

| Procedure | Procedure Code Description | Rate |
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| 400 | INCISION OF LYMPHATIC STRUCTURES | \$0.00 |
| 401 | DIAGNOSTIC PROCEDURES ON LYMPHATIC STRUCTURES | \$0.00 |
| 4011 | BIOPSY OF LYMPHATIC STRUCTURE | \$0.00 |
| 4019 | OTHER DIAGNOSTIC PROCEDURES ON LYMPHATIC STRUCTURES | \$0.00 |
| 402 | SIMPLE EXCISION OF LYMPHATIC STRUCTURE | \$0.00 |
| 4021 | EXCISION OF DEEP CERVICAL LYMPH NODE | \$0.00 |
| 4022 | EXCISION OF INTERNAL MAMMARY LYMPH NODE | \$0.00 |
| 4023 | EXCISION OF AXILLARY LYMPH NODE | \$0.00 |
| 4024 | EXCISION OF INGUINAL LYMPH NODE | \$0.00 |
| 4029 | SIMPLE EXCISION OF OTHER LYMPHATIC STRUCTURE | \$0.00 |
| 403 | REGIONAL LYMPH NODE EXCISION | \$0.00 |
| 4040 | RADICAL NECK DISSECTION, NOT OTHERWISE SPECIFIED | \$0.00 |
| 4041 | RADICAL NECK DISSECTION, UNILATERAL | \$0.00 |
| 4042 | RADICAL NECK DISSECTION, BILATERAL | \$0.00 |
| 40490 | BIOPSY OF LIP | \$25.20 |
| 4050 | RADICAL EXCISION OF LYMPH NODES, NOT OTHERWISE SPECIFIED | \$0.00 |
| 40500 | VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT | \$210.00 |
| 4051 | RADICAL EXCISION OF AXILLARY LYMPH NODES | \$0.00 |
| 40510 | EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE | \$100.80 |
| 4052 | RADICAL EXCISION OF PERIAORTIC LYMPH NODES | \$0.00 |
| 40520 | EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE | \$100.80 |
| 40525 | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN) | \$210.00 |
| 40527 | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER) | \$210.00 |
| 4053 | RADICAL EXCISION OF ILIAC LYMPH NODES | \$0.00 |
| 40530 | RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION | \$210.00 |
| 4054 | RADICAL GROIN DISSECTION | \$0.00 |
| 4059 | RADICAL EXCISION OF OTHER LYMPH NODES | \$0.00 |
| 406 | OPERATIONS ON THORACIC DUCT | \$0.00 |
| 4061 | CANNULATION OF THORACIC DUCT | \$0.00 |
| 4062 | FISTULIZATION OF THORACIC DUCT | \$0.00 |
| 4063 | CLOSURE OF FISTULA OF THORACIC DUCT | \$0.00 |
| 4064 | LIGATION OF THORACIC DUCT | \$0.00 |
| 40650 | REPAIR LIP, FULL THICKNESS; VERMILION ONLY | \$182.66 |
| 40652 | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT | \$210.00 |
| 40654 | REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX | \$271.83 |
| 4069 | OTHER OPERATIONS ON THORACIC DUCT | \$0.00 |
| 40700 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL | \$369.60 |
| 40701 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE | \$542.40 |
| 40702 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES | \$477.61 |
| 40720 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE | \$336.00 |
| 40761 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECT | \$504.00 |
| 40799 | UNLISTED PROCEDURE, LIPS | \$0.00 |
| 40800 | DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE | \$40.45 |
| 40801 | DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED | \$42.00 |
| 40804 | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE | \$38.60 |
| 40805 | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED | \$42.00 |
| 40806 | INCISION OF LABIAL FRENUM (FRENOTOMY) | \$16.80 |

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| 40808 | BIOPSY, VESTIBULE OF MOUTH | \$25.20 |
| 40810 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR | \$50.40 |
| 40812 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR | \$50.40 |
| 40814 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR | \$50.40 |
| 40816 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE | \$50.40 |
| 40818 | EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT | \$50.40 |
| 40819 | EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY) | \$50.40 |
| 40820 | DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL) | \$25.20 |
| 40830 | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS | \$25.20 |
| 40831 | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX | \$50.40 |
| 40840 | VESTIBULOPLASTY; ANTERIOR | \$38.50 |
| 40842 | VESTIBULOPLASTY; POSTERIOR, UNILATERAL | \$38.50 |
| 40843 | VESTIBULOPLASTY; POSTERIOR, BILATERAL | \$57.75 |
| 40844 | VESTIBULOPLASTY; ENTIRE ARCH | \$220.00 |
| 40845 | VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING) | \$96.25 |
| 40899 | UNLISTED PROCEDURE, VESTIBULE OF MOUTH | \$0.00 |
| 409 | OTHER OPERATIONS ON LYMPHATIC STRUCTURES | \$0.00 |
| 4100 | BONE MARROW TRANSPLANT, NOT OTHERWISE SPECIFIED | \$0.00 |
| 41000 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL | \$42.00 |
| 41005 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFI | \$40.04 |
| 41006 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, S | \$50.40 |
| 41007 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE | \$50.40 |
| 41008 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE | \$50.40 |
| 41009 | INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE | \$50.40 |
| 4101 | AUTOLOGOUS BONE MARROW TRANSPLANT WITHOUT PURGING | \$0.00 |
| 41010 | INCISION OF LINGUAL FRENUM (FRENOTOMY) | \$33.64 |
| 41015 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL | \$50.40 |
| 41016 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL | \$50.40 |
| 41017 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR | \$50.40 |
| 41018 | EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE | \$50.40 |
| 41019 | PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION FOR SUBSEQUENT INTERS | \$262.33 |
| 4102 | ALLOGENIC BONE MARROW TRANSPLANT WITH PURGING | \$0.00 |
| 4103 | ALLOGENIC BONE MARROW TRANSPLANT WITHOUT PURGING | \$0.00 |
| 4104 | AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANT WITHOUT PURGING | \$0.00 |
| 4107 | AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANT WITH PURGING | \$0.00 |
| 4108 | ALLOGENEIC HEMATOPOIETIC STEM CELL WITH PURGING | \$0.00 |
| 4109 | AUTOLOGOUS BONE MARROW TRANSPLANT WITH PURGING | \$0.00 |
| 411 | PUNCTURE OF SPLEEN | \$0.00 |

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| 41100 | BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS | \$25.20 |
| 41105 | BIOPSY OF TONGUE; POSTERIOR ONE-THIRD | \$25.20 |
| 41108 | BIOPSY OF FLOOR OF MOUTH | \$25.20 |
| 41110 | EXCISION OF LESION OF TONGUE WITHOUT CLOSURE | \$50.40 |
| 41112 | EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS | \$50.40 |
| 41113 | EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD | \$50.40 |
| 41114 | EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP | \$50.40 |
| 41115 | EXCISION OF LINGUAL FRENUM (FRENECTOMY) | \$25.20 |
| 41116 | EXCISION, LESION OF FLOOR OF MOUTH | \$33.60 |
| 41120 | GLOSSECTOMY; LESS THAN ONE-HALF TONGUE | \$302.40 |
| 41130 | GLOSSECTOMY; HEMIGLOSSECTOMY | \$302.40 |
| 41135 | GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION | \$504.00 |
| 41140 | GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL NECK DISSECTION | \$504.00 |
| 41145 | GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATERAL RADICAL NECK DISSECTION | \$814.80 |
| 41150 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION, WITHOUT RADICAL NECK | \$814.80 |
| 41153 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID NECK DISSECTION | \$814.80 |
| 41155 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, AND RADICAL NECK DISSECT | \$814.80 |
| 412 | SPLENOTOMY | \$0.00 |
| 41250 | REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE | \$50.40 |
| 41251 | REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE | \$58.80 |
| 41252 | REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX | \$67.20 |
| 413 | DIAGNOSTIC PROCEDURES ON BONE MARROW AND SPLEEN | \$0.00 |
| 4131 | BIOPSY OF BONE MARROW | \$0.00 |
| 4132 | CLOSED [ASPIRATION] [PERCUTANEOUS] BIOPSY OF SPLEEN | \$0.00 |
| 4133 | OTHER BIOPSY OF SPLEEN | \$0.00 |
| 4138 | OTHER DIAGNOSTIC PROCEDURES ON BONE MARROW | \$0.00 |
| 4139 | OTHER DIAGNOSTIC PROCEDURES ON SPLEEN | \$0.00 |
| 414 | EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SPLEEN | \$0.00 |
| 4141 | MARSUPIALIZATION OF SPLENIC CYST | \$0.00 |
| 4142 | EXCISION OF LESION OR TISSUE OF SPLEEN | \$0.00 |
| 4143 | PARTIAL SPLENECTOMY | \$0.00 |
| 415 | TOTAL SPLENECTOMY | \$0.00 |
| 41500 | FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE) | \$75.60 |
| 41510 | SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE) | \$84.00 |
| 41512 | TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE | \$323.22 |
| 41520 | FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) | \$92.40 |
| 41530 | SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER SESSION | \$1,606.00 |
| 41599 | UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH | \$0.00 |
| 41800 | DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES | \$14.02 |
| 41805 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES | \$33.61 |
| 41806 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE | \$93.29 |
| 41820 | GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT | \$104.00 |
| 41821 | OPERCULECTOMY, EXCISION PERICORONAL TISSUES | \$38.50 |
| 41822 | EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | \$51.34 |

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| 41823 | EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | \$66.01 |
| 41825 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR | \$84.00 |
| 41826 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR | \$83.93 |
| 41827 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR | \$115.82 |
| 41828 | EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR QUADRANT (SPECIFY) | \$69.30 |
| 41830 | ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY | \$84.00 |
| 41850 | DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES | \$23.10 |
| 41870 | PERIODONTAL MUCOSAL GRAFTING | \$100.00 |
| 41872 | GINGIVOPLASTY | \$77.00 |
| 41874 | ALVEOPLASTY | \$69.06 |
| 41899 | UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES | \$0.00 |
| 419 | OTHER OPERATIONS ON SPLEEN AND BONE MARROW | \$0.00 |
| 4191 | ASPIRATION OF BONE MARROW FROM DONOR FOR TRANSPLANT | \$0.00 |
| 4192 | INJECTION INTO BONE MARROW | \$0.00 |
| 4193 | EXCISION OF ACCESSORY SPLEEN | \$0.00 |
| 4194 | TRANSPLANTATION OF SPLEEN | \$0.00 |
| 4195 | REPAIR AND PLASTIC OPERATIONS ON SPLEEN | \$0.00 |
| 4198 | OTHER OPERATIONS ON BONE MARROW | \$0.00 |
| 4199 | OTHER OPERATIONS ON SPLEEN | \$0.00 |
| 42000 | DRAINAGE OF ABSCESS OF PALATE, UVULA | \$39.22 |
| 4201 | INCISION OF ESOPHAGEAL WEB | \$0.00 |
| 4209 | OTHER INCISION OF ESOPHAGUS | \$0.00 |
| 4210 | ESOPHAGOSTOMY, NOT OTHERWISE SPECIFIED | \$0.00 |
| 42100 | BIOPSY OF PALATE, UVULA | \$25.20 |
| 42104 | EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE | \$50.40 |
| 42106 | EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE | \$50.40 |
| 42107 | EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE | \$183.97 |
| 4211 | CERVICAL ESOPHAGOSTOMY | \$0.00 |
| 4212 | EXTERIORIZATION OF ESOPHAGEAL POUCH | \$0.00 |
| 42120 | RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION | \$309.39 |
| 42140 | UVULECTOMY, EXCISION OF UVULA | \$42.00 |
| 42145 | PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY) | \$422.89 |
| 42160 | DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL) | \$67.85 |
| 42180 | REPAIR, LACERATION OF PALATE; UP TO 2 CM | \$103.41 |
| 42182 | REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX | \$116.74 |
| 4219 | OTHER EXTERNAL FISTULIZATION OF ESOPHAGUS | \$0.00 |
| 422 | DIAGNOSTIC PROCEDURES ON ESOPHAGUS | \$0.00 |
| 42200 | PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY | \$367.60 |
| 42205 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY | \$431.58 |
| 4221 | OPERATIVE ESOPHAGOSCOPY BY INCISION | \$0.00 |
| 42210 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBT | \$492.26 |
| 42215 | PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION | \$355.01 |
| 4222 | ESOPHAGOSCOPY THROUGH ARTIFICIAL STOMA | \$0.00 |
| 42220 | PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE | \$268.32 |
| 42225 | PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP | \$356.04 |
| 42226 | LENGTHENING OF PALATE, AND PHARYNGEAL FLAP | \$378.00 |

