

Procedure Code	Description	Rate
600	INCISION OF PROSTATE	\$0.00
60000	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	\$21.64
601	DIAGNOSTIC PROCEDURES ON PROSTATE AND SEMINAL VESICLES	\$0.00
60100	BIOPSY THYROID, PERCUTANEOUS NEEDLE	\$56.00
6011	CLOSED PERCUTANEOUS NEEDLE BIOPSY OF PROSTATE	\$0.00
6012	OTHER BIOPSY OF PROSTATE	\$0.00
6013	CLOSED [PERCUTANEOUS] BIOPSY OF SEMINAL VESICLES	\$0.00
6014	OPEN BIOPSY OF SEMINAL VESICLES	\$0.00
6015	BIOPSY OF PERIPROSTATIC TISSUE	\$0.00
6018	OTHER DIAGNOSTIC PROCEDURES ON PROSTATE AND PERIPROSTATIC TISSUE	\$0.00
6019	OTHER DIAGNOSTIC PROCEDURES ON SEMINAL VESICLES	\$0.00
602	TRANSURETHRAL PROSTATECTOMY	\$0.00
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	\$285.60
6021	TRANSURETHRAL (ULTRASOUND) GUIDED LASER INDUCED PROSTATECTOMY (TULIP)	\$0.00
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$430.14
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRA- LATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY	\$542.01
60220	TOTAL THYROID LOBECTOMY, UNILATERAL;	\$369.60
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUS	\$369.60
60240	THYROIDECTOMY, TOTAL OR COMPLETE	\$487.20
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	\$656.15
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION	\$448.80
60260	THYROIDECTOMY, SECONDARY	\$310.80
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH	\$504.00
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	\$589.27
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	\$301.96
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	\$291.85
6029	OTHER TRANSURETHRAL PROSTATECTOMY	\$0.00
603	SUPRAPUBIC PROSTATECTOMY	\$0.00
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	\$61.51
604	RETROPUBIC PROSTATECTOMY	\$0.00
605	RADICAL PROSTATECTOMY	\$0.00
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	\$445.20

Procedure Code	Description	Rate
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	\$672.00
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLORATION, STERNAL SPLIT OR TRANSTHORAC	\$672.00
60512	PARATHYROID AUTOTRANSPLANTATION	\$150.88
60520	THYMECTOMY, PARTIAL OR TOTAL (SEPARATE PROCEDURE)	\$487.20
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT RADICAL MEDIASTINAL DISSECTION	\$697.63
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH RADICAL MEDIASTINAL DISSECTION	\$779.37
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LU	\$554.40
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LU	\$554.40
606	OTHER PROSTATECTOMY	\$0.00
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	\$504.00
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	\$504.00
6061	LOCAL EXCISION OF LESION OF PROSTATE	\$0.00
6062	PERINEAL PROSTATECTOMY	\$0.00
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND W/ OR W/O BIOPSY	\$642.32
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	\$0.00
6069	OTHER	\$0.00
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	\$0.00
607	OPERATIONS ON SEMINAL VESICLES	\$0.00
6071	PERCUTANEOUS ASPIRATION OF SEMINAL VESICLE	\$0.00
6072	INCISION OF SEMINAL VESICLE	\$0.00
6073	EXCISION OF SEMINAL VESICLE	\$0.00
6079	OTHER OPERATIONS ON SEMINAL VESICLES	\$0.00
608	INCISION OR EXCISION OF PERIPROSTATIC TISSUE	\$0.00
6081	INCISION OF PERIPROSTATIC TISSUE	\$0.00
6082	EXCISION OF PERIPROSTATIC TISSUE	\$0.00
609	OTHER OPERATIONS ON PROSTATE	\$0.00
6091	PERCUTANEOUS ASPIRATION OF PROSTATE	\$0.00
6092	INJECTION INTO PROSTATE	\$0.00
6093	REPAIR OF PROSTATE	\$0.00
6094	CONTROL OF POSTOPERATIVE HEMORRHAGE OF PROSTATE	\$0.00

Procedure Code	Description	Rate
6096	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE BY MICROWAVE THERMOGRAPHY	\$0.00
6097	OTHER TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE BY OTHER THERMOGRAPHY	\$0.00
6099	OTHER	\$0.00
610	INCISION AND DRAINAGE OF SCROTUM AND TUNICA VAGINALIS	\$0.00
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL	\$42.00
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; SUBSEQUENT TAPS	\$52.84
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR	\$61.92
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR	\$82.35
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)	\$33.60
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT	\$87.51
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	\$25.20
611	DIAGNOSTIC PROCEDURES ON SCROTUM AND TUNICA VAGINALIS	\$0.00
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; NOT FOLLOWED BY OTHER SURGERY	\$339.53
61107	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR IMPLANTING VENTRICULAR CATHETER OR PRESSURE RECORDING	\$260.68
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION AND/OR DRAINAGE OF SUBDURAL HEMATOMA	\$352.80
6111	BIOPSY OF SCROTUM OR TUNICA VAGINALIS	\$0.00
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDIA, DYE, OR RADIOACTIVE MATERIAL)	\$340.97
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	\$352.80
61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST	\$352.80
61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF INTRACRANIAL ABSCESS OR CYST	\$293.91
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUBDURAL	\$235.20
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	\$588.00
6119	OTHER DIAGNOSTIC PROCEDURES ON SCROTUM AND TUNICA VAGINALIS	\$0.00

Procedure Code	Description	Rate
612	EXCISION OF HYDROCELE (OF TUNICA VAGINALIS)	\$0.00
61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG ELECTRODE(S) OR PRESSURE RECORDING DEVICE (S	\$392.00
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER	\$352.80
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHER SURGERY	\$352.80
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	\$352.80
613	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SCROTUM	\$0.00
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	\$504.00
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	\$504.00
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL	\$588.00
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRACEREBRAL	\$588.00
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRADURAL OR SUBDURAL	\$588.00
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRACEREBELLAR	\$588.00
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY	\$49.33
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	\$638.40
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	\$638.40
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPERTENSI	\$998.36
61323	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPER	\$1,033.44
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	\$626.22
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	\$655.20
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	\$655.20
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN BODY	\$655.20
61340	OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL), SUPRATENTORIAL	\$614.25
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITH	\$756.00
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	\$420.00

Procedure Code	Description	Rate
614	REPAIR OF SCROTUM AND TUNICA VAGINALIS	\$0.00
6141	SUTURE OF LACERATION OF SCROTUM AND TUNICA VAGINALIS	\$0.00
6142	REPAIR OF SCROTAL FISTULA	\$0.00
61440	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	\$504.00
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SENSORY ROOT OF GASSERIAN GANGLION	\$504.00
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	\$420.00
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	\$420.00
61470	CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY	\$756.00
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	\$703.41
6149	OTHER REPAIR OF SCROTUM AND TUNICA VAGINALIS	\$0.00
61490	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	\$504.00
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	\$504.00
61501	CRANIECTOMY; FOR OSTEOMYELITIS	\$504.00
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOM	\$814.80
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	\$814.80
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSCESS, SUPRATENTORIAL	\$814.80
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATION OF CYST, SUPRATENTORIAL	\$814.80
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$41.69
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTIN	\$814.80
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MENINGIOMA	\$781.20
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; CEREBELLOPONTINE ANGLE TUMOR	\$814.80
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MIDLINE TUMOR AT BASE OF SKULL	\$814.80
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCESS	\$814.80

Procedure Code	Description	Rate
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF CYST	\$814.80
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR;	\$814.80
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBI	\$814.80
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE HOLE(S) FOR LONG TERM SEIZURE M	\$780.60
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LONG TERM SEIZURE	\$773.79
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OF EPILEP	\$504.00
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR REMOVAL OF EPIDURA	\$399.18
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OF CEREBR	\$504.00
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHOUT ELECTROCORTICOGRAPHY DURING	\$948.20
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LOBECTOMY WITH ELE	\$814.80
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LOBECTOMY WITH ELE	\$814.80
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITHOUT	\$1,144.49
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR TRANSECTION OF COR	\$814.80
61542	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR TOTAL HEMISPHERECT	\$814.80
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR PARTIAL OR SUBTOTA	\$814.80
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OR COAGUL	\$504.00
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OF CRANIO	\$814.80
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL APPROACH	\$814.80

Procedure Code	Description	Rate
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC	\$672.00
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	\$570.28
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	\$672.00
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	\$448.00
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	\$448.00
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLEAF SKULL); NOT REQUIRING BONE	\$543.56
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLEAF SKULL); RECONTOURING WITH M	\$613.25
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA); WITHOUT OPTIC NERVE DE	\$529.65
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA); WITH OPTIC NERVE DECOM	\$638.40
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY	\$1,132.93
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTION, WITH	\$1,294.75
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	\$638.40
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	\$638.40
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LES	\$814.80
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LES	\$814.80
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY	\$814.80
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ORBITAL EXENTERATION	\$814.80
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRA DURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY,	\$814.80
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;INTRA- DURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY	\$814.80
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL. INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND	\$814.80
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL,...WITH ORBITAL EXENTERATION	\$814.80

Procedure Code	Description	Rate
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL FOSSA WITH OR WITHOUT INTERNL	\$976.27
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA, WITH OR WITHOUT DISARTICULATION OF THE MANDIBLE	\$814.80
61591	INFRATEMPORAL POSTAURICULAR APPROACH TO MIDDLE CRANIAL FOSSA INCLUDING MASTOIDECTOMY, RESECTION OF SIGMOID	\$814.80
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA INCLUDING OSTEOTOMY OF ZYGOMA, CRANIOTOMY, EXTRA- OR	\$814.80
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECT	\$814.80
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING LABYRINTHE	\$814.80
61597	TRANSCONDYLAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING OCCIPITAL	\$814.80
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INCLUDING LIGATION OF SUPERIO	\$814.80
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA;	\$814.80
61601	RESECTION OR EXCISION OF NEOPLASTIC,VASCULAR OR INFEC- TIOS LESION...INTRADURAL, INCLUDING DURAL REPAIR	\$814.80
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA,...EXTRADURAL	\$814.80
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION,...INTRADURAL, INCLUDING DURAL REPAIR	\$814.80
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA, CAVERNOUS SINUS, CLIVUS	\$814.80
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA...INTRADUAL, INCLUDING	\$814.80
61609	TRANSECTION OR LIGATION, CAROTIK ARTERY IN CAVERNOUS SINUS; WITHOUT REPAIR	\$299.90
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY ANASTOMOSIS OR GRAFT	\$299.90
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR	\$224.56
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY ANASTOMOSIS OR GRAFT	\$224.56
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MAL- FORMATION, OR CAROTID-CAVERNOUS FISTULA BY DISSECTION	\$814.80

Procedure Code	Description	Rate
61615	RESECTION OR EXCISION OF NEOPLASTIC,VASCULAR OR INFEC- TIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA-EXTRADU	\$814.80
61616	RESECTION OR EXCISION OF NEOPLASTIC,VASCULAR OR INFEC- TIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA-INTRADU	\$814.80
61618	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR,MIDDLE OR POSTERIOR CRANIAL FOSSA...BY FREE TISSUE GRAFT	\$599.18
61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOSSA...BY LOCAL OR REGIONALIZED	\$643.14
61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK (EXTRACRANIAL/INTRACRANIAL) INCLUDING SELECTIV	\$303.20
61624	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCUL	\$779.99
61626	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCUL	\$643.14
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	\$814.80
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	\$814.80
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	\$814.80
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	\$814.80
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	\$814.80
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	\$814.80
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	\$1,813.22
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR CIRCULATION	\$1,745.32
61700	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	\$814.80
61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL-BASILAR CIRCULATION	\$814.80
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLUDING CLAMP TO CERVICAL CAROTID ARTE	\$639.43
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL AND CERVICAL OCCLUSIO	\$814.80
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL ELECTROTHROMBOSIS	\$814.80

Procedure Code	Description	Rate
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRA-ARTERIAL EMBOLIZATION, INJEC	\$814.80
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL) ARTERIES	\$814.80
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SIN	\$697.20
61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SIN	\$661.31
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION;	\$524.40
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR	\$696.00
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SEIZURE MONITORING	\$720.00
61770	STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE(S); WITH INSERTION OF CATHETER(S) FOR BRACHYTHERAPY	\$712.80
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL	\$147.16
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL	\$120.74
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL	\$147.16
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL	\$426.00
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL	\$468.00
61795	STEREOTACTIC COMPUTER ASSISTED VOLUMETRIC (NAVIGATIONAL) PROCEDURE,	\$171.60
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	\$418.58
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION	\$114.35
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	\$418.58
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION	\$158.10
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEROTACTIC RADIOSURGEY	\$81.12
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CORTICAL	\$621.47
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL; CORTICAL	\$435.30

Procedure Code	Description	Rate
61863	TWIST DRILL, BURR HOLE, WITHOUT USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; FIRST ARRAY	\$576.68
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, EACH ADDITIONAL ARRAY	\$163.26
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTATIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE	\$858.00
61868	TWIST DRILL, BURR HOLE, WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING, EACH ADDITIONAL ARRAY	\$271.21
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; CORTICAL	\$224.36
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; SUBCORTICAL	\$357.48
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	\$233.23
61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR	\$95.98
61886	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIM PULSE GENERATOR WITH CONNECTION TO TWO OR MORE ELECTR	\$318.06
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	\$120.33
619	OTHER OPERATIONS ON SCROTUM AND TUNICA VAGINALIS	\$0.00
6191	PERCUTANEOUS ASPIRATION OF TUNICA VAGINALIS	\$0.00
6192	EXCISION OF LESION OF TUNICA VAGINALIS OTHER THAN HYDROCELE	\$0.00
6199	OTHER	\$0.00
620	INCISION OF TESTIS	\$0.00
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	\$168.00
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMINUTED, EXTRADURAL	\$336.00
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEMENT OF BRAIN	\$588.00
621	DIAGNOSTIC PROCEDURES ON TESTES	\$0.00
62100	CRANIOTOMY FOR REPAIR OF DURAL/CSF LEAK, INCLUDING SURGERY FOR RHINORRHEA/OTORRHEA	\$588.00
6211	CLOSED [PERCUTANEOUS] [NEEDLE] BIOPSY OF TESTIS	\$0.00
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING BONE GRAFTS OR CRANIOPLASTY	\$780.81
62116	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH SIMPLE CRANIOPLASTY	\$854.91
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRANIOTOMY AND RECONSTRUCTION WITH OR	\$966.57

Procedure Code	Description	Rate
6212	OTHER BIOPSY OF TESTIS	\$0.00
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	\$504.00
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	\$504.00
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	\$336.00
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	\$588.00
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	\$378.00
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	\$378.00
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	\$504.00
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DIAMETER	\$504.00
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM DIAMETER	\$504.00
62148	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY (LIST SEPARATELY IN ADDITION TO COD)	\$67.08
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO SHUNT	\$96.60
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF SEPTUM PELLUCIDUM OR INTRAVENTRIC	\$689.58
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYCST, INCLUDING PLACEMENT OF EXTERNAL	\$885.66
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	\$560.79
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR FOR	\$957.49
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSPHENOIDAL APPROACH	\$749.44
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	\$613.21
6219	OTHER DIAGNOSTIC PROCEDURES ON TESTES	\$0.00
62190	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR	\$611.56
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMINUS	\$594.84
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	\$104.03
622	EXCISION OR DESTRUCTION OF TESTICULAR LESION	\$0.00
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	\$699.90
62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC METHOD	\$476.00
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	\$666.88
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	\$670.39

Procedure Code	Description	Rate
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	\$476.00
62230	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM	\$302.40
62252	REPROGRAMMING OF PROGRAMMABLE CSF SHUNT	\$45.00
62256	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITHOUT REPLACEMENT	\$278.85
62258	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER SHUNT AT SAME OPERATION	\$641.70
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION OR MECHANICAL MEANS INCLUDING RADIOL	\$237.57
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION, MULTIPLE ADHESIOLYSIS SESSIONS, 1 DAY	\$332.51
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PARAVERTEBRAL TISSUE	\$78.84
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	\$33.60
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	\$25.20
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	\$25.20
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)	\$25.20
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	\$39.60
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$50.40
62281	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, CERVICAL OR THORACIC	\$78.23
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$84.00
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED AXIAL TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERI	\$84.00
62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF	\$84.00
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	\$84.00
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	\$84.00
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL DISK, SINGLE OR MULTIPLE LEVEL	\$352.80
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL	\$84.00
623	UNILATERAL ORCHIECTOMY	\$0.00
62310	INJECTION, SINGLE OF DIAGNOSTIC OR THERAPEUTIC SUNSTANCE(S) EPIDURAL OR SUBARACHNOID;CERVICAL OR THORACIC	\$111.66

Procedure Code	Description	Rate
62311	INJECTION SINGLE, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) EPIDURAL OR SUBARACHNOID; LUMBAR OR SACRAL	\$112.49
62318	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, EPIDURAL OR	\$116.62
62319	INJECTION, INCLUDING CATHETER PLACEMENT, EPIDURAL OR SUBARACHNOID; LUMBAR, SACRAL (CAUDAL)	\$113.52
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL	\$222.09
62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER; WITH LAMINECTOMY	\$328.38
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	\$185.14
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	\$71.21
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP	\$170.49
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING	\$223.32
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION	\$184.11
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITHOUT REPROGRAM	\$0.00
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAM	\$34.06
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAM	\$75.54
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAM	\$79.05
624	BILATERAL ORCHIECTOMY	\$0.00
6241	REMOVAL OF BOTH TESTES AT SAME OPERATIVE EPISODE	\$0.00
6242	REMOVAL OF REMAINING TESTIS	\$0.00
625	ORCHIOPEXY	\$0.00
626	REPAIR OF TESTES	\$0.00
6261	SUTURE OF LACERATION OF TESTIS	\$0.00
6269	OTHER REPAIR OF TESTIS	\$0.00
627	INSERTION OF TESTICULAR PROSTHESIS	\$0.00
629	OTHER OPERATIONS ON TESTES	\$0.00
6291	ASPIRATION OF TESTIS	\$0.00

Procedure Code	Description	Rate
6292	INJECTION OF THERAPEUTIC SUBSTANCE INTO TESTIS	\$0.00
6299	OTHER	\$0.00
630	DIAGNOSTIC PROCEDURES ON SPERMATIC CORD, EPIDIDYMIS, AND VAS DEFERENS	\$0.00
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	\$571.20
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	\$571.20
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	\$571.20
6301	BIOPSY OF SPERMATIC CORD, EPIDIDYMIS, OR VAS DEFERENS	\$0.00
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	\$476.58
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA A	\$571.20
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	\$571.20
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	\$571.20
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	\$571.20
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	\$537.60
6303	THIS IS A CPT CODE (NOT AN ICD-9 CODE), TO BE USED ONLY SECONDARY (FIELD 36 OR 39) TO Y-86300.	\$0.00
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$537.60
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	\$358.40
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	\$537.60
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	\$537.60
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	\$537.60
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	\$537.60

Procedure Code	Description	Rate
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	\$537.60
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	\$358.40
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS;	\$768.43
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS; WITH RECONST	\$874.31
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVER	\$537.60
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	\$537.60
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVER	\$120.00
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK	\$537.60
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK	\$358.40
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERV	\$537.60
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERV	\$358.40
63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THOR	\$537.60
63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THOR	\$120.00
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF	\$537.60
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF	\$358.40
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSIO	\$537.60
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSIO	\$120.00
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DEC	\$537.60

Procedure Code	Description	Rate
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DEC	\$358.40
6309	OTHER DIAGNOSTIC PROCEDURES ON SPERMATIC CORD, EPIDIDYMISS, AND VAS DEFERENS	\$0.00
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPRO	\$537.60
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPRO	\$120.00
631	EXCISION OF VARICOCELE AND HYDROCELE OF SPERMATIC CORD	\$0.00
63101	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, THORACIC, SINGLE SEGMENT	\$1,177.51
63102	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LUMBAR, SINGLE SEGMENT	\$1,177.51
63103	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, THORACIC OR LUMBAR,	\$137.67
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC OR THORACOLUMBAR	\$537.60
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SPACE	\$537.60
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL SPACE	\$537.60
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; ONE OR TWO SEGMENTS	\$537.60
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; MORE THAN TWO SEGMENTS	\$537.60
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	\$571.20
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	\$571.20
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	\$571.20
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE; CERVICAL	\$630.00
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE; THORACIC	\$630.00
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE; CERVICAL	\$630.00
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE; THORACIC	\$630.00
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; CERVICAL	\$630.00
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	\$630.00

Procedure Code	Description	Rate
632	EXCISION OF CYST OF EPIDIDYMIS	\$0.00
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	\$668.74
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; CERVICAL	\$730.80
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACIC	\$730.80
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACOLUMBAR	\$730.80
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	\$730.80
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC	\$730.80
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	\$730.80
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; SACRAL	\$671.63
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; CERVICAL	\$730.80
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; THORACIC	\$730.80
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; LUMBAR	\$730.80
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; SACRAL	\$730.80
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	\$730.80
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	\$730.80
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	\$730.80
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	\$730.80
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, CERVICAL	\$730.80
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, THORACIC	\$730.80
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, LUMBAR	\$730.80

Procedure Code	Description	Rate
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	\$730.80
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, CERVICAL	\$730.80
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACIC	\$730.80
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACOLUMBAR	\$730.80
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURAL-INTRADURAL LESION, ANY LEVEL	\$730.80
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY INTRASPINAL PROCEDURE	\$173.79
633	EXCISION OF OTHER LESION OR TISSUE OF SPERMATIC CORD AND EPIDIDYMIS	\$0.00
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	\$730.80
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	\$730.80
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	\$730.80
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	\$730.80
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	\$730.80
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	\$730.80
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	\$730.80
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	\$730.80
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	\$487.20
634	EPIDIDYMECTOMY	\$0.00
635	REPAIR OF SPERMATIC CORD AND EPIDIDYMIS	\$0.00
6351	SUTURE OF LACERATION OF SPERMATIC CORD AND EPIDIDYMIS	\$0.00
6352	REDUCTION OF TORSION OF TESTIS OR SPERMATIC CORD	\$0.00
6353	TRANSPLANTATION OF SPERMATIC CORD	\$0.00
6359	OTHER REPAIR OF SPERMATIC CORD AND EPIDIDYMIS	\$0.00

Procedure Code	Description	Rate
636	VASOTOMY	\$0.00
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AN	\$545.72
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY	\$487.20
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	\$603.93
63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR) ;1 SPINAL LESION	\$418.58
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR) ; EACH ADDITIONAL SPINAL LESION	\$131.48
63632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	\$45.41
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	\$487.20
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	\$588.00
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	\$305.88
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING F	\$392.99
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY	\$453.25
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S)	\$409.08
63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE	\$294.00
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	\$264.19
6370	MALE STERILIZATION PROCEDURE, NOT OTHERWISE SPECIFIED	\$0.00
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	\$458.25
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	\$458.25
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	\$504.00
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	\$504.00
63707	REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY	\$504.00
63709	REPAIR OF DURAL/CSF LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY	\$504.00
6371	LIGATION OF VAS DEFERENS	\$0.00
63710	DURAL GRAFT, SPINAL	\$507.74
6372	LIGATION OF SPERMATIC CORD	\$0.00
6373	VASECTOMY	\$0.00

Procedure Code	Description	Rate
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INCLUDING LAMINECTOMY	\$610.94
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PERCUTANEOUS, NOT REQUIRING LAMINECTOMY	\$457.38
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	\$302.40
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	\$252.43
638	REPAIR OF VAS DEFERENS AND EPIDIDYMISS	\$0.00
6381	SUTURE OF LACERATION OF VAS DEFERENS AND EPIDIDYMISS	\$0.00
6382	RECONSTRUCTION OF SURGICALLY DIVIDED VAS DEFERENS	\$0.00
6383	EPIDIDYMOVASOSTOMY	\$0.00
6384	REMOVAL OF LIGATURE FROM VAS DEFERENS	\$0.00
6385	REMOVAL OF VALVE FROM VAS DEFERENS	\$0.00
6389	OTHER REPAIR OF VAS DEFERENS AND EPIDIDYMISS	\$0.00
639	OTHER OPERATIONS ON SPERMATIC CORD, EPIDIDYMISS, AND VAS DEFERENS	\$0.00
6391	ASPIRATION OF SPERMATOCELE	\$0.00
6392	EPIDIDYMYOTOMY	\$0.00
6393	INCISION OF SPERMATIC CORD	\$0.00
6394	LYSIS OF ADHESIONS OF SPERMATIC CORD	\$0.00
6395	INSERTION OF VALVE IN VAS DEFERENS	\$0.00
6399	OTHER	\$0.00
640	CIRCUMCISION	\$0.00
641	DIAGNOSTIC PROCEDURES ON THE PENIS	\$0.00
6411	BIOPSY OF PENIS	\$0.00
6419	OTHER DIAGNOSTIC PROCEDURES ON PENIS	\$0.00
642	LOCAL EXCISION OR DESTRUCTION OF LESION OF PENIS	\$0.00
643	AMPUTATION OF PENIS	\$0.00
644	REPAIR AND PLASTIC OPERATION ON PENIS	\$0.00
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	\$39.42
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	\$42.00
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	\$33.60
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	\$42.00
6441	SUTURE OF LACERATION OF PENIS	\$0.00
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	\$25.20
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE	\$33.60
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	\$33.60
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	\$42.00

Procedure Code	Description	Rate
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS,CONTINUOUS INFUSION BY CATHETER, INCLUDING DAILY MANAGEMENT FOR	\$89.37
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	\$42.00
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	\$33.60
6442	RELEASE OF CHORDEE	\$0.00
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	\$25.20
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	\$25.20
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	\$42.00
6443	CONSTRUCTION OF PENIS	\$0.00
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	\$42.00
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	\$42.00
6444	RECONSTRUCTION OF PENIS	\$0.00
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	\$25.20
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER,INCLUDING DAILY MANAGEMENT FOR ANE	\$92.47
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	\$43.34
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER INCLUDING DAILY MANAGEMENT FOR AN	\$85.04
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER	\$83.80
6445	REPLANTATION OF PENIS	\$0.00
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$25.20
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S)	\$28.07
64479	INJECTION, ANESTHETIC AGENT AND/OR STERIOD TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, SINGLE LEVEL	\$124.87
64480	INJECTION, ANESTHETIC AGENT AND/OR STERIOD, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC EACH ADDITIONAL LEVE	\$112.49
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL OR SACRAL,EACH,SINGLE LEVEL	\$115.17
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL,EACH ADDITIONAL LEVEL	\$106.30
6449	OTHER REPAIR OF PENIS	\$0.00
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	\$93.50
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	\$46.03

Procedure Code	Description	Rate
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	\$46.65
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	\$84.62
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	\$41.28
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	\$41.90
645	OPERATIONS FOR SEX TRANSFORMATION, NOT ELSEWHERE CLASSIFIED	\$0.00
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	\$42.00
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	\$42.00
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	\$42.00
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTIC PLEXUS	\$104.85
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	\$42.00
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING	\$42.00
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	\$13.62
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	\$42.00
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	\$42.00
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ;SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	\$456.76
64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	\$42.00
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	\$18.16
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE	\$389.89
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING	\$384.94
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	\$338.91
64573	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	\$84.00
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	\$84.00
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	\$84.00
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ;SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	\$424.36
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	\$42.00

Procedure Code	Description	Rate
64590	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUC	\$84.00
64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	\$42.00
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BR	\$42.00
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE	\$42.00
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER R	\$42.00
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	\$55.11
64612	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES ENERVATED BY FACIAL NERVE (EG,	\$42.00
64615	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES INNERVATED BY FACIAL, TRIGEMINAL	\$87.31
64616	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF NECK EXCLUDING VOICE BOX ACCESSED	\$71.83
64617	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF VOICE BOX ACCESSED	\$111.46
64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	\$42.00
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	\$42.00
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; CERVICAL OR	\$274.31
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; CERVICAL OR	\$125.70
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; LUMBAR OR SACRAL	\$269.56
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; LUMBAR OR SACRAL	\$113.11
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$42.00
64642	CHEMODENERVATION OF ONE EXTREMITY, 1-4 MUSCLE (S)	\$81.53
64643	CHEMODENERVATION OF ONE EXTREMITY, EACH ADDITIONAL EXTREMITY, 1-4 MUSCLES	\$53.66
64644	CHEMODENERVATION OF ONE EXTREMITY, 5 OR MORE MUSCLES	\$93.09
64645	CHEMODENERVATION OF ONE EXTREMITY, EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES	\$65.64
64646	CHEMODENERVATION OF TRUNK MUSCLE (S), 1-5 MUSCLES	\$87.72

Procedure Code	Description	Rate
64647	CHEMODENERVATION OF TRUNK MUSCLE(S), 6 OR MORE MUSCLES	\$101.55
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	\$33.64
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY	\$38.80
64680	DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING	\$75.60
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING, SUPERIOR HYPOGASTRIC PLEXUS	\$258.41
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	\$168.00
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	\$219.82
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	\$294.00
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	\$294.00
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	\$294.00
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	\$294.00
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	\$235.92
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	\$276.16
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	\$218.16
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	\$201.24
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	\$168.00
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	\$112.00
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLAST)	\$143.04
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	\$84.00
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	\$84.00
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	\$84.00
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	\$84.00
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	\$84.00
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	\$84.00
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	\$126.00
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	\$168.00
64752	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	\$252.00
64755	TRANSECTION OR AVULSION OF; VAGI LIMITED TO PROXIMAL STOMACH (SELECTIVE PROXIMAL VAGOTOMY, PROXIMAL GASTRIC VA	\$504.00
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	\$303.20
64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE	\$168.00

Procedure Code	Description	Rate
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	\$168.00
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	\$252.00
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	\$252.00
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	\$168.00
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	\$151.20
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	\$151.20
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)	\$130.44
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	\$151.20
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)	\$151.20
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	\$151.20
64786	EXCISION OF NEUROMA; SCIATIC NERVE	\$151.20
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)	\$151.20
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	\$151.20
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	\$151.20
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	\$151.20
64795	BIOPSY OF NERVE	\$120.54
64802	SYMPATHECTOMY, CERVICAL	\$306.30
64804	SYMPATHECTOMY, CERVICOTHORACIC	\$579.60
64809	SYMPATHECTOMY, THORACOLUMBAR	\$527.15
64818	SYMPATHECTOMY, LUMBAR	\$386.40
64820	SYMPATHECTOMY, DIGITAL ARTERIES, WITH MAGNIFICATION, EACH DIGIT	\$351.29
64821	SYMPATHECTOMY; RADIAL ARTERY	\$347.37
64822	SYMPATHECTOMY; ULNAR ARTERY	\$347.37
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$401.04
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	\$168.00
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE	\$84.00
64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE	\$134.40
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	\$268.80
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	\$268.80
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT	\$84.00

Procedure Code	Description	Rate
64840	SUTURE OF POSTERIOR TIBIAL NERVE	\$462.00
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	\$462.00
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION	\$462.00
64858	SUTURE OF SCIATIC NERVE	\$168.00
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE	\$84.00
64861	SUTURE OF; BRACHIAL PLEXUS	\$336.00
64862	SUTURE OF; LUMBAR PLEXUS	\$336.00
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	\$336.00
64865	SUTURE OF FACIAL NERVE; INTRATEMPORAL, WITH OR WITHOUT GRAFTING	\$336.00
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	\$504.00
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	\$504.00
64870	ANASTOMOSIS; FACIAL-PHRENIC	\$504.00
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEUROR	\$336.00
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO C	\$366.60
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTU	\$130.44
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	\$504.00
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LENGTH	\$504.00
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH	\$504.00
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH	\$504.00
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH	\$504.00
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH	\$504.00
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH	\$504.00
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH	\$504.00
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH	\$504.00

Procedure Code	Description	Rate
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH	\$504.00
649	OTHER OPERATIONS ON MALE GENITAL ORGANS	\$0.00
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND	\$445.82
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)	\$504.00
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	\$491.44
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	\$504.00
6491	DORSAL OR LATERAL SLIT OF PREPUCE	\$0.00
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT, EACH NERVE	\$374.82
64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT, EACH NERVE	\$455.94
6492	INCISION OF PENIS	\$0.00
6493	DIVISION OF PENILE ADHESIONS	\$0.00
6494	FITTING OF EXTERNAL PROSTHESIS OF PENIS	\$0.00
6495	INSERTION OR REPLACEMENT OF NONINFLATABLE PENILE PROSTHESIS	\$0.00
6496	REMOVAL OF INTERNAL PROSTHESