 | 75%         | \$341.25 |
| 02        | 24138          | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS                                       | \$455 | 75%         | \$341.25 |
| 02        | 24147          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PR  | \$455 | 75%         | \$341.25 |
| 02        | 24160          | IMPLANT REMOVAL; ELBOW JOINT  | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 24201          | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)                           | \$455 | 75%         | \$341.25 |
| 02        | 24345          | REPAIR MEDICAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE   | \$455 | 75%         | \$341.25 |
| 02        | 24495          | DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION  | \$455 | 75%         | \$341.25 |
| 02        | 24538          | PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYL | \$455 | 75%         | \$341.25 |
| 02        | 24565          | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH                                      | \$455 | 75%         | \$341.25 |
| 02        | 24566          | PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION        | \$455 | 75%         | \$341.25 |
| 02        | 24582          | PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION              | \$455 | 75%         | \$341.25 |
| 02        | 24605          | TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA  | \$455 | 75%         | \$341.25 |
| 02        | 24620          | CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOC | \$455 | 75%         | \$341.25 |
| 02        | 25031          | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA   | \$455 | 75%         | \$341.25 |
| 02        | 25035          | INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)                          | \$455 | 75%         | \$341.25 |
| 02        | 25066          | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)                                | \$455 | 75%         | \$341.25 |
| 02        | 25075          | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS; LESS THAN 3 CM                        | \$455 | 75%         | \$341.25 |
| 02        | 25100          | ARTHROTOMY, WRIST JOINT; FOR BIOPSY  | \$455 | 75%         | \$341.25 |
| 02        | 25118          | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;  | \$455 | 75%         | \$341.25 |
| 02        | 25145          | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST                                   | \$455 | 75%         | \$341.25 |
| 02        | 25150          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA         | \$455 | 75%         | \$341.25 |
| 02        | 25151          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS       | \$455 | 75%         | \$341.25 |
| 02        | 25248          | EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST   | \$455 | 75%         | \$341.25 |
| 02        | 25263          | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE               | \$455 | 75%         | \$341.25 |
| 02        | 25565          | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION  | \$455 | 75%         | \$341.25 |
| 02        | 25624          | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION                                    | \$455 | 75%         | \$341.25 |
| 02        | 25676          | OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC  | \$455 | 75%         | \$341.25 |
| 02        | 25680          | CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION                      | \$455 | 75%         | \$341.25 |
| 02        | 25695          | OPEN TREATMENT OF LUNATE DISLOCATION   | \$455 | 75%         | \$341.25 |
| 02        | 26020          | DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH   | \$455 | 75%         | \$341.25 |
| 02        | 26030          | DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA   | \$455 | 75%         | \$341.25 |
| 02        | 26034          | INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)                                      | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 26055          | TENDON SHEATH INCISION FOR TRIGGER FINGER  | \$455 | 75%         | \$341.25 |
| 02        | 26060          | TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT   | \$455 | 75%         | \$341.25 |
| 02        | 26070          | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT                      | \$455 | 75%         | \$341.25 |
| 02        | 26100          | ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH  | \$455 | 75%         | \$341.25 |
| 02        | 26115          | EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTANEOUS; LESS THAN 1.5 CM        | \$455 | 75%         | \$341.25 |
| 02        | 26116          | EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL, (EG, INTRAMUSCULAR);    | \$455 | 75%         | \$341.25 |
| 02        | 26140          | SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT     | \$455 | 75%         | \$341.25 |
| 02        | 26200          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;  | \$455 | 75%         | \$341.25 |
| 02        | 26210          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;            | \$455 | 75%         | \$341.25 |
| 02        | 26262          | RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER   | \$455 | 75%         | \$341.25 |
| 02        | 26320          | REMOVAL OF IMPLANT FROM FINGER OR HAND   | \$455 | 75%         | \$341.25 |
| 02        | 26471          | TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT   | \$455 | 75%         | \$341.25 |
| 02        | 26474          | TENODESIS; OF DISTAL JOINT, EACH JOINT   | \$455 | 75%         | \$341.25 |
| 02        | 26485          | TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON                               | \$455 | 75%         | \$341.25 |
| 02        | 26550          | POLLICIZATION OF A DIGIT   | \$455 | 75%         | \$341.25 |
| 02        | 26553          | TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE                              | \$455 | 75%         | \$341.25 |
| 02        | 26554          | TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE                              | \$455 | 75%         | \$341.25 |
| 02        | 26558          | TOE TO FINGER TRANSFER; EACH DELAY   | \$455 | 75%         | \$341.25 |
| 02        | 26559          | TOE TO FINGER TRANSFER; SECOND STAGE   | \$455 | 75%         | \$341.25 |
| 02        | 26560          | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS  | \$455 | 75%         | \$341.25 |
| 02        | 26596          | EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES  | \$455 | 75%         | \$341.25 |
| 02        | 26605          | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE                                  | \$455 | 75%         | \$341.25 |
| 02        | 26607          | CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH BONE      | \$455 | 75%         | \$341.25 |
| 02        | 26650          | PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPUL | \$455 | 75%         | \$341.25 |
| 02        | 26675          | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATIO | \$455 | 75%         | \$341.25 |
| 02        | 26676          | PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WI | \$455 | 75%         | \$341.25 |



| ASC Level | Procedure Code | Procedure Code Description  | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|---|-------|-------------|----------|
| 02        | 26705          | CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA          | \$455 | 75%         | \$341.25 |
| 02        | 26706          | PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION                  | \$455 | 75%         | \$341.25 |
| 02        | 26742          | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITH | \$455 | 75%         | \$341.25 |
| 02        | 26756          | PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH                           | \$455 | 75%         | \$341.25 |
| 02        | 26776          | PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION                | \$455 | 75%         | \$341.25 |
| 02        | 26785          | OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE    | \$455 | 75%         | \$341.25 |
| 02        | 26861          | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT  | \$455 | 75%         | \$341.25 |
| 02        | 26951          | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH | \$455 | 75%         | \$341.25 |
| 02        | 26992          | INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)                            | \$455 | 75%         | \$341.25 |
| 02        | 27000          | TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)  | \$455 | 75%         | \$341.25 |
| 02        | 27041          | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR                                 | \$455 | 75%         | \$341.25 |
| 02        | 27047          | EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBCUTANEOUS; LESS THAN 3 CM                             | \$455 | 75%         | \$341.25 |
| 02        | 27080          | COCCYGECTOMY, PRIMARY   | \$455 | 75%         | \$341.25 |
| 02        | 27194          | CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITH MANIPULATION, REQUIRING | \$455 | 75%         | \$341.25 |
| 02        | 27202          | OPEN TREATMENT OF COCCYGEAL FRACTURE  | \$455 | 75%         | \$341.25 |
| 02        | 27252          | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA  | \$455 | 75%         | \$341.25 |
| 02        | 27266          | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA               | \$455 | 75%         | \$341.25 |
| 02        | 27275          | MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA   | \$455 | 75%         | \$341.25 |
| 02        | 27303          | INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)                | \$455 | 75%         | \$341.25 |
| 02        | 27305          | FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN   | \$455 | 75%         | \$341.25 |
| 02        | 27315          | NEURECTOMY, HAMSTRING MUSCLE  | \$455 | 75%         | \$341.25 |
| 02        | 27320          | NEURECTOMY, POPLITEAL (GASTROCNEMIUS)   | \$455 | 75%         | \$341.25 |
| 02        | 27327          | EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBCUTANEOUS; LESS THAN 3 CM                               | \$455 | 75%         | \$341.25 |
| 02        | 27391          | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG   | \$455 | 75%         | \$341.25 |
| 02        | 27393          | LENGTHENING OF HAMSTRING TENDON; SINGLE   | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 27501          | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, W | \$455 | 75%         | \$341.25 |
| 02        | 27502          | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION       | \$455 | 75%         | \$341.25 |
| 02        | 27566          | OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY                          | \$455 | 75%         | \$341.25 |
| 02        | 27603          | INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA  | \$455 | 75%         | \$341.25 |
| 02        | 27604          | INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA  | \$455 | 75%         | \$341.25 |
| 02        | 27607          | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE              | \$455 | 75%         | \$341.25 |
| 02        | 27610          | ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN                             | \$455 | 75%         | \$341.25 |
| 02        | 27614          | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP   | \$455 | 75%         | \$341.25 |
| 02        | 27618          | EXCISION, TUMOR,SOFT TISSUE OF LEG OR ANKLE AREA; SUBCUTANEOUS; LESS THAN 3 CM                                 | \$455 | 75%         | \$341.25 |
| 02        | 27640          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY),BONE (EG,OSTEOMYELITIS); TIBIA               | \$455 | 75%         | \$341.25 |
| 02        | 27641          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY),BONE (EG,OSTEOMYELITIS); FIBULA              | \$455 | 75%         | \$341.25 |
| 02        | 27656          | REPAIR, FASCIAL DEFECT OF LEG  | \$455 | 75%         | \$341.25 |
| 02        | 27659          | REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH                 | \$455 | 75%         | \$341.25 |
| 02        | 27664          | REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH                               | \$455 | 75%         | \$341.25 |
| 02        | 27665          | REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH               | \$455 | 75%         | \$341.25 |
| 02        | 27675          | REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY   | \$455 | 75%         | \$341.25 |
| 02        | 27681          | TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH                    | \$455 | 75%         | \$341.25 |
| 02        | 27695          | SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL   | \$455 | 75%         | \$341.25 |
| 02        | 27696          | SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS                          | \$455 | 75%         | \$341.25 |
| 02        | 27698          | SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)   | \$455 | 75%         | \$341.25 |
| 02        | 27704          | REMOVAL OF ANKLE IMPLANT   | \$455 | 75%         | \$341.25 |
| 02        | 27705          | OSTEOTOMY; TIBIA   | \$455 | 75%         | \$341.25 |
| 02        | 27707          | OSTEOTOMY; FIBULA  | \$455 | 75%         | \$341.25 |
| 02        | 27709          | OSTEOTOMY; TIBIA AND FIBULA  | \$455 | 75%         | \$341.25 |
| 02        | 27730          | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA  | \$455 | 75%         | \$341.25 |
| 02        | 27732          | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA   | \$455 | 75%         | \$341.25 |
| 02        | 27734          | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA                                       | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 27740          | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;               | \$455 | 75%         | \$341.25 |
| 02        | 27742          | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FE | \$455 | 75%         | \$341.25 |
| 02        | 27825          | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND) | \$455 | 75%         | \$341.25 |
| 02        | 27829          | OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIX | \$455 | 75%         | \$341.25 |
| 02        | 27832          | OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR W | \$455 | 75%         | \$341.25 |
| 02        | 28020          | ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOI | \$455 | 75%         | \$341.25 |
| 02        | 28022          | ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT          | \$455 | 75%         | \$341.25 |
| 02        | 28024          | ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT              | \$455 | 75%         | \$341.25 |
| 02        | 28043          | EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM                                     | \$455 | 75%         | \$341.25 |
| 02        | 28050          | ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT   | \$455 | 75%         | \$341.25 |
| 02        | 28052          | ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT  | \$455 | 75%         | \$341.25 |
| 02        | 28054          | ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT  | \$455 | 75%         | \$341.25 |
| 02        | 28060          | FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)  | \$455 | 75%         | \$341.25 |
| 02        | 28086          | SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR   | \$455 | 75%         | \$341.25 |
| 02        | 28088          | SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR   | \$455 | 75%         | \$341.25 |
| 02        | 28100          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;  | \$455 | 75%         | \$341.25 |
| 02        | 28104          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;     | \$455 | 75%         | \$341.25 |
| 02        | 28108          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT  | \$455 | 75%         | \$341.25 |
| 02        | 28192          | REMOVAL OF FOREIGN BODY, FOOT; DEEP  | \$455 | 75%         | \$341.25 |
| 02        | 28234          | TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE  | \$455 | 75%         | \$341.25 |
| 02        | 28236          | TRANSFER OF TENDON, ANTERIOR TIBIAL INTO TARSAL BONE   | \$455 | 75%         | \$341.25 |
| 02        | 28240          | TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE  | \$455 | 75%         | \$341.25 |
| 02        | 28280          | WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) FOR SOFT CORN (KELIKIAN TYPE PROCEDURE)                        | \$455 | 75%         | \$341.25 |
| 02        | 28290          | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE PROCEDURE)  | \$455 | 75%         | \$341.25 |
| 02        | 28292          | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE OR MAYO TYPE PROCEDURE      | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 28300          | OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION                     | \$455 | 75%         | \$341.25 |
| 02        | 28302          | OSTEOTOMY; TALUS   | \$455 | 75%         | \$341.25 |
| 02        | 28304          | OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;   | \$455 | 75%         | \$341.25 |
| 02        | 28308          | OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO | \$455 | 75%         | \$341.25 |
| 02        | 28313          | RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDUR | \$455 | 75%         | \$341.25 |
| 02        | 28405          | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION  | \$455 | 75%         | \$341.25 |
| 02        | 28406          | PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION  | \$455 | 75%         | \$341.25 |
| 02        | 28435          | CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION  | \$455 | 75%         | \$341.25 |
| 02        | 28436          | PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION  | \$455 | 75%         | \$341.25 |
| 02        | 28456          | PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH   | \$455 | 75%         | \$341.25 |
| 02        | 28476          | PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH                                 | \$455 | 75%         | \$341.25 |
| 02        | 28496          | PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION                  | \$455 | 75%         | \$341.25 |
| 02        | 28546          | PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION            | \$455 | 75%         | \$341.25 |
| 02        | 28555          | OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL                                | \$455 | 75%         | \$341.25 |
| 02        | 28606          | PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION                         | \$455 | 75%         | \$341.25 |
| 02        | 28810          | AMPUTATION, METATARSAL, WITH TOE, SINGLE   | \$455 | 75%         | \$341.25 |
| 02        | 28820          | AMPUTATION, TOE; METATARSOPHALANGEAL JOINT   | \$455 | 75%         | \$341.25 |
| 02        | 28825          | AMPUTATION, TOE; INTERPHALANGEAL JOINT   | \$455 | 75%         | \$341.25 |
| 02        | 30115          | EXCISION, NASAL POLYP(S), EXTENSIVE  | \$455 | 75%         | \$341.25 |
| 02        | 30125          | EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE  | \$455 | 75%         | \$341.25 |
| 02        | 30140          | SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE   | \$455 | 75%         | \$341.25 |
| 02        | 30320          | REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY   | \$455 | 75%         | \$341.25 |
| 02        | 30560          | LYSIS INTRANASAL SYNECHIA  | \$455 | 75%         | \$341.25 |
| 02        | 30915          | LIGATION ARTERIES; ETHMOIDAL   | \$455 | 75%         | \$341.25 |
| 02        | 31020          | SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL  | \$455 | 75%         | \$341.25 |
| 02        | 31050          | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;  | \$455 | 75%         | \$341.25 |
| 02        | 31070          | SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)  | \$455 | 75%         | \$341.25 |
| 02        | 31200          | ETHMOIDECTOMY; INTRANASAL, ANTERIOR  | \$455 | 75%         | \$341.25 |
| 02        | 31233          | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY   | \$455 | 75%         | \$341.25 |
| 02        | 31237          | NASAL/SINUS ENDOSCOPY, SURGICAL;WITH BIOPSY, POLYPECTOMY OR DIBRIDMENT   | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description  | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|---|-------|-------------|----------|
| 02        | 31240          | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION                                  | \$455 | 75%         | \$341.25 |
| 02        | 31252          | NASAL ENDOSCOPY, SURGICAL; WITH NASAL POLYPECTOMY   | \$455 | 75%         | \$341.25 |
| 02        | 31260          | MAXILLARY SINUS ENDOSCOPY, DIAGNOSTIC, WITH OR WITHOUT BIOPSY (SEPARATE PROCEDURE)              | \$455 | 75%         | \$341.25 |
| 02        | 31275          | SPHENOID ENDOSCOPY, SURGICAL;   | \$455 | 75%         | \$341.25 |
| 02        | 31320          | LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC   | \$455 | 75%         | \$341.25 |
| 02        | 31400          | ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH  | \$455 | 75%         | \$341.25 |
| 02        | 31420          | EPIGLOTTIDECTOMY  | \$455 | 75%         | \$341.25 |
| 02        | 31510          | LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY  | \$455 | 75%         | \$341.25 |
| 02        | 31511          | LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY                       | \$455 | 75%         | \$341.25 |
| 02        | 31512          | LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION                             | \$455 | 75%         | \$341.25 |
| 02        | 31513          | LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION                          | \$455 | 75%         | \$341.25 |
| 02        | 31526          | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE        | \$455 | 75%         | \$341.25 |
| 02        | 31528          | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL                     | \$455 | 75%         | \$341.25 |
| 02        | 31529          | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT                  | \$455 | 75%         | \$341.25 |
| 02        | 31530          | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;                                     | \$455 | 75%         | \$341.25 |
| 02        | 31535          | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;   | \$455 | 75%         | \$341.25 |
| 02        | 31570          | LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;                           | \$455 | 75%         | \$341.25 |
| 02        | 31571          | LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE | \$455 | 75%         | \$341.25 |
| 02        | 31576          | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY  | \$455 | 75%         | \$341.25 |
| 02        | 31577          | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY                                 | \$455 | 75%         | \$341.25 |
| 02        | 31578          | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION                                       | \$455 | 75%         | \$341.25 |
| 02        | 31586          | TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITH CLOSED MANIPULATIVE REDUCTION                      | \$455 | 75%         | \$341.25 |
| 02        | 31595          | SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL                 | \$455 | 75%         | \$341.25 |
| 02        | 31600          | TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);   | \$455 | 75%         | \$341.25 |
| 02        | 31613          | TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION  | \$455 | 75%         | \$341.25 |
| 02        | 31614          | TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION  | \$455 | 75%         | \$341.25 |
| 02        | 31623          | BRONCHOSCOPY; WITH PLACEMENT OF CATHETER  | \$455 | 75%         | \$341.25 |
| 02        | 31624          | BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE  | \$455 | 75%         | \$341.25 |
| 02        | 31625          | BRONCHOSCOPY; WITH BIOPSY   | \$455 | 75%         | \$341.25 |
| 02        | 31628          | BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE            | \$455 | 75%         | \$341.25 |
| 02        | 31629          | BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY                                      | \$455 | 75%         | \$341.25 |
| 02        | 31630          | BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE               | \$455 | 75%         | \$341.25 |
| 02        | 31631          | BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT                            | \$455 | 75%         | \$341.25 |
| 02        | 31635          | BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY  | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 31640          | BRONCHOSCOPY; WITH EXCISION OF TUMOR   | \$455 | 75%         | \$341.25 |
| 02        | 31641          | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH DESTRUCTION OF TUMOR OR | \$455 | 75%         | \$341.25 |
| 02        | 31755          | TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE   | \$455 | 75%         | \$341.25 |
| 02        | 31800          | SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; CERVICAL  | \$455 | 75%         | \$341.25 |
| 02        | 31825          | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR  | \$455 | 75%         | \$341.25 |
| 02        | 31830          | REVISION OF TRACHEOSTOMY SCAR  | \$455 | 75%         | \$341.25 |
| 02        | 32002          | THORACENTESIS WITH INSERTION OF TUBE WITH OR WITHOUT WATER SEAL (EG, FOR PNEUMOTHORAX) (SEPARATE PROCEDURE)    | \$455 | 75%         | \$341.25 |
| 02        | 32005          | CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)  | \$455 | 75%         | \$341.25 |
| 02        | 32020          | TUBE THORACOSTOMY WITH OR WITHOUT WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA) (SEPARATE PROCEDURE)       | \$455 | 75%         | \$341.25 |
| 02        | 33010          | PERICARDIOCENTESIS; INITIAL  | \$455 | 75%         | \$341.25 |
| 02        | 33011          | PERICARDIOCENTESIS; SUBSEQUENT   | \$455 | 75%         | \$341.25 |
| 02        | 33222          | REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR        | \$455 | 75%         | \$341.25 |
| 02        | 33223          | REVISION OF SKIN POCKET FOR CARDIOVERTER-DEFIBRILLATOR   | \$455 | 75%         | \$341.25 |
| 02        | 36261          | REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP   | \$455 | 75%         | \$341.25 |
| 02        | 36522          | PHOTOPHERESIS, EXTRACORPOREAL  | \$455 | 75%         | \$341.25 |
| 02        | 36531          | REVISION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP  | \$455 | 75%         | \$341.25 |
| 02        | 36534          | REVISION OF IMPLANTABLE VENOUS ACCESS DEVICE, AND/OR SUBCUTANEOUS RESERVOIR                                    | \$455 | 75%         | \$341.25 |
| 02        | 36558          | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR  | \$455 | 75%         | \$341.25 |
| 02        | 36581          | REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT     | \$455 | 75%         | \$341.25 |
| 02        | 36860          | CANNULA DECLOTTING; WITHOUT BALLOON CATHETER   | \$455 | 75%         | \$341.25 |
| 02        | 37609          | LIGATION OR BIOPSY, TEMPORAL ARTERY  | \$455 | 75%         | \$341.25 |
| 02        | 37650          | INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE, INTRAVASCULAR DEVICE                          | \$455 | 75%         | \$341.25 |
| 02        | 37700          | LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS               | \$455 | 75%         | \$341.25 |
| 02        | 38305          | DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE   | \$455 | 75%         | \$341.25 |
| 02        | 38308          | LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS   | \$455 | 75%         | \$341.25 |
| 02        | 38500          | BIOPSY OR EXCISION OF LYMPH NODE(S); SUPERFICIAL (SEPARATE PROCEDURE)  | \$455 | 75%         | \$341.25 |
| 02        | 38510          | BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S)   | \$455 | 75%         | \$341.25 |
| 02        | 38520          | BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD                       | \$455 | 75%         | \$341.25 |
| 02        | 38525          | BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP AXILLARY NODE(S)   | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description  | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|---|-------|-------------|----------|
| 02        | 38530          | BIOPSY OR EXCISION OF LYMPH NODE(S); INTERNAL MAMMARY NODE(S) (SEPARATE PROCEDURE)                          | \$455 | 75%         | \$341.25 |
| 02        | 38542          | DISSECTION, DEEP JUGULAR NODE(S)  | \$455 | 75%         | \$341.25 |
| 02        | 38589          | UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM  | \$455 | 75%         | \$341.25 |
| 02        | 38700          | SUPRAHYOID LYMPHADENECTOMY  | \$455 | 75%         | \$341.25 |
| 02        | 38740          | AXILLARY LYMPHADENECTOMY; SUPERFICIAL   | \$455 | 75%         | \$341.25 |
| 02        | 38760          | INGUINFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)                   | \$455 | 75%         | \$341.25 |
| 02        | 40500          | VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT   | \$455 | 75%         | \$341.25 |
| 02        | 40510          | EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE   | \$455 | 75%         | \$341.25 |
| 02        | 40520          | EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE  | \$455 | 75%         | \$341.25 |
| 02        | 40525          | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)                      | \$455 | 75%         | \$341.25 |
| 02        | 40527          | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)                        | \$455 | 75%         | \$341.25 |
| 02        | 40530          | RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION  | \$455 | 75%         | \$341.25 |
| 02        | 40801          | DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED  | \$455 | 75%         | \$341.25 |
| 02        | 40805          | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED   | \$455 | 75%         | \$341.25 |
| 02        | 40814          | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR                         | \$455 | 75%         | \$341.25 |
| 02        | 40816          | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE | \$455 | 75%         | \$341.25 |
| 02        | 40840          | VESTIBULOPLASTY; ANTERIOR   | \$455 | 75%         | \$341.25 |
| 02        | 41105          | BIOPSY OF TONGUE; POSTERIOR ONE-THIRD   | \$455 | 75%         | \$341.25 |
| 02        | 41112          | EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS  | \$455 | 75%         | \$341.25 |
| 02        | 41113          | EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD  | \$455 | 75%         | \$341.25 |
| 02        | 41114          | EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP   | \$455 | 75%         | \$341.25 |
| 02        | 41250          | REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF                           | \$455 | 75%         | \$341.25 |
| 02        | 41251          | REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE  | \$455 | 75%         | \$341.25 |
| 02        | 41252          | REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX                                      | \$455 | 75%         | \$341.25 |
| 02        | 41520          | FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)  | \$455 | 75%         | \$341.25 |
| 02        | 41827          | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR            | \$455 | 75%         | \$341.25 |
| 02        | 42000          | DRAINAGE OF ABSCESS OF PALATE, UVULA  | \$455 | 75%         | \$341.25 |
| 02        | 42104          | EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE  | \$455 | 75%         | \$341.25 |
| 02        | 42106          | EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE  | \$455 | 75%         | \$341.25 |
| 02        | 42107          | EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE  | \$455 | 75%         | \$341.25 |
| 02        | 42140          | UVULECTOMY, EXCISION OF UVULA   | \$455 | 75%         | \$341.25 |
| 02        | 42182          | REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX  | \$455 | 75%         | \$341.25 |
| 02        | 42305          | DRAINAGE OF ABSCESS; PAROTID, COMPLICATED   | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 42325          | FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA);  | \$455 | 75%         | \$341.25 |
| 02        | 42340          | SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL  | \$455 | 75%         | \$341.25 |
| 02        | 42405          | BIOPSY OF SALIVARY GLAND; INCISIONAL   | \$455 | 75%         | \$341.25 |
| 02        | 42450          | EXCISION OF SUBLINGUAL GLAND   | \$455 | 75%         | \$341.25 |
| 02        | 42725          | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH                            | \$455 | 75%         | \$341.25 |
| 02        | 42806          | BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION   | \$455 | 75%         | \$341.25 |
| 02        | 42808          | EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD   | \$455 | 75%         | \$341.25 |
| 02        | 42950          | PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)  | \$455 | 75%         | \$341.25 |
| 02        | 42955          | PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)   | \$455 | 75%         | \$341.25 |
| 02        | 42962          | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE WITH SECONDARY SURGICAL | \$455 | 75%         | \$341.25 |
| 02        | 43227          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASE | \$455 | 75%         | \$341.25 |
| 02        | 43228          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR ABLATION OF TUMOR OR MUCOSAL LESION (EG, ELECTROCOA | \$455 | 75%         | \$341.25 |
| 02        | 43231          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION                                       | \$455 | 75%         | \$341.25 |
| 02        | 43232          | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE  | \$455 | 75%         | \$341.25 |
| 02        | 43236          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APP   | \$455 | 75%         | \$341.25 |
| 02        | 43239          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$455 | 75%         | \$341.25 |
| 02        | 43240          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSMURAL DRAINAGE OF PSEUDOCYST          | \$455 | 75%         | \$341.25 |
| 02        | 43241          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$455 | 75%         | \$341.25 |
| 02        | 43242          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMU  | \$455 | 75%         | \$341.25 |
| 02        | 43243          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$455 | 75%         | \$341.25 |
| 02        | 43244          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH BAND LIGATION OF ESOPHAGEAL AND/OR GASTRIC         | \$455 | 75%         | \$341.25 |
| 02        | 43245          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$455 | 75%         | \$341.25 |
| 02        | 43246          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$455 | 75%         | \$341.25 |



| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 43247          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$455 | 75%         | \$341.25 |
| 02        | 43248          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OF     | \$455 | 75%         | \$341.25 |
| 02        | 43249          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH ...WITH BALLOON DILATION OF ESOPHAGUS            | \$455 | 75%         | \$341.25 |
| 02        | 43250          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT | \$455 | 75%         | \$341.25 |
| 02        | 43251          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$455 | 75%         | \$341.25 |
| 02        | 43255          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$455 | 75%         | \$341.25 |
| 02        | 43260          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN;   | \$455 | 75%         | \$341.25 |
| 02        | 43261          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY; WITH BIOPSY, SINGLE OR MULTIPLE                                | \$455 | 75%         | \$341.25 |
| 02        | 43262          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$455 | 75%         | \$341.25 |
| 02        | 43263          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$455 | 75%         | \$341.25 |
| 02        | 43264          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$455 | 75%         | \$341.25 |
| 02        | 43265          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$455 | 75%         | \$341.25 |
| 02        | 43267          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$455 | 75%         | \$341.25 |
| 02        | 43268          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$455 | 75%         | \$341.25 |
| 02        | 43269          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$455 | 75%         | \$341.25 |
| 02        | 43271          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$455 | 75%         | \$341.25 |
| 02        | 43272          | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$455 | 75%         | \$341.25 |
| 02        | 43455          | DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR; UNDER FLUOROSCOPIC GUIDANCE                                      | \$455 | 75%         | \$341.25 |
| 02        | 43456          | DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR; RETROGRADE   | \$455 | 75%         | \$341.25 |
| 02        | 43458          | DILATION OF ESOPHAGUS WITH BALLOON (30MM DIAMETER OR LARGER) FOR ACHALASIA                                     | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description  | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|---|-------|-------------|----------|
| 02        | 43750          | PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE  | \$455 | 75%         | \$341.25 |
| 02        | 44360          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM;                                      | \$455 | 75%         | \$341.25 |
| 02        | 44361          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH BIOPSY AND/OR COLLECTION OF SP  | \$455 | 75%         | \$341.25 |
| 02        | 44363          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF FOREIGN BODY         | \$455 | 75%         | \$341.25 |
| 02        | 44364          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF POLYPOID LESION(S)   | \$455 | 75%         | \$341.25 |
| 02        | 44365          | SMALL INTESTINAL ENDOSCOPY,...WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS OR BIPOLAR | \$455 | 75%         | \$341.25 |
| 02        | 44366          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONTROL OF HEMORRHAGE (EG, ELE  | \$455 | 75%         | \$341.25 |
| 02        | 44369          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH ABLATION OF TUMOR OR MUCOSAL L  | \$455 | 75%         | \$341.25 |
| 02        | 44372          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH PLACEMENT OF PERCUTANEOUS JEJU  | \$455 | 75%         | \$341.25 |
| 02        | 44373          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONVERSION OF PERCUTANEOUS GAS  | \$455 | 75%         | \$341.25 |
| 02        | 44376          | SMALL INTESTINAL ENOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; DIAGNOSTIC, WITH OR  | \$455 | 75%         | \$341.25 |
| 02        | 44377          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY      | \$455 | 75%         | \$341.25 |
| 02        | 44378          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY      | \$455 | 75%         | \$341.25 |
| 02        | 45005          | INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM   | \$455 | 75%         | \$341.25 |
| 02        | 45020          | INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS                                 | \$455 | 75%         | \$341.25 |
| 02        | 45108          | ANORECTAL MYOMECTOMY  | \$455 | 75%         | \$341.25 |
| 02        | 45150          | DIVISION OF STRICTURE OF RECTUM   | \$455 | 75%         | \$341.25 |
| 02        | 45160          | EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL APPROACH                                   | \$455 | 75%         | \$341.25 |
| 02        | 45170          | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH  | \$455 | 75%         | \$341.25 |
| 02        | 45378          | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLON DECOMPRESSION                | \$455 | 75%         | \$341.25 |
| 02        | 45379          | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY                                   | \$455 | 75%         | \$341.25 |
| 02        | 45380          | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASH  | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 45381          | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE       | \$455 | 75%         | \$341.25 |
| 02        | 45382          | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHO | \$455 | 75%         | \$341.25 |
| 02        | 45383          | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH ABLATION OF TUMOR OR MUCOSAL LESION (EG, ELECTROCOAGULAT | \$455 | 75%         | \$341.25 |
| 02        | 45384          | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT    | \$455 | 75%         | \$341.25 |
| 02        | 45385          | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF POLYPOID LESION(S)                            | \$455 | 75%         | \$341.25 |
| 02        | 45386          | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BT BALLOON, 1 OR MORE STRICTURES             | \$455 | 75%         | \$341.25 |
| 02        | 45500          | PROCTOPLASTY; FOR STENOSIS   | \$455 | 75%         | \$341.25 |
| 02        | 45505          | PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE  | \$455 | 75%         | \$341.25 |
| 02        | 45560          | REPAIR OF RECTOCELE (SEPARATE PROCEDURE)   | \$455 | 75%         | \$341.25 |
| 02        | 45990          | ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC                      | \$455 | 75%         | \$341.25 |
| 02        | 46045          | INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA          | \$455 | 75%         | \$341.25 |
| 02        | 46060          | INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY, SUBMUSCULAR                    | \$455 | 75%         | \$341.25 |
| 02        | 46200          | FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY   | \$455 | 75%         | \$341.25 |
| 02        | 46210          | CRYPTECTOMY; SINGLE  | \$455 | 75%         | \$341.25 |
| 02        | 46211          | CRYPTECTOMY; MULTIPLE (SEPARATE PROCEDURE)   | \$455 | 75%         | \$341.25 |
| 02        | 46615          | ANOSCOPY; WITH ABLATION OF TUMORS, POLYPS, OR OTHER LESIONS NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIP | \$455 | 75%         | \$341.25 |
| 02        | 46754          | REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL   | \$455 | 75%         | \$341.25 |
| 02        | 46760          | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT   | \$455 | 75%         | \$341.25 |
| 02        | 46937          | CRYOSURGERY OF RECTAL TUMOR; BENIGN  | \$455 | 75%         | \$341.25 |
| 02        | 46938          | CRYOSURGERY OF RECTAL TUMOR; MALIGNANT   | \$455 | 75%         | \$341.25 |
| 02        | 47510          | INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE  | \$455 | 75%         | \$341.25 |
| 02        | 47552          | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC  | \$455 | 75%         | \$341.25 |
| 02        | 49080          | PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); INITIAL           | \$455 | 75%         | \$341.25 |
| 02        | 49081          | PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); SUBSEQUENT        | \$455 | 75%         | \$341.25 |
| 02        | 49085          | REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY  | \$455 | 75%         | \$341.25 |
| 02        | 49300          | PERITONEOSCOPY; WITHOUT BIOPSY   | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 49425          | PERITONEAL-VEIN SHUNT (EG, LEVEEN SHUNT)   | \$455 | 75%         | \$341.25 |
| 02        | 49426          | REVISION OF PERITONEAL-VEIN SHUNT  | \$455 | 75%         | \$341.25 |
| 02        | 49540          | REPAIR LUMBAR HERNIA   | \$455 | 75%         | \$341.25 |
| 02        | 50020          | DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN   | \$455 | 75%         | \$341.25 |
| 02        | 52001          | CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF CLOTS  | \$455 | 75%         | \$341.25 |
| 02        | 52005          | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRA | \$455 | 75%         | \$341.25 |
| 02        | 52007          | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRA | \$455 | 75%         | \$341.25 |
| 02        | 52010          | CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RA | \$455 | 75%         | \$341.25 |
| 02        | 52204          | CYSTOURETHROSCOPY, WITH BIOPSY   | \$455 | 75%         | \$341.25 |
| 02        | 52214          | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTAT | \$455 | 75%         | \$341.25 |
| 02        | 52224          | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN  | \$455 | 75%         | \$341.25 |
| 02        | 52234          | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDE | \$455 | 75%         | \$341.25 |
| 02        | 52260          | CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHES | \$455 | 75%         | \$341.25 |
| 02        | 52270          | CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE   | \$455 | 75%         | \$341.25 |
| 02        | 52275          | CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE   | \$455 | 75%         | \$341.25 |
| 02        | 52277          | CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)                                       | \$455 | 75%         | \$341.25 |
| 02        | 52281          | CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTO | \$455 | 75%         | \$341.25 |
| 02        | 52283          | CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE   | \$455 | 75%         | \$341.25 |
| 02        | 52285          | CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEA | \$455 | 75%         | \$341.25 |
| 02        | 52290          | CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL  | \$455 | 75%         | \$341.25 |
| 02        | 52300          | CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL         | \$455 | 75%         | \$341.25 |
| 02        | 52305          | CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE           | \$455 | 75%         | \$341.25 |
| 02        | 52310          | CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 52315          | CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE | \$455 | 75%         | \$341.25 |
| 02        | 52318          | LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; C | \$455 | 75%         | \$341.25 |
| 02        | 52327          | CYSTOURETHROSCOPY; WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL  | \$455 | 75%         | \$341.25 |
| 02        | 52330          | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULU | \$455 | 75%         | \$341.25 |
| 02        | 52332          | CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)                  | \$455 | 75%         | \$341.25 |
| 02        | 52612          | TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION (PARTIAL RESECTION)                    | \$455 | 75%         | \$341.25 |
| 02        | 52630          | TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE                  | \$455 | 75%         | \$341.25 |
| 02        | 52640          | TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE   | \$455 | 75%         | \$341.25 |
| 02        | 52650          | TRANSURETHRAL CRYOSURGICAL REMOVAL OF PROSTATE (POSTOPERATIVE IRRIGATIONS AND ASPIRATION OF SLOUGHING TISSUE I | \$455 | 75%         | \$341.25 |
| 02        | 52700          | TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS  | \$455 | 75%         | \$341.25 |
| 02        | 53040          | DRAINAGE OF DEEP PERIURETHRAL ABSCESS  | \$455 | 75%         | \$341.25 |
| 02        | 53220          | EXCISION OR FULGURATION OF CARCINOMA OF URETHRA  | \$455 | 75%         | \$341.25 |
| 02        | 53230          | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE   | \$455 | 75%         | \$341.25 |
| 02        | 53240          | MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE  | \$455 | 75%         | \$341.25 |
| 02        | 53250          | EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)   | \$455 | 75%         | \$341.25 |
| 02        | 53260          | EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA   | \$455 | 75%         | \$341.25 |
| 02        | 53265          | EXCISION OR FULGURATION; URETHRAL CARUNCLE   | \$455 | 75%         | \$341.25 |
| 02        | 53270          | EXCISION OR FULGURATION; SKENE'S GLANDS  | \$455 | 75%         | \$341.25 |
| 02        | 53275          | EXCISION OR FULGURATION; URETHRAL PROLAPSE   | \$455 | 75%         | \$341.25 |
| 02        | 53405          | URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION                                | \$455 | 75%         | \$341.25 |
| 02        | 53410          | URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA   | \$455 | 75%         | \$341.25 |
| 02        | 53425          | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE             | \$455 | 75%         | \$341.25 |
| 02        | 53430          | URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA  | \$455 | 75%         | \$341.25 |
| 02        | 53431          | URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE (EG, TENAGO, LEAD | \$455 | 75%         | \$341.25 |
| 02        | 53440          | OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS              | \$455 | 75%         | \$341.25 |
| 02        | 53444          | INSERTION OF TANDEM CUFF (DUAL CUFF)   | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 53502          | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE   | \$455 | 75%         | \$341.25 |
| 02        | 53505          | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE   | \$455 | 75%         | \$341.25 |
| 02        | 53510          | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL   | \$455 | 75%         | \$341.25 |
| 02        | 53515          | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS   | \$455 | 75%         | \$341.25 |
| 02        | 53520          | CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)                                 | \$455 | 75%         | \$341.25 |
| 02        | 53605          | DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDU | \$455 | 75%         | \$341.25 |
| 02        | 54000          | SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN   | \$455 | 75%         | \$341.25 |
| 02        | 54001          | SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN                                    | \$455 | 75%         | \$341.25 |
| 02        | 54110          | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);  | \$455 | 75%         | \$341.25 |
| 02        | 54111          | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH                                     | \$455 | 75%         | \$341.25 |
| 02        | 54112          | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH                           | \$455 | 75%         | \$341.25 |
| 02        | 54120          | AMPUTATION OF PENIS; PARTIAL   | \$455 | 75%         | \$341.25 |
| 02        | 54125          | AMPUTATION OF PENIS; COMPLETE  | \$455 | 75%         | \$341.25 |
| 02        | 54160          | CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN                               | \$455 | 75%         | \$341.25 |
| 02        | 54161          | CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN                        | \$455 | 75%         | \$341.25 |
| 02        | 54162          | LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS  | \$455 | 75%         | \$341.25 |
| 02        | 54163          | REPAIR INCOMPLETE CIRCUMCISION   | \$455 | 75%         | \$341.25 |
| 02        | 54164          | FRENULOTOMY OF PENIS   | \$455 | 75%         | \$341.25 |
| 02        | 54510          | EXCISION OF LOCAL LESION OF TESTIS   | \$455 | 75%         | \$341.25 |
| 02        | 54660          | INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)  | \$455 | 75%         | \$341.25 |
| 02        | 54700          | INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)                     | \$455 | 75%         | \$341.25 |
| 02        | 55110          | SCROTAL EXPLORATION  | \$455 | 75%         | \$341.25 |
| 02        | 55120          | REMOVAL OF FOREIGN BODY IN SCROTUM   | \$455 | 75%         | \$341.25 |
| 02        | 55180          | SCROTOPLASTY; COMPLICATED  | \$455 | 75%         | \$341.25 |
| 02        | 55200          | VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)          | \$455 | 75%         | \$341.25 |
| 02        | 55250          | VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)          | \$455 | 75%         | \$341.25 |
| 02        | 55700          | BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH  | \$455 | 75%         | \$341.25 |
| 02        | 55705          | BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH   | \$455 | 75%         | \$341.25 |
| 02        | 55725          | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED                                | \$455 | 75%         | \$341.25 |
| 02        | 56352          | HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)                                      | \$455 | 75%         | \$341.25 |
| 02        | 56405          | INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS   | \$455 | 75%         | \$341.25 |
| 02        | 56440          | MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST   | \$455 | 75%         | \$341.25 |
| 02        | 57010          | COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS   | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 57020          | COLPOCENTESIS (SEPARATE PROCEDURE)   | \$455 | 75%         | \$341.25 |
| 02        | 57105          | BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)  | \$455 | 75%         | \$341.25 |
| 02        | 57130          | EXCISION OF VAGINAL SEPTUM   | \$455 | 75%         | \$341.25 |
| 02        | 57135          | EXCISION OF VAGINAL CYST OR TUMOR  | \$455 | 75%         | \$341.25 |
| 02        | 57210          | COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)                               | \$455 | 75%         | \$341.25 |
| 02        | 57400          | DILATION OF VAGINA UNDER ANESTHESIA  | \$455 | 75%         | \$341.25 |
| 02        | 57410          | PELVIC EXAMINATION UNDER ANESTHESIA  | \$455 | 75%         | \$341.25 |
| 02        | 57415          | REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA                                 | \$455 | 75%         | \$341.25 |
| 02        | 57513          | CAUTERIZATION OF CERVIX; LASER ABLATION  | \$455 | 75%         | \$341.25 |
| 02        | 57520          | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REP | \$455 | 75%         | \$341.25 |
| 02        | 57522          | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION,....;LOOP ELECTRODE EXCISION                                 | \$455 | 75%         | \$341.25 |
| 02        | 58120          | DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)   | \$455 | 75%         | \$341.25 |
| 02        | 58559          | HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)                                      | \$455 | 75%         | \$341.25 |
| 02        | 60200          | EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS  | \$455 | 75%         | \$341.25 |
| 02        | 60220          | TOTAL THYROID LOBECTOMY, UNILATERAL;   | \$455 | 75%         | \$341.25 |
| 02        | 61885          | INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR                                 | \$455 | 75%         | \$341.25 |
| 02        | 62230          | REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT                            | \$455 | 75%         | \$341.25 |
| 02        | 62256          | REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITHOUT REPLACEMENT  | \$455 | 75%         | \$341.25 |
| 02        | 62350          | IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL                                    | \$455 | 75%         | \$341.25 |
| 02        | 62351          | IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER; WITH LAMINECTOMY                  | \$455 | 75%         | \$341.25 |
| 02        | 62355          | REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER   | \$455 | 75%         | \$341.25 |
| 02        | 62360          | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR        | \$455 | 75%         | \$341.25 |
| 02        | 62361          | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP         | \$455 | 75%         | \$341.25 |
| 02        | 62362          | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING  | \$455 | 75%         | \$341.25 |
| 02        | 62365          | REMOVAL OF SUBUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION            | \$455 | 75%         | \$341.25 |
| 02        | 62367          | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITHOU REPROGR  | \$455 | 75%         | \$341.25 |
| 02        | 62368          | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAMM | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 63600          | CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AN | \$455 | 75%         | \$341.25 |
| 02        | 63650          | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL  | \$455 | 75%         | \$341.25 |
| 02        | 63685          | INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE | \$455 | 75%         | \$341.25 |
| 02        | 63746          | REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT   | \$455 | 75%         | \$341.25 |
| 02        | 63780          | INSERTION OR REPLACEMENT, SUBARACHNOID OR EPIDURAL CATHETER, WITH RESERVOIR AND/OR PUMP FOR DRUG INFUSION, WIT | \$455 | 75%         | \$341.25 |
| 02        | 64590          | INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUC | \$455 | 75%         | \$341.25 |
| 02        | 64630          | DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE  | \$455 | 75%         | \$341.25 |
| 02        | 64680          | DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING                          | \$455 | 75%         | \$341.25 |
| 02        | 64708          | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED  | \$455 | 75%         | \$341.25 |
| 02        | 64712          | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE   | \$455 | 75%         | \$341.25 |
| 02        | 64713          | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS   | \$455 | 75%         | \$341.25 |
| 02        | 64714          | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS   | \$455 | 75%         | \$341.25 |
| 02        | 64718          | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW   | \$455 | 75%         | \$341.25 |
| 02        | 64719          | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST   | \$455 | 75%         | \$341.25 |
| 02        | 64721          | NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL  | \$455 | 75%         | \$341.25 |
| 02        | 64732          | TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE   | \$455 | 75%         | \$341.25 |
| 02        | 64734          | TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE   | \$455 | 75%         | \$341.25 |
| 02        | 64736          | TRANSECTION OR AVULSION OF; MENTAL NERVE   | \$455 | 75%         | \$341.25 |
| 02        | 64738          | TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY   | \$455 | 75%         | \$341.25 |
| 02        | 64740          | TRANSECTION OR AVULSION OF; LINGUAL NERVE  | \$455 | 75%         | \$341.25 |
| 02        | 64742          | TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE   | \$455 | 75%         | \$341.25 |
| 02        | 64744          | TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE  | \$455 | 75%         | \$341.25 |
| 02        | 64746          | TRANSECTION OR AVULSION OF; PHRENIC NERVE  | \$455 | 75%         | \$341.25 |
| 02        | 64771          | TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL   | \$455 | 75%         | \$341.25 |
| 02        | 64772          | TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL  | \$455 | 75%         | \$341.25 |
| 02        | 64774          | EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE  | \$455 | 75%         | \$341.25 |
| 02        | 64778          | EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)                     | \$455 | 75%         | \$341.25 |
| 02        | 64783          | EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)   | \$455 | 75%         | \$341.25 |
| 02        | 64787          | IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)                | \$455 | 75%         | \$341.25 |
| 02        | 64795          | BIOPSY OF NERVE  | \$455 | 75%         | \$341.25 |



| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 64802          | SYMPATHECTOMY, CERVICAL  | \$455 | 75%         | \$341.25 |
| 02        | 64834          | SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE  | \$455 | 75%         | \$341.25 |
| 02        | 64840          | SUTURE OF POSTERIOR TIBIAL NERVE   | \$455 | 75%         | \$341.25 |
| 02        | 64856          | SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION                          | \$455 | 75%         | \$341.25 |
| 02        | 64857          | SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION                            | \$455 | 75%         | \$341.25 |
| 02        | 64858          | SUTURE OF SCIATIC NERVE  | \$455 | 75%         | \$341.25 |
| 02        | 64872          | SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEUROR | \$455 | 75%         | \$341.25 |
| 02        | 64885          | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH                                     | \$455 | 75%         | \$341.25 |
| 02        | 64886          | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LENGTH                                 | \$455 | 75%         | \$341.25 |
| 02        | 64890          | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH                         | \$455 | 75%         | \$341.25 |
| 02        | 64891          | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM                            | \$455 | 75%         | \$341.25 |
| 02        | 64892          | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH                           | \$455 | 75%         | \$341.25 |
| 02        | 64893          | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH                       | \$455 | 75%         | \$341.25 |
| 02        | 64901          | NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND  | \$455 | 75%         | \$341.25 |
| 02        | 64902          | NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)   | \$455 | 75%         | \$341.25 |
| 02        | 64905          | NERVE PEDICLE TRANSFER; FIRST STAGE  | \$455 | 75%         | \$341.25 |
| 02        | 65135          | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT                      | \$455 | 75%         | \$341.25 |
| 02        | 65150          | REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT  | \$455 | 75%         | \$341.25 |
| 02        | 65235          | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS  | \$455 | 75%         | \$341.25 |
| 02        | 65270          | REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE            | \$455 | 75%         | \$341.25 |
| 02        | 65272          | REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION                  | \$455 | 75%         | \$341.25 |
| 02        | 65410          | BIOPSY OF CORNEA   | \$455 | 75%         | \$341.25 |
| 02        | 65420          | EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT  | \$455 | 75%         | \$341.25 |
| 02        | 65815          | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATIO | \$455 | 75%         | \$341.25 |
| 02        | 66160          | FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH                                 | \$455 | 75%         | \$341.25 |
| 02        | 66185          | REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR   | \$455 | 75%         | \$341.25 |
| 02        | 66250          | REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE   | \$455 | 75%         | \$341.25 |
| 02        | 66682          | SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNE | \$455 | 75%         | \$341.25 |
| 02        | 66700          | CILIARY BODY DESTRUCTION; DIATHERMY  | \$455 | 75%         | \$341.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 02        | 66710          | CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION  | \$455 | 75%         | \$341.25 |
| 02        | 66720          | CILIARY BODY DESTRUCTION; CRYOTHERAPY  | \$455 | 75%         | \$341.25 |
| 02        | 66740          | CILIARY BODY DESTRUCTION; CYCLODIALYSIS  | \$455 | 75%         | \$341.25 |
| 02        | 66821          | DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER | \$455 | 75%         | \$341.25 |
| 02        | 67031          | SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR M | \$455 | 75%         | \$341.25 |
| 02        | 67115          | RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)   | \$455 | 75%         | \$341.25 |
| 02        | 67120          | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR  | \$455 | 75%         | \$341.25 |
| 02        | 67121          | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR  | \$455 | 75%         | \$341.25 |
| 02        | 67141          | PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESS | \$455 | 75%         | \$341.25 |
| 02        | 67560          | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION   | \$455 | 75%         | \$341.25 |
| 02        | 67808          | EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE           | \$455 | 75%         | \$341.25 |
| 02        | 67830          | CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN   | \$455 | 75%         | \$341.25 |
| 02        | 67835          | CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT                              | \$455 | 75%         | \$341.25 |
| 02        | 67935          | SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; FU | \$455 | 75%         | \$341.25 |
| 02        | 67950          | CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)   | \$455 | 75%         | \$341.25 |
| 02        | 68115          | EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM   | \$455 | 75%         | \$341.25 |
| 02        | 68130          | EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA  | \$455 | 75%         | \$341.25 |
| 02        | 68360          | CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)  | \$455 | 75%         | \$341.25 |
| 02        | 68362          | CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)                                    | \$455 | 75%         | \$341.25 |
| 02        | 68700          | PLASTIC REPAIR OF CANALICULI   | \$455 | 75%         | \$341.25 |
| 02        | 68811          | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATOIN; REQUIRING GENERAL ANESTHESIA                         | \$455 | 75%         | \$341.25 |
| 02        | 68815          | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;WITH INSERTION OF TUBE OR                             | \$455 | 75%         | \$341.25 |
| 02        | 68825          | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, UNILATERAL OR BILATERAL; REQUIRING GENERAL ANESTHESI | \$455 | 75%         | \$341.25 |
| 02        | 69120          | EXCISION EXTERNAL EAR; COMPLETE AMPUTATION   | \$455 | 75%         | \$341.25 |
| 02        | 69140          | EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL  | \$455 | 75%         | \$341.25 |
| 02        | 69145          | EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL   | \$455 | 75%         | \$341.25 |
| 02        | 69620          | MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)  | \$455 | 75%         | \$341.25 |
| 02        | G0105          | COLORECTAL CANCER SCREENING; COLONOSCOPY OF INDIVIDUAL AT HIGH RISK  | \$455 | 75%         | \$341.25 |
| 02        | G0121          | COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK                      | \$455 | 75%         | \$341.25 |
| 03        | 11770          | EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE  | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 11771          | EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE   | \$520 | 75%         | \$390    |
| 03        | 11772          | EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED   | \$520 | 75%         | \$390    |
| 03        | 11970          | REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS   | \$520 | 75%         | \$390    |
| 03        | 13101          | REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM   | \$520 | 75%         | \$390    |
| 03        | 13121          | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM  | \$520 | 75%         | \$390    |
| 03        | 13132          | REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM  | \$520 | 75%         | \$390    |
| 03        | 13150          | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS   | \$520 | 75%         | \$390    |
| 03        | 13151          | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM   | \$520 | 75%         | \$390    |
| 03        | 13152          | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM   | \$520 | 75%         | \$390    |
| 03        | 13153          | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION    | \$520 | 75%         | \$390    |
| 03        | 14001          | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM                              | \$520 | 75%         | \$390    |
| 03        | 14020          | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS                    | \$520 | 75%         | \$390    |
| 03        | 14021          | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM            | \$520 | 75%         | \$390    |
| 03        | 14041          | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/ | \$520 | 75%         | \$390    |
| 03        | 14060          | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS            | \$520 | 75%         | \$390    |
| 03        | 14061          | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM    | \$520 | 75%         | \$390    |
| 03        | 14350          | FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE   | \$520 | 75%         | \$390    |
| 03        | 15101          | SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITION 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANT | \$520 | 75%         | \$390    |
| 03        | 15121          | SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100  | \$520 | 75%         | \$390    |
| 03        | 15200          | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS                    | \$520 | 75%         | \$390    |
| 03        | 15240          | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILL | \$520 | 75%         | \$390    |
| 03        | 15241          | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILL | \$520 | 75%         | \$390    |
| 03        | 15570          | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK  | \$520 | 75%         | \$390    |
| 03        | 15572          | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS                           | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 15574          | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE,  | \$520 | 75%         | \$390    |
| 03        | 15576          | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL        | \$520 | 75%         | \$390    |
| 03        | 15580          | CROSS FINGER FLAP, INCLUDING FREE GRAFT TO DONOR SITE  | \$520 | 75%         | \$390    |
| 03        | 15600          | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK   | \$520 | 75%         | \$390    |
| 03        | 15610          | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS                              | \$520 | 75%         | \$390    |
| 03        | 15625          | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); SECTION PEDICLE OF CROSS FINGER FLAP                 | \$520 | 75%         | \$390    |
| 03        | 15630          | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS                      | \$520 | 75%         | \$390    |
| 03        | 15732          | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, L | \$520 | 75%         | \$390    |
| 03        | 15734          | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK   | \$520 | 75%         | \$390    |
| 03        | 15736          | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY   | \$520 | 75%         | \$390    |
| 03        | 15738          | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY   | \$520 | 75%         | \$390    |
| 03        | 15755          | FREE FLAP (MICROVASCULAR TRANSFER)   | \$520 | 75%         | \$390    |
| 03        | 15756          | FREE MUSCLE FLAP WITH OR WITHOUT SKIN WITH MICROVASCULAR ANASTOMOSIS   | \$520 | 75%         | \$390    |
| 03        | 15757          | FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS  | \$520 | 75%         | \$390    |
| 03        | 15758          | FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS   | \$520 | 75%         | \$390    |
| 03        | 15770          | GRAFT; DERMA-FAT-FASCIA  | \$520 | 75%         | \$390    |
| 03        | 15775          | PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS  | \$520 | 75%         | \$390    |
| 03        | 15776          | PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS   | \$520 | 75%         | \$390    |
| 03        | 15820          | BLEPHAROPLASTY, LOWER EYELID;  | \$520 | 75%         | \$390    |
| 03        | 15821          | BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD   | \$520 | 75%         | \$390    |
| 03        | 15822          | BLEPHAROPLASTY, UPPER EYELID;  | \$520 | 75%         | \$390    |
| 03        | 15824          | RHYTIDECTOMY; FOREHEAD   | \$520 | 75%         | \$390    |
| 03        | 15825          | RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")  | \$520 | 75%         | \$390    |
| 03        | 15826          | RHYTIDECTOMY; GLABELLAR FROWN LINES  | \$520 | 75%         | \$390    |
| 03        | 15828          | RHYTIDECTOMY; CHEEK, CHIN, AND NECK  | \$520 | 75%         | \$390    |
| 03        | 15831          | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ABDOMEN (ABDOMINOPLASTY)               | \$520 | 75%         | \$390    |
| 03        | 15832          | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH                                  | \$520 | 75%         | \$390    |
| 03        | 15833          | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG                                    | \$520 | 75%         | \$390    |
| 03        | 15834          | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP                                    | \$520 | 75%         | \$390    |
| 03        | 15835          | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK                                | \$520 | 75%         | \$390    |
| 03        | 15876          | SUCTION ASSISTED LIPECTOMY; HEAD AND NECK  | \$520 | 75%         | \$390    |
| 03        | 15877          | SUCTION ASSISTED LIPECTOMY; TRUNK  | \$520 | 75%         | \$390    |

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|-----------|----------------|---|-------|-------------|----------|
| 03        | 15878          | SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY   | \$520 | 75%         | \$390    |
| 03        | 15879          | SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY   | \$520 | 75%         | \$390    |
| 03        | 15920          | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE                                    | \$520 | 75%         | \$390    |
| 03        | 15931          | EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;   | \$520 | 75%         | \$390    |
| 03        | 15933          | EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY  | \$520 | 75%         | \$390    |
| 03        | 15934          | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;  | \$520 | 75%         | \$390    |
| 03        | 15940          | EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;  | \$520 | 75%         | \$390    |
| 03        | 15941          | EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)                           | \$520 | 75%         | \$390    |
| 03        | 15944          | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;   | \$520 | 75%         | \$390    |
| 03        | 15950          | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;   | \$520 | 75%         | \$390    |
| 03        | 15952          | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;  | \$520 | 75%         | \$390    |
| 03        | 15956          | EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE   | \$520 | 75%         | \$390    |
| 03        | 19112          | EXCISION OF LACTIFEROUS DUCT FISTULA  | \$520 | 75%         | \$390    |
| 03        | 19120          | EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR ABERRANT BREAST TISSUE, DUCT LESION, NI    | \$520 | 75%         | \$390    |
| 03        | 19125          | EXCISION OF BREAST LESION; SINGLE LESION  | \$520 | 75%         | \$390    |
| 03        | 19126          | EXCISION OF BREAST LESION; EACH ADDITIONAL LESION   | \$520 | 75%         | \$390    |
| 03        | 19160          | MASTECTOMY, PARTIAL;  | \$520 | 75%         | \$390    |
| 03        | 19342          | DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION                   | \$520 | 75%         | \$390    |
| 03        | 20205          | BIOPSY, MUSCLE; DEEP  | \$520 | 75%         | \$390    |
| 03        | 20245          | BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)  | \$520 | 75%         | \$390    |
| 03        | 20250          | BIOPSY, VERTEBRAL BODY, OPEN; THORACIC  | \$520 | 75%         | \$390    |
| 03        | 20251          | BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL  | \$520 | 75%         | \$390    |
| 03        | 20525          | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED                                       | \$520 | 75%         | \$390    |
| 03        | 20650          | INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)        | \$520 | 75%         | \$390    |
| 03        | 20661          | APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL   | \$520 | 75%         | \$390    |
| 03        | 20662          | APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC  | \$520 | 75%         | \$390    |
| 03        | 20663          | APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL   | \$520 | 75%         | \$390    |
| 03        | 20680          | REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)                        | \$520 | 75%         | \$390    |
| 03        | 20692          | APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, | \$520 | 75%         | \$390    |
| 03        | 20693          | ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description  | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|---|-------|-------------|----------|
| 03        | 20900          | BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)  | \$520 | 75%         | \$390    |
| 03        | 20910          | CARTILAGE GRAFT; COSTOCHONDRAL  | \$520 | 75%         | \$390    |
| 03        | 20912          | CARTILAGE GRAFT; NASAL SEPTUM   | \$520 | 75%         | \$390    |
| 03        | 20922          | FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET  | \$520 | 75%         | \$390    |
| 03        | 21015          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP; LESS THAN 2 CM                 | \$520 | 75%         | \$390    |
| 03        | 21034          | EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE  | \$520 | 75%         | \$390    |
| 03        | 21050          | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)  | \$520 | 75%         | \$390    |
| 03        | 21070          | CORONOIDECTOMY (SEPARATE PROCEDURE)   | \$520 | 75%         | \$390    |
| 03        | 21355          | PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION    | \$520 | 75%         | \$390    |
| 03        | 21401          | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION  | \$520 | 75%         | \$390    |
| 03        | 21440          | CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)                          | \$520 | 75%         | \$390    |
| 03        | 21450          | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION   | \$520 | 75%         | \$390    |
| 03        | 21453          | CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION   | \$520 | 75%         | \$390    |
| 03        | 21490          | OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION   | \$520 | 75%         | \$390    |
| 03        | 21493          | CLOSED TREATMENT OF HYOID FRACTURE; WITHOUT MANIPULATION  | \$520 | 75%         | \$390    |
| 03        | 21510          | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX                       | \$520 | 75%         | \$390    |
| 03        | 21720          | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST                                     | \$520 | 75%         | \$390    |
| 03        | 21725          | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION                            | \$520 | 75%         | \$390    |
| 03        | 21935          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; LESS THAN 5 CM                 | \$520 | 75%         | \$390    |
| 03        | 22100          | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENTS (EG SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY       | \$520 | 75%         | \$390    |
| 03        | 22101          | PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC   | \$520 | 75%         | \$390    |
| 03        | 22102          | PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR   | \$520 | 75%         | \$390    |
| 03        | 22103          | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT FOR INTRINSIC BONY LESION; EACH ADDITIONAL                      | \$520 | 75%         | \$390    |
| 03        | 22318          | OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S), ANTERIOR APPROACH, WITHOUT GRAFTIN | \$520 | 75%         | \$390    |
| 03        | 22319          | OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S), ANTERIOR APPROACH; WITH GRAFTING   | \$520 | 75%         | \$390    |
| 03        | 22325          | OPEN TREATMENT AND/OR REDUCITON OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); LUMBAR                            | \$520 | 75%         | \$390    |

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|-----------|----------------|--|-------|-------------|----------|
| 03        | 22326          | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); CERVICAL                       | \$520 | 75%         | \$390    |
| 03        | 22327          | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); THORACIC                       | \$520 | 75%         | \$390    |
| 03        | 22328          | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES AND OR DISLOCATION(S); EACH ADDITIONAL FRACTURED VERTEB | \$520 | 75%         | \$390    |
| 03        | 23031          | INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA   | \$520 | 75%         | \$390    |
| 03        | 23035          | INCISION , BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA                                      | \$520 | 75%         | \$390    |
| 03        | 23040          | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY                    | \$520 | 75%         | \$390    |
| 03        | 23077          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA;LESS THAN 5 CM               | \$520 | 75%         | \$390    |
| 03        | 23490          | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE      | \$520 | 75%         | \$390    |
| 03        | 23491          | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUME | \$520 | 75%         | \$390    |
| 03        | 23515          | OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION                           | \$520 | 75%         | \$390    |
| 03        | 23530          | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;  | \$520 | 75%         | \$390    |
| 03        | 23550          | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;   | \$520 | 75%         | \$390    |
| 03        | 23585          | OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION              | \$520 | 75%         | \$390    |
| 03        | 23660          | OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION   | \$520 | 75%         | \$390    |
| 03        | 23670          | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH OR WITHOUT INTERNAL  | \$520 | 75%         | \$390    |
| 03        | 23680          | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT INTERNAL OR | \$520 | 75%         | \$390    |
| 03        | 23921          | DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION  | \$520 | 75%         | \$390    |
| 03        | 24077          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA                    | \$520 | 75%         | \$390    |
| 03        | 24105          | EXCISION, OLECRANON BURSA  | \$520 | 75%         | \$390    |
| 03        | 24115          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)         | \$520 | 75%         | \$390    |
| 03        | 24116          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT                                    | \$520 | 75%         | \$390    |
| 03        | 24120          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;             | \$520 | 75%         | \$390    |

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|-----------|----------------|---|-------|-------------|----------|
| 03        | 24125          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGR  | \$520 | 75%         | \$390    |
| 03        | 24126          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGR  | \$520 | 75%         | \$390    |
| 03        | 24130          | EXCISION, RADIAL HEAD   | \$520 | 75%         | \$390    |
| 03        | 24140          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS       | \$520 | 75%         | \$390    |
| 03        | 24145          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD   | \$520 | 75%         | \$390    |
| 03        | 24150          | RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS   | \$520 | 75%         | \$390    |
| 03        | 24152          | RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK   | \$520 | 75%         | \$390    |
| 03        | 24155          | RESECTION OF ELBOW JOINT (ARTHRECTOMY)  | \$520 | 75%         | \$390    |
| 03        | 24164          | IMPLANT REMOVAL; RADIAL HEAD  | \$520 | 75%         | \$390    |
| 03        | 24310          | TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON  | \$520 | 75%         | \$390    |
| 03        | 24320          | TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE P  | \$520 | 75%         | \$390    |
| 03        | 24330          | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);  | \$520 | 75%         | \$390    |
| 03        | 24331          | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT                                | \$520 | 75%         | \$390    |
| 03        | 24340          | TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW   | \$520 | 75%         | \$390    |
| 03        | 24341          | REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUF | \$520 | 75%         | \$390    |
| 03        | 24342          | REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT                          | \$520 | 75%         | \$390    |
| 03        | 24350          | FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS);  | \$520 | 75%         | \$390    |
| 03        | 24351          | FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH EXTENSOR ORIGIN DETACHMENT            | \$520 | 75%         | \$390    |
| 03        | 24352          | FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH ANNULAR LIGAMENT RESECTION            | \$520 | 75%         | \$390    |
| 03        | 24354          | FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH STRIPPING                             | \$520 | 75%         | \$390    |
| 03        | 24356          | FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH PARTIAL                               | \$520 | 75%         | \$390    |
| 03        | 24420          | OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)  | \$520 | 75%         | \$390    |
| 03        | 24430          | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)                              | \$520 | 75%         | \$390    |
| 03        | 24470          | HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)   | \$520 | 75%         | \$390    |
| 03        | 24498          | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL       | \$520 | 75%         | \$390    |
| 03        | 24575          | OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI  | \$520 | 75%         | \$390    |



| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 24579          | OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION  | \$520 | 75%         | \$390    |
| 03        | 24615          | OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION   | \$520 | 75%         | \$390    |
| 03        | 24635          | OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCAT | \$520 | 75%         | \$390    |
| 03        | 24685          | OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI | \$520 | 75%         | \$390    |
| 03        | 24925          | AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION  | \$520 | 75%         | \$390    |
| 03        | 25000          | INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)   | \$520 | 75%         | \$390    |
| 03        | 25005          | TENDON SHEATH INCISION; AT WRIST FOR OTHER STENOSING TENOSYNOVITIS   | \$520 | 75%         | \$390    |
| 03        | 25020          | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT                                 | \$520 | 75%         | \$390    |
| 03        | 25023          | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE              | \$520 | 75%         | \$390    |
| 03        | 25024          | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/O DEBRIDEMENT OF NONVIABLE   | \$520 | 75%         | \$390    |
| 03        | 25025          | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/ DEBRIDEMENT ON NONVIABLE MU | \$520 | 75%         | \$390    |
| 03        | 25076          | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 3 CM      | \$520 | 75%         | \$390    |
| 03        | 25077          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA                  | \$520 | 75%         | \$390    |
| 03        | 25085          | CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)   | \$520 | 75%         | \$390    |
| 03        | 25101          | ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR F | \$520 | 75%         | \$390    |
| 03        | 25107          | ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX                          | \$520 | 75%         | \$390    |
| 03        | 25110          | EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST  | \$520 | 75%         | \$390    |
| 03        | 25111          | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY   | \$520 | 75%         | \$390    |
| 03        | 25119          | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA                  | \$520 | 75%         | \$390    |
| 03        | 25120          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE | \$520 | 75%         | \$390    |
| 03        | 25125          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE | \$520 | 75%         | \$390    |
| 03        | 25126          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE | \$520 | 75%         | \$390    |
| 03        | 25130          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;  | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 25135          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  | \$520 | 75%         | \$390    |
| 03        | 25136          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT                             | \$520 | 75%         | \$390    |
| 03        | 25170          | RADICAL RESECTION OF TUMOR, RADIUS OR ULNA   | \$520 | 75%         | \$390    |
| 03        | 25210          | CARPECTOMY; ONE BONE   | \$520 | 75%         | \$390    |
| 03        | 25265          | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), | \$520 | 75%         | \$390    |
| 03        | 25272          | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE             | \$520 | 75%         | \$390    |
| 03        | 25290          | TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON                           | \$520 | 75%         | \$390    |
| 03        | 25295          | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON                                | \$520 | 75%         | \$390    |
| 03        | 25300          | TENODESIS AT WRIST; FLEXORS OF FINGERS   | \$520 | 75%         | \$390    |
| 03        | 25301          | TENODESIS AT WRIST; EXTENSORS OF FINGERS   | \$520 | 75%         | \$390    |
| 03        | 25310          | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON              | \$520 | 75%         | \$390    |
| 03        | 25315          | FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST;  | \$520 | 75%         | \$390    |
| 03        | 25316          | FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER                          | \$520 | 75%         | \$390    |
| 03        | 25317          | FLEXOR ORIGIN SLIDE FOR VOLKMANN CONTRACTURE;  | \$520 | 75%         | \$390    |
| 03        | 25318          | FLEXOR ORIGIN SLIDE FOR VOLKMANN CONTRACTURE; WITH TENDON(S) TRANSFER  | \$520 | 75%         | \$390    |
| 03        | 25320          | CAPSULORRHAPHY OR RECONSTRUCTION, CAPSULECTOMY, WRIST (INCLUDES SYNOVECTOMY, RESECTION OF CAPSULE, TENDON INSE | \$520 | 75%         | \$390    |
| 03        | 25335          | CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)   | \$520 | 75%         | \$390    |
| 03        | 25350          | OSTEOTOMY, RADIUS; DISTAL THIRD  | \$520 | 75%         | \$390    |
| 03        | 25355          | OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD  | \$520 | 75%         | \$390    |
| 03        | 25360          | OSTEOTOMY; ULNA  | \$520 | 75%         | \$390    |
| 03        | 25365          | OSTEOTOMY; RADIUS AND ULNA   | \$520 | 75%         | \$390    |
| 03        | 25370          | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA          | \$520 | 75%         | \$390    |
| 03        | 25390          | OSTEOPLASTY, RADIUS OR ULNA; SHORTENING  | \$520 | 75%         | \$390    |
| 03        | 25392          | OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)   | \$520 | 75%         | \$390    |
| 03        | 25400          | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)                      | \$520 | 75%         | \$390    |
| 03        | 25415          | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)                     | \$520 | 75%         | \$390    |
| 03        | 25425          | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA  | \$520 | 75%         | \$390    |
| 03        | 25450          | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA   | \$520 | 75%         | \$390    |

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|-----------|----------------|--|-------|-------------|----------|
| 03        | 25455          | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA  | \$520 | 75%         | \$390    |
| 03        | 25490          | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS        | \$520 | 75%         | \$390    |
| 03        | 25491          | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA          | \$520 | 75%         | \$390    |
| 03        | 25492          | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND UL | \$520 | 75%         | \$390    |
| 03        | 25515          | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION                         | \$520 | 75%         | \$390    |
| 03        | 25545          | OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION                          | \$520 | 75%         | \$390    |
| 03        | 25574          | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA      | \$520 | 75%         | \$390    |
| 03        | 25575          | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA     | \$520 | 75%         | \$390    |
| 03        | 25605          | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOU | \$520 | 75%         | \$390    |
| 03        | 25606          | PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPERATION                              | \$520 | 75%         | \$390    |
| 03        | 25611          | PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION,  | \$520 | 75%         | \$390    |
| 03        | 25628          | OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION          | \$520 | 75%         | \$390    |
| 03        | 25645          | OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE                      | \$520 | 75%         | \$390    |
| 03        | 25670          | OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES                                    | \$520 | 75%         | \$390    |
| 03        | 25685          | OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION   | \$520 | 75%         | \$390    |
| 03        | 25907          | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION                               | \$520 | 75%         | \$390    |
| 03        | 25922          | DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION  | \$520 | 75%         | \$390    |
| 03        | 25929          | TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION   | \$520 | 75%         | \$390    |
| 03        | 26045          | FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL   | \$520 | 75%         | \$390    |
| 03        | 26117          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER; LESS THAN 3 CM             | \$520 | 75%         | \$390    |
| 03        | 26130          | SYNOVECTOMY, CARPOMETACARPAL JOINT   | \$520 | 75%         | \$390    |
| 03        | 26145          | SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON          | \$520 | 75%         | \$390    |
| 03        | 26160          | EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER            | \$520 | 75%         | \$390    |
| 03        | 26170          | EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH  | \$520 | 75%         | \$390    |

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|-----------|----------------|---|-------|-------------|----------|
| 03        | 26180          | EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON  | \$520 | 75%         | \$390    |
| 03        | 26205          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)     | \$520 | 75%         | \$390    |
| 03        | 26215          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOG  | \$520 | 75%         | \$390    |
| 03        | 26235          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR  | \$520 | 75%         | \$390    |
| 03        | 26236          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHAL  | \$520 | 75%         | \$390    |
| 03        | 26250          | RADICAL RESECTION OF TUMOR, METACARPAL  | \$520 | 75%         | \$390    |
| 03        | 26255          | RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)                  | \$520 | 75%         | \$390    |
| 03        | 26260          | RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER  | \$520 | 75%         | \$390    |
| 03        | 26261          | RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAIN  | \$520 | 75%         | \$390    |
| 03        | 26373          | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITHOUT FREE GRAFT, EACH | \$520 | 75%         | \$390    |
| 03        | 26392          | REMOVAL OF PROSTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER,(INCLUDES OBTIANING GRAFT) EACH  | \$520 | 75%         | \$390    |
| 03        | 26410          | REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON                            | \$520 | 75%         | \$390    |
| 03        | 26412          | EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAF  | \$520 | 75%         | \$390    |
| 03        | 26416          | REMOVAL OF PROSTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES                                      | \$520 | 75%         | \$390    |
| 03        | 26426          | REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG,BOUTONNIERE DEFORMITY); USING LOCAL TISSUE(S), INCLUD    | \$520 | 75%         | \$390    |
| 03        | 26428          | REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON     | \$520 | 75%         | \$390    |
| 03        | 26432          | CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT PERCUTANEOUS PINNING (EG, MALLET FINGER   | \$520 | 75%         | \$390    |
| 03        | 26433          | REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT (EG, MALLET FINGER)            | \$520 | 75%         | \$390    |
| 03        | 26434          | EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRA    | \$520 | 75%         | \$390    |
| 03        | 26437          | REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON   | \$520 | 75%         | \$390    |
| 03        | 26440          | TENOLYSIS, FLEXOR TENDON; PALM OR FINGER; EACH TENDON   | \$520 | 75%         | \$390    |
| 03        | 26442          | TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON  | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 26445          | TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON  | \$520 | 75%         | \$390    |
| 03        | 26449          | TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON                                    | \$520 | 75%         | \$390    |
| 03        | 26450          | TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON  | \$520 | 75%         | \$390    |
| 03        | 26455          | TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON  | \$520 | 75%         | \$390    |
| 03        | 26460          | TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON  | \$520 | 75%         | \$390    |
| 03        | 26480          | TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOUT FREE GRAFT, EACH TENDON      | \$520 | 75%         | \$390    |
| 03        | 26483          | TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDE | \$520 | 75%         | \$390    |
| 03        | 26489          | TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), | \$520 | 75%         | \$390    |
| 03        | 26490          | OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSER TYPE, EACH TENDON   | \$520 | 75%         | \$390    |
| 03        | 26492          | OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON                              | \$520 | 75%         | \$390    |
| 03        | 26494          | OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER   | \$520 | 75%         | \$390    |
| 03        | 26496          | OPPONENSPLASTY; OTHER METHODS  | \$520 | 75%         | \$390    |
| 03        | 26497          | TRANSFER TO TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER  | \$520 | 75%         | \$390    |
| 03        | 26499          | CORRECTION CLAW FINGER, OTHER METHODS  | \$520 | 75%         | \$390    |
| 03        | 26508          | RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)  | \$520 | 75%         | \$390    |
| 03        | 26510          | CROSS INTRINSIC TRANSFER   | \$520 | 75%         | \$390    |
| 03        | 26517          | CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS   | \$520 | 75%         | \$390    |
| 03        | 26518          | CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS   | \$520 | 75%         | \$390    |
| 03        | 26520          | CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT   | \$520 | 75%         | \$390    |
| 03        | 26525          | CAPSULECTOMY OR CAPSULOTOMY;INTERPHALGEAL JOINT, EACH JOINT  | \$520 | 75%         | \$390    |
| 03        | 26530          | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT  | \$520 | 75%         | \$390    |
| 03        | 26555          | TRNASFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS   | \$520 | 75%         | \$390    |
| 03        | 26557          | TOE TO FINGER TRANSFER; FIRST STAGE  | \$520 | 75%         | \$390    |
| 03        | 26561          | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS                                   | \$520 | 75%         | \$390    |
| 03        | 26568          | OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX  | \$520 | 75%         | \$390    |
| 03        | 26591          | REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE   | \$520 | 75%         | \$390    |
| 03        | 26593          | RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE  | \$520 | 75%         | \$390    |
| 03        | 26597          | RELEASE OF SCAR CONTRACTURE, FLEXOR OR EXTENSOR, WITH SKIN GRAFTS, REARRANGEMENT FLAPS, OR Z-PLASTIES, HAND AN | \$520 | 75%         | \$390    |
| 03        | 26685          | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT IN | \$520 | 75%         | \$390    |
| 03        | 26686          | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAY | \$520 | 75%         | \$390    |

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|-----------|----------------|--|-------|-------------|----------|
| 03        | 26843          | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;  | \$520 | 75%         | \$390    |
| 03        | 26844          | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)        | \$520 | 75%         | \$390    |
| 03        | 26860          | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;   | \$520 | 75%         | \$390    |
| 03        | 26863          | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF | \$520 | 75%         | \$390    |
| 03        | 26910          | AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER   | \$520 | 75%         | \$390    |
| 03        | 27001          | TENOTOMY, ADDUCTOR OF HIP, OPEN  | \$520 | 75%         | \$390    |
| 03        | 27003          | TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY  | \$520 | 75%         | \$390    |
| 03        | 27030          | ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)   | \$520 | 75%         | \$390    |
| 03        | 27033          | ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY                                     | \$520 | 75%         | \$390    |
| 03        | 27048          | EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA;SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM             | \$520 | 75%         | \$390    |
| 03        | 27049          | RADICAL RESECTION OF TUMOR, (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA; LESS THAN 5 CM       | \$520 | 75%         | \$390    |
| 03        | 27050          | ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT  | \$520 | 75%         | \$390    |
| 03        | 27052          | ARTHROTOMY, FOR BIOPSY; HIP JOINT  | \$520 | 75%         | \$390    |
| 03        | 27087          | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP   | \$520 | 75%         | \$390    |
| 03        | 27097          | RELEASE OR RECESSION, HAMSTRING, PROXIMAL  | \$520 | 75%         | \$390    |
| 03        | 27098          | TRANSFER, ADDUCTOR TO ISCHIUM  | \$520 | 75%         | \$390    |
| 03        | 27257          | TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION,  | \$520 | 75%         | \$390    |
| 03        | 27301          | INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION                                  | \$520 | 75%         | \$390    |
| 03        | 27306          | TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)                              | \$520 | 75%         | \$390    |
| 03        | 27307          | TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS  | \$520 | 75%         | \$390    |
| 03        | 27328          | EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBFASCIAL, (EG, INTRAMUSCULAR); LESS THAN 5 CM             | \$520 | 75%         | \$390    |
| 03        | 27340          | EXCISION, PREPATELLAR BURSA  | \$520 | 75%         | \$390    |
| 03        | 27355          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;   | \$520 | 75%         | \$390    |
| 03        | 27381          | SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT                    | \$520 | 75%         | \$390    |
| 03        | 27385          | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY  | \$520 | 75%         | \$390    |
| 03        | 27386          | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT  | \$520 | 75%         | \$390    |
| 03        | 27392          | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL  | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 27394          | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG   | \$520 | 75%         | \$390    |
| 03        | 27395          | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL   | \$520 | 75%         | \$390    |
| 03        | 27396          | TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON   | \$520 | 75%         | \$390    |
| 03        | 27397          | TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS  | \$520 | 75%         | \$390    |
| 03        | 27400          | TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)                                   | \$520 | 75%         | \$390    |
| 03        | 27418          | ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)   | \$520 | 75%         | \$390    |
| 03        | 27420          | RECONSTRUCTION DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)  | \$520 | 75%         | \$390    |
| 03        | 27424          | RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY  | \$520 | 75%         | \$390    |
| 03        | 27427          | LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR  | \$520 | 75%         | \$390    |
| 03        | 27497          | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMEN | \$520 | 75%         | \$390    |
| 03        | 27498          | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;  | \$520 | 75%         | \$390    |
| 03        | 27499          | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/O | \$520 | 75%         | \$390    |
| 03        | 27503          | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION; W | \$520 | 75%         | \$390    |
| 03        | 27509          | PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE, WITH OR WITHOUT INTERCONDYL | \$520 | 75%         | \$390    |
| 03        | 27524          | OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT T | \$520 | 75%         | \$390    |
| 03        | 27535          | OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXAT | \$520 | 75%         | \$390    |
| 03        | 27594          | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION                                | \$520 | 75%         | \$390    |
| 03        | 27600          | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY                                       | \$520 | 75%         | \$390    |
| 03        | 27601          | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY   | \$520 | 75%         | \$390    |
| 03        | 27602          | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)                           | \$520 | 75%         | \$390    |
| 03        | 27612          | ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING                     | \$520 | 75%         | \$390    |
| 03        | 27615          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; LESS THAN 5 CM          | \$520 | 75%         | \$390    |
| 03        | 27619          | EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA; SUBFASCIAL (EG, INTRAMUSCULAR) ; LESS THAN 5 CM             | \$520 | 75%         | \$390    |
| 03        | 27630          | EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE                        | \$520 | 75%         | \$390    |
| 03        | 27635          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;   | \$520 | 75%         | \$390    |
| 03        | 27637          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 27638          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT                            | \$520 | 75%         | \$390    |
| 03        | 27647          | RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS   | \$520 | 75%         | \$390    |
| 03        | 27650          | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;   | \$520 | 75%         | \$390    |
| 03        | 27652          | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)         | \$520 | 75%         | \$390    |
| 03        | 27654          | REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT   | \$520 | 75%         | \$390    |
| 03        | 27676          | REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY  | \$520 | 75%         | \$390    |
| 03        | 27680          | TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE  | \$520 | 75%         | \$390    |
| 03        | 27685          | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)                                 | \$520 | 75%         | \$390    |
| 03        | 27686          | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION),                           | \$520 | 75%         | \$390    |
| 03        | 27687          | GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)  | \$520 | 75%         | \$390    |
| 03        | 27692          | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON         | \$520 | 75%         | \$390    |
| 03        | 27745          | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA         | \$520 | 75%         | \$390    |
| 03        | 27756          | PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS | \$520 | 75%         | \$390    |
| 03        | 27766          | OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION                     | \$520 | 75%         | \$390    |
| 03        | 27784          | OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION             | \$520 | 75%         | \$390    |
| 03        | 27792          | OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION   | \$520 | 75%         | \$390    |
| 03        | 27814          | OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION                    | \$520 | 75%         | \$390    |
| 03        | 27822          | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LA | \$520 | 75%         | \$390    |
| 03        | 27823          | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LA | \$520 | 75%         | \$390    |
| 03        | 27826          | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P | \$520 | 75%         | \$390    |
| 03        | 27827          | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P | \$520 | 75%         | \$390    |
| 03        | 27846          | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNA | \$520 | 75%         | \$390    |



| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 27848          | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL O | \$520 | 75%         | \$390    |
| 03        | 27884          | AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION                                   | \$520 | 75%         | \$390    |
| 03        | 27889          | ANKLE DISARTICULATION  | \$520 | 75%         | \$390    |
| 03        | 27892          | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE | \$520 | 75%         | \$390    |
| 03        | 27893          | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERV | \$520 | 75%         | \$390    |
| 03        | 27894          | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONV | \$520 | 75%         | \$390    |
| 03        | 28002          | DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BU | \$520 | 75%         | \$390    |
| 03        | 28003          | DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE  | \$520 | 75%         | \$390    |
| 03        | 28005          | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT                      | \$520 | 75%         | \$390    |
| 03        | 28008          | FASCIOTOMY, FOOT AND/OR TOE  | \$520 | 75%         | \$390    |
| 03        | 28011          | TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE  | \$520 | 75%         | \$390    |
| 03        | 28045          | EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL, (EG, INTRAMUSCULAR); LESS THAN 1.5                     | \$520 | 75%         | \$390    |
| 03        | 28046          | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE; LESS THAN 3 CM                | \$520 | 75%         | \$390    |
| 03        | 28062          | FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)  | \$520 | 75%         | \$390    |
| 03        | 28070          | SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH  | \$520 | 75%         | \$390    |
| 03        | 28072          | SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH   | \$520 | 75%         | \$390    |
| 03        | 28080          | EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH  | \$520 | 75%         | \$390    |
| 03        | 28090          | EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT     | \$520 | 75%         | \$390    |
| 03        | 28092          | EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES     | \$520 | 75%         | \$390    |
| 03        | 28102          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDE | \$520 | 75%         | \$390    |
| 03        | 28103          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT                         | \$520 | 75%         | \$390    |
| 03        | 28106          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WIT | \$520 | 75%         | \$390    |
| 03        | 28107          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WIT | \$520 | 75%         | \$390    |
| 03        | 28110          | OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)                           | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 28111          | OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD  | \$520 | 75%         | \$390    |
| 03        | 28112          | OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)                                  | \$520 | 75%         | \$390    |
| 03        | 28113          | OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD  | \$520 | 75%         | \$390    |
| 03        | 28114          | OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METAT | \$520 | 75%         | \$390    |
| 03        | 28116          | OSTECTOMY, EXCISION OF TARSAL COALITION  | \$520 | 75%         | \$390    |
| 03        | 28122          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOS | \$520 | 75%         | \$390    |
| 03        | 28126          | CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH  | \$520 | 75%         | \$390    |
| 03        | 28130          | TALECTOMY (ASTRAGALECTOMY)   | \$520 | 75%         | \$390    |
| 03        | 28140          | METATARSECTOMY   | \$520 | 75%         | \$390    |
| 03        | 28150          | PHALANGECTOMY OF TOE, SINGLE, EACH   | \$520 | 75%         | \$390    |
| 03        | 28153          | RESECTION, HEAD OF PHALANX, TOE  | \$520 | 75%         | \$390    |
| 03        | 28160          | HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH   | \$520 | 75%         | \$390    |
| 03        | 28171          | RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)   | \$520 | 75%         | \$390    |
| 03        | 28173          | RADICAL RESECTION OF TUMOR; METATARSAL   | \$520 | 75%         | \$390    |
| 03        | 28175          | RADICAL RESECTION OF TUMOR; PHALANX OF TOE   | \$520 | 75%         | \$390    |
| 03        | 28200          | REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON        | \$520 | 75%         | \$390    |
| 03        | 28202          | REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING G | \$520 | 75%         | \$390    |
| 03        | 28208          | REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON                          | \$520 | 75%         | \$390    |
| 03        | 28210          | REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING | \$520 | 75%         | \$390    |
| 03        | 28238          | ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)       | \$520 | 75%         | \$390    |
| 03        | 28250          | DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING") (SEPARATE PROCEDURE)                             | \$520 | 75%         | \$390    |
| 03        | 28260          | CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)   | \$520 | 75%         | \$390    |
| 03        | 28261          | CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING  | \$520 | 75%         | \$390    |
| 03        | 28270          | CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPAR | \$520 | 75%         | \$390    |
| 03        | 28285          | HAMMERTOES OPERATION; ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)                           | \$520 | 75%         | \$390    |
| 03        | 28288          | OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL | \$520 | 75%         | \$390    |
| 03        | 28289          | HALLUX RIGIDUM CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARS             | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 28293          | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT             | \$520 | 75%         | \$390    |
| 03        | 28294          | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN TYPE PROCED | \$520 | 75%         | \$390    |
| 03        | 28296          | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CH | \$520 | 75%         | \$390    |
| 03        | 28297          | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE                      | \$520 | 75%         | \$390    |
| 03        | 28298          | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY                        | \$520 | 75%         | \$390    |
| 03        | 28305          | OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER T | \$520 | 75%         | \$390    |
| 03        | 28310          | OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)   | \$520 | 75%         | \$390    |
| 03        | 28312          | OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE                           | \$520 | 75%         | \$390    |
| 03        | 28415          | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION;                           | \$520 | 75%         | \$390    |
| 03        | 28445          | OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION                                | \$520 | 75%         | \$390    |
| 03        | 28465          | OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA | \$520 | 75%         | \$390    |
| 03        | 28505          | OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION      | \$520 | 75%         | \$390    |
| 03        | 28525          | OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL F | \$520 | 75%         | \$390    |
| 03        | 28531          | OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION   | \$520 | 75%         | \$390    |
| 03        | 28576          | PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION                              | \$520 | 75%         | \$390    |
| 03        | 28585          | OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION                  | \$520 | 75%         | \$390    |
| 03        | 28615          | OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION             | \$520 | 75%         | \$390    |
| 03        | 28636          | PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION                     | \$520 | 75%         | \$390    |
| 03        | 28645          | OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION         | \$520 | 75%         | \$390    |
| 03        | 28666          | PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION                         | \$520 | 75%         | \$390    |
| 03        | 28675          | OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION             | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 29800          | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)         | \$520 | 75%         | \$390    |
| 03        | 29804          | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL   | \$520 | 75%         | \$390    |
| 03        | 29805          | ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPERATE PROCEDURE)                        | \$520 | 75%         | \$390    |
| 03        | 29806          | ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY  | \$520 | 75%         | \$390    |
| 03        | 29807          | ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION   | \$520 | 75%         | \$390    |
| 03        | 29815          | ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)                        | \$520 | 75%         | \$390    |
| 03        | 29819          | ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY                                    | \$520 | 75%         | \$390    |
| 03        | 29820          | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL  | \$520 | 75%         | \$390    |
| 03        | 29821          | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE   | \$520 | 75%         | \$390    |
| 03        | 29822          | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED  | \$520 | 75%         | \$390    |
| 03        | 29823          | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE  | \$520 | 75%         | \$390    |
| 03        | 29825          | ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION           | \$520 | 75%         | \$390    |
| 03        | 29826          | ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOU | \$520 | 75%         | \$390    |
| 03        | 29830          | ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)                           | \$520 | 75%         | \$390    |
| 03        | 29834          | ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY                                       | \$520 | 75%         | \$390    |
| 03        | 29835          | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL   | \$520 | 75%         | \$390    |
| 03        | 29836          | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE  | \$520 | 75%         | \$390    |
| 03        | 29837          | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED   | \$520 | 75%         | \$390    |
| 03        | 29838          | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE   | \$520 | 75%         | \$390    |
| 03        | 29840          | ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)                           | \$520 | 75%         | \$390    |
| 03        | 29843          | ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE   | \$520 | 75%         | \$390    |
| 03        | 29844          | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL   | \$520 | 75%         | \$390    |
| 03        | 29845          | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE  | \$520 | 75%         | \$390    |
| 03        | 29846          | ARTHROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT                    | \$520 | 75%         | \$390    |
| 03        | 29847          | ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY                                    | \$520 | 75%         | \$390    |
| 03        | 29870          | ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)                            | \$520 | 75%         | \$390    |
| 03        | 29871          | ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE  | \$520 | 75%         | \$390    |
| 03        | 29873          | ARTHOSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE   | \$520 | 75%         | \$390    |
| 03        | 29874          | ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENT | \$520 | 75%         | \$390    |
| 03        | 29879          | ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY                                     | \$520 | 75%         | \$390    |
| 03        | 29882          | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)  | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description  | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|---|-------|-------------|----------|
| 03        | 29883          | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)  | \$520 | 75%         | \$390    |
| 03        | 29884          | ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)         | \$520 | 75%         | \$390    |
| 03        | 29885          | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERN  | \$520 | 75%         | \$390    |
| 03        | 29886          | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION                               | \$520 | 75%         | \$390    |
| 03        | 29887          | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION        | \$520 | 75%         | \$390    |
| 03        | 29888          | ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION                         | \$520 | 75%         | \$390    |
| 03        | 29889          | ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION                        | \$520 | 75%         | \$390    |
| 03        | 29891          | ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OR OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING                 | \$520 | 75%         | \$390    |
| 03        | 29892          | ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFON  | \$520 | 75%         | \$390    |
| 03        | 29894          | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY    | \$520 | 75%         | \$390    |
| 03        | 29895          | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL                          | \$520 | 75%         | \$390    |
| 03        | 29897          | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED                          | \$520 | 75%         | \$390    |
| 03        | 29898          | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE                        | \$520 | 75%         | \$390    |
| 03        | 29899          | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ARTHRODESIS                        | \$520 | 75%         | \$390    |
| 03        | 29900          | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC INCLUDES SYNOVIAL BIOPSY                                     | \$520 | 75%         | \$390    |
| 03        | 29901          | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT  | \$520 | 75%         | \$390    |
| 03        | 29902          | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT         | \$520 | 75%         | \$390    |
| 03        | 30117          | EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH                     | \$520 | 75%         | \$390    |
| 03        | 30118          | EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY) | \$520 | 75%         | \$390    |
| 03        | 30130          | EXCISION TURBINATE, PARTIAL OR COMPLETE   | \$520 | 75%         | \$390    |
| 03        | 30150          | RHINECTOMY; PARTIAL   | \$520 | 75%         | \$390    |
| 03        | 30430          | RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)   | \$520 | 75%         | \$390    |
| 03        | 30920          | LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL   | \$520 | 75%         | \$390    |
| 03        | 31030          | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS                | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 31205          | ETHMOIDECTOMY; EXTRANASAL, TOTAL   | \$520 | 75%         | \$390    |
| 03        | 31254          | NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL   | \$520 | 75%         | \$390    |
| 03        | 31256          | NASAL ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY   | \$520 | 75%         | \$390    |
| 03        | 31258          | NASAL ENDOSCOPY, SURGICAL; WITH REMOVAL OF FOREIGN BODY(S)   | \$520 | 75%         | \$390    |
| 03        | 31263          | MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF FOREIGN BODY(S)   | \$520 | 75%         | \$390    |
| 03        | 31265          | MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF CYST  | \$520 | 75%         | \$390    |
| 03        | 31267          | MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE AND/OR POLYPS                             | \$520 | 75%         | \$390    |
| 03        | 31268          | MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF FUNGUS BALL   | \$520 | 75%         | \$390    |
| 03        | 31276          | NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM SINUS   | \$520 | 75%         | \$390    |
| 03        | 31277          | SPHENOID ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE  | \$520 | 75%         | \$390    |
| 03        | 31287          | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPENOIDOTOMY;  | \$520 | 75%         | \$390    |
| 03        | 31288          | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS            | \$520 | 75%         | \$390    |
| 03        | 31531          | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE                          | \$520 | 75%         | \$390    |
| 03        | 31536          | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE  | \$520 | 75%         | \$390    |
| 03        | 31540          | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;        | \$520 | 75%         | \$390    |
| 03        | 31611          | CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOI | \$520 | 75%         | \$390    |
| 03        | 34101          | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY A | \$520 | 75%         | \$390    |
| 03        | 36260          | INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)                          | \$520 | 75%         | \$390    |
| 03        | 36530          | INSERTION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP   | \$520 | 75%         | \$390    |
| 03        | 36533          | INSERTION OF IMPLANTABLE VENOUS ACCESS DEVICE, WITH OR WITHOUT SUBCUTANEOUS                                    | \$520 | 75%         | \$390    |
| 03        | 36550          | DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER                               | \$520 | 75%         | \$390    |
| 03        | 36800          | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; VEIN TO VEIN   | \$520 | 75%         | \$390    |
| 03        | 36810          | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)                  | \$520 | 75%         | \$390    |
| 03        | 36815          | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL REVISION OR CLOSURE              | \$520 | 75%         | \$390    |
| 03        | 36820          | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VWIN TRANSPOSITION   | \$520 | 75%         | \$390    |
| 03        | 36821          | ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE                                  | \$520 | 75%         | \$390    |
| 03        | 36861          | CANNULA DECLOTTING; WITH BALLOON CATHETER  | \$520 | 75%         | \$390    |
| 03        | 37607          | LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA   | \$520 | 75%         | \$390    |
| 03        | 37718          | LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN  | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 37720          | LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS                                  | \$520 | 75%         | \$390    |
| 03        | 37722          | LIGATION, DIVISION, AND STRIPPING, LONG SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW          | \$520 | 75%         | \$390    |
| 03        | 37730          | LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT SAPHENOUS VEINS                                 | \$520 | 75%         | \$390    |
| 03        | 37735          | LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER A | \$520 | 75%         | \$390    |
| 03        | 37760          | LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT                         | \$520 | 75%         | \$390    |
| 03        | 37780          | LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)                | \$520 | 75%         | \$390    |
| 03        | 37785          | LIGATION, DIVISION, AND/OR EXCISION OF RECURRENT OR SECONDARY VARICOSE VEINS (CLUSTERS), ONE LEG               | \$520 | 75%         | \$390    |
| 03        | 37790          | PENILE REVASCULARIZATON, ARTERY, WITH OR WITHOUT VEIN GRAFT  | \$520 | 75%         | \$390    |
| 03        | 38550          | EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCULAR DISSECTION; SIMPLE                | \$520 | 75%         | \$390    |
| 03        | 40650          | REPAIR LIP, FULL THICKNESS; VERMILION ONLY   | \$520 | 75%         | \$390    |
| 03        | 40652          | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT   | \$520 | 75%         | \$390    |
| 03        | 40654          | REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX  | \$520 | 75%         | \$390    |
| 03        | 40761          | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECT | \$520 | 75%         | \$390    |
| 03        | 40842          | VESTIBULOPLASTY; POSTERIOR, UNILATERAL   | \$520 | 75%         | \$390    |
| 03        | 40843          | VESTIBULOPLASTY; POSTERIOR, BILATERAL  | \$520 | 75%         | \$390    |
| 03        | 42281          | INSERTION OF PIN-RETAINED PALATAL PROSTHESIS   | \$520 | 75%         | \$390    |
| 03        | 42335          | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL   | \$520 | 75%         | \$390    |
| 03        | 42408          | EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)  | \$520 | 75%         | \$390    |
| 03        | 42409          | MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)  | \$520 | 75%         | \$390    |
| 03        | 42410          | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION                             | \$520 | 75%         | \$390    |
| 03        | 42415          | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE     | \$520 | 75%         | \$390    |
| 03        | 42440          | EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND   | \$520 | 75%         | \$390    |
| 03        | 42500          | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE   | \$520 | 75%         | \$390    |
| 03        | 42507          | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);  | \$520 | 75%         | \$390    |
| 03        | 42810          | EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES                            | \$520 | 75%         | \$390    |
| 03        | 42820          | TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12  | \$520 | 75%         | \$390    |
| 03        | 42860          | EXCISION OF TONSIL TAGS  | \$520 | 75%         | \$390    |
| 03        | 42870          | EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)  | \$520 | 75%         | \$390    |

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|-----------|----------------|--|-------|-------------|----------|
| 03        | 42972          | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICAL IN | \$520 | 75%         | \$390    |
| 03        | 43256          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSCENDOSCOPIC STENT PLACEMENT           | \$520 | 75%         | \$390    |
| 03        | 43258          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$520 | 75%         | \$390    |
| 03        | 43259          | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH ENDOSCOPIC ULTRASOUND EXAMINATION                  | \$520 | 75%         | \$390    |
| 03        | 44340          | REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)                               | \$520 | 75%         | \$390    |
| 03        | 45180          | EXCISION AND/OR ELECTRODESICCATION OF MALIGNANT TUMOR OF RECTUM, TRANSANAL APPROACH                            | \$520 | 75%         | \$390    |
| 03        | 46000          | FISTULOTOMY, SUBCUTANEOUS  | \$520 | 75%         | \$390    |
| 03        | 46020          | PLACEMENT OF SETON   | \$520 | 75%         | \$390    |
| 03        | 46040          | INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)                           | \$520 | 75%         | \$390    |
| 03        | 46080          | SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)   | \$520 | 75%         | \$390    |
| 03        | 46250          | HEMORRHOIDECTOMY, EXTERNAL, COMPLETE   | \$520 | 75%         | \$390    |
| 03        | 46255          | HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE;  | \$520 | 75%         | \$390    |
| 03        | 46257          | HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY  | \$520 | 75%         | \$390    |
| 03        | 46258          | HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY                | \$520 | 75%         | \$390    |
| 03        | 46260          | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;   | \$520 | 75%         | \$390    |
| 03        | 46270          | FISTULECTOMY; SUBCUTANEOUS   | \$520 | 75%         | \$390    |
| 03        | 46275          | FISTULECTOMY; SUBMUSCULAR  | \$520 | 75%         | \$390    |
| 03        | 46700          | ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT  | \$520 | 75%         | \$390    |
| 03        | 46750          | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT  | \$520 | 75%         | \$390    |
| 03        | 46753          | GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE   | \$520 | 75%         | \$390    |
| 03        | 46761          | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)       | \$520 | 75%         | \$390    |
| 03        | 47553          | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHIN | \$520 | 75%         | \$390    |
| 03        | 47554          | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR REMOVAL OF STONE(S)                             | \$520 | 75%         | \$390    |
| 03        | 47555          | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT S | \$520 | 75%         | \$390    |
| 03        | 47560          | LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHOUT BIOPSY                                | \$520 | 75%         | \$390    |
| 03        | 47561          | LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH BIOPSY                                    | \$520 | 75%         | \$390    |
| 03        | 47630          | BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQUE)         | \$520 | 75%         | \$390    |



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|-----------|----------------|--|-------|-------------|----------|
| 03        | 49301          | PERITONEOSCOPY; WITH BIOPSY  | \$520 | 75%         | \$390    |
| 03        | 49302          | PERITONEOSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY  | \$520 | 75%         | \$390    |
| 03        | 49303          | PERITONEOSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY   | \$520 | 75%         | \$390    |
| 03        | 49320          | LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, W/OR W/OUT COLLECTION OF SPECIMENS BY               | \$520 | 75%         | \$390    |
| 03        | 49590          | REPAIR SPIGELIAN HERNIA  | \$520 | 75%         | \$390    |
| 03        | 50040          | NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE  | \$520 | 75%         | \$390    |
| 03        | 51715          | ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK        | \$520 | 75%         | \$390    |
| 03        | 51920          | CLOSURE OF VESICOUTERINE FISTULA;  | \$520 | 75%         | \$390    |
| 03        | 52235          | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADD | \$520 | 75%         | \$390    |
| 03        | 52240          | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDE | \$520 | 75%         | \$390    |
| 03        | 52276          | CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY  | \$520 | 75%         | \$390    |
| 03        | 52334          | CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY | \$520 | 75%         | \$390    |
| 03        | 52335          | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL J | \$520 | 75%         | \$390    |
| 03        | 52340          | CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR         | \$520 | 75%         | \$390    |
| 03        | 52341          | CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRUCTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND INC  | \$520 | 75%         | \$390    |
| 03        | 52342          | CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAU | \$520 | 75%         | \$390    |
| 03        | 52343          | CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND   | \$520 | 75%         | \$390    |
| 03        | 52344          | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTR | \$520 | 75%         | \$390    |
| 03        | 52345          | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION  | \$520 | 75%         | \$390    |
| 03        | 52346          | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELE | \$520 | 75%         | \$390    |
| 03        | 52351          | CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC  | \$520 | 75%         | \$390    |
| 03        | 52400          | CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENT | \$520 | 75%         | \$390    |

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|-----------|----------------|--|-------|-------------|----------|
| 03        | 52450          | TRANSURETHRAL INCISION OF PROSTATE   | \$520 | 75%         | \$390    |
| 03        | 52500          | TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)   | \$520 | 75%         | \$390    |
| 03        | 52510          | TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA, ANY METHOD  | \$520 | 75%         | \$390    |
| 03        | 53080          | DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)                                 | \$520 | 75%         | \$390    |
| 03        | 53235          | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE   | \$520 | 75%         | \$390    |
| 03        | 53400          | URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANSEN TYPE)                        | \$520 | 75%         | \$390    |
| 03        | 53420          | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE              | \$520 | 75%         | \$390    |
| 03        | 54300          | PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URE | \$520 | 75%         | \$390    |
| 03        | 54304          | PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRA | \$520 | 75%         | \$390    |
| 03        | 54308          | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM                | \$520 | 75%         | \$390    |
| 03        | 54312          | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM             | \$520 | 75%         | \$390    |
| 03        | 54316          | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED  | \$520 | 75%         | \$390    |
| 03        | 54318          | URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)  | \$520 | 75%         | \$390    |
| 03        | 54322          | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT  | \$520 | 75%         | \$390    |
| 03        | 54324          | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKI | \$520 | 75%         | \$390    |
| 03        | 54326          | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKI | \$520 | 75%         | \$390    |
| 03        | 54328          | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CO | \$520 | 75%         | \$390    |
| 03        | 54340          | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION,  | \$520 | 75%         | \$390    |
| 03        | 54344          | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAP | \$520 | 75%         | \$390    |
| 03        | 54348          | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND  | \$520 | 75%         | \$390    |
| 03        | 54352          | REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 03        | 54360          | PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION   | \$520 | 75%         | \$390    |
| 03        | 54380          | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;  | \$520 | 75%         | \$390    |
| 03        | 54385          | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE                      | \$520 | 75%         | \$390    |
| 03        | 54400          | INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)  | \$520 | 75%         | \$390    |
| 03        | 54401          | INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)  | \$520 | 75%         | \$390    |
| 03        | 54405          | INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RE | \$520 | 75%         | \$390    |
| 03        | 54406          | REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WITHOUT REPLACEMENT OF PRO        | \$520 | 75%         | \$390    |
| 03        | 54408          | REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFATABLE PENILE PROSTHESIS                                       | \$520 | 75%         | \$390    |
| 03        | 54410          | REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI- COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OP | \$520 | 75%         | \$390    |
| 03        | 54415          | REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS, WITHOUT REPLACEMENT F | \$520 | 75%         | \$390    |
| 03        | 54416          | REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE | \$520 | 75%         | \$390    |
| 03        | 54520          | ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROA | \$520 | 75%         | \$390    |
| 03        | 54522          | ORCHIECTOMY, PARTIAL   | \$520 | 75%         | \$390    |
| 03        | 54620          | FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)  | \$520 | 75%         | \$390    |
| 03        | 54670          | SUTURE OR REPAIR OF TESTICULAR INJURY  | \$520 | 75%         | \$390    |
| 03        | 54680          | TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)  | \$520 | 75%         | \$390    |
| 03        | 54830          | EXCISION OF LOCAL LESION OF EPIDIDYMIS   | \$520 | 75%         | \$390    |
| 03        | 54860          | EPIDIDYMECTOMY; UNILATERAL   | \$520 | 75%         | \$390    |
| 03        | 55040          | EXCISION OF HYDROCELE; UNILATERAL  | \$520 | 75%         | \$390    |
| 03        | 55500          | EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)                                       | \$520 | 75%         | \$390    |
| 03        | 56300          | LAPAROSCOPY (PERITONEOSCOPY), DIAGNOSTIC; (SEPARATE PROCEDURE)   | \$520 | 75%         | \$390    |
| 03        | 56351          | HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C        | \$520 | 75%         | \$390    |
| 03        | 56354          | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA  | \$520 | 75%         | \$390    |
| 03        | 56515          | DESTRUCTION OF LESION(S), VULVA; EXTENSIVE, ANY METHOD   | \$520 | 75%         | \$390    |
| 03        | 56740          | EXCISION OF BARTHOLIN'S GLAND OR CYST  | \$520 | 75%         | \$390    |
| 03        | 56800          | PLASTIC REPAIR OF INTROITUS  | \$520 | 75%         | \$390    |
| 03        | 57220          | PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)                       | \$520 | 75%         | \$390    |
| 03        | 57230          | PLASTIC REPAIR OF URETHROCELE  | \$520 | 75%         | \$390    |
| 03        | 57268          | REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)  | \$520 | 75%         | \$390    |

| ASC Level | Procedure Code | Procedure Code Description  | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|---|-------|-------------|----------|
| 03        | 57300          | CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH  | \$520 | 75%         | \$390    |
| 03        | 57310          | CLOSURE OF URETHROVAGINAL FISTULA;  | \$520 | 75%         | \$390    |
| 03        | 57320          | CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH  | \$520 | 75%         | \$390    |
| 03        | 57530          | TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)   | \$520 | 75%         | \$390    |
| 03        | 57550          | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;   | \$520 | 75%         | \$390    |
| 03        | 57720          | TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH   | \$520 | 75%         | \$390    |
| 03        | 57820          | DILATION AND CURETTAGE OF CERVICAL STUMP  | \$520 | 75%         | \$390    |
| 03        | 58350          | HYDROTUBATION OF OVIDUCT, INCLUDING MATERIALS   | \$520 | 75%         | \$390    |
| 03        | 58558          | HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY W/<br>OR W/OUT D&C               | \$520 | 75%         | \$390    |
| 03        | 58560          | HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)                            | \$520 | 75%         | \$390    |
| 03        | 58561          | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA   | \$520 | 75%         | \$390    |
| 03        | 58562          | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY   | \$520 | 75%         | \$390    |
| 03        | 58670          | LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)                                 | \$520 | 75%         | \$390    |
| 03        | 58671          | LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG,BAND, CLIP, OR FALOPE                             | \$520 | 75%         | \$390    |
| 03        | 58800          | DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL<br>APPROACH                   | \$520 | 75%         | \$390    |
| 03        | 58820          | DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN   | \$520 | 75%         | \$390    |
| 03        | 58900          | BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)   | \$520 | 75%         | \$390    |
| 03        | 59160          | CURETTAGE, POSTPARTUM   | \$520 | 75%         | \$390    |
| 03        | 60225          | TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING<br>ISTHMUS                  | \$520 | 75%         | \$390    |
| 03        | 61215          | INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR<br>CONNECTION TO VENTRICULAR CATHETER | \$520 | 75%         | \$390    |
| 03        | 61790          | CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG,<br>ALCOHOL, THERMAL, ELECTRICAL | \$520 | 75%         | \$390    |
| 03        | 61791          | CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG,<br>ALCOHOL, THERMAL, ELECTRICAL | \$520 | 75%         | \$390    |
| 03        | 61886          | INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIM PULSE GENERATOR WITH<br>CONNECTION TO TWO OR MORE ELECTR | \$520 | 75%         | \$390    |
| 03        | 62294          | INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL                                | \$520 | 75%         | \$390    |
| 03        | 63744          | REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT  | \$520 | 75%         | \$390    |
| 03        | 64716          | NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)   | \$520 | 75%         | \$390    |
| 03        | 64776          | EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT   | \$520 | 75%         | \$390    |
| 03        | 64782          | EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE   | \$520 | 75%         | \$390    |
| 03        | 64784          | EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC   | \$520 | 75%         | \$390    |

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|-----------|----------------|--|-------|-------------|----------|
| 03        | 64786          | EXCISION OF NEUROMA; SCIATIC NERVE   | \$520 | 75%         | \$390    |
| 03        | 64788          | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE  | \$520 | 75%         | \$390    |
| 03        | 64790          | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE   | \$520 | 75%         | \$390    |
| 03        | 64792          | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)                                 | \$520 | 75%         | \$390    |
| 03        | 64835          | SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR   | \$520 | 75%         | \$390    |
| 03        | 64836          | SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR   | \$520 | 75%         | \$390    |
| 03        | 64861          | SUTURE OF; BRACHIAL PLEXUS   | \$520 | 75%         | \$390    |
| 03        | 64862          | SUTURE OF; LUMBAR PLEXUS   | \$520 | 75%         | \$390    |
| 03        | 64864          | SUTURE OF FACIAL NERVE; EXTRACRANIAL   | \$520 | 75%         | \$390    |
| 03        | 64874          | SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO C | \$520 | 75%         | \$390    |
| 03        | 64876          | SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTU | \$520 | 75%         | \$390    |
| 03        | 64895          | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH              | \$520 | 75%         | \$390    |
| 03        | 64896          | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH          | \$520 | 75%         | \$390    |
| 03        | 64897          | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH                | \$520 | 75%         | \$390    |
| 03        | 64898          | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH            | \$520 | 75%         | \$390    |
| 03        | 65091          | EVISCEATION OF OCULAR CONTENTS; WITHOUT IMPLANT  | \$520 | 75%         | \$390    |
| 03        | 65093          | EVISCEATION OF OCULAR CONTENTS; WITH IMPLANT   | \$520 | 75%         | \$390    |
| 03        | 65101          | ENUCLEATION OF EYE; WITHOUT IMPLANT  | \$520 | 75%         | \$390    |
| 03        | 65103          | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT  | \$520 | 75%         | \$390    |
| 03        | 65130          | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL                                    | \$520 | 75%         | \$390    |
| 03        | 65140          | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT                          | \$520 | 75%         | \$390    |
| 03        | 65155          | REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO  | \$520 | 75%         | \$390    |
| 03        | 65260          | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE | \$520 | 75%         | \$390    |
| 03        | 65290          | REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE   | \$520 | 75%         | \$390    |
| 03        | 65810          | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF AN | \$520 | 75%         | \$390    |
| 03        | 66220          | REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT  | \$520 | 75%         | \$390    |
| 03        | 66600          | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION                                       | \$520 | 75%         | \$390    |

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|-----------|----------------|--|-------|-------------|----------|
| 03        | 66605          | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY   | \$520 | 75%         | \$390    |
| 03        | 66625          | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)                | \$520 | 75%         | \$390    |
| 03        | 66630          | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)                    | \$520 | 75%         | \$390    |
| 03        | 66635          | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; "OPTICAL" (SEPARATE PROCEDURE)                              | \$520 | 75%         | \$390    |
| 03        | 66680          | REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)  | \$520 | 75%         | \$390    |
| 03        | 67250          | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT  | \$520 | 75%         | \$390    |
| 03        | 67255          | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT   | \$520 | 75%         | \$390    |
| 03        | 67311          | STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSC  | \$520 | 75%         | \$390    |
| 03        | 67400          | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BONE BI | \$520 | 75%         | \$390    |
| 03        | 67880          | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;                                | \$520 | 75%         | \$390    |
| 03        | 67882          | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL P | \$520 | 75%         | \$390    |
| 03        | 67911          | CORRECTION OF LID RETRACTION   | \$520 | 75%         | \$390    |
| 03        | 67914          | REPAIR OF ECTROPION; SUTURE  | \$520 | 75%         | \$390    |
| 03        | 67921          | REPAIR OF ENTROPION; SUTURE  | \$520 | 75%         | \$390    |
| 03        | 67961          | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCL | \$520 | 75%         | \$390    |
| 03        | 67966          | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCL | \$520 | 75%         | \$390    |
| 03        | 67971          | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO | \$520 | 75%         | \$390    |
| 03        | 67973          | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYE | \$520 | 75%         | \$390    |
| 03        | 67974          | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYE | \$520 | 75%         | \$390    |
| 03        | 67975          | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND ST | \$520 | 75%         | \$390    |
| 03        | 68500          | EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL   | \$520 | 75%         | \$390    |
| 03        | 68505          | EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL                                       | \$520 | 75%         | \$390    |
| 03        | 68520          | EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)  | \$520 | 75%         | \$390    |
| 03        | 68540          | EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH   | \$520 | 75%         | \$390    |
| 03        | 68550          | EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY  | \$520 | 75%         | \$390    |

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|-----------|----------------|--|-------|-------------|----------|
| 03        | 69150          | RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION                                       | \$520 | 75%         | \$390    |
| 03        | 69300          | OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION  | \$520 | 75%         | \$390    |
| 03        | 69310          | RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO TRAUMA, INFECTION), (SEPARATE | \$520 | 75%         | \$390    |
| 03        | 69400          | EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITH CATHETERIZATION  | \$520 | 75%         | \$390    |
| 03        | 69401          | EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITHOUT CATHETERIZATION   | \$520 | 75%         | \$390    |
| 03        | 69405          | EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC   | \$520 | 75%         | \$390    |
| 03        | 69410          | FOCAL APPLICATION OF PHASE CONTROL SUBSTANCE, MIDDLE EAR (BAFFLE TECHNIQUE)                                    | \$520 | 75%         | \$390    |
| 03        | 69420          | MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION  | \$520 | 75%         | \$390    |
| 03        | 69421          | MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA                 | \$520 | 75%         | \$390    |
| 03        | 69436          | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA                                     | \$520 | 75%         | \$390    |
| 03        | 69440          | MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION   | \$520 | 75%         | \$390    |
| 03        | 69670          | MASTOID OBLITERATION (SEPARATE PROCEDURE)  | \$520 | 75%         | \$390    |
| 03        | 69676          | TYMPANIC NEURECTOMY  | \$520 | 75%         | \$390    |
| 03        | 69700          | CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)  | \$520 | 75%         | \$390    |
| 03        | 69710          | IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE                 | \$520 | 75%         | \$390    |
| 03        | S2300          | ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY -INDUCED CAPSULORRHAPHY  | \$520 | 75%         | \$390    |
| 04        | 13300          | REPAIR, UNUSUAL, COMPLICATED, OVER 7.5 CM, ANY AREA  | \$643 | 75%         | \$482.25 |
| 04        | 14300          | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR COMPLICATED, ANY AREA                | \$643 | 75%         | \$482.25 |
| 04        | 15620          | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, | \$643 | 75%         | \$482.25 |
| 04        | 15840          | GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)                               | \$643 | 75%         | \$482.25 |
| 04        | 15841          | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)                                | \$643 | 75%         | \$482.25 |
| 04        | 15842          | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE                                 | \$643 | 75%         | \$482.25 |
| 04        | 15845          | GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER   | \$643 | 75%         | \$482.25 |
| 04        | 15922          | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE                                       | \$643 | 75%         | \$482.25 |
| 04        | 15935          | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY  | \$643 | 75%         | \$482.25 |
| 04        | 15936          | EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;         | \$643 | 75%         | \$482.25 |
| 04        | 15937          | EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY                      | \$643 | 75%         | \$482.25 |
| 04        | 15945          | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY                                       | \$643 | 75%         | \$482.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 04        | 15946          | EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT | \$643 | 75%         | \$482.25 |
| 04        | 15951          | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY                                     | \$643 | 75%         | \$482.25 |
| 04        | 15953          | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY                                  | \$643 | 75%         | \$482.25 |
| 04        | 15958          | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY                | \$643 | 75%         | \$482.25 |
| 04        | 19140          | MASTECTOMY FOR GYNECOMASTIA THROUGH CIRCUMAREOLAR OR OTHER INCISION  | \$643 | 75%         | \$482.25 |
| 04        | 19180          | MASTECTOMY, SIMPLE, COMPLETE   | \$643 | 75%         | \$482.25 |
| 04        | 19182          | MASTECTOMY, SUBCUTANEOUS   | \$643 | 75%         | \$482.25 |
| 04        | 19316          | MASTOPEXY  | \$643 | 75%         | \$482.25 |
| 04        | 19318          | REDUCTION MAMMAPLASTY  | \$643 | 75%         | \$482.25 |
| 04        | 19324          | MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT  | \$643 | 75%         | \$482.25 |
| 04        | 19350          | NIPPLE/AREOLA RECONSTRUCTION   | \$643 | 75%         | \$482.25 |
| 04        | 19355          | CORRECTION OF INVERTED NIPPLES   | \$643 | 75%         | \$482.25 |
| 04        | 19370          | OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST  | \$643 | 75%         | \$482.25 |
| 04        | 19371          | PERIPROSTHETIC CAPSULECTOMY, BREAST  | \$643 | 75%         | \$482.25 |
| 04        | 20902          | BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE   | \$643 | 75%         | \$482.25 |
| 04        | 20920          | FASCIA LATA GRAFT; BY STRIPPER   | \$643 | 75%         | \$482.25 |
| 04        | 20924          | TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)  | \$643 | 75%         | \$482.25 |
| 04        | 20926          | TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)  | \$643 | 75%         | \$482.25 |
| 04        | 20955          | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA  | \$643 | 75%         | \$482.25 |
| 04        | 20960          | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; RIB   | \$643 | 75%         | \$482.25 |
| 04        | 20962          | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR                                  | \$643 | 75%         | \$482.25 |
| 04        | 20969          | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR GRE            | \$643 | 75%         | \$482.25 |
| 04        | 20970          | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST   | \$643 | 75%         | \$482.25 |
| 04        | 20971          | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; RIB   | \$643 | 75%         | \$482.25 |
| 04        | 20972          | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL  | \$643 | 75%         | \$482.25 |
| 04        | 20973          | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE                              | \$643 | 75%         | \$482.25 |
| 04        | 21240          | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)                    | \$643 | 75%         | \$482.25 |
| 04        | 21325          | OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED  | \$643 | 75%         | \$482.25 |
| 04        | 21336          | OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION   | \$643 | 75%         | \$482.25 |
| 04        | 21338          | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION  | \$643 | 75%         | \$482.25 |
| 04        | 21340          | PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAI | \$643 | 75%         | \$482.25 |



| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 04        | 21360          | OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD                          | \$643 | 75%         | \$482.25 |
| 04        | 21406          | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT   | \$643 | 75%         | \$482.25 |
| 04        | 21421          | CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION  | \$643 | 75%         | \$482.25 |
| 04        | 21445          | OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE                                    | \$643 | 75%         | \$482.25 |
| 04        | 21451          | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION   | \$643 | 75%         | \$482.25 |
| 04        | 21461          | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION  | \$643 | 75%         | \$482.25 |
| 04        | 21465          | OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE   | \$643 | 75%         | \$482.25 |
| 04        | 21494          | CLOSED TREATMENT OF HYOID FRACTURE; WITH MANIPULATION  | \$643 | 75%         | \$482.25 |
| 04        | 21495          | OPEN TREATMENT OF HYOID FRACTURE   | \$643 | 75%         | \$482.25 |
| 04        | 22900          | EXCISION, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM                        | \$643 | 75%         | \$482.25 |
| 04        | 23044          | ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN  | \$643 | 75%         | \$482.25 |
| 04        | 23105          | ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY                                       | \$643 | 75%         | \$482.25 |
| 04        | 23106          | ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY                                   | \$643 | 75%         | \$482.25 |
| 04        | 23107          | ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY       | \$643 | 75%         | \$482.25 |
| 04        | 23140          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;                                     | \$643 | 75%         | \$482.25 |
| 04        | 23150          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;  | \$643 | 75%         | \$482.25 |
| 04        | 23180          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE    | \$643 | 75%         | \$482.25 |
| 04        | 23182          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA     | \$643 | 75%         | \$482.25 |
| 04        | 23184          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HU | \$643 | 75%         | \$482.25 |
| 04        | 23190          | OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)  | \$643 | 75%         | \$482.25 |
| 04        | 23430          | TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS   | \$643 | 75%         | \$482.25 |
| 04        | 23440          | RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS                               | \$643 | 75%         | \$482.25 |
| 04        | 23480          | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;  | \$643 | 75%         | \$482.25 |
| 04        | 23532          | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT | \$643 | 75%         | \$482.25 |
| 04        | 23552          | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAF | \$643 | 75%         | \$482.25 |
| 04        | 23615          | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA | \$643 | 75%         | \$482.25 |

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|-----------|----------------|--|-------|-------------|----------|
| 04        | 23616          | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA | \$643 | 75%         | \$482.25 |
| 04        | 23800          | ARTHRODESIS, GLENOHUMERAL JOINT  | \$643 | 75%         | \$482.25 |
| 04        | 24000          | ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY                                 | \$643 | 75%         | \$482.25 |
| 04        | 24006          | ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)                      | \$643 | 75%         | \$482.25 |
| 04        | 24101          | ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN | \$643 | 75%         | \$482.25 |
| 04        | 24102          | ARTHROTOMY, ELBOW; FOR SYNOVECTOMY   | \$643 | 75%         | \$482.25 |
| 04        | 24151          | RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)                | \$643 | 75%         | \$482.25 |
| 04        | 24153          | RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)                    | \$643 | 75%         | \$482.25 |
| 04        | 24301          | MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)                        | \$643 | 75%         | \$482.25 |
| 04        | 24305          | TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON  | \$643 | 75%         | \$482.25 |
| 04        | 24400          | OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION  | \$643 | 75%         | \$482.25 |
| 04        | 24410          | MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)            | \$643 | 75%         | \$482.25 |
| 04        | 24435          | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)              | \$643 | 75%         | \$482.25 |
| 04        | 24515          | OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE                           | \$643 | 75%         | \$482.25 |
| 04        | 24516          | OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE A | \$643 | 75%         | \$482.25 |
| 04        | 24545          | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI | \$643 | 75%         | \$482.25 |
| 04        | 24586          | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL | \$643 | 75%         | \$482.25 |
| 04        | 24665          | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;     | \$643 | 75%         | \$482.25 |
| 04        | 24666          | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WIT | \$643 | 75%         | \$482.25 |
| 04        | 24800          | ARTHRODESIS, ELBOW JOINT; LOCAL  | \$643 | 75%         | \$482.25 |
| 04        | 25105          | ARTHROTOMY, WRIST JOINT; FOR SYNOVECTOMY   | \$643 | 75%         | \$482.25 |
| 04        | 25112          | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT   | \$643 | 75%         | \$482.25 |
| 04        | 25115          | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTH | \$643 | 75%         | \$482.25 |

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|-----------|----------------|--|-------|-------------|----------|
| 04        | 25116          | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTH | \$643 | 75%         | \$482.25 |
| 04        | 25215          | CARPECTOMY; ALL BONES OF PROXIMAL ROW  | \$643 | 75%         | \$482.25 |
| 04        | 25230          | RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)  | \$643 | 75%         | \$482.25 |
| 04        | 25240          | EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)  | \$643 | 75%         | \$482.25 |
| 04        | 25260          | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE                 | \$643 | 75%         | \$482.25 |
| 04        | 25270          | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE               | \$643 | 75%         | \$482.25 |
| 04        | 25274          | REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WR | \$643 | 75%         | \$482.25 |
| 04        | 25275          | REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG, FOR EXE | \$643 | 75%         | \$482.25 |
| 04        | 25280          | LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON              | \$643 | 75%         | \$482.25 |
| 04        | 25312          | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (IN | \$643 | 75%         | \$482.25 |
| 04        | 25375          | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA         | \$643 | 75%         | \$482.25 |
| 04        | 25391          | OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT  | \$643 | 75%         | \$482.25 |
| 04        | 25393          | OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT   | \$643 | 75%         | \$482.25 |
| 04        | 25405          | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)       | \$643 | 75%         | \$482.25 |
| 04        | 25420          | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)      | \$643 | 75%         | \$482.25 |
| 04        | 25426          | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA   | \$643 | 75%         | \$482.25 |
| 04        | 25440          | REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT  | \$643 | 75%         | \$482.25 |
| 04        | 25525          | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF DISLO | \$643 | 75%         | \$482.25 |
| 04        | 25800          | ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR CARPOME       | \$643 | 75%         | \$482.25 |
| 04        | 25820          | ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)                               | \$643 | 75%         | \$482.25 |
| 04        | 26035          | DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)   | \$643 | 75%         | \$482.25 |
| 04        | 26037          | DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)  | \$643 | 75%         | \$482.25 |
| 04        | 26040          | FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS   | \$643 | 75%         | \$482.25 |

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|-----------|----------------|--|-------|-------------|----------|
| 04        | 26075          | ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METACARPOPHALANGEAL JOINT, EACH   | \$643 | 75%         | \$482.25 |
| 04        | 26080          | ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH  | \$643 | 75%         | \$482.25 |
| 04        | 26121          | FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES | \$643 | 75%         | \$482.25 |
| 04        | 26123          | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WIT | \$643 | 75%         | \$482.25 |
| 04        | 26125          | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WIT | \$643 | 75%         | \$482.25 |
| 04        | 26135          | SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGI | \$643 | 75%         | \$482.25 |
| 04        | 26185          | SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)   | \$643 | 75%         | \$482.25 |
| 04        | 26352          | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBT   | \$643 | 75%         | \$482.25 |
| 04        | 26356          | REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY, EACH TENDON                    | \$643 | 75%         | \$482.25 |
| 04        | 26357          | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON                        | \$643 | 75%         | \$482.25 |
| 04        | 26358          | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINI   | \$643 | 75%         | \$482.25 |
| 04        | 26370          | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON              | \$643 | 75%         | \$482.25 |
| 04        | 26372          | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITH FREE GRAFT, EACH   | \$643 | 75%         | \$482.25 |
| 04        | 26390          | EXCISION FLEXOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH TENDON   | \$643 | 75%         | \$482.25 |
| 04        | 26415          | EXCISION OF EXTENSOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER           | \$643 | 75%         | \$482.25 |
| 04        | 26418          | REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON                         | \$643 | 75%         | \$482.25 |
| 04        | 26420          | EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GR | \$643 | 75%         | \$482.25 |
| 04        | 26498          | TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS  | \$643 | 75%         | \$482.25 |
| 04        | 26500          | RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE PROCEDURE)                          | \$643 | 75%         | \$482.25 |
| 04        | 26502          | TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)     | \$643 | 75%         | \$482.25 |
| 04        | 26504          | TENDON PULLEY RECONSTRUCTION; WITH TENDON PROSTHESIS (SEPARATE PROCEDURE)                                      | \$643 | 75%         | \$482.25 |

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|-----------|----------------|--|-------|-------------|----------|
| 04        | 26540          | REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT                                    | \$643 | 75%         | \$482.25 |
| 04        | 26542          | PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT) | \$643 | 75%         | \$482.25 |
| 04        | 26545          | RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT                | \$643 | 75%         | \$482.25 |
| 04        | 26546          | REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL I | \$643 | 75%         | \$482.25 |
| 04        | 26548          | REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT  | \$643 | 75%         | \$482.25 |
| 04        | 26551          | TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT                  | \$643 | 75%         | \$482.25 |
| 04        | 26552          | RECONSTRUCTION THUMB WITH TOE  | \$643 | 75%         | \$482.25 |
| 04        | 26562          | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)                          | \$643 | 75%         | \$482.25 |
| 04        | 26608          | PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE   | \$643 | 75%         | \$482.25 |
| 04        | 26615          | OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE        | \$643 | 75%         | \$482.25 |
| 04        | 26665          | OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR  | \$643 | 75%         | \$482.25 |
| 04        | 26715          | OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION       | \$643 | 75%         | \$482.25 |
| 04        | 26735          | OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTE | \$643 | 75%         | \$482.25 |
| 04        | 26765          | OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION,  | \$643 | 75%         | \$482.25 |
| 04        | 26841          | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;                                  | \$643 | 75%         | \$482.25 |
| 04        | 26842          | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINI | \$643 | 75%         | \$482.25 |
| 04        | 26850          | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;                                     | \$643 | 75%         | \$482.25 |
| 04        | 26852          | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING  | \$643 | 75%         | \$482.25 |
| 04        | 26862          | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF | \$643 | 75%         | \$482.25 |
| 04        | 26952          | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH  | \$643 | 75%         | \$482.25 |
| 04        | 27035          | DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR OBTURATOR  | \$643 | 75%         | \$482.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 04        | 27100          | TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)           | \$643 | 75%         | \$482.25 |
| 04        | 27105          | TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)                                 | \$643 | 75%         | \$482.25 |
| 04        | 27110          | TRANSFER ILIOPSOAS; TO GREATER TROCHANTER  | \$643 | 75%         | \$482.25 |
| 04        | 27111          | TRANSFER ILIOPSOAS; TO FEMORAL NECK  | \$643 | 75%         | \$482.25 |
| 04        | 27310          | ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)                       | \$643 | 75%         | \$482.25 |
| 04        | 27329          | RADICAL RESECTION OF TUMOR EXCISION, TUMOR(EG, MALIGNANT NEOPLASM),SOFT TISSUE OF THIGH OR KNEE AREA; LESS TH  | \$643 | 75%         | \$482.25 |
| 04        | 27330          | ARTHROTOMY, KNEE; FOR SYNOVIAL BIOPSY ONLY   | \$643 | 75%         | \$482.25 |
| 04        | 27331          | ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES                   | \$643 | 75%         | \$482.25 |
| 04        | 27332          | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL                        | \$643 | 75%         | \$482.25 |
| 04        | 27333          | ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND                               | \$643 | 75%         | \$482.25 |
| 04        | 27334          | ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR   | \$643 | 75%         | \$482.25 |
| 04        | 27335          | ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA                             | \$643 | 75%         | \$482.25 |
| 04        | 27345          | EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)  | \$643 | 75%         | \$482.25 |
| 04        | 27347          | EXCISION OF LESION OF MENISCUS OR CAPSULE, KNEE  | \$643 | 75%         | \$482.25 |
| 04        | 27350          | PATELLECTOMY OR HEMIPATELLECTOMY   | \$643 | 75%         | \$482.25 |
| 04        | 27356          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT                                    | \$643 | 75%         | \$482.25 |
| 04        | 27403          | ARTHROTOMY WITH OPEN MENISCUS REPAIR; KNEE   | \$643 | 75%         | \$482.25 |
| 04        | 27405          | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL  | \$643 | 75%         | \$482.25 |
| 04        | 27407          | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE  | \$643 | 75%         | \$482.25 |
| 04        | 27409          | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS                         | \$643 | 75%         | \$482.25 |
| 04        | 27428          | LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)   | \$643 | 75%         | \$482.25 |
| 04        | 27429          | LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR                     | \$643 | 75%         | \$482.25 |
| 04        | 27430          | QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)  | \$643 | 75%         | \$482.25 |
| 04        | 27435          | CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE  | \$643 | 75%         | \$482.25 |
| 04        | 27437          | ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS  | \$643 | 75%         | \$482.25 |
| 04        | 27507          | OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE                           | \$643 | 75%         | \$482.25 |
| 04        | 27511          | OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, WITH OR WIT | \$643 | 75%         | \$482.25 |
| 04        | 27620          | ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN | \$643 | 75%         | \$482.25 |
| 04        | 27625          | ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;  | \$643 | 75%         | \$482.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 04        | 27626          | ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY  | \$643 | 75%         | \$482.25 |
| 04        | 27690          | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBI | \$643 | 75%         | \$482.25 |
| 04        | 27691          | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG ANTERIOR TIBIAL OR    | \$643 | 75%         | \$482.25 |
| 04        | 27715          | OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING   | \$643 | 75%         | \$482.25 |
| 04        | 27758          | OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR WITHOUT | \$643 | 75%         | \$482.25 |
| 04        | 27759          | OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR  | \$643 | 75%         | \$482.25 |
| 04        | 27828          | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P | \$643 | 75%         | \$482.25 |
| 04        | 27870          | ARTHRODESIS, ANKLE, ANY METHOD   | \$643 | 75%         | \$482.25 |
| 04        | 27871          | ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL  | \$643 | 75%         | \$482.25 |
| 04        | 28030          | NEURECTOMY OF INTRINSIC MUSCULATURE OF FOOT  | \$643 | 75%         | \$482.25 |
| 04        | 28035          | TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)   | \$643 | 75%         | \$482.25 |
| 04        | 28118          | OSTECTOMY, CALCANEUS;  | \$643 | 75%         | \$482.25 |
| 04        | 28119          | OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE  | \$643 | 75%         | \$482.25 |
| 04        | 28193          | REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED   | \$643 | 75%         | \$482.25 |
| 04        | 28262          | CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR R | \$643 | 75%         | \$482.25 |
| 04        | 28286          | HAMMERTOE OPERATION; FOR COCK-UP FIFTH TOE WITH PLASTIC SKIN CLOSURE, (RUIZ-MORA TYPE PROCEDURE)               | \$643 | 75%         | \$482.25 |
| 04        | 28306          | OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO | \$643 | 75%         | \$482.25 |
| 04        | 28307          | OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO | \$643 | 75%         | \$482.25 |
| 04        | 28309          | OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)                                      | \$643 | 75%         | \$482.25 |
| 04        | 28315          | SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)   | \$643 | 75%         | \$482.25 |
| 04        | 28320          | REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)  | \$643 | 75%         | \$482.25 |
| 04        | 28322          | REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)              | \$643 | 75%         | \$482.25 |
| 04        | 28340          | RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION   | \$643 | 75%         | \$482.25 |
| 04        | 28341          | RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION  | \$643 | 75%         | \$482.25 |
| 04        | 28344          | RECONSTRUCTION, TOE(S); POLYDACTYLY  | \$643 | 75%         | \$482.25 |
| 04        | 28345          | RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB                                    | \$643 | 75%         | \$482.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 04        | 28420          | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTH | \$643 | 75%         | \$482.25 |
| 04        | 28485          | OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH                     | \$643 | 75%         | \$482.25 |
| 04        | 28705          | PANTALAR ARTHRODESIS   | \$643 | 75%         | \$482.25 |
| 04        | 28715          | TRIPLE ARTHRODESIS   | \$643 | 75%         | \$482.25 |
| 04        | 28725          | SUBTALAR ARTHRODESIS   | \$643 | 75%         | \$482.25 |
| 04        | 28730          | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;   | \$643 | 75%         | \$482.25 |
| 04        | 28735          | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION   | \$643 | 75%         | \$482.25 |
| 04        | 28740          | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT  | \$643 | 75%         | \$482.25 |
| 04        | 28750          | ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT  | \$643 | 75%         | \$482.25 |
| 04        | 28755          | ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT  | \$643 | 75%         | \$482.25 |
| 04        | 28760          | ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK | \$643 | 75%         | \$482.25 |
| 04        | 29850          | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR  | \$643 | 75%         | \$482.25 |
| 04        | 29851          | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR  | \$643 | 75%         | \$482.25 |
| 04        | 29855          | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL | \$643 | 75%         | \$482.25 |
| 04        | 29856          | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL  | \$643 | 75%         | \$482.25 |
| 04        | 29860          | ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)                              | \$643 | 75%         | \$482.25 |
| 04        | 29861          | ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY   | \$643 | 75%         | \$482.25 |
| 04        | 29863          | ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVESTOMY   | \$643 | 75%         | \$482.25 |
| 04        | 29875          | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)          | \$643 | 75%         | \$482.25 |
| 04        | 29876          | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)              | \$643 | 75%         | \$482.25 |
| 04        | 29877          | ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)                        | \$643 | 75%         | \$482.25 |
| 04        | 29880          | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)            | \$643 | 75%         | \$482.25 |
| 04        | 29881          | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)              | \$643 | 75%         | \$482.25 |
| 04        | 30160          | RHINECTOMY; TOTAL  | \$643 | 75%         | \$482.25 |



| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 04        | 30400          | RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP                                | \$643 | 75%         | \$482.25 |
| 04        | 30520          | SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT    | \$643 | 75%         | \$482.25 |
| 04        | 30580          | REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)                                     | \$643 | 75%         | \$482.25 |
| 04        | 30600          | REPAIR FISTULA; ORONASAL   | \$643 | 75%         | \$482.25 |
| 04        | 30930          | FRACTURE NASAL TURBINATE(S), THERAPEUTIC   | \$643 | 75%         | \$482.25 |
| 04        | 31032          | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS                  | \$643 | 75%         | \$482.25 |
| 04        | 31051          | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)                    | \$643 | 75%         | \$482.25 |
| 04        | 31075          | SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)                             | \$643 | 75%         | \$482.25 |
| 04        | 31080          | SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)                  | \$643 | 75%         | \$482.25 |
| 04        | 31081          | SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)              | \$643 | 75%         | \$482.25 |
| 04        | 31084          | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION  | \$643 | 75%         | \$482.25 |
| 04        | 31085          | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION                                     | \$643 | 75%         | \$482.25 |
| 04        | 31086          | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION                                     | \$643 | 75%         | \$482.25 |
| 04        | 31087          | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION                                  | \$643 | 75%         | \$482.25 |
| 04        | 31239          | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY  | \$643 | 75%         | \$482.25 |
| 04        | 31541          | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH O | \$643 | 75%         | \$482.25 |
| 04        | 31584          | LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE   | \$643 | 75%         | \$482.25 |
| 04        | 31785          | EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL  | \$643 | 75%         | \$482.25 |
| 04        | 35188          | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK   | \$643 | 75%         | \$482.25 |
| 04        | 35207          | REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER  | \$643 | 75%         | \$482.25 |
| 04        | 36825          | CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT  | \$643 | 75%         | \$482.25 |
| 04        | 36830          | CREATION OF ARTERIOVENOUS FISTULA; NONAUTOGENOUS GRAFT   | \$643 | 75%         | \$482.25 |
| 04        | 36832          | REVISION OF AN ARTERIOVENOUS FISTULA, WITH OR WITHOUT THROMBECTOMY, AUTOGENOUS OR NON-AUTOGENOUS GRAFT         | \$643 | 75%         | \$482.25 |
| 04        | 36833          | REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY   | \$643 | 75%         | \$482.25 |
| 04        | 36835          | INSERTION OF THOMAS SHUNT  | \$643 | 75%         | \$482.25 |
| 04        | 36840          | INSERTION MANDRIL  | \$643 | 75%         | \$482.25 |
| 04        | 36845          | ANASTOMOSIS MANDRIL  | \$643 | 75%         | \$482.25 |
| 04        | 38555          | EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCUALR DISSECTION; COMPLEX               | \$643 | 75%         | \$482.25 |

| ASC Level | Procedure Code | Procedure Code Description  | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|---|-------|-------------|----------|
| 04        | 38745          | AXILLARY LYMPHADENECTOMY; COMPLETE  | \$643 | 75%         | \$482.25 |
| 04        | 42120          | RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION  | \$643 | 75%         | \$482.25 |
| 04        | 42260          | REPAIR OF NASOLABIAL FISTULA  | \$643 | 75%         | \$482.25 |
| 04        | 42505          | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED                                     | \$643 | 75%         | \$482.25 |
| 04        | 42508          | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF ONE SUBMANDIBULAR GLAND              | \$643 | 75%         | \$482.25 |
| 04        | 42509          | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS            | \$643 | 75%         | \$482.25 |
| 04        | 42510          | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCT  | \$643 | 75%         | \$482.25 |
| 04        | 42825          | TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12   | \$643 | 75%         | \$482.25 |
| 04        | 42826          | TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER   | \$643 | 75%         | \$482.25 |
| 04        | 42830          | ADENOIDECTOMY, PRIMARY; UNDER AGE 12  | \$643 | 75%         | \$482.25 |
| 04        | 42831          | ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER  | \$643 | 75%         | \$482.25 |
| 04        | 42835          | ADENOIDECTOMY, SECONDARY; UNDER AGE 12  | \$643 | 75%         | \$482.25 |
| 04        | 42836          | ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER  | \$643 | 75%         | \$482.25 |
| 04        | 42842          | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT                              | \$643 | 75%         | \$482.25 |
| 04        | 42844          | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE  | \$643 | 75%         | \$482.25 |
| 04        | 42845          | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH OTHER FLAP              | \$643 | 75%         | \$482.25 |
| 04        | 44345          | REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)                               | \$643 | 75%         | \$482.25 |
| 04        | 44346          | REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)                                 | \$643 | 75%         | \$482.25 |
| 04        | 46261          | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY                                | \$643 | 75%         | \$482.25 |
| 04        | 46262          | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY  | \$643 | 75%         | \$482.25 |
| 04        | 46280          | FISTULECTOMY; COMPLEX OR MULTIPLE   | \$643 | 75%         | \$482.25 |
| 04        | 46288          | CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP  | \$643 | 75%         | \$482.25 |
| 04        | 49000          | EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)                    | \$643 | 75%         | \$482.25 |
| 04        | 49250          | UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)   | \$643 | 75%         | \$482.25 |
| 04        | 49321          | LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM, WITH BIOPSY (SINGLE OR MULTIPLE)                       | \$643 | 75%         | \$482.25 |
| 04        | 49322          | LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVITY OR CYST (SINGLE OR MULTIPLE) | \$643 | 75%         | \$482.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 04        | 49495          | REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE                  | \$643 | 75%         | \$482.25 |
| 04        | 49496          | REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGU    | \$643 | 75%         | \$482.25 |
| 04        | 49500          | REPAIR INGUINAL HERNIA, UNDER AGE 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY                                      | \$643 | 75%         | \$482.25 |
| 04        | 49505          | REPAIR INGUINAL HERNIA, AGE 5 OR OVER;   | \$643 | 75%         | \$482.25 |
| 04        | 49510          | REPAIR INGUINAL HERNIA, AGE 5 OR OVER; WITH ORCHIECTOMY, WITH OR WITHOUT IMPLANTATION OF PROSTHESIS            | \$643 | 75%         | \$482.25 |
| 04        | 49525          | REPAIR INGUINAL HERNIA, ANY AGE; SLIDING   | \$643 | 75%         | \$482.25 |
| 04        | 49552          | REPAIR FEMORAL HERNIA, HENRY APPROACH  | \$643 | 75%         | \$482.25 |
| 04        | 49560          | REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE   | \$643 | 75%         | \$482.25 |
| 04        | 49565          | REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE   | \$643 | 75%         | \$482.25 |
| 04        | 49570          | REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); SIMPLE                                       | \$643 | 75%         | \$482.25 |
| 04        | 49575          | REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); COMPLEX                                      | \$643 | 75%         | \$482.25 |
| 04        | 49580          | REPAIR UMBILICAL HERNIA; UNDER AGE 5 YEARS   | \$643 | 75%         | \$482.25 |
| 04        | 49581          | REPAIR UMBILICAL HERNIA; AGE 5 OR OVER   | \$643 | 75%         | \$482.25 |
| 04        | 49585          | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE  | \$643 | 75%         | \$482.25 |
| 04        | 49600          | REPAIR OF OMPHALOCELE; SMALL, WITH PRIMARY CLOSURE   | \$643 | 75%         | \$482.25 |
| 04        | 49650          | LAPAROSCOPY, SURGICAL, REPAIR INITIAL INGUINAL HERNIA  | \$643 | 75%         | \$482.25 |
| 04        | 51020          | CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL                             | \$643 | 75%         | \$482.25 |
| 04        | 51030          | CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION                                  | \$643 | 75%         | \$482.25 |
| 04        | 51040          | CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE  | \$643 | 75%         | \$482.25 |
| 04        | 51045          | CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)                                   | \$643 | 75%         | \$482.25 |
| 04        | 51050          | CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION                             | \$643 | 75%         | \$482.25 |
| 04        | 51065          | CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCUL | \$643 | 75%         | \$482.25 |
| 04        | 51500          | EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR                                     | \$643 | 75%         | \$482.25 |
| 04        | 51520          | CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)  | \$643 | 75%         | \$482.25 |
| 04        | 51865          | CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED  | \$643 | 75%         | \$482.25 |
| 04        | 51900          | CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH   | \$643 | 75%         | \$482.25 |
| 04        | 52250          | CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION               | \$643 | 75%         | \$482.25 |
| 04        | 52325          | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONI | \$643 | 75%         | \$482.25 |
| 04        | 52336          | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL J | \$643 | 75%         | \$482.25 |

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| 04        | 52337          | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL J | \$643 | 75%         | \$482.25 |
| 04        | 52338          | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL J | \$643 | 75%         | \$482.25 |
| 04        | 52352          | CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULATION OF CALCULUS                | \$643 | 75%         | \$482.25 |
| 04        | 52353          | CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED) | \$643 | 75%         | \$482.25 |
| 04        | 52354          | CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGURATION OF LESION                | \$643 | 75%         | \$482.25 |
| 04        | 52355          | CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF TUMOR                                 | \$643 | 75%         | \$482.25 |
| 04        | 52601          | TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTO | \$643 | 75%         | \$482.25 |
| 04        | 54015          | INCISION AND DRAINAGE OF PENIS, DEEP   | \$643 | 75%         | \$482.25 |
| 04        | 54205          | INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE                                     | \$643 | 75%         | \$482.25 |
| 04        | 54420          | CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL                           | \$643 | 75%         | \$482.25 |
| 04        | 54435          | CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAP | \$643 | 75%         | \$482.25 |
| 04        | 54440          | PLASTIC OPERATION OF PENIS FOR INJURY  | \$643 | 75%         | \$482.25 |
| 04        | 54530          | ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH   | \$643 | 75%         | \$482.25 |
| 04        | 54550          | EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)  | \$643 | 75%         | \$482.25 |
| 04        | 54600          | REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS                     | \$643 | 75%         | \$482.25 |
| 04        | 54640          | ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR  | \$643 | 75%         | \$482.25 |
| 04        | 54840          | EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY   | \$643 | 75%         | \$482.25 |
| 04        | 54861          | EPIDIDYMECTOMY; BILATERAL  | \$643 | 75%         | \$482.25 |
| 04        | 54900          | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL                                      | \$643 | 75%         | \$482.25 |
| 04        | 54901          | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL                                       | \$643 | 75%         | \$482.25 |
| 04        | 55060          | REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)   | \$643 | 75%         | \$482.25 |
| 04        | 55520          | EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)  | \$643 | 75%         | \$482.25 |
| 04        | 55530          | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)                     | \$643 | 75%         | \$482.25 |
| 04        | 55535          | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH                       | \$643 | 75%         | \$482.25 |
| 04        | 56305          | LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)  | \$643 | 75%         | \$482.25 |
| 04        | 56306          | LAPAROSCOPY, SURGICAL; WITH ASPIRATION (SINGLE OR MULTIPLE)  | \$643 | 75%         | \$482.25 |
| 04        | 56356          | HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)   | \$643 | 75%         | \$482.25 |
| 04        | 57311          | CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT   | \$643 | 75%         | \$482.25 |
| 04        | 58353          | ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE  | \$643 | 75%         | \$482.25 |

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| 04        | 58563          | HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)   | \$643 | 75%         | \$482.25 |
| 04        | 60280          | EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;   | \$643 | 75%         | \$482.25 |
| 04        | 60281          | EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT   | \$643 | 75%         | \$482.25 |
| 04        | 63750          | INSERTION, SUBARACHNOID CATHETER WITH RESERVOIR AND/OR PUMP FOR INTERMITTENT OR CONTINUOUS INFUSION OF DRUG, I | \$643 | 75%         | \$482.25 |
| 04        | 64821          | SYMPATHECTOMY; RADIAL ARTERY   | \$643 | 75%         | \$482.25 |
| 04        | 64831          | SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE   | \$643 | 75%         | \$482.25 |
| 04        | 64865          | SUTURE OF FACIAL NERVE; INTRATEMPORAL, WITH OR WITHOUT GRAFTING  | \$643 | 75%         | \$482.25 |
| 04        | 64870          | ANASTOMOSIS; FACIAL-PHRENIC  | \$643 | 75%         | \$482.25 |
| 04        | 65105          | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT  | \$643 | 75%         | \$482.25 |
| 04        | 65265          | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION                           | \$643 | 75%         | \$482.25 |
| 04        | 65275          | REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY                             | \$643 | 75%         | \$482.25 |
| 04        | 65280          | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE                            | \$643 | 75%         | \$482.25 |
| 04        | 65285          | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE          | \$643 | 75%         | \$482.25 |
| 04        | 65772          | CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM                                     | \$643 | 75%         | \$482.25 |
| 04        | 65775          | CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM                                       | \$643 | 75%         | \$482.25 |
| 04        | 65850          | TRABECULOTOMY AB EXTERNO   | \$643 | 75%         | \$482.25 |
| 04        | 65870          | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI | \$643 | 75%         | \$482.25 |
| 04        | 65875          | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI | \$643 | 75%         | \$482.25 |
| 04        | 65880          | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI | \$643 | 75%         | \$482.25 |
| 04        | 66150          | FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY   | \$643 | 75%         | \$482.25 |
| 04        | 66155          | FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY                                      | \$643 | 75%         | \$482.25 |
| 04        | 66165          | FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS   | \$643 | 75%         | \$482.25 |
| 04        | 66170          | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO  | \$643 | 75%         | \$482.25 |
| 04        | 66172          | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR  | \$643 | 75%         | \$482.25 |
| 04        | 66225          | REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT   | \$643 | 75%         | \$482.25 |
| 04        | 66825          | REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)                       | \$643 | 75%         | \$482.25 |
| 04        | 66830          | REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNE | \$643 | 75%         | \$482.25 |
| 04        | 66840          | REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES   | \$643 | 75%         | \$482.25 |
| 04        | 66852          | REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY                                      | \$643 | 75%         | \$482.25 |

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| 04        | 66920          | REMOVAL OF LENS MATERIAL; INTRACAPSULAR  | \$643 | 75%         | \$482.25 |
| 04        | 67005          | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL                | \$643 | 75%         | \$482.25 |
| 04        | 67010          | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANIC | \$643 | 75%         | \$482.25 |
| 04        | 67027          | IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMIT  | \$643 | 75%         | \$482.25 |
| 04        | 67036          | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;   | \$643 | 75%         | \$482.25 |
| 04        | 67101          | REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WITH OR WITHOUT DRAINAGE OF SUBR | \$643 | 75%         | \$482.25 |
| 04        | 67312          | STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSC  | \$643 | 75%         | \$482.25 |
| 04        | 67314          | STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE  | \$643 | 75%         | \$482.25 |
| 04        | 67316          | STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICA  | \$643 | 75%         | \$482.25 |
| 04        | 67318          | STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE                | \$643 | 75%         | \$482.25 |
| 04        | 67320          | TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)                 | \$643 | 75%         | \$482.25 |
| 04        | 67331          | STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES | \$643 | 75%         | \$482.25 |
| 04        | 67332          | STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RET | \$643 | 75%         | \$482.25 |
| 04        | 67334          | STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSON                     | \$643 | 75%         | \$482.25 |
| 04        | 67335          | PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S | \$643 | 75%         | \$482.25 |
| 04        | 67340          | STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)                       | \$643 | 75%         | \$482.25 |
| 04        | 67405          | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY                       | \$643 | 75%         | \$482.25 |
| 04        | 67550          | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION   | \$643 | 75%         | \$482.25 |
| 04        | 67900          | REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)   | \$643 | 75%         | \$482.25 |
| 04        | 67903          | REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH                           | \$643 | 75%         | \$482.25 |
| 04        | 67904          | REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH                           | \$643 | 75%         | \$482.25 |

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| 04        | 67908          | REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)  | \$643 | 75%         | \$482.25 |
| 04        | 67909          | REDUCTION OF OVERCORRECTION OF PTOSIS  | \$643 | 75%         | \$482.25 |
| 04        | 67916          | REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE   | \$643 | 75%         | \$482.25 |
| 04        | 67917          | REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHN-T-SZYMANOWSKI OR TARSAL STRIP OPERATIONS)         | \$643 | 75%         | \$482.25 |
| 04        | 67923          | REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE   | \$643 | 75%         | \$482.25 |
| 04        | 67924          | REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)                                     | \$643 | 75%         | \$482.25 |
| 04        | 68320          | CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT                                      | \$643 | 75%         | \$482.25 |
| 04        | 68325          | CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)                            | \$643 | 75%         | \$482.25 |
| 04        | 68326          | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT           | \$643 | 75%         | \$482.25 |
| 04        | 68328          | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT) | \$643 | 75%         | \$482.25 |
| 04        | 68330          | REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT   | \$643 | 75%         | \$482.25 |
| 04        | 68335          | REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)   | \$643 | 75%         | \$482.25 |
| 04        | 68340          | REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS   | \$643 | 75%         | \$482.25 |
| 04        | 68720          | DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)                                      | \$643 | 75%         | \$482.25 |
| 04        | 68745          | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE                         | \$643 | 75%         | \$482.25 |
| 04        | 68750          | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT      | \$643 | 75%         | \$482.25 |
| 04        | 68770          | CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)   | \$643 | 75%         | \$482.25 |
| 04        | 69666          | REPAIR OVAL WINDOW FISTULA   | \$643 | 75%         | \$482.25 |
| 04        | 69667          | REPAIR ROUND WINDOW FISTULA  | \$643 | 75%         | \$482.25 |
| 05        | 15650          | TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKING" TUBE), ANY LOCATION           | \$731 | 75%         | \$548.25 |
| 05        | 15823          | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID                                       | \$731 | 75%         | \$548.25 |
| 05        | 15829          | RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP  | \$731 | 75%         | \$548.25 |
| 05        | 19260          | EXCISION OF CHEST WALL TUMOR INCLUDING RIBS  | \$731 | 75%         | \$548.25 |
| 05        | 19357          | BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION          | \$731 | 75%         | \$548.25 |
| 05        | 19364          | BREAST RECONSTRUCTION WITH FREE FLAP   | \$731 | 75%         | \$548.25 |
| 05        | 19366          | BREAST RECONSTRUCTION WITH OTHER TECHNIQUE   | \$731 | 75%         | \$548.25 |
| 05        | 19380          | REVISION OF RECONSTRUCTED BREAST   | \$731 | 75%         | \$548.25 |

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|-----------|----------------|--|-------|-------------|----------|
| 05        | 21206          | OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)  | \$731 | 75%         | \$548.25 |
| 05        | 21209          | OSTEOPLASTY, FACIAL BONES; REDUCTION   | \$731 | 75%         | \$548.25 |
| 05        | 21242          | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT  | \$731 | 75%         | \$548.25 |
| 05        | 21243          | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT                                       | \$731 | 75%         | \$548.25 |
| 05        | 21270          | MALAR AUGMENTATION, PROSTHETIC MATERIAL  | \$731 | 75%         | \$548.25 |
| 05        | 21280          | MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)   | \$731 | 75%         | \$548.25 |
| 05        | 21282          | LATERAL CANTHOPEXY   | \$731 | 75%         | \$548.25 |
| 05        | 21330          | OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION                 | \$731 | 75%         | \$548.25 |
| 05        | 21339          | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION   | \$731 | 75%         | \$548.25 |
| 05        | 21343          | OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE   | \$731 | 75%         | \$548.25 |
| 05        | 21365          | OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,  | \$731 | 75%         | \$548.25 |
| 05        | 21385          | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)         | \$731 | 75%         | \$548.25 |
| 05        | 21386          | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH                                       | \$731 | 75%         | \$548.25 |
| 05        | 21387          | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH  | \$731 | 75%         | \$548.25 |
| 05        | 21407          | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT  | \$731 | 75%         | \$548.25 |
| 05        | 21422          | OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);   | \$731 | 75%         | \$548.25 |
| 05        | 21454          | OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION   | \$731 | 75%         | \$548.25 |
| 05        | 21462          | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION   | \$731 | 75%         | \$548.25 |
| 05        | 21470          | OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION, | \$731 | 75%         | \$548.25 |
| 05        | 23120          | CLAVICULECTOMY; PARTIAL  | \$731 | 75%         | \$548.25 |
| 05        | 23125          | CLAVICULECTOMY; TOTAL  | \$731 | 75%         | \$548.25 |
| 05        | 23130          | ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE                      | \$731 | 75%         | \$548.25 |
| 05        | 23145          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING  | \$731 | 75%         | \$548.25 |
| 05        | 23146          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH                                | \$731 | 75%         | \$548.25 |
| 05        | 23155          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRA | \$731 | 75%         | \$548.25 |
| 05        | 23156          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT                         | \$731 | 75%         | \$548.25 |
| 05        | 23195          | RESECTION HUMERAL HEAD   | \$731 | 75%         | \$548.25 |
| 05        | 23395          | MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE                                       | \$731 | 75%         | \$548.25 |
| 05        | 23410          | REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF;                               | \$731 | 75%         | \$548.25 |



| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 05        | 23415          | CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY   | \$731 | 75%         | \$548.25 |
| 05        | 23450          | CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION           | \$731 | 75%         | \$548.25 |
| 05        | 23460          | CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH BONE BLOCK                                  | \$731 | 75%         | \$548.25 |
| 05        | 23465          | CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK                                      | \$731 | 75%         | \$548.25 |
| 05        | 23630          | OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION           | \$731 | 75%         | \$548.25 |
| 05        | 24360          | ARTHROPLASTY, ELBOW; WITH MEMBRANE   | \$731 | 75%         | \$548.25 |
| 05        | 24361          | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT  | \$731 | 75%         | \$548.25 |
| 05        | 24362          | ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION                                      | \$731 | 75%         | \$548.25 |
| 05        | 24365          | ARTHROPLASTY, RADIAL HEAD;   | \$731 | 75%         | \$548.25 |
| 05        | 24366          | ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT  | \$731 | 75%         | \$548.25 |
| 05        | 24546          | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI | \$731 | 75%         | \$548.25 |
| 05        | 24587          | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL | \$731 | 75%         | \$548.25 |
| 05        | 24802          | ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)                                     | \$731 | 75%         | \$548.25 |
| 05        | 25040          | ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN | \$731 | 75%         | \$548.25 |
| 05        | 25330          | ARTHROPLASTY, WRIST;   | \$731 | 75%         | \$548.25 |
| 05        | 25331          | ARTHROPLASTY, WRIST; WITH IMPLANT  | \$731 | 75%         | \$548.25 |
| 05        | 25332          | ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION              | \$731 | 75%         | \$548.25 |
| 05        | 25337          | RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE  | \$731 | 75%         | \$548.25 |
| 05        | 25441          | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS  | \$731 | 75%         | \$548.25 |
| 05        | 25442          | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA  | \$731 | 75%         | \$548.25 |
| 05        | 25443          | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)   | \$731 | 75%         | \$548.25 |
| 05        | 25444          | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE   | \$731 | 75%         | \$548.25 |
| 05        | 25445          | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM  | \$731 | 75%         | \$548.25 |
| 05        | 25447          | ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS   | \$731 | 75%         | \$548.25 |
| 05        | 25449          | REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT  | \$731 | 75%         | \$548.25 |
| 05        | 25526          | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH OR W | \$731 | 75%         | \$548.25 |
| 05        | 25620          | OPEN TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT  | \$731 | 75%         | \$548.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 05        | 25805          | ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT                  | \$731 | 75%         | \$548.25 |
| 05        | 25810          | ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCL | \$731 | 75%         | \$548.25 |
| 05        | 25825          | INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)  | \$731 | 75%         | \$548.25 |
| 05        | 25830          | ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT              | \$731 | 75%         | \$548.25 |
| 05        | 26527          | ARTHROPLASTY, CARPOMETACARPAL JOINT  | \$731 | 75%         | \$548.25 |
| 05        | 26535          | ARTHROPLASTY INTERPHALANGEAL JOINT; EACH JOINT   | \$731 | 75%         | \$548.25 |
| 05        | 26536          | ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT  | \$731 | 75%         | \$548.25 |
| 05        | 26565          | OSTEOTOMY METACARPAL, EACH   | \$731 | 75%         | \$548.25 |
| 05        | 26567          | OSTEOTOMY; PHALANX OF FINGER, EACH   | \$731 | 75%         | \$548.25 |
| 05        | 26580          | REPAIR CLEFT HAND  | \$731 | 75%         | \$548.25 |
| 05        | 26585          | REPAIR BIFID DIGIT   | \$731 | 75%         | \$548.25 |
| 05        | 26587          | RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE  | \$731 | 75%         | \$548.25 |
| 05        | 26590          | REPAIR MACRODACTYLIA   | \$731 | 75%         | \$548.25 |
| 05        | 26746          | OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT, WITH OR | \$731 | 75%         | \$548.25 |
| 05        | 26820          | FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)                                  | \$731 | 75%         | \$548.25 |
| 05        | 27060          | EXCISION; ISCHIAL BURSA  | \$731 | 75%         | \$548.25 |
| 05        | 27062          | EXCISION; TROCHANTERIC BURSA OR CALCIFICATION  | \$731 | 75%         | \$548.25 |
| 05        | 27065          | EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF F | \$731 | 75%         | \$548.25 |
| 05        | 27066          | EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT   | \$731 | 75%         | \$548.25 |
| 05        | 27067          | EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION                              | \$731 | 75%         | \$548.25 |
| 05        | 27357          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)         | \$731 | 75%         | \$548.25 |
| 05        | 27358          | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355 | \$731 | 75%         | \$548.25 |
| 05        | 27360          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBUL     | \$731 | 75%         | \$548.25 |
| 05        | 27438          | ARTHROPLASTY, PATELLA; WITH PROSTHESIS   | \$731 | 75%         | \$548.25 |
| 05        | 27440          | ARTHROPLASTY, KNEE, TIBIAL PLATEAU;  | \$731 | 75%         | \$548.25 |
| 05        | 27441          | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY                                   | \$731 | 75%         | \$548.25 |
| 05        | 27442          | ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S); KNEE  | \$731 | 75%         | \$548.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 05        | 27443          | ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY              | \$731 | 75%         | \$548.25 |
| 05        | 27496          | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);                 | \$731 | 75%         | \$548.25 |
| 05        | 27513          | OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION, WITH OR WITHOU | \$731 | 75%         | \$548.25 |
| 05        | 27700          | ARTHROPLASTY, ANKLE;   | \$731 | 75%         | \$548.25 |
| 05        | 28299          | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)     | \$731 | 75%         | \$548.25 |
| 05        | 28737          | ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)    | \$731 | 75%         | \$548.25 |
| 05        | 29824          | ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR                              | \$731 | 75%         | \$548.25 |
| 05        | 29827          | ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR  | \$731 | 75%         | \$548.25 |
| 05        | 30410          | RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELE | \$731 | 75%         | \$548.25 |
| 05        | 30420          | RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR  | \$731 | 75%         | \$548.25 |
| 05        | 30435          | RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)                                     | \$731 | 75%         | \$548.25 |
| 05        | 30540          | REPAIR CHOANAL ATRESIA; INTRANASAL   | \$731 | 75%         | \$548.25 |
| 05        | 30545          | REPAIR CHOANAL ATRESIA; TRANSPALATINE  | \$731 | 75%         | \$548.25 |
| 05        | 31090          | SINUSOTOMY COMBINED, THREE OR MORE SINUSES (UNILATERAL)  | \$731 | 75%         | \$548.25 |
| 05        | 31201          | ETHMOIDECTOMY; INTRANASAL, TOTAL   | \$731 | 75%         | \$548.25 |
| 05        | 31255          | NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, ANTERIOR AND POSTERIOR (TOTAL)                                  | \$731 | 75%         | \$548.25 |
| 05        | 31300          | LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY                      | \$731 | 75%         | \$548.25 |
| 05        | 31560          | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;   | \$731 | 75%         | \$548.25 |
| 05        | 31561          | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE                               | \$731 | 75%         | \$548.25 |
| 05        | 31580          | LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL                                   | \$731 | 75%         | \$548.25 |
| 05        | 31582          | LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT OR CORE MOLD, INCLUDING TRACHEOTOMY                          | \$731 | 75%         | \$548.25 |
| 05        | 31588          | LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER PARTIAL LARYNGECTOMY)              | \$731 | 75%         | \$548.25 |
| 05        | 31590          | LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE   | \$731 | 75%         | \$548.25 |
| 05        | 31750          | TRACHEOPLASTY; CERVICAL  | \$731 | 75%         | \$548.25 |
| 05        | 40844          | VESTIBULOPLASTY; ENTIRE ARCH   | \$731 | 75%         | \$548.25 |
| 05        | 40845          | VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)                                     | \$731 | 75%         | \$548.25 |
| 05        | 41120          | GLOSSECTOMY; LESS THAN ONE-HALF TONGUE   | \$731 | 75%         | \$548.25 |
| 05        | 42145          | PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)                                      | \$731 | 75%         | \$548.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 05        | 42200          | PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY  | \$731 | 75%         | \$548.25 |
| 05        | 42205          | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY                                | \$731 | 75%         | \$548.25 |
| 05        | 42210          | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBT | \$731 | 75%         | \$548.25 |
| 05        | 42220          | PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE   | \$731 | 75%         | \$548.25 |
| 05        | 42225          | PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP  | \$731 | 75%         | \$548.25 |
| 05        | 42226          | LENGTHENING OF PALATE, AND PHARYNGEAL FLAP   | \$731 | 75%         | \$548.25 |
| 05        | 42235          | REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP  | \$731 | 75%         | \$548.25 |
| 05        | 42815          | EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX | \$731 | 75%         | \$548.25 |
| 05        | 42821          | TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER  | \$731 | 75%         | \$548.25 |
| 05        | 42880          | EXCISION NASOPHARYNGEAL LESION (EG, FIBROMA)   | \$731 | 75%         | \$548.25 |
| 05        | 49515          | REPAIR INGUINAL HERNIA, AGE 5 OR OVER; WITH EXCISION OF HYDROCELE OR SPERMATOCELE                              | \$731 | 75%         | \$548.25 |
| 05        | 49550          | REPAIR FEMORAL HERNIA, GROIN INCISION  | \$731 | 75%         | \$548.25 |
| 05        | 49555          | REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH   | \$731 | 75%         | \$548.25 |
| 05        | 52320          | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS                      | \$731 | 75%         | \$548.25 |
| 05        | 53210          | URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE  | \$731 | 75%         | \$548.25 |
| 05        | 53215          | URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE  | \$731 | 75%         | \$548.25 |
| 05        | 55041          | EXCISION OF HYDROCELE; BILATERAL   | \$731 | 75%         | \$548.25 |
| 05        | 55540          | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR                       | \$731 | 75%         | \$548.25 |
| 05        | 56303          | LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SUR | \$731 | 75%         | \$548.25 |
| 05        | 56304          | LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)               | \$731 | 75%         | \$548.25 |
| 05        | 56307          | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY) | \$731 | 75%         | \$548.25 |
| 05        | 56620          | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); PARTIAL  | \$731 | 75%         | \$548.25 |
| 05        | 56810          | PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)  | \$731 | 75%         | \$548.25 |
| 05        | 57240          | ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE                               | \$731 | 75%         | \$548.25 |
| 05        | 57250          | POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY                                     | \$731 | 75%         | \$548.25 |
| 05        | 57260          | COMBINED ANTEROPOSTERIOR COLPORRHAPHY;   | \$731 | 75%         | \$548.25 |
| 05        | 57289          | PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY   | \$731 | 75%         | \$548.25 |
| 05        | 57291          | CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT   | \$731 | 75%         | \$548.25 |
| 05        | 57556          | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE  | \$731 | 75%         | \$548.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 05        | 58145          | MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH     | \$731 | 75%         | \$548.25 |
| 05        | 58551          | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA (SINGLE OR MULTIPLE)  | \$731 | 75%         | \$548.25 |
| 05        | 58660          | LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) SEPERATE PROCEDURE                 | \$731 | 75%         | \$548.25 |
| 05        | 58661          | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND SALPINGECTOMY)    | \$731 | 75%         | \$548.25 |
| 05        | 58662          | LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL     | \$731 | 75%         | \$548.25 |
| 05        | 58672          | LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY  | \$731 | 75%         | \$548.25 |
| 05        | 58673          | LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)   | \$731 | 75%         | \$548.25 |
| 05        | 59812          | TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY  | \$731 | 75%         | \$548.25 |
| 05        | 59820          | TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER  | \$731 | 75%         | \$548.25 |
| 05        | 59821          | TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER   | \$731 | 75%         | \$548.25 |
| 05        | 59840          | INDUCED ABORTION, BY DILATION AND CURETTAGE  | \$731 | 75%         | \$548.25 |
| 05        | 59841          | INDUCED ABORTION, BY DILATION AND EVACUATION   | \$731 | 75%         | \$548.25 |
| 05        | 59870          | UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE   | \$731 | 75%         | \$548.25 |
| 05        | 59871          | REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)   | \$731 | 75%         | \$548.25 |
| 05        | 64830          | MICRODISSECTION AND/OR MICROREPAIR OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE REPAIR)             | \$731 | 75%         | \$548.25 |
| 05        | 65110          | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; ONLY                         | \$731 | 75%         | \$548.25 |
| 05        | 65426          | EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT   | \$731 | 75%         | \$548.25 |
| 05        | 65900          | REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE   | \$731 | 75%         | \$548.25 |
| 05        | 65930          | REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE  | \$731 | 75%         | \$548.25 |
| 05        | 66180          | AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)                                 | \$731 | 75%         | \$548.25 |
| 05        | 66930          | REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS   | \$731 | 75%         | \$548.25 |
| 05        | 66940          | REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)                                       | \$731 | 75%         | \$548.25 |
| 05        | 67038          | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIPPING                                | \$731 | 75%         | \$548.25 |
| 05        | 67105          | REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR WITHOUT DRAINAGE OF SUBRETINA    | \$731 | 75%         | \$548.25 |
| 05        | 67107          | REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING , WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTO-  | \$731 | 75%         | \$548.25 |
| 05        | 67109          | REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY TECHNIQUE OTHER THAN 67101-67108 AND 67110              | \$731 | 75%         | \$548.25 |
| 05        | 67218          | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS | \$731 | 75%         | \$548.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee   | ASC Percent | ASC Rate |
|-----------|----------------|--|-------|-------------|----------|
| 05        | 67412          | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION                   | \$731 | 75%         | \$548.25 |
| 05        | 67413          | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY             | \$731 | 75%         | \$548.25 |
| 05        | 67420          | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION                  | \$731 | 75%         | \$548.25 |
| 05        | 67430          | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH REMOVAL OF  | \$731 | 75%         | \$548.25 |
| 05        | 67440          | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH DRAINAGE    | \$731 | 75%         | \$548.25 |
| 05        | 67450          | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION FOR EXPLORATION, | \$731 | 75%         | \$548.25 |
| 05        | 67901          | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL                             | \$731 | 75%         | \$548.25 |
| 05        | 67902          | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)            | \$731 | 75%         | \$548.25 |
| 05        | 67906          | REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)             | \$731 | 75%         | \$548.25 |
| 05        | 69550          | EXCISION AURAL GLOMUS TUMOR; TRANSCANAL  | \$731 | 75%         | \$548.25 |
| 05        | 69631          | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR  | \$731 | 75%         | \$548.25 |
| 05        | 69632          | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR  | \$731 | 75%         | \$548.25 |
| 05        | 69633          | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR  | \$731 | 75%         | \$548.25 |
| 05        | 69660          | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATER | \$731 | 75%         | \$548.25 |
| 05        | 69661          | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATER | \$731 | 75%         | \$548.25 |
| 05        | 69662          | REVISION OF STAPEDECTOMY OR STAPEDOTOMY  | \$731 | 75%         | \$548.25 |
| 05        | 69720          | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION                                      | \$731 | 75%         | \$548.25 |
| 05        | 69725          | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION                             | \$731 | 75%         | \$548.25 |
| 05        | 69740          | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION     | \$731 | 75%         | \$548.25 |
| 05        | 69745          | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GAN | \$731 | 75%         | \$548.25 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee     | ASC Percent | ASC Rate |
|-----------|----------------|--|---------|-------------|----------|
| 05        | 69801          | LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION  | \$731   | 75%         | \$548.25 |
| 05        | 69820          | FENESTRATION SEMICIRCULAR CANAL  | \$731   | 75%         | \$548.25 |
| 05        | 69840          | REVISION FENESTRATION OPERATION  | \$731   | 75%         | \$548.25 |
| 06        | 66985          | INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL  | \$840   | 75%         | \$630    |
| 06        | 66986          | EXCHANGE OF INTRAOCULAR LENS   | \$840   | 75%         | \$630    |
| 07        | 19162          | MASTECTOMY, PARTIAL; WITH AXILLARY LYMPHADENECTOMY   | \$1,015 | 75%         | \$761.25 |
| 07        | 21121          | GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE   | \$1,015 | 75%         | \$761.25 |
| 07        | 21122          | GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMM | \$1,015 | 75%         | \$761.25 |
| 07        | 21123          | GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)            | \$1,015 | 75%         | \$761.25 |
| 07        | 21181          | RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL            | \$1,015 | 75%         | \$761.25 |
| 07        | 21208          | OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)                          | \$1,015 | 75%         | \$761.25 |
| 07        | 21210          | GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)  | \$1,015 | 75%         | \$761.25 |
| 07        | 21215          | GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)   | \$1,015 | 75%         | \$761.25 |
| 07        | 21230          | GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)                        | \$1,015 | 75%         | \$761.25 |
| 07        | 21235          | GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)                                    | \$1,015 | 75%         | \$761.25 |
| 07        | 21244          | RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)          | \$1,015 | 75%         | \$761.25 |
| 07        | 21245          | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL  | \$1,015 | 75%         | \$761.25 |
| 07        | 21246          | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE   | \$1,015 | 75%         | \$761.25 |
| 07        | 21248          | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL                        | \$1,015 | 75%         | \$761.25 |
| 07        | 21249          | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE               | \$1,015 | 75%         | \$761.25 |
| 07        | 21267          | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH            | \$1,015 | 75%         | \$761.25 |
| 07        | 21275          | SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION  | \$1,015 | 75%         | \$761.25 |
| 07        | 21335          | OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED                                 | \$1,015 | 75%         | \$761.25 |
| 07        | 21345          | CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATIO | \$1,015 | 75%         | \$761.25 |
| 07        | 21390          | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT    | \$1,015 | 75%         | \$761.25 |

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|-----------|----------------|---|---------|-------------|----------|
| 07        | 21395          | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING    | \$1,015 | 75%         | \$761.25 |
| 07        | 23101          | ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STEREOCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILA | \$1,015 | 75%         | \$761.25 |
| 07        | 23397          | MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE                                      | \$1,015 | 75%         | \$761.25 |
| 07        | 23400          | SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)   | \$1,015 | 75%         | \$761.25 |
| 07        | 23412          | REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC                        | \$1,015 | 75%         | \$761.25 |
| 07        | 23420          | RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)                   | \$1,015 | 75%         | \$761.25 |
| 07        | 23455          | CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)  | \$1,015 | 75%         | \$761.25 |
| 07        | 23462          | CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER                    | \$1,015 | 75%         | \$761.25 |
| 07        | 23466          | CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY                                      | \$1,015 | 75%         | \$761.25 |
| 07        | 23485          | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBT  | \$1,015 | 75%         | \$761.25 |
| 07        | 23802          | ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)                               | \$1,015 | 75%         | \$761.25 |
| 07        | 24363          | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW")              | \$1,015 | 75%         | \$761.25 |
| 07        | 25446          | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")            | \$1,015 | 75%         | \$761.25 |
| 07        | 26230          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL   | \$1,015 | 75%         | \$761.25 |
| 07        | 26531          | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT                                    | \$1,015 | 75%         | \$761.25 |
| 07        | 26541          | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR                          | \$1,015 | 75%         | \$761.25 |
| 07        | 26727          | PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR TH  | \$1,015 | 75%         | \$761.25 |
| 07        | 27372          | REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA  | \$1,015 | 75%         | \$761.25 |
| 07        | 27422          | RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE           | \$1,015 | 75%         | \$761.25 |
| 07        | 27425          | LATERAL RETINACULAR RELEASE (ANY METHOD)  | \$1,015 | 75%         | \$761.25 |
| 07        | 28120          | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELIT  | \$1,015 | 75%         | \$761.25 |
| 07        | 30450          | RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)   | \$1,015 | 75%         | \$761.25 |



| ASC Level | Procedure Code | Procedure Code Description   | Fee     | ASC Percent | ASC Rate |
|-----------|----------------|--|---------|-------------|----------|
| 07        | 30460          | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHEN | \$1,015 | 75%         | \$761.25 |
| 07        | 30620          | SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)                                    | \$1,015 | 75%         | \$761.25 |
| 07        | 30630          | REPAIR NASAL SEPTAL PERFORATIONS   | \$1,015 | 75%         | \$761.25 |
| 07        | 40700          | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL                          | \$1,015 | 75%         | \$761.25 |
| 07        | 40701          | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE                            | \$1,015 | 75%         | \$761.25 |
| 07        | 40720          | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE                  | \$1,015 | 75%         | \$761.25 |
| 07        | 42215          | PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION  | \$1,015 | 75%         | \$761.25 |
| 07        | 42420          | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE            | \$1,015 | 75%         | \$761.25 |
| 07        | 42425          | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE              | \$1,015 | 75%         | \$761.25 |
| 07        | 42890          | LIMITED PHARYNGECTOMY  | \$1,015 | 75%         | \$761.25 |
| 07        | 42892          | RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR | \$1,015 | 75%         | \$761.25 |
| 07        | 46762          | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SPHINCTER                             | \$1,015 | 75%         | \$761.25 |
| 07        | 49520          | REPAIR INGUINAL HERNIA, ANY AGE; RECURRENT   | \$1,015 | 75%         | \$761.25 |
| 07        | 49568          | IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN           | \$1,015 | 75%         | \$761.25 |
| 07        | 49651          | LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA  | \$1,015 | 75%         | \$761.25 |
| 07        | 49659          | UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORGRAPHY, HERNIOTOMY  | \$1,015 | 75%         | \$761.25 |
| 07        | 54512          | EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS  | \$1,015 | 75%         | \$761.25 |
| 07        | 56625          | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); COMPLETE   | \$1,015 | 75%         | \$761.25 |
| 07        | 57265          | COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR  | \$1,015 | 75%         | \$761.25 |
| 07        | 65112          | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH THERAPEUTIC REMOVAL OF  | \$1,015 | 75%         | \$761.25 |
| 07        | 65114          | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH MUSCLE OR MYOCUTANEOUS  | \$1,015 | 75%         | \$761.25 |
| 07        | 65710          | KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR  | \$1,015 | 75%         | \$761.25 |
| 07        | 65730          | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)   | \$1,015 | 75%         | \$761.25 |
| 07        | 65750          | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)  | \$1,015 | 75%         | \$761.25 |
| 07        | 65755          | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)   | \$1,015 | 75%         | \$761.25 |
| 07        | 65770          | KERATOPROSTHESIS   | \$1,015 | 75%         | \$761.25 |
| 07        | 65920          | REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE  | \$1,015 | 75%         | \$761.25 |
| 07        | 66130          | EXCISION OF LESION, SCLERA   | \$1,015 | 75%         | \$761.25 |

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|-----------|----------------|--|---------|-------------|----------|
| 07        | 66850          | REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), W | \$1,015 | 75%         | \$761.25 |
| 07        | 67039          | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION                             | \$1,015 | 75%         | \$761.25 |
| 07        | 67040          | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION                        | \$1,015 | 75%         | \$761.25 |
| 07        | 67108          | REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLAS | \$1,015 | 75%         | \$761.25 |
| 07        | 67112          | REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT HAVING PREVIOUS IPSILATERAL RETINA | \$1,015 | 75%         | \$761.25 |
| 07        | 69320          | RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE                                    | \$1,015 | 75%         | \$761.25 |
| 07        | 69501          | TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)  | \$1,015 | 75%         | \$761.25 |
| 07        | 69502          | MASTOIDECTOMY; COMPLETE  | \$1,015 | 75%         | \$761.25 |
| 07        | 69505          | MASTOIDECTOMY; MODIFIED RADICAL  | \$1,015 | 75%         | \$761.25 |
| 07        | 69511          | MASTOIDECTOMY; RADICAL   | \$1,015 | 75%         | \$761.25 |
| 07        | 69530          | PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY   | \$1,015 | 75%         | \$761.25 |
| 07        | 69552          | EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID  | \$1,015 | 75%         | \$761.25 |
| 07        | 69601          | REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY  | \$1,015 | 75%         | \$761.25 |
| 07        | 69602          | REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY  | \$1,015 | 75%         | \$761.25 |
| 07        | 69603          | REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY   | \$1,015 | 75%         | \$761.25 |
| 07        | 69604          | REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY   | \$1,015 | 75%         | \$761.25 |
| 07        | 69605          | REVISION MASTOIDECTOMY; WITH APICECTOMY  | \$1,015 | 75%         | \$761.25 |
| 07        | 69635          | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY | \$1,015 | 75%         | \$761.25 |
| 07        | 69636          | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY | \$1,015 | 75%         | \$761.25 |
| 07        | 69637          | TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY | \$1,015 | 75%         | \$761.25 |
| 07        | 69641          | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOU | \$1,015 | 75%         | \$761.25 |
| 07        | 69642          | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH O | \$1,015 | 75%         | \$761.25 |
| 07        | 69643          | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH I | \$1,015 | 75%         | \$761.25 |
| 07        | 69644          | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH I | \$1,015 | 75%         | \$761.25 |

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|-----------|----------------|--|---------|-------------|-----------|
| 07        | 69645          | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICA | \$1,015 | 75%         | \$761.25  |
| 07        | 69646          | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICA | \$1,015 | 75%         | \$761.25  |
| 07        | 69650          | STAPES MOBILIZATION  | \$1,015 | 75%         | \$761.25  |
| 07        | 69802          | LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR TACK PROCEDURE; W | \$1,015 | 75%         | \$761.25  |
| 07        | 69805          | ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT   | \$1,015 | 75%         | \$761.25  |
| 07        | 69806          | ENDOLYMPHATIC SAC OPERATION; WITH SHUNT  | \$1,015 | 75%         | \$761.25  |
| 07        | 69905          | LABYRINTHECTOMY; TRANSCANAL  | \$1,015 | 75%         | \$761.25  |
| 07        | 69910          | LABYRINTHECTOMY; WITH MASTOIDECTOMY  | \$1,015 | 75%         | \$761.25  |
| 07        | 69915          | VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH   | \$1,015 | 75%         | \$761.25  |
| 07        | 69930          | COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY  | \$1,015 | 75%         | \$761.25  |
| 08        | 66982          | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS, MANUAL OR MECHANICAL TECHNIQUE   | \$989   | 75%         | \$741.75  |
| 08        | 66983          | INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)          | \$989   | 75%         | \$741.75  |
| 08        | 66984          | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR  | \$989   | 75%         | \$741.75  |
| 09        | 19325          | MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 21127          | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAF  | \$1,366 | 75%         | \$1,024.5 |
| 09        | 29848          | ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT                                       | \$1,366 | 75%         | \$1,024.5 |
| 09        | 29862          | ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPL | \$1,366 | 75%         | \$1,024.5 |
| 09        | 29893          | ENDOSCOPIC PLANTAR FASCIOTOMY  | \$1,366 | 75%         | \$1,024.5 |
| 09        | 30462          | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHEN | \$1,366 | 75%         | \$1,024.5 |
| 09        | 30465          | REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)                 | \$1,366 | 75%         | \$1,024.5 |
| 09        | 35875          | THROMBECTOMY AND/OR REPAIR OF ARTERIAL OR VENOUS GRAFT   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 35876          | THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GRAFT                            | \$1,366 | 75%         | \$1,024.5 |
| 09        | 36819          | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 36831          | THROMBECTOMY, ARTERIOVENOUS FISTULA WITHOUT REVISION   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 36870          | THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR NONAUTOGENOUS GRAFT                           | \$1,366 | 75%         | \$1,024.5 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee     | ASC Percent | ASC Rate  |
|-----------|----------------|--|---------|-------------|-----------|
| 09        | 38570          | LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE                   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 38571          | LAPAROSCOPY, SURGICAL;WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY  | \$1,366 | 75%         | \$1,024.5 |
| 09        | 38572          | LAPAROSCOPY, SURGICAL;WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING          | \$1,366 | 75%         | \$1,024.5 |
| 09        | 43653          | LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE(EG, STAMM PROCEDURE)                  | \$1,366 | 75%         | \$1,024.5 |
| 09        | 44370          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH TRANSENDOSCOPIC STENT PLACEMEN | \$1,366 | 75%         | \$1,024.5 |
| 09        | 44379          | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND BEYOND PORTION OF DUODENUM, INCLUDING THE ILEUM, WITH TR | \$1,366 | 75%         | \$1,024.5 |
| 09        | 44383          | ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)                          | \$1,366 | 75%         | \$1,024.5 |
| 09        | 45190          | DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG,ELECTRODESICCATION) TRANSANAL APPROACH                             | \$1,366 | 75%         | \$1,024.5 |
| 09        | 47511          | INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIARY DRAINAGE                     | \$1,366 | 75%         | \$1,024.5 |
| 09        | 47556          | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITH STEN | \$1,366 | 75%         | \$1,024.5 |
| 09        | 49501          | REPAIR INITIAL INGUINAL HERNIA, 6 MONTHS TO UNDER 5 YRS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRAN | \$1,366 | 75%         | \$1,024.5 |
| 09        | 49507          | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YRS OR OVER; INCARCERATED OR STRANGULATED                                | \$1,366 | 75%         | \$1,024.5 |
| 09        | 49521          | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED  | \$1,366 | 75%         | \$1,024.5 |
| 09        | 49553          | REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 49557          | REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED  | \$1,366 | 75%         | \$1,024.5 |
| 09        | 49561          | REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 49566          | REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 49572          | REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED                                 | \$1,366 | 75%         | \$1,024.5 |
| 09        | 49582          | REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED                                       | \$1,366 | 75%         | \$1,024.5 |
| 09        | 49587          | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED                                     | \$1,366 | 75%         | \$1,024.5 |
| 09        | 50590          | LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 50947          | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT PLACEMENT                       | \$1,366 | 75%         | \$1,024.5 |
| 09        | 50948          | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STENT PLACEMENT                    | \$1,366 | 75%         | \$1,024.5 |
| 09        | 52282          | CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT  | \$1,366 | 75%         | \$1,024.5 |
| 09        | 52647          | NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE               | \$1,366 | 75%         | \$1,024.5 |

| ASC Level | Procedure Code | Procedure Code Description   | Fee     | ASC Percent | ASC Rate  |
|-----------|----------------|--|---------|-------------|-----------|
| 09        | 52648          | CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERE | \$1,366 | 75%         | \$1,024.5 |
| 09        | 53850          | TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY                                       | \$1,366 | 75%         | \$1,024.5 |
| 09        | 54690          | LAPAROSCOPY, SURGICAL; ORCHIECTOMY   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 55550          | LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 55859          | TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH  | \$1,366 | 75%         | \$1,024.5 |
| 09        | 58545          | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 GRAMS OR LESS   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 58546          | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL   | \$1,366 | 75%         | \$1,024.5 |
| 09        | 58550          | LAPAROSCOPY, SURGICAL; WITH VAGINAL HYSTERECTOMY W/OR W/OUT REMOVAL OF TUBES,W/ OR W/OUT REMOVAL OF OVARIES    | \$1,366 | 75%         | \$1,024.5 |
| 09        | 62287          | ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF                                    | \$1,366 | 75%         | \$1,024.5 |
| 09        | 69714          | IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITHOUT MASTOIDECTOMY                                    | \$1,366 | 75%         | \$1,024.5 |
| 09        | 69715          | IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH MASTOIDECTOMY                                       | \$1,366 | 75%         | \$1,024.5 |
| 09        | 69717          | REPLACEMENT OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITHOUT MASTOIDECTOMY                                      | \$1,366 | 75%         | \$1,024.5 |
| 09        | 69718          | REPLACEMENT OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH MASTOIDECTOMY   | \$1,366 | 75%         | \$1,024.5 |