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| 42227 | LENGTHENING OF PALATE, WITH ISLAND FLAP | \$351.91 |
| 4223 | OTHER ESOPHAGOSCOPY | \$0.00 |
| 42235 | REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP | \$284.63 |
| 4224 | CLOSED [ENDOSCOPIC] BIOPSY OF ESOPHAGUS | \$0.00 |
| 4225 | OPEN BIOPSY OF ESOPHAGUS | \$0.00 |
| 42260 | REPAIR OF NASOLABIAL FISTULA | \$168.00 |
| 42280 | MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS | \$76.37 |
| 42281 | INSERTION OF PIN-RETAINED PALATAL PROSTHESIS | \$71.21 |
| 4229 | OTHER DIAGNOSTIC PROCEDURES ON ESOPHAGUS | \$0.00 |
| 42299 | UNLISTED PROCEDURE, PALATE, UVULA | \$0.00 |
| 423 | LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ESOPHAGUS | \$0.00 |
| 42300 | DRAINAGE OF ABSCESS; PAROTID, SIMPLE | \$62.13 |
| 42305 | DRAINAGE OF ABSCESS; PAROTID, COMPLICATED | \$67.20 |
| 4231 | LOCAL EXCISION OF ESOPHAGEAL DIVERTICULUM | \$0.00 |
| 42310 | DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL | \$55.73 |
| 4232 | LOCAL EXCISION OF OTHER LESION OR TISSUE OF ESOPHAGUS | \$0.00 |
| 42320 | DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL | \$112.00 |
| 4233 | ENDOSCOPIC EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ESOPHAGUS | \$0.00 |
| 42330 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL | \$71.00 |
| 42335 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL | \$124.67 |
| 42340 | SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL | \$168.00 |
| 4239 | OTHER DESTRUCTION OF LESION OR TISSUE OF ESOPHAGUS | \$0.00 |
| 4240 | ESOPHAGECTOMY, NOT OTHERWISE SPECIFIED | \$0.00 |
| 42400 | BIOPSY OF SALIVARY GLAND; NEEDLE | \$34.88 |
| 42405 | BIOPSY OF SALIVARY GLAND; INCISIONAL | \$42.00 |
| 42408 | EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA) | \$100.80 |
| 42409 | MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA) | \$134.40 |
| 4241 | PARTIAL ESOPHAGECTOMY | \$0.00 |
| 42410 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION | \$302.40 |
| 42415 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE | \$588.00 |
| 4242 | TOTAL ESOPHAGECTOMY | \$0.00 |
| 42420 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE | \$672.00 |
| 42425 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE | \$378.00 |
| 42426 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL NECK DISSECTION | \$672.00 |
| 42440 | EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND | \$218.40 |
| 42450 | EXCISION OF SUBLINGUAL GLAND | \$233.68 |
| 425 | INTRATHORACIC ANASTOMOSIS OF ESOPHAGUS | \$0.00 |
| 42500 | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE | \$191.75 |
| 42505 | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED | \$210.00 |
| 42507 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); | \$235.71 |
| 42508 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF ONE SUBMANDIBULAR GLAND | \$302.40 |
| 42509 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS | \$378.00 |
| 4251 | INTRATHORACIC ESOPHAGOESOPHAGOSTOMY | \$0.00 |
| 42510 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCT | \$338.91 |

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| 4252 | INTRATHORACIC ESOPHAGOGASTROSTOMY | \$0.00 |
| 4253 | INTRATHORACIC ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF SMALL BOWEL | \$0.00 |
| 4254 | OTHER INTRATHORACIC ESOPHAGOENTEROSTOMY | \$0.00 |
| 4255 | INTRATHORACIC ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF COLON | \$0.00 |
| 42550 | INJECTION PROCEDURE FOR SIALOGRAPHY | \$25.20 |
| 4256 | OTHER INTRATHORACIC ESOPHAGOCOLOSTOMY | \$0.00 |
| 4258 | INTRATHORACIC ESOPHAGEAL ANASTOMOSIS WITH OTHER INTERPOSITION | \$0.00 |
| 4259 | OTHER INTRATHORACIC ANASTOMOSIS OF ESOPHAGUS | \$0.00 |
| 426 | ANTESTERNAL ANASTOMOSIS OF ESOPHAGUS | \$0.00 |
| 42600 | CLOSURE SALIVARY FISTULA | \$186.79 |
| 4261 | ANTESTERNAL ESOPHAGUESOPHAGOSTOMY | \$0.00 |
| 4262 | ANTESTERNAL ESOPHAGOGASTROSTOMY | \$0.00 |
| 4263 | ANTESTERNAL ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF SMALL BOWEL | \$0.00 |
| 4264 | OTHER ANTESTERNAL ESOPHAGOENTEROSTOMY | \$0.00 |
| 4265 | ANTESTERNAL ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF COLON | \$0.00 |
| 42650 | DILATION SALIVARY DUCT | \$25.20 |
| 4266 | OTHER ANTESTERNAL ESOPHAGOCOLOSTOMY | \$0.00 |
| 42660 | DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION | \$25.20 |
| 42665 | LIGATION SALIVARY DUCT, INTRAORAL | \$50.40 |
| 4268 | OTHER ANTESTERNAL ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION | \$0.00 |
| 4269 | OTHER ANTESTERNAL ANASTOMOSIS OF ESOPHAGUS | \$0.00 |
| 42699 | UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS | \$0.00 |
| 427 | ESOPHAGOMYOTOMY | \$0.00 |
| 42700 | INCISION AND DRAINAGE ABSCESS; PERITONSILLAR | \$50.40 |
| 42720 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH | \$84.00 |
| 42725 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH | \$210.00 |
| 428 | OTHER REPAIR OF ESOPHAGUS | \$0.00 |
| 42800 | BIOPSY; OROPHARYNX | \$25.20 |
| 42802 | BIOPSY; HYPOPHARYNX | \$25.20 |
| 42804 | BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE | \$25.20 |
| 42806 | BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION | \$25.20 |
| 42808 | EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD | \$42.00 |
| 42809 | REMOVAL OF FOREIGN BODY FROM PHARYNX | \$42.00 |
| 4281 | INSERTION OF PERMANENT TUBE INTO ESOPHAGUS | \$0.00 |
| 42810 | EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES | \$141.80 |
| 42815 | EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX | \$339.94 |
| 4282 | SUTURE OF LACERATION OF ESOPHAGUS | \$0.00 |
| 42820 | TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12 | \$117.60 |
| 42821 | TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER | \$151.20 |
| 42825 | TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12 | \$117.60 |
| 42826 | TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER | \$151.20 |
| 4283 | CLOSURE OF ESOPHAGOSTOMY | \$0.00 |
| 42830 | ADENOIDECTOMY, PRIMARY; UNDER AGE 12 | \$81.60 |
| 42831 | ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER | \$81.60 |
| 42835 | ADENOIDECTOMY, SECONDARY; UNDER AGE 12 | \$92.80 |
| 42836 | ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER | \$129.62 |
| 4284 | REPAIR OF ESOPHAGEAL FISTULA, NOT ELSEWHERE CLASSIFIED | \$0.00 |
| 42842 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE | \$325.91 |

| Procedure | Procedure Code Description | Rate |
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| 42844 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE | \$520.13 |
| 42845 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH OTHER FLAP | \$814.80 |
| 4285 | REPAIR OF ESOPHAGEAL STRICTURE | \$0.00 |
| 4286 | PRODUCTION OF SUBCUTANEOUS TUNNEL WITHOUT ESOPHAGEAL ANASTOMOSIS | \$0.00 |
| 42860 | EXCISION OF TONSIL TAGS | \$50.40 |
| 4287 | OTHER GRAFT OF ESOPHAGUS | \$0.00 |
| 42870 | EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE) | \$75.60 |
| 4289 | OTHER REPAIR OF ESOPHAGUS | \$0.00 |
| 42890 | LIMITED PHARYNGECTOMY | \$543.20 |
| 42892 | RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR | \$547.79 |
| 42894 | RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP | \$808.47 |
| 429 | OTHER OPERATIONS ON ESOPHAGUS | \$0.00 |
| 42900 | SUTURE PHARYNX FOR WOUND OR INJURY | \$206.40 |
| 4291 | LIGATION OF ESOPHAGEAL VARICES | \$0.00 |
| 4292 | DILATION OF ESOPHAGUS | \$0.00 |
| 42950 | PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX) | \$389.27 |
| 42953 | PHARYNGOESOPHAGEAL REPAIR | \$323.43 |
| 42955 | PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING) | \$114.60 |
| 42960 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE | \$60.00 |
| 42961 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE COMPLICATED, REQUIRING | \$120.00 |
| 42962 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE WITH SECONDARY SURGICAL | \$150.00 |
| 42970 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR NAS | \$66.00 |
| 42971 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); COMPLICATED, REQUIRING HOS | \$120.00 |
| 42972 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICAL IN | \$150.00 |
| 4299 | OTHER | \$0.00 |
| 42999 | UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS | \$0.00 |
| 430 | GASTROTOMY | \$0.00 |
| 43020 | ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY | \$336.00 |
| 43030 | CRICOPHARYNGEAL MYOTOMY | \$378.95 |
| 43045 | ESOPHAGOTOMY, THORACIC APPROACH; WITH REMOVAL OF FOREIGN BODY | \$504.00 |
| 431 | GASTROSTOMY | \$0.00 |
| 43100 | EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH | \$403.20 |
| 43101 | EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC APPROACH | \$551.71 |
| 43107 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROST | \$1,117.04 |
| 43108 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION | \$1,293.72 |
| 4311 | PERCUTANEOUS (ENDOSCOPIC) GASTROSTOMY (PEG) | \$0.00 |
| 43112 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOM | \$1,146.35 |
| 43113 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION | \$1,314.15 |

| Procedure | Procedure Code Description | Rate |
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| 43116 | PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICROVASCULAR ANASTOMOSIS, OBTAINING | \$1,232.41 |
| 43117 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT P; | \$1,207.65 |
| 43118 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION,...WITH COLON | \$1,273.28 |
| 43121 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WITHOUT PROXIMAL GASTRECTOMY, WITH | \$1,098.87 |
| 43122 | PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT PROXIMAL GASTRECTOMY; WITH | \$1,098.87 |
| 43123 | PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH...;WITH COLON INTERPOSITION OR SMALL BOWEL | \$1,273.28 |
| 43124 | TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH CERVICAL ESOPHAGOSTOMY | \$1,066.06 |
| 43130 | DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL APPROACH | \$420.00 |
| 43135 | DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THORACIC APPROACH | \$603.51 |
| 4319 | OTHER GASTROSTOMY | \$0.00 |
| 432 | PERMANENT GASTROSTOMY | \$0.00 |
| 43200 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); DIAGNOSTIC PROCEDURE | \$93.91 |
| 43201 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE | \$137.26 |
| 43202 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR | \$107.33 |
| 43204 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INJECTION SCLEROSIS OF ESOPHAGEAL VARICES | \$134.40 |
| 43205 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES | \$137.67 |
| 43215 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF FOREIGN BODY | \$154.18 |
| 43216 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYPS(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEP | \$149.23 |
| 43217 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF POLYPOID LESION(S) | \$19.20 |
| 43219 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INSERTION OF PLASTIC TUBE OR STENT | \$75.60 |
| 43220 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR DILATION, DIRECT, ANY METHOD | \$118.47 |
| 43226 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INSERTION OF WIRE TO GUIDE DILATION | \$124.67 |
| 43227 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASE | \$185.55 |
| 43228 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR ABLATION OF TUMOR OR MUCOSAL LESION (EG, ELECTROCOA | \$187.20 |
| 43231 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION | \$127.35 |
| 43232 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE | \$147.99 |
| 43234 | UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION (EG, WITH SMALL DIAMETER FLEXIBLE FIBERSCOPE) | \$168.00 |
| 43235 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$168.00 |
| 43236 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APP | \$160.17 |

| Procedure | Procedure Code Description | Rate |
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| 43237 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE | \$120.95 |
| 43238 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR | \$149.64 |
| 43239 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$184.80 |
| 43240 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSMURAL DRAINAGE OF PSEUDOCYST | \$224.77 |
| 43241 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$184.80 |
| 43242 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMU | \$161.61 |
| 43243 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$222.09 |
| 43244 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH BAND LIGATION OF ESOPHAGEAL AND/OR GASTRIC | \$166.98 |
| 43245 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$184.80 |
| 43246 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$226.83 |
| 43247 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$184.80 |
| 43248 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OF | \$115.17 |
| 43249 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH ...WITH BALLOON DILATION OF ESOPHAGUS | \$143.04 |
| 43250 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT | \$184.93 |
| 43251 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$196.91 |
| 43255 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$218.58 |
| 43256 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSCENDOSCOPIC STENT PLACEMENT | \$127.35 |
| 43257 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$166.36 |
| 43258 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO | \$217.13 |
| 43259 | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH ENDOSCOPIC ULTRASOUND EXAMINATION | \$142.83 |
| 43260 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; | \$259.44 |
| 43261 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY; WITH BIOPSY, SINGLE OR MULTIPLE | \$262.75 |
| 43262 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$277.20 |
| 43263 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$261.10 |
| 43264 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$277.20 |
| 43265 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$277.20 |
| 43267 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$277.20 |
| 43268 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$277.20 |

| Procedure | Procedure Code Description | Rate |
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| 43269 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$277.20 |
| 43271 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$277.20 |
| 43272 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F | \$277.20 |
| 43273 | ENDOSCOPIC CANNULATION OF PAPANILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(S) AND/OR PANCREATIC DUCT(S) | \$71.83 |
| 43279 | LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PERFORMED | \$674.72 |
| 43280 | LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPEP PROCEDURES) | \$575.24 |
| 43281 | LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT | \$881.53 |
| 43282 | LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH | \$991.55 |
| 43283 | LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) | \$99.69 |
| 43289 | UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS | \$0.00 |
| 433 | PYLOROMYOTOMY | \$0.00 |
| 43300 | ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FIS | \$467.50 |
| 43305 | ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTUL | \$661.10 |
| 43310 | ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FIS | \$672.00 |
| 43312 | ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTUL | \$672.00 |
| 43313 | ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH;W/O REPAIR OF CONG | \$1,500.94 |
| 43314 | ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION),THORACIC APPROACH; WITH REPAIR OF CON | \$1,648.52 |
| 43320 | ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY; ABDOMINAL APPROACH | \$567.81 |
| 43324 | ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES) | \$588.00 |
| 43325 | ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE) | \$588.00 |
| 43326 | ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS) | \$492.06 |
| 43327 | ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY | \$501.76 |
| 43328 | ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE;THORACOTOMY | \$737.05 |
| 43330 | ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); ABDOMINAL APPROACH | \$504.00 |
| 43331 | ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THORACIC APPROACH | \$504.00 |
| 43332 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL | \$718.68 |
| 43333 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL | \$780.40 |
| 43334 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL; WITHOUT | \$788.86 |
| 43335 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL | \$849.96 |
| 43336 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEP | \$931.28 |
| 43337 | REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT | \$1,016.52 |

| Procedure | Procedure Code Description | Rate |
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| 43338 | ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) | \$82.77 |
| 43340 | ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH | \$588.00 |
| 43341 | ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH | \$558.52 |
| 43350 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH | \$336.00 |
| 43351 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH | \$336.00 |
| 43352 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH | \$336.00 |
| 43360 | GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR | \$1,065.23 |
| 43361 | GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAG- ECTOMY, FOR OBSTRUCTING ESOPHAGEAL...WITH COLON INTERPO | \$1,232.41 |
| 434 | LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF STOMACH | \$0.00 |
| 43400 | LIGATION, DIRECT, ESOPHAGEAL VARICES | \$336.00 |
| 43401 | TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES | \$579.36 |
| 43405 | LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL PERFORATION | \$656.56 |
| 4341 | ENDOSCOPIC EXCISION OR DESTRUCTION OF LESION OR TISSUE OF STOMACH | \$0.00 |
| 43410 | SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH | \$416.93 |
| 43415 | SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH | \$604.80 |
| 4342 | LOCAL EXCISION OF OTHER LESION OR TISSUE OF STOMACH | \$0.00 |
| 43420 | CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH | \$336.00 |
| 43425 | CLOSURE OF ESOPHAGOSTOMY OR FISTULA; THORACIC APPROACH | \$568.43 |
| 43450 | DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; INITIAL SESSION | \$45.82 |
| 43453 | DILATION OF ESOPHAGUS, OVER GUIDE WIRE OR STRING | \$50.40 |
| 43456 | DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR; RETROGRADE | \$50.40 |
| 43458 | DILATION OF ESOPHAGUS WITH BALLOON (30MM DIAMETER OR LARGER) FOR ACHALASIA | \$60.48 |
| 43460 | ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE) | \$50.40 |
| 4349 | OTHER DESTRUCTION OF LESION OR TISSUE OF STOMACH | \$0.00 |
| 43496 | FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS | \$0.00 |
| 43499 | UNLISTED PROCEDURE, ESOPHAGUS | \$0.00 |
| 435 | PARTIAL GASTRECTOMY WITH ANASTOMOSIS TO ESOPHAGUS | \$0.00 |
| 43500 | GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL | \$310.01 |
| 43501 | GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER OR ESOPHAGOGASTRIC LACERATION | \$336.00 |
| 43502 | GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG, MALLORY-WEISS) | \$541.39 |
| 43510 | GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PLASTIC TUBES | \$336.00 |
| 43520 | PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION) | \$257.17 |
| 436 | PARTIAL GASTRECTOMY WITH ANASTOMOSIS TO DUODENUM | \$0.00 |
| 43600 | BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS) | \$50.40 |
| 43605 | BIOPSY OF STOMACH; BY LAPAROTOMY | \$320.54 |
| 43610 | EXCISION, LOCAL, OF ULCER OR TUMOR OF STOMACH | \$369.60 |
| 43611 | EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH | \$458.00 |
| 43620 | GASTRECTOMY, TOTAL; INCLUDING INTESTINAL ANASTOMOSIS | \$730.80 |
| 43621 | EXCISION, LOCAL; WITH ROUX-EN-Y RECONSTRUCTION | \$730.80 |
| 43622 | GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE | \$730.80 |

| Procedure | Procedure Code Description | Rate |
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| 43631 | GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY | \$680.29 |
| 43632 | GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY | \$680.29 |
| 43633 | GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTON | \$689.79 |
| 43634 | GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH | \$730.80 |
| 43635 | VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY | \$672.00 |
| 43640 | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SELECTIVE | \$504.00 |
| 43641 | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL (HIGHLY SELECTIVE) | \$504.00 |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY | \$870.39 |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION | \$938.71 |
| 43647 | LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM | \$0.00 |
| 43648 | LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM | \$0.00 |
| 43651 | LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL | \$327.56 |
| 43652 | LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE | \$394.43 |
| 43653 | LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE(EG, STAMM PROCEDURE) | \$265.64 |
| 43659 | UNLISTED LAPAROSCOPY PROCEDURE, STOMACH | \$0.00 |
| 437 | PARTIAL GASTRECTOMY WITH ANASTOMOSIS TO JEJUNUM | \$0.00 |
| 43753 | GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL | \$12.59 |
| 43754 | GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN(EG, ACID ANALYSIS) | \$19.20 |
| 43755 | GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC | \$35.09 |
| 43756 | DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN (EG, BILE STUDY FOR | \$31.58 |
| 43757 | DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL SPE | \$45.61 |
| 43760 | CHANGE OF GASTROSTOMY TUBE | \$30.00 |
| 43761 | REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUODENUM FOR | \$55.92 |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC BAND | \$549.44 |
| 43771 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY | \$632.62 |
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY | \$482.15 |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPO | \$632.82 |
| 43774 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND AND SUBUTANEOUS PORT | \$483.39 |
| 43775 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY) | \$740.15 |
| 438 | OTHER PARTIAL GASTRECTOMY | \$0.00 |
| 43800 | PYLOROPLASTY | \$361.20 |
| 4381 | PARTIAL GASTRECTOMY WITH JEJUNAL TRANSPOSITION | \$0.00 |
| 43810 | GASTRODUODENOSTOMY | \$399.59 |
| 4382 | LAPAROSCOPIC VERTICAL (SLEEVE) GASTRECTOMY | \$0.00 |
| 43820 | GASTROJEJUNOSTOMY; | \$420.00 |
| 43825 | GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE | \$504.00 |

| Procedure | Procedure Code Description | Rate |
|-----------|--|----------|
| 43830 | GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE) | \$259.86 |
| 43831 | GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEONATAL, FOR FEEDING | \$261.10 |
| 43832 | GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE) | \$336.00 |
| 43840 | GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY | \$378.00 |
| 43842 | GASTROPLASTY, VERTICAL-BANDED, FOR MORBID OBESITY | \$728.30 |
| 43843 | GASTROPLASTY, OTHER THAN VERTICAL-BANDED, FOR MORBID OBESITY | \$728.30 |
| 43845 | GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILESTOMY | \$0.00 |
| 43846 | GASTRIC BYPASS WITH ROUX-EN-Y GASTROENTEROSTOMY FOR MORBID OBESITY | \$635.71 |
| 43847 | GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL BOWEL RECONSTRUCTION TO LIM | \$633.03 |
| 43848 | REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY (SEPARATE PROCEDURE) | \$829.73 |
| 43850 | REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITHOUT VAGOTOMY | \$604.80 |
| 43855 | REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITH VAGOTOMY | \$604.80 |
| 43860 | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTREC | \$604.80 |
| 43865 | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTREC | \$604.80 |
| 43870 | CLOSURE OF GASTROSTOMY, SURGICAL | \$279.47 |
| 43880 | CLOSURE OF GASTROCOLIC FISTULA | \$336.00 |
| 43881 | IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTODES, ANTRUM, OPEN | \$0.00 |
| 43882 | REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTODES, ANTRUM, OPEN | \$0.00 |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY | \$152.53 |
| 43887 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY | \$149.43 |
| 43888 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY | \$211.97 |
| 4389 | OTHER | \$0.00 |
| 439 | TOTAL GASTRECTOMY | \$0.00 |
| 4391 | TOTAL GASTRECTOMY WITH INTESTINAL INTERPOSITION | \$0.00 |
| 4399 | OTHER TOTAL GASTRECTOMY | \$0.00 |
| 43999 | UNLISTED PROCEDURE, STOMACH | \$0.00 |
| 4400 | VAGOTOMY, NOT OTHERWISE SPECIFIED | \$0.00 |
| 44005 | ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE) | \$319.20 |
| 4401 | TRUNCAL VAGOTOMY | \$0.00 |
| 44010 | DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL | \$352.80 |
| 44015 | TUBE JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY | \$235.20 |
| 4402 | HIGHLY SELECTIVE VAGOTOMY | \$0.00 |
| 44020 | ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL | \$352.80 |
| 44021 | ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE) | \$352.80 |
| 44025 | COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL | \$352.80 |

| Procedure | Procedure Code Description | Rate |
|-----------|--|------------|
| 4403 | OTHER SELECTIVE VAGOTOMY | \$0.00 |
| 44050 | REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY | \$352.80 |
| 44055 | CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT VOLVULUS (EG, LADD PROCEDURE) | \$352.80 |
| 441 | DIAGNOSTIC PROCEDURES ON STOMACH | \$0.00 |
| 44100 | BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS) | \$50.40 |
| 4411 | TRANSABDOMINAL GASTROSCOPY | \$0.00 |
| 44110 | EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULI | \$378.54 |
| 44111 | EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULI | \$411.60 |
| 4412 | GASTROSCOPY THROUGH ARTIFICIAL STOMA | \$0.00 |
| 44120 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ANASTOMOSIS | \$511.87 |
| 44121 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS | \$150.88 |
| 44125 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH DOUBLE-BARREL ENTEROSTOMY | \$543.04 |
| 44126 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL | \$1,112.29 |
| 44127 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS WITH TAPERI | \$1,279.06 |
| 44128 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS, EACH ADDIT | \$137.88 |
| 4413 | OTHER GASTROSCOPY | \$0.00 |
| 44130 | ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE; (SEPARATE PROCEDURE) | \$436.80 |
| 44135 | INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR | \$2,524.48 |
| 44137 | REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE | \$0.00 |
| 44139 | MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY | \$75.75 |
| 4414 | CLOSED [ENDOSCOPIC] BIOPSY OF STOMACH | \$0.00 |
| 44140 | COLECTOMY, PARTIAL; WITH ANASTOMOSIS | \$546.00 |
| 44141 | COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY | \$639.60 |
| 44143 | COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE) | \$622.92 |
| 44144 | COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA | \$617.55 |
| 44145 | COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) | \$714.00 |
| 44146 | COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY | \$714.00 |
| 44147 | COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH | \$714.00 |
| 4415 | OTHER BIOPSY OF STOMACH | \$0.00 |
| 44150 | COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPROCTOSTOMY | \$714.00 |
| 44151 | COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY | \$633.03 |
| 44155 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY | \$739.20 |
| 44156 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY | \$716.62 |
| 44157 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, INCLUDES LOOP ILEOSTOMY, AND RECTAL | \$1,137.06 |
| 44158 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVIOR | \$1,166.57 |
| 44160 | COLECTOMY WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY | \$604.96 |

| Procedure | Procedure Code Description | Rate |
|-----------|--|------------|
| 44180 | LAPAROSCOPY, SURGICAL, ENTEROLYSIS | \$464.81 |
| 44186 | LAPAROSCOPY, SURGICAL; JEJUNOSTOMY | \$326.94 |
| 44187 | LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE | \$540.15 |
| 44188 | LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY | \$592.57 |
| 4419 | OTHER DIAGNOSTIC PROCEDURES ON STOMACH | \$0.00 |
| 442 | PYLOROPLASTY | \$0.00 |
| 44202 | LAPAROSCOPY, SURGICAL; INTESTINAL RESECTION, WITH ANASTOMOSIS (INTRA OR EXTRACORPOREAL) | \$707.54 |
| 44203 | LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS | \$134.16 |
| 44204 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS | \$775.44 |
| 44205 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY | \$682.98 |
| 44206 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLECTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE) | \$830.55 |
| 44207 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) | \$908.99 |
| 44208 | LAPAROSCOPY, SURGICAL, COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WIT | \$982.88 |
| 4421 | DILATION OF PYLORUS BY INCISION | \$0.00 |
| 44210 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY | \$870.18 |
| 44211 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOANAL ANASTOMOSIS, CREATION OF | \$1,080.50 |
| 44212 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOSTOMY | \$1,009.71 |
| 44213 | LAPAROSCOPY, SURGICAL, MOBILIZATION OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY | \$106.50 |
| 4422 | ENDOSCOPIC DILATION OF PYLORUS | \$0.00 |
| 44227 | LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS | \$836.33 |
| 44238 | UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM) | \$0.00 |
| 4429 | OTHER PYLOROPLASTY | \$0.00 |
| 443 | GASTROENTEROSTOMY WITHOUT GASTRECTOMY | \$0.00 |
| 44300 | ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE PROCEDURE) | \$313.11 |
| 4431 | HIGH GASTRIC BYPASS | \$0.00 |
| 44310 | ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE (SEPARATE PROCEDURE) | \$344.00 |
| 44312 | REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE) | \$125.90 |
| 44314 | REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE) | \$306.22 |
| 44316 | CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE) | \$515.79 |
| 4432 | PERCUTANEOUS (ENDOSCOPIC) GASTROJEJUNOSTOMY | \$0.00 |
| 44320 | COLOSTOMY OR SKIN LEVEL CECOSTOMY; (SEPARATE PROCEDURE) | \$344.40 |
| 44322 | COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR HIRSCHSPRUNG DISEASE) (SEPARATE PROCEDURE) | \$344.40 |
| 44340 | REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE) | \$46.80 |
| 44345 | REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE) | \$332.10 |
| 44346 | REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLECTOMY HERNIA (SEPARATE PROCEDURE) | \$352.80 |
| 44360 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; DIAGNOSTIC | \$235.20 |
| 44361 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH BIOPSY AND/OR COLLECTION OF SP | \$235.20 |

| Procedure | Procedure Code Description | Rate |
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| 44363 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF FOREIGN BODY | \$235.20 |
| 44364 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF POLYPOID LESION(S) | \$235.20 |
| 44365 | SMALL INTESTINAL ENDOSCOPY,...WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS OR BIPOLAR | \$194.43 |
| 44366 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONTROL OF HEMORRHAGE (EG, ELE | \$237.15 |
| 44369 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH ABLATION OF TUMOR OR MUCOSAL L | \$267.70 |
| 44370 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH TRANSENDOSCOPIC STENT PLACEMEN | \$126.94 |
| 44372 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH PLACEMENT OF PERCUTANEOUS JEJU | \$239.84 |
| 44373 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONVERSION OF PERCUTANEOUS GAS | \$235.20 |
| 44376 | SMALL INTESTINAL ENOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; DIAGNOSTIC, WITH OR | \$196.29 |
| 44377 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY | \$207.64 |
| 44378 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY | \$235.20 |
| 44379 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND BEYOND PORTION OF DUODENUM, INCLUDING THE ILEUM, WITH TR | \$207.23 |
| 4438 | LAPAROSCOPIC GASTROENTEROSTOMY | \$0.00 |
| 44380 | FIBEROPTIC ILEOSCOPY THROUGH STOMA; | \$84.96 |
| 44382 | FIBEROPTIC ILEOSCOPY THROUGH STOMA; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING | \$111.66 |
| 44383 | ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) | \$71.83 |
| 44385 | FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH; | \$108.36 |
| 44386 | FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY | \$80.08 |
| 44388 | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; | \$143.02 |
| 44389 | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING | \$101.76 |
| 4439 | OTHER GASTROENTEROSTOMY | \$0.00 |
| 44390 | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF FOREIGN BODY | \$141.38 |
| 44391 | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGU | \$211.56 |
| 44392 | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF POLYPOID LESION(S) | \$160.44 |
| 44393 | FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH ABLATION OF TUMOR OR MUCOSAL LESION (EG, LASER, HOT BIOPSY/FULG | \$228.07 |
| 44394 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY SNARE TECHNIQUE | \$204.96 |
| 44397 | COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) | \$132.72 |
| 4440 | SUTURE OF PEPTIC ULCER, NOT OTHERWISE SPECIFIED | \$0.00 |
| 4441 | SUTURE OF GASTRIC ULCER SITE | \$0.00 |
| 4442 | SUTURE OF DUODENAL ULCER SITE | \$0.00 |
| 4443 | ENDOSCOPIC CONTROL OF GASTRIC OR DUODENAL BLEEDING | \$0.00 |
| 445 | REVISION OF GASTRIC ANASTOMOSIS | \$0.00 |
| 44500 | INTRODUCTION OF LONG GASTROINTESTIAL TUBE (EG. MILLER-ABBOTT) (SEPARATE PROCEDURE) | \$13.21 |
| 446 | OTHER REPAIR OF STOMACH | \$0.00 |

| Procedure | Procedure Code Description | Rate |
|-----------|--|----------|
| 44602 | SUTURE OF SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY, OR RUPTURE; SINGLE PERFORAT | \$388.86 |
| 44603 | SUTURE OF SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY, OR RUPTURE; MULTIPLE | \$394.80 |
| 44604 | SUTURE OF LARGE INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE; WITHOUT COLOSTOMY | \$394.80 |
| 44605 | SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPT | \$394.80 |
| 4461 | SUTURE OF LACERATION OF STOMACH | \$0.00 |
| 44615 | INTESTINAL STRICTUROPLASTY WITH OR WITHOUT DILATION FOR INTESTINAL OBSTRUCTION | \$384.32 |
| 4462 | CLOSURE OF GASTROSTOMY | \$0.00 |
| 44620 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; | \$319.20 |
| 44625 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL | \$420.00 |
| 44626 | CLOSURE OF ENTEROSTOMY WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE) | \$750.47 |
| 4463 | CLOSURE OF OTHER GASTRIC FISTULA | \$0.00 |
| 4464 | GASTROPEXY | \$0.00 |
| 44640 | CLOSURE OF INTESTINAL CUTANEOUS FISTULA | \$319.20 |
| 4465 | ESOPHAGOGASTROPLASTY | \$0.00 |
| 44650 | CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA | \$319.20 |
| 4466 | OTHER PROCEDURES FOR CREATION OF ESOPHAGOGASTRIC SPHINCTERIC COMPETENCE | \$0.00 |
| 44660 | CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION | \$319.20 |
| 44661 | CLOSURE OF ENTEROVESICAL FISTULA; WITH BOWEL AND/OR BLADDER RESECTION | \$319.20 |
| 4467 | LAPAROSCOPIC PROCEDURES FOR CREATION OF ESOPHAGOGASTRIC SPHINCTERIC COMPETENCE | \$0.00 |
| 4468 | LAPAROSCOPIC GASTROPLASTY | \$0.00 |
| 44680 | INTESTINAL PLICATION (SEPARATE PROCEDURE) | \$319.20 |
| 4469 | OTHER | \$0.00 |
| 44700 | EXCLUSION OF SMALL BOWEL FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE TISSUE (EG, BLADDER OR OMENTUM) | \$580.40 |
| 44701 | INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | \$90.40 |
| 44799 | UNLISTED PROCEDURE, INTESTINE | \$0.00 |
| 44800 | EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC DUCT | \$336.00 |
| 44820 | EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE) | \$302.40 |
| 44850 | SUTURE OF MESENTERY (SEPARATE PROCEDURE) | \$302.40 |
| 44899 | UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY | \$0.00 |
| 449 | OTHER OPERATIONS ON STOMACH | \$0.00 |
| 44900 | INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN | \$260.40 |
| 44901 | INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS | \$128.79 |
| 4491 | LIGATION OF GASTRIC VARICES | \$0.00 |
| 4492 | INTRAOPERATIVE MANIPULATION OF STOMACH | \$0.00 |
| 4495 | LAPAROSCOPIC GASTRIC RESTRICTIVE PROCEDURE | \$0.00 |
| 44950 | APPENDECTOMY; | \$248.30 |
| 44955 | APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEPARATE PROCEDURE) | \$104.44 |
| 4496 | LAPAROSCOPIC REVISION OF GASTRIC RESTRICTIVE PROCEDURE | \$0.00 |
| 44960 | APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS | \$350.40 |
| 4497 | LAPAROSCOPIC REMOVAL OF GASTRIC RESTRICTIVE DEVICE | \$0.00 |
| 44970 | LAPAROSCOPY, SURGICAL, APPENDECTOMY | \$285.45 |

| Procedure | Procedure Code Description | Rate |
|-----------|---|------------|
| 44979 | UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX | \$0.00 |
| 4498 | LAPAROSCOPIC ADJUSTMENT OF SIZE OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE | \$0.00 |
| 4499 | OTHER | \$0.00 |
| 4500 | INCISION OF INTESTINE, NOT OTHERWISE SPECIFIED | \$0.00 |
| 45000 | TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | \$128.79 |
| 45005 | INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM | \$72.24 |
| 4501 | INCISION OF DUODENUM | \$0.00 |
| 4502 | OTHER INCISION OF SMALL INTESTINE | \$0.00 |
| 45020 | INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS | \$134.40 |
| 4503 | INCISION OF LARGE INTESTINE | \$0.00 |
| 451 | DIAGNOSTIC PROCEDURES ON SMALL INTESTINE | \$0.00 |
| 45100 | BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON) | \$128.80 |
| 45108 | ANORECTAL MYOMECTOMY | \$155.83 |
| 4511 | TRANSABDOMINAL ENDOSCOPY OF SMALL INTESTINE | \$0.00 |
| 45110 | PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY, ONE OR TWO STAGES | \$747.60 |
| 45111 | PROCTECTOMY; PARTIAL RESECTION OF RECTUM | \$606.61 |
| 45112 | PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE, ONE OR TWO STAGES | \$747.60 |
| 45113 | PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR, WITH OR WITHO | \$910.43 |
| 45114 | PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSACRAL APPROACH, ONE OR TWO STAGES | \$747.60 |
| 45116 | PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TYPE) | \$670.80 |
| 45119 | PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS), WITH CREATION OF | \$941.80 |
| 4512 | ENDOSCOPY OF SMALL INTESTINE THROUGH ARTIFICIAL STOMA | \$0.00 |
| 45120 | PROCTECTOMY, COMPLETE; (EG, FOR CONGENITAL MEGACOLON, SWENSON, DUHAMEL, OR SOAVE TYPE OPERATION) | \$630.00 |
| 45121 | PROCTECTOMY, COMPLETE; WITH SUBTOTAL OR TOTAL COLECTOMY, WITH MULTIPLE BIOPSIES (EG, FOR COLONIC AGANGLIONOSIS) | \$630.00 |
| 45123 | PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH | \$568.22 |
| 45126 | PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY, WITH REMOVAL OF BLADDER AND URETERAL | \$1,415.08 |
| 4513 | OTHER ENDOSCOPY OF SMALL INTESTINE | \$0.00 |
| 45130 | EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH | \$302.40 |
| 45135 | EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL APPROACH | \$302.40 |
| 45136 | EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY | \$869.98 |
| 4514 | CLOSED [ENDOSCOPIC] BIOPSY OF SMALL INTESTINE | \$0.00 |
| 4515 | OPEN BIOPSY OF SMALL INTESTINE | \$0.00 |
| 45150 | DIVISION OF STRICTURE OF RECTUM | \$201.60 |
| 4516 | ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH CLOSED BIOPSY | \$0.00 |
| 45160 | EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCYGEAL APPROACH | \$302.40 |
| 45171 | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, PARTIAL THICKNESS) | \$332.10 |
| 45172 | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS) | \$456.35 |
| 4519 | OTHER DIAGNOSTIC PROCEDURES ON SMALL INTESTINE | \$0.00 |
| 45190 | DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG, ELECTRODESICCATION) TRANSANAL APPROACH | \$290.20 |

| Procedure | Procedure Code Description | Rate |
|-----------|---|----------|
| 452 | DIAGNOSTIC PROCEDURES ON LARGE INTESTINE | \$0.00 |
| 4521 | TRANSABDOMINAL ENDOSCOPY OF LARGE INTESTINE | \$0.00 |
| 4522 | ENDOSCOPY OF LARGE INTESTINE THROUGH ARTIFICIAL STOMA | \$0.00 |
| 4523 | COLONOSCOPY | \$0.00 |
| 4524 | FLEXIBLE SIGNMOIDOSCOPY | \$0.00 |
| 4525 | CLOSED [ENDOSCOPIC] BIOPSY OF LARGE INTESTINE | \$0.00 |
| 4526 | OTHER BIOPSY OF LARGE INTESTINE | \$0.00 |
| 4527 | INTESTINAL BIOPSY, SITE UNSPECIFIED | \$0.00 |
| 4528 | OTHER DIAGNOSTIC PROCEDURES ON LARGE INTESTINE | \$0.00 |
| 4529 | OTHER DIAGNOSTIC PROCEDURES ON INTESTINE, SITE UNSPECIFIED | \$0.00 |
| 4530 | ENDOSCOPIC EXCISION OR DESTRUCTION OF LESION OF DUODENUM | \$0.00 |
| 45300 | PROCTOSIGMOIDOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE) | \$25.20 |
| 45303 | PROCTOSIGMOIDOSCOPY; WITH DILATION, DIRECT, INSTRUMENTAL | \$25.20 |
| 45305 | PROCTOSIGMOIDOSCOPY; WITH BIOPSY | \$33.60 |
| 45307 | PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF FOREIGN BODY | \$66.05 |
| 45308 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPO | \$66.87 |
| 45309 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE | \$66.87 |
| 4531 | OTHER LOCAL EXCISION OF LESION OF DUODENUM | \$0.00 |
| 45315 | PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF MULTIPLE EXCRESCENCES, PAPILLOMATA OR POLYPS | \$67.20 |
| 45317 | PROCTOSIGMOIDOSCOPY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION) | \$67.20 |
| 4532 | OTHER DESTRUCTION OF LESION OF DUODENUM | \$0.00 |
| 45320 | PROCTOSIGMOIDOSCOPY; WITH ABLATION OF TUMOR (EG, ELECTROCOAGULATION, PHOTOCOAGULATION, HOT BIOPSY/FULGURATION) | \$84.00 |
| 45321 | PROCTOSIGMOIDOSCOPY; WITH DECOMPRESSION OF VOLVULUS | \$80.50 |
| 45327 | PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) | \$49.74 |
| 4533 | LOCAL EXCISION OF LESION OR TISSUE OF SMALL INTESTINE, EXCEPT DUODENUM | \$0.00 |
| 45330 | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC | \$50.16 |
| 45331 | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING | \$65.84 |
| 45332 | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY | \$67.20 |
| 45333 | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF POLYPOID LESION(S) | \$67.20 |
| 45334 | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION) | \$67.20 |
| 45335 | SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE | \$80.70 |
| 45337 | SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH DECOMPRESSION OF VOLVULUS | \$81.60 |
| 45338 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMORS, POLYPS OR OTHER LESIONS BY SNARE TECHNIQUE | \$81.60 |
| 45339 | SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMORS, POLYPS, OR OTHER LESION NOT AMENABLE TO REMOVAL BY HOT BIOPS | \$58.80 |
| 4534 | OTHER DESTRUCTION OF LESION OF SMALL INTESTINE, EXCEPT DUODENUM | \$0.00 |
| 45340 | SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES | \$184.11 |
| 45341 | SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION | \$110.63 |
| 45342 | SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATIO | \$127.56 |
| 45345 | SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION) | \$85.45 |

| Procedure | Procedure Code Description | Rate |
|-----------|--|------------|
| 45355 | COLONOSCOPY, WITH STANDARD SIGMOIDOSCOPE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE | \$235.20 |
| 45378 | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLON DECOMPRESSION | \$172.14 |
| 45379 | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY | \$220.02 |
| 45380 | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASH | \$192.57 |
| 45381 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE | \$217.96 |
| 45382 | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHO | \$252.63 |
| 45383 | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH ABLATION OF TUMOR OR MUCOSAL LESION (EG, ELECTROCOAGULAT | \$258.21 |
| 45384 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT | \$256.76 |
| 45385 | COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF POLYPOID LESION(S) | \$261.30 |
| 45386 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BT BALLOON, 1 OR MORE STRICTURES | \$414.45 |
| 45387 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDING PREDILATIO | \$173.17 |
| 45391 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION | \$154.39 |
| 45392 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED | \$194.84 |
| 45395 | LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY | \$987.21 |
| 45397 | LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE, WITH CREATION OF COLONIC | \$1,072.45 |
| 454 | LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF LARGE INTESTINE | \$0.00 |
| 45400 | LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE) | \$576.48 |
| 45402 | LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION | \$781.43 |
| 4541 | EXCISION OF LESION OR TISSUE OF LARGE INTESTINE | \$0.00 |
| 4542 | ENDOSCOPIC POLYPECTOMY OF LARGE INTESTINE | \$0.00 |
| 4543 | ENDOSCOPIC DESTRUCTION OF OTHER LESION OR TISSUE OF LARGE INTESTINE | \$0.00 |
| 4549 | OTHER DESTRUCTION OF LESION OF LARGE INTESTINE | \$0.00 |
| 45499 | UNLISTED LAPAROSCOPY PROCEDURE, RECTUM | \$0.00 |
| 4550 | ISOLATION OF INTESTINAL SEGMENT, NOT OTHERWISE SPECIFIED | \$0.00 |
| 45500 | PROCTOPLASTY; FOR STENOSIS | \$285.04 |
| 45505 | PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE | \$269.76 |
| 4551 | ISOLATION OF SEGMENT OF SMALL INTESTINE | \$0.00 |
| 4552 | ISOLATION OF SEGMENT OF LARGE INTESTINE | \$0.00 |
| 45520 | PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE | \$19.72 |
| 45540 | PROCTOPEXY FOR PROLAPSE; ABDOMINAL APPROACH | \$249.60 |
| 45541 | PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH | \$302.40 |
| 45550 | PROCTOPEXY COMBINED WITH SIGMOID RESECTION, ABDOMINAL APPROACH | \$369.60 |
| 45560 | REPAIR OF RECTOCELE (SEPARATE PROCEDURE) | \$210.00 |
| 45562 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; | \$429.31 |
| 45563 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTOMY | \$677.20 |
| 456 | OTHER EXCISION OF SMALL INTESTINE | \$0.00 |
| 4561 | MULTIPLE SEGMENTAL RESECTION OF SMALL INTESTINE | \$0.00 |
| 4562 | OTHER PARTIAL RESECTION OF SMALL INTESTINE | \$0.00 |

| Procedure | Procedure Code Description | Rate |
|-----------|--|----------|
| 4563 | TOTAL REMOVAL OF SMALL INTESTINE | \$0.00 |
| 457 | PARTIAL EXCISION OF LARGE INTESTINE | \$0.00 |
| 4571 | MULTIPLE SEGMENTAL RESECTION OF LARGE INTESTINE | \$0.00 |
| 4572 | CECECTOMY | \$0.00 |
| 4573 | RIGHT HEMICOLECTOMY | \$0.00 |
| 4574 | RESECTION OF TRANSVERSE COLON | \$0.00 |
| 4575 | LEFT HEMICOLECTOMY | \$0.00 |
| 4576 | SIGMOIDECTOMY | \$0.00 |
| 4579 | OTHER PARTIAL EXCISION OF LARGE INTESTINE | \$0.00 |
| 458 | TOTAL INTRA-ABDOMINAL COLECTOMY | \$0.00 |
| 45800 | CLOSURE OF RECTOVESICAL FISTULA; | \$420.00 |
| 45805 | CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY | \$420.00 |
| 4581 | LAPAROSCOPIC TOTAL INTRA-ABDOMINAL COLECTOMY | \$0.00 |
| 4582 | OPEN TOTAL INTRA-ABDOMINAL COLECTOMY | \$0.00 |
| 45820 | CLOSURE OF RECTOURETHRAL FISTULA; | \$420.00 |
| 45825 | CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY | \$420.00 |
| 4583 | OTHER AND UNSPECIFIED TOTAL INTRA-ADBOMINAL COLECTOMY | \$0.00 |
| 4590 | INTESTINAL ANASTOMOSIS, NOT OTHERWISE SPECIFIED | \$0.00 |
| 45900 | REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA | \$25.20 |
| 45905 | DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL | \$42.00 |
| 4591 | SMALL-TO-SMALL INTESTINAL ANASTOMOSIS | \$0.00 |
| 45910 | DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL | \$42.00 |
| 45915 | REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA | \$62.54 |
| 4592 | ANASTOMOSIS OF SMALL INTESTINE TO RECTAL STUMP | \$0.00 |
| 4593 | OTHER SMALL-TO-LARGE INTESTINAL ANASTOMOSIS | \$0.00 |
| 4594 | LARGE-TO-LARGE INTESTINAL ANASTOMOSIS | \$0.00 |
| 4595 | ANASTOMOSIS TO ANUS | \$0.00 |
| 45990 | ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC | \$56.97 |
| 45999 | UNLISTED PROCEDURE, RECTUM | \$0.00 |
| 460 | EXTERIORIZATION OF INTESTINE | \$0.00 |
| 4601 | EXTERIORIZATION OF SMALL INTESTINE | \$0.00 |
| 4602 | RESECTION OF EXTERIORIZED SEGMENT OF SMALL INTESTINE | \$0.00 |
| 46020 | PLACEMENT OF SETON | \$128.17 |
| 4603 | EXTERIORIZATION OF LARGE INTESTINE | \$0.00 |
| 46030 | REMOVAL OF ANAL SETON, OTHER MARKER | \$25.20 |
| 4604 | RESECTION OF EXTERIORIZED SEGMENT OF LARGE INTESTINE | \$0.00 |
| 46040 | INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE) | \$75.60 |
| 46045 | INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA | \$75.60 |
| 46050 | INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL | \$33.60 |
| 46060 | INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY, SUBMUSCULAR | \$266.80 |
| 46070 | INCISION, ANAL SEPTUM (INFANT) | \$75.60 |
| 46080 | SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE) | \$75.60 |
| 46083 | INCISION OF THROMBOSED HEMORRHOID, EXTERNAL | \$33.60 |
| 4610 | COLOSTOMY, NOT OTHERWISE SPECIFIED | \$0.00 |
| 4611 | TEMPORARY COLOSTOMY | \$0.00 |
| 4612 | PERMANENT MAGNETIC COLOSTOMY | \$0.00 |
| 4613 | PERMANENT COLOSTOMY | \$0.00 |
| 4614 | DELAYED OPENING OF COLOSTOMY | \$0.00 |
| 4620 | ILEOSTOMY, NOT OTHERWISE SPECIFIED | \$0.00 |
| 46200 | FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY | \$109.20 |

| Procedure | Procedure Code Description | Rate |
|-----------|--|----------|
| 4621 | TEMPORARY ILEOSTOMY | \$0.00 |
| 4622 | CONTINENT ILEOSTOMY | \$0.00 |
| 46220 | PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE) | \$33.60 |
| 46221 | HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND) | \$42.00 |
| 4623 | OTHER PERMANENT ILEOSTOMY | \$0.00 |
| 46230 | EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE | \$33.60 |
| 4624 | DELAYED OPENING OF ILEOSTOMY | \$0.00 |
| 46250 | HEMORRHOIDECTOMY, EXTERNAL, COMPLETE | \$67.20 |
| 46255 | HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; | \$210.00 |
| 46257 | HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY | \$226.80 |
| 46258 | HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY | \$226.80 |
| 46260 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; | \$210.00 |
| 46261 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY | \$226.80 |
| 46262 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY | \$226.80 |
| 46270 | FISTULECTOMY; SUBCUTANEOUS | \$137.67 |
| 46275 | FISTULECTOMY; SUBMUSCULAR | \$193.20 |
| 46280 | FISTULECTOMY; COMPLEX OR MULTIPLE | \$193.20 |
| 46285 | FISTULECTOMY; SECOND STAGE | \$137.67 |
| 46288 | CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP | \$231.79 |
| 463 | OTHER ENTEROSTOMY | \$0.00 |
| 4631 | DELAYED OPENING OF OTHER ENTEROSTOMY | \$0.00 |
| 4632 | PERCUTANEOUS [ENDOSCOPIC] JEJUNOSTOMY [PEJ] | \$0.00 |
| 46320 | ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID | \$33.60 |
| 4639 | OTHER | \$0.00 |
| 4640 | REVISION OF INTESTINAL STOMA, NOT OTHERWISE SPECIFIED | \$0.00 |
| 4641 | REVISION OF STOMA OF SMALL INTESTINE | \$0.00 |
| 4642 | REPAIR OF PERICOLOSTOMY HERNIA | \$0.00 |
| 4643 | OTHER REVISION OF STOMA OF LARGE INTESTINE | \$0.00 |
| 4650 | CLOSURE OF INTESTINAL STOMA, NOT OTHERWISE SPECIFIED | \$0.00 |
| 46500 | INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS | \$25.20 |
| 46505 | CHEMODENERVATION OF INTERNAL ANAL SPHINCTER | \$124.87 |
| 4651 | CLOSURE OF STOMA OF SMALL INTESTINE | \$0.00 |
| 4652 | CLOSURE OF STOMA OF LARGE INTESTINE | \$0.00 |
| 4660 | FIXATION OF INTESTINE, NOT OTHERWISE SPECIFIED | \$0.00 |
| 46600 | ANOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE) | \$16.92 |
| 46604 | ANOSCOPY; FOR DILATION, DIRECT, INSTRUMENTAL | \$25.20 |
| 46606 | ANOSCOPY; FOR BIOPSY | \$25.20 |
| 46608 | ANOSCOPY; FOR REMOVAL OF FOREIGN BODY | \$42.00 |
| 4661 | FIXATION OF SMALL INTESTINE TO ABDOMINAL WALL | \$0.00 |
| 46610 | ANOSCOPY; FOR REMOVAL OF POLYP | \$52.43 |
| 46611 | ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE | \$51.81 |
| 46612 | ANOSCOPY; FOR MULTIPLE POLYP REMOVAL | \$66.87 |
| 46614 | ANOSCOPY; WITH COAGULATION FOR CONTROL OF HEMORRHAGE AND/OR FULGURATION OF MUCOSAL LESION | \$67.20 |
| 46615 | ANOSCOPY; WITH ABLATION OF TUMORS, POLYPS, OR OTHER LESIONS NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIP | \$92.47 |
| 4662 | OTHER FIXATION OF SMALL INTESTINE | \$0.00 |
| 4663 | FIXATION OF LARGE INTESTINE TO ABDOMINAL WALL | \$0.00 |
| 4664 | OTHER FIXATION OF LARGE INTESTINE | \$0.00 |
| 467 | OTHER REPAIR OF INTESTINE | \$0.00 |
| 46700 | ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT | \$285.45 |

| Procedure | Procedure Code Description | Rate |
|-----------|--|------------|
| 46705 | ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT | \$280.00 |
| 46706 | REPAIR OF ANAL FISTULA WITH FIBRIN GLUE | \$78.43 |
| 46707 | REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA) | \$254.08 |
| 4671 | SUTURE OF LACERATION OF DUODENUM | \$0.00 |
| 46710 | REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT; TRANSPERINEAL APPROACH | \$519.10 |
| 46712 | REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT; COMBINED TRANSPERINEAL AND TRANSABDOMINAL APPROACH | \$1,088.55 |
| 46715 | REPAIR OF CONGENITAL ANOVAGINAL FISTULA ("CUT-BACK" TYPE PROCEDURE) | \$235.62 |
| 46716 | PERINEAL TRANSPLANT OF ANOVAGINAL FISTULA | \$293.99 |
| 4672 | CLOSURE OF FISTULA OF DUODENUM | \$0.00 |
| 4673 | SUTURE OF LACERATION OF SMALL INTESTINE, EXCEPT DUODENUM | \$0.00 |
| 46730 | CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE; PERINEAL OR SACROCOCCYGEAL APPROACH | \$420.00 |
| 46735 | CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE; COMBINED ABDOMINAL AND PERINEAL APPROACH | \$336.00 |
| 4674 | CLOSURE OF FISTULA OF SMALL INTESTINE, EXCEPT DUODENUM | \$0.00 |
| 46740 | CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE, WITH REPAIR OF URINARY FISTULA | \$336.00 |
| 46742 | REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA; COMBINED TRANSABDOMINAL AND SACROP | \$502.00 |
| 46744 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINEAL APPROACH | \$502.00 |
| 46746 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED ABDOMINAL AND SACROPERINEAL APPR | \$552.00 |
| 46748 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED...WITH VAGINAL LENGTHENING BY | \$552.00 |
| 4675 | SUTURE OF LACERATION OF LARGE INTESTINE | \$0.00 |
| 46750 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT | \$302.58 |
| 46751 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD | \$266.46 |
| 46753 | GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE | \$247.89 |
| 46754 | REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL | \$25.20 |
| 4676 | CLOSURE OF FISTULA OF LARGE INTESTINE | \$0.00 |
| 46760 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT | \$336.00 |
| 46761 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR) | \$336.00 |
| 46762 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SPHINCTER | \$336.00 |
| 4679 | OTHER REPAIR OF INTESTINE | \$0.00 |
| 4680 | INTRA-ABDOMINAL MANIPULATION OF INTESTINE, NOT OTHERWISE SPECIFIED | \$0.00 |
| 4681 | INTRA-ABDOMINAL MANIPULATION OF SMALL INTESTINE | \$0.00 |
| 4682 | INTRA-ABDOMINAL MANIPULATION OF LARGE INTESTINE | \$0.00 |
| 4685 | DILATION OF INTESTINE | \$0.00 |
| 4686 | ENDOSCOPIC INSERTION OF THE COLONIC STENT(S) | \$0.00 |
| 4687 | OTHER INSERTION OF COLONIC STENT(S) | \$0.00 |
| 469 | OTHER OPERATIONS ON INTESTINES | \$0.00 |
| 46900 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH | \$42.00 |
| 4691 | MYOTOMY OF SIGMOID COLON | \$0.00 |
| 46910 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; EL | \$42.00 |
| 46916 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CR | \$42.00 |

| Procedure | Procedure Code Description | Rate |
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| 46917 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LA | \$42.00 |
| 4692 | MYOTOMY OF OTHER PARTS OF COLON | \$0.00 |
| 46922 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SU | \$42.00 |
| 46924 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE, | \$60.00 |
| 4693 | REVISION OF ANASTOMOSIS OF SMALL INTESTINE | \$0.00 |
| 46930 | DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY) | \$97.83 |
| 4694 | REVISION OF ANASTOMOSIS OF LARGE INTESTINE | \$0.00 |
| 46940 | CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL | \$31.79 |
| 46942 | CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQU | \$30.86 |
| 46945 | LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE | \$50.40 |
| 46946 | LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES | \$151.20 |
| 46947 | HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING | \$178.74 |
| 4695 | LOCAL PERFUSION OF SMALL INTESTINE | \$0.00 |
| 4696 | LOCAL PERFUSION OF LARGE INTESTINE | \$0.00 |
| 4697 | TRANSPLANT OF INTESTINE | \$0.00 |
| 4699 | OTHER | \$0.00 |
| 46999 | UNLISTED PROCEDURE, ANUS | \$0.00 |
| 470 | APPENDECTOMY | \$0.00 |
| 47000 | BIOPSY OF LIVER, PERCUTANEOUS NEEDLE; | \$72.45 |
| 47001 | BIOPSY OF LIVER, PERCUTANEOUS NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS | \$72.45 |
| 47010 | HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES | \$346.75 |
| 47011 | HAPOTOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES | \$140.97 |
| 47015 | LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBIC OR ECHINOCOCCAL)CYST(S) OR ABCE | \$343.86 |
| 4709 | OTHER APPENDECTOMY | \$0.00 |
| 471 | INCIDENTAL APPENDECTOMY | \$0.00 |
| 47100 | BIOPSY OF LIVER, WEDGE (SEPARATE PROCEDURE) | \$223.94 |
| 47120 | HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY | \$520.80 |
| 47122 | HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY | \$520.80 |
| 47125 | HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY | \$520.80 |
| 47130 | HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY | \$520.80 |
| 47135 | LIVER TRANSPLANT, WITH OR WITHOUT RECIPIENT HEPATECTOMY | \$2,524.48 |
| 47136 | LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE | \$1,505.00 |
| 47140 | DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY | \$1,701.56 |
| 47141 | DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL LEFT LOBECTOMY | \$2,054.71 |
| 47142 | DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY | \$2,262.76 |
| 4719 | OTHER INCIDENTAL APPENDECTOMY | \$0.00 |
| 472 | DRAINAGE OF APPENDICEAL ABSCESS | \$0.00 |
| 47300 | MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER | \$373.38 |
| 47350 | MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY | \$378.00 |
| 47360 | MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVERWOUND OR INJURY, WITH OR WITHOUT HEPATIC ARTERY LIGATIO | \$378.00 |

| Procedure | Procedure Code Description | Rate |
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| 47361 | MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEBRIDEMENT, COAGULATION AND/OR SUTURE | \$950.47 |
| 47362 | MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF PACKING | \$339.53 |
| 47370 | LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY | \$537.47 |
| 47371 | LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL | \$506.71 |
| 47379 | UNLISTED LAPAROSCOPIC PROCEDURE, LIVER | \$0.00 |
| 47380 | ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY | \$631.17 |
| 47381 | ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL | \$623.95 |
| 47382 | ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY | \$376.06 |
| 47399 | UNLISTED PROCEDURE, LIVER | \$0.00 |
| 47400 | HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS | \$504.00 |
| 47420 | CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYS | \$554.40 |
| 47425 | CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYS | \$554.40 |
| 47460 | TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY (SEPARATE PROCEDURE) | \$630.00 |
| 47480 | CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS (SEPARATE PROCEDURE) | \$356.66 |
| 47490 | PERCUTANEOUS CHOLECYSTOSTOMY | \$210.12 |
| 47500 | INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY | \$25.20 |
| 47505 | INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (EG, PERCUTANEOUS TRANSHEPATIC OR T-TUBE) | \$74.21 |
| 47510 | INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE | \$58.80 |
| 47511 | INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIARY DRAINAGE | \$58.80 |
| 47525 | CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER | \$58.80 |
| 47530 | REVISION AND/OR REINSERTION OF TRANSHEPATIC T-TUBE | \$58.80 |
| 47550 | BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) | \$102.79 |
| 47552 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC | \$160.99 |
| 47553 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHIN | \$225.18 |
| 47554 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR REMOVAL OF STONE(S) | \$286.48 |
| 47555 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT S | \$221.05 |
| 47556 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITH STEN | \$304.38 |
| 47560 | LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHOUT BIOPSY | \$150.67 |
| 47561 | LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH BIOPSY | \$158.93 |
| 47562 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY | \$354.60 |
| 47563 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY | \$384.94 |
| 47564 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT | \$470.59 |
| 47570 | LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY | \$410.74 |
| 47579 | UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT | \$0.00 |
| 47600 | CHOLECYSTECTOMY; | \$411.15 |

| Procedure | Procedure Code Description | Rate |
|-----------|---|------------|
| 47605 | CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY | \$444.79 |
| 47610 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; | \$524.05 |
| 47612 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY | \$529.20 |
| 47620 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH O | \$529.20 |
| 47630 | BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQUE) | \$233.17 |
| 47700 | EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR WITHOUT LIVER BIOPSY, WITH OR WITHOU | \$478.64 |
| 47701 | PORTOENTEROSTOMY (EG, KASAI PROCEDURE) | \$504.00 |
| 47711 | EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; EXTRAHEPATIC | \$674.52 |
| 47712 | EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; INTRAHEPATIC | \$789.69 |
| 47715 | EXCISION OF CHOLEDOCHAL CYST | \$462.00 |
| 47720 | CHOLECYSTOENTEROSTOMY; DIRECT | \$462.00 |
| 47721 | CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY | \$462.00 |
| 47740 | CHOLECYSTOENTEROSTOMY; ROUX-EN-Y | \$545.93 |
| 47741 | ROUX-EN-Y WITH GASTROENTEROSTOMY | \$693.50 |
| 47760 | ANASTOMOSIS, DIRECT, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT | \$709.40 |
| 47765 | ANASTOMOSIS, DIRECT, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT | \$714.00 |
| 47780 | ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT | \$714.00 |
| 47785 | ANASTOMOSIS. ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT | \$829.93 |
| 47800 | RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO- END ANASTOMOSIS | \$694.74 |
| 47801 | PLACEMENT OF CHOLEDOCHAL STENT | \$368.84 |
| 47802 | U-TUBE HEPATICOENTEROSTOMY | \$462.00 |
| 479 | OTHER OPERATIONS ON APPENDIX | \$0.00 |
| 47900 | SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE) | \$645.62 |
| 4791 | APPENDICOSTOMY | \$0.00 |
| 4792 | CLOSURE OF APPENDICEAL FISTULA | \$0.00 |
| 4799 | OTHER | \$0.00 |
| 47999 | UNLISTED PROCEDURE, BILIARY TRACT | \$0.00 |
| 480 | PROCTOTOMY | \$0.00 |
| 48000 | DRAINAGE OF ABDOMEN FOR PANCREATITIS | \$336.00 |
| 48001 | PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYSTOSTOMY, GASTROSTOMY, AND JEJUNOSTOM | \$525.29 |
| 48020 | REMOVAL OF PANCREATIC CALCULUS | \$378.00 |
| 481 | PROCTOSTOMY | \$0.00 |
| 48100 | BIOPSY OF PANCREAS (SEPARATE PROCEDURE) | \$67.20 |
| 48102 | BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE | \$67.20 |
| 48105 | RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTIZING PANCREATITIS | \$1,457.39 |
| 48120 | EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA) | \$420.00 |
| 48140 | PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; | \$672.00 |
| 48145 | PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREATICOJEJUNOSTOMY | \$672.00 |
| 48146 | PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PROCEDURE) | \$672.00 |
| 48148 | EXCISION OF AMPULLA OF VATER, SIMPLE | \$506.92 |

| Procedure | Procedure Code Description | Rate |
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| 48150 | PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH PANCREATICODUODENECTOMY (WHIPPLE TYPE PROCEDURE), AND PANCREATIC JEJUN | \$672.00 |
| 48152 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY,.....; WITHOUT PANCREATOJEJUNOSTOMY | \$672.00 |
| 48153 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND DUODENOJEJEUNOS | \$672.00 |
| 48154 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY,, WITHOUT PANCREATOJEJUNOSTOMY | \$672.00 |
| 48155 | PANCREATECTOMY, TOTAL; | \$672.00 |
| 48160 | PANCREATECTOMY, TOTAL; WITH TRANSPLANTATION | \$0.00 |
| 482 | DIAGNOSTIC PROCEDURES ON RECTUM, RECTOSIGMOID, AND PERIRECTAL TISSUE | \$0.00 |
| 4821 | TRANSABDOMINAL PROCTOSIGMOIDOSCOPY | \$0.00 |
| 4822 | PROCTOSIGMOIDOSCOPY THROUGH ARTIFICIAL STOMA | \$0.00 |
| 4823 | RIGID PROCTOSIGMOIDOSCOPY | \$0.00 |
| 4824 | CLOSED [ENDOSCOPIC] BIOPSY OF RECTUM | \$0.00 |
| 4825 | OTHER BIOPSY OF RECTUM | \$0.00 |
| 4826 | BIOPSY OF PERIRECTAL TISSUE | \$0.00 |
| 4829 | OTHER DIAGNOSTIC PROCEDURES ON RECTUM, RECTOSIGMOID, AND PERIRECTAL TISSUE | \$0.00 |
| 483 | LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF RECTUM | \$0.00 |
| 4831 | RADICAL ELECTROCOAGULATION OF RECTAL LESION OR TISSUE | \$0.00 |
| 4832 | OTHER ELECTROCOAGULATION OF RECTAL LESION OR TISSUE | \$0.00 |
| 4833 | DESTRUCTION OF RECTAL LESION OR TISSUE BY LASER | \$0.00 |
| 4834 | DESTRUCTION OF RECTAL LESION OR TISSUE BY CRYOSURGERY | \$0.00 |
| 4835 | LOCAL EXCISION OF RECTAL LESION OR TISSUE | \$0.00 |
| 4836 | [ENDOSCOPIC] POLPECTOMY OF RECTUM | \$0.00 |
| 484 | PULL-THROUGH RESECTION OF RECTUM | \$0.00 |
| 4840 | PULL-THROUGH RESECTION OF RECTUM, NOT OTHERWISE SPECIFIED | \$0.00 |
| 48400 | INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY | \$66.25 |
| 4841 | SOAVE SUBMUCOSAL RESECTION OF RECTUM | \$0.00 |
| 4842 | LAPAROSCOPIC PULL-THROUGH RESECTION OF RECTUM | \$0.00 |
| 4843 | OPEN PULL-THROUGH RESECTION OF RECTUM | \$0.00 |
| 4849 | OTHER PULL-THROUGH RESECTION OF RECTUM | \$0.00 |
| 485 | ABDOMINOPERINEAL RESECTION OF RECTUM | \$0.00 |
| 4850 | ABDOMINOPERINEAL RESECTION OF THE RECTUM, NOT OTHERWISE SPECIFIED | \$0.00 |
| 48500 | MARSUPIALIZATION OF CYST OF PANCREAS | \$420.00 |
| 4851 | LAPAROSCOPIC ABDOMINOPERINEAL RESECTION OF THE RECTUM | \$0.00 |
| 48510 | EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN | \$420.00 |
| 48511 | EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS | \$152.32 |
| 4852 | OPEN ABDOMINOPERINEAL RESECTION OF THE RECTUM | \$0.00 |
| 48520 | INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT | \$420.00 |
| 48540 | INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-Y | \$420.00 |
| 48545 | PANCREATORRHAPHY FOR TRAUMA | \$420.00 |
| 48547 | DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC TRAUMA | \$420.00 |
| 48548 | PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS | \$849.75 |
| 48554 | TRANSPLANTATION OF PANCREATIC ALLOGRAFT | \$1,285.05 |
| 48556 | REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT | \$471.42 |
| 4859 | OTHER ABDOMINOPERINEAL RESECTION OF THE RECTUM | \$0.00 |
| 486 | OTHER RESECTION OF RECTUM | \$0.00 |
| 4861 | TRANSACRAL RECTOSIGMOIDECTOMY | \$0.00 |
| 4862 | ANTERIOR RESECTION OF RECTUM WITH SYNCHRONOUS COLOSTOMY | \$0.00 |

| Procedure | Procedure Code Description | Rate |
|-----------|---|----------|
| 4863 | OTHER ANTERIOR RESECTION OF RECTUM | \$0.00 |
| 4864 | POSTERIOR RESECTION OF RECTUM | \$0.00 |
| 4865 | DUHAMEL RESECTION OF RECTUM | \$0.00 |
| 4866 | HARTMANN RESECTION OF RECTUM | \$0.00 |
| 4869 | OTHER | \$0.00 |
| 487 | REPAIR OF RECTUM | \$0.00 |
| 4871 | SUTURE OF LACERATION OF RECTUM | \$0.00 |
| 4872 | CLOSURE OF PROCTOSTOMY | \$0.00 |
| 4873 | CLOSURE OF OTHER RECTAL FISTULA | \$0.00 |
| 4874 | RECTORECTOSTOMY | \$0.00 |
| 4875 | ABDOMINAL PROCTOPEXY | \$0.00 |
| 4876 | OTHER PROCTOPEXY | \$0.00 |
| 4879 | OTHER REPAIR OF RECTUM | \$0.00 |
| 488 | INCISION OR EXCISION OF PERIRECTAL TISSUE OR LESION | \$0.00 |
| 4881 | INCISION OF PERIRECTAL TISSUE | \$0.00 |
| 4882 | EXCISION OF PERIRECTAL TISSUE | \$0.00 |
| 4888 | COURT ORDERED PAYMENT | \$0.00 |
| 489 | OTHER OPERATIONS ON RECTUM AND PERIRECTAL TISSUE | \$0.00 |
| 4891 | INCISION OF RECTAL STRICTURE | \$0.00 |
| 4892 | ANORECTAL MYECTOMY | \$0.00 |
| 4893 | REPAIR OF PERIRECTAL FISTULA | \$0.00 |
| 4899 | OTHER | \$0.00 |
| 48999 | UNLISTED PROCEDURE, PANCREAS | \$0.00 |
| 490 | INCISION OR EXCISION OF PERIANAL TISSUE | \$0.00 |
| 49000 | EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE) | \$302.40 |
| 49002 | REOPENING OF RECENT LAPAROTOMY | \$316.80 |
| 4901 | INCISION OF PERIANAL ABSCESS | \$0.00 |
| 49010 | EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE) | \$302.40 |
| 4902 | OTHER INCISION OF PERIANAL TISSUE | \$0.00 |
| 49020 | DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS, OPEN | \$302.40 |
| 49021 | DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS ,EXCLUSIVE OF APPENDICEAL ABSCESS; PERCUTANEOUS | \$305.27 |
| 4903 | EXCISION OF PERIANAL SKIN TAGS | \$0.00 |
| 4904 | OTHER EXCISION OF PERIANAL TISSUE | \$0.00 |
| 49040 | DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN | \$344.28 |
| 49041 | DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS | \$152.32 |
| 49060 | DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN | \$302.40 |
| 49061 | DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS | \$140.97 |
| 49062 | DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN | \$417.34 |
| 49082 | ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE | \$99.48 |
| 49083 | ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE | \$187.62 |
| 49084 | PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED | \$59.65 |
| 491 | INCISION OR EXCISION OF ANAL FISTULA | \$0.00 |
| 4911 | ANAL FISTULOTOMY | \$0.00 |
| 4912 | ANAL FISTULECTOMY | \$0.00 |
| 49180 | BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE | \$25.20 |
| 492 | DIAGNOSTIC PROCEDURES ON ANUS AND PERIANAL TISSUE | \$0.00 |
| 49203 | EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERTIONEAL | \$617.76 |

| Procedure | Procedure Code Description | Rate |
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| 49204 | EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERTIONEAL | \$788.65 |
| 49205 | EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERTIONEAL | \$903.00 |
| 4921 | ANOSCOPY | \$0.00 |
| 49215 | EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR | \$482.40 |
| 4922 | BIOPSY OF PERIANAL TISSUE | \$0.00 |
| 49220 | STAGING CELIOTOMY (LAPAROTOMY) FOR HODGKIN'S DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY, NEEDLE OR OPEN BIOPSIE | \$496.80 |
| 4923 | BIOPSY OF ANUS | \$0.00 |
| 49250 | UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE) | \$210.00 |
| 49255 | OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE) | \$218.16 |
| 4929 | OTHER DIAGNOSTIC PROCEDURES ON ANUS AND PERIANAL TISSUE | \$0.00 |
| 493 | LOCAL EXCISION OR DESTRUCTION OF OTHER LESION OR TISSUE OF ANUS | \$0.00 |
| 4931 | ENDOSCOPIC EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ANUS | \$0.00 |
| 49320 | LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, W/OR W/OUT COLLECTION OF SPECIMENS BY | \$175.03 |
| 49321 | LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM, WITH BIOPSY (SINGLE OR MULTIPLE) | \$183.70 |
| 49322 | LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVITY OR CYST (SINGLE OR MULTIPLE) | \$194.43 |
| 49323 | LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL | \$302.79 |
| 49324 | LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, PERMANENT | \$202.27 |
| 49325 | LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER, WITH REMOVAL | \$217.96 |
| 49326 | LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) | \$100.31 |
| 49327 | LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE | \$80.29 |
| 49329 | UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM | \$0.00 |
| 4939 | OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ANUS | \$0.00 |
| 494 | PROCEDURES ON HEMORRHOIDS | \$0.00 |
| 49400 | PNEUMOPERITONEUM (SEPARATE PROCEDURE); INITIAL | \$42.00 |
| 49402 | REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY | \$437.77 |
| 4941 | REDUCTION OF HEMORRHOIDS | \$0.00 |
| 49411 | PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE(EG,FIDUCIAL MARKERS, DOSIMETER), PERCUT | \$288.75 |
| 49412 | PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE(EG, FIDUCIAL MARKERS,DOSIMETER),OPEN | \$50.16 |
| 49418 | INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CHEMOTHERAPY INSTILLATION, | \$142.62 |
| 49419 | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS RESERVOIR. PERMANENT (IE, TOTALLY IMPLANTA | \$227.25 |
| 4942 | INJECTION OF HEMORRHOIDS | \$0.00 |
| 49420 | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPORARY | \$25.20 |
| 49421 | INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT | \$25.20 |
| 49422 | REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER | \$222.91 |
| 49423 | EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCED | \$55.52 |

| Procedure | Procedure Code Description | Rate |
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| 49424 | CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHETER (SEPARATE PROCEDURE) | \$28.90 |
| 49425 | PERITONEAL-VENOUS SHUNT (EG, LEVEEN SHUNT) | \$361.20 |
| 49426 | REVISION OF PERITONEAL-VENOUS SHUNT | \$313.11 |
| 49427 | INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT | \$8.40 |
| 49428 | LIGATION OF PERITONEAL-VENOUS SHUNT | \$67.29 |
| 49429 | REMOVAL OF PERITONEAL-VENOUS SHUNT | \$215.48 |
| 4943 | CAUTERIZATION OF HEMORRHOIDS | \$0.00 |
| 49435 | INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE | \$64.60 |
| 49436 | DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER | \$94.94 |
| 4944 | DESTRUCTION OF HEMORRHOIDS BY CRYOTHERAPY | \$0.00 |
| 49440 | INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION | \$613.63 |
| 49441 | INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST | \$726.32 |
| 49442 | INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST | \$592.37 |
| 49446 | CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE | \$604.13 |
| 4945 | LIGATION OF HEMORRHOIDS | \$0.00 |
| 49450 | REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE | \$421.26 |
| 49451 | REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST | \$447.06 |
| 49452 | REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST | \$547.99 |
| 4946 | EXCISION OF HEMORRHOIDS | \$0.00 |
| 49460 | MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY | \$21.60 |
| 49465 | CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, | \$93.71 |
| 4947 | EVACUATION OF THROMBOSED HEMORRHOIDS | \$0.00 |
| 4949 | OTHER PROCEDURES ON HEMORRHOIDS | \$0.00 |
| 49491 | REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED | \$366.98 |
| 49492 | REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED | \$450.98 |
| 49495 | REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE | \$240.04 |
| 49496 | REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGU | \$297.84 |
| 495 | DIVISION OF ANAL SPHINCTER | \$0.00 |
| 49500 | REPAIR INGUINAL HERNIA, UNDER AGE 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY | \$227.25 |
| 49501 | REPAIR INITIAL INGUINAL HERNIA, 6 MONTHS TO UNDER 5 YRS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRAN | \$274.51 |
| 49505 | REPAIR INGUINAL HERNIA, AGE 5 OR OVER; | \$241.28 |
| 49507 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YRS OR OVER; INCARCERATED OR STRANGULATED | \$277.40 |
| 4951 | LEFT LATERAL ANAL SPHINCTEROTOMY | \$0.00 |
| 4952 | POSTERIOR ANAL SPHINCTEROTOMY | \$0.00 |
| 49520 | REPAIR INGUINAL HERNIA, ANY AGE; RECURRENT | \$295.15 |
| 49521 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED | \$320.13 |

| Procedure | Procedure Code Description | Rate |
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| 49525 | REPAIR INGUINAL HERNIA, ANY AGE; SLIDING | \$283.59 |
| 49540 | REPAIR LUMBAR HERNIA | \$168.00 |
| 49550 | REPAIR FEMORAL HERNIA, GROIN INCISION | \$243.96 |
| 49553 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED | \$266.67 |
| 49555 | REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH | \$303.41 |
| 49557 | REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED | \$329.62 |
| 49560 | REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE | \$340.35 |
| 49561 | REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED | \$375.44 |
| 49565 | REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE | \$334.57 |
| 49566 | REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED | \$394.02 |
| 49568 | IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN | \$165.12 |
| 49570 | REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); SIMPLE | \$201.65 |
| 49572 | REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED | \$247.27 |
| 49580 | REPAIR UMBILICAL HERNIA; UNDER AGE 5 YEARS | \$196.00 |
| 49582 | REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED | \$218.58 |
| 49585 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE | \$211.97 |
| 49587 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED | \$230.76 |
| 4959 | OTHER ANAL SPHINCTEROTOMY | \$0.00 |
| 49590 | REPAIR SPIGELIAN HERNIA | \$276.58 |
| 496 | EXCISION OF ANUS | \$0.00 |
| 49600 | REPAIR OF OMPHALOCELE; SMALL, WITH PRIMARY CLOSURE | \$325.49 |
| 49605 | REPAIR OF OMPHALOCELE; LARGE OR GASTROSCHISIS, WITH OR WITHOUT PROSTHESIS | \$352.80 |
| 49606 | REPAIR OF OMPHALOCELE; WITH STAGED CLOSURE OF PROSTHESIS, REDUCTION IN OPERATING ROOM, UNDER ANESTHESIA | \$352.80 |
| 49610 | REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE | \$344.89 |
| 49611 | REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE | \$352.80 |
| 49650 | LAPAROSCOPY, SURGICAL, REPAIR INITIAL INGUINAL HERNIA | \$211.35 |
| 49651 | LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA | \$278.85 |
| 49652 | LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA; REDUCIBLE | \$410.12 |
| 49653 | LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA; INCARCERATED OR | \$511.87 |
| 49654 | LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE | \$470.59 |
| 49655 | LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED | \$566.57 |
| 49656 | LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA ; REDUCIBLE | \$596.29 |
| 49657 | LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA ; INCARCERATED OR STRANGULATED | \$682.15 |
| 49659 | UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORGRAPHY, HERNIOTOMY | \$0.00 |
| 497 | REPAIR OF ANUS | \$0.00 |
| 4971 | SUTURE OF LACERATION OF ANUS | \$0.00 |
| 4972 | ANAL CERCLAGE | \$0.00 |
| 4973 | CLOSURE OF ANAL FISTULA | \$0.00 |
| 4974 | GRACILIS MUSCLE TRANSPLANT FOR ANAL INCONTINENCE | \$0.00 |
| 4975 | IMPLANTATION OR REVISION OF ARTIFICIAL ANAL SPHINCTER | \$0.00 |
| 4976 | REMOVAL OF ARTIFICIAL ANAL SPHINCTER | \$0.00 |

| Procedure | Procedure Code Description | Rate |
|-----------|--|----------|
| 4979 | OTHER REPAIR OF ANAL SPHINCTER | \$0.00 |
| 499 | OTHER OPERATIONS ON ANUS | \$0.00 |
| 49900 | SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE | \$137.82 |
| 49904 | OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS) | \$782.05 |
| 49905 | OMENTAL FLAP (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS) (LIST SEPARATELY IN ADDITION TO CODE F | \$224.36 |
| 49906 | FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS | \$0.00 |
| 4991 | INCISION OF ANAL SEPTUM | \$0.00 |
| 4992 | INSERTION OF SUBCUTANEOUS ELECTRICAL ANAL STIMULATOR | \$0.00 |
| 4993 | OTHER INCISION OF ANUS | \$0.00 |
| 4994 | REDUCTION OF ANAL PROLAPSE | \$0.00 |
| 4995 | CONTROL OF (POSTOPERATIVE) HEMORRHAGE OF ANUS | \$0.00 |
| 4999 | OTHER | \$0.00 |
| 49999 | UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM | \$0.00 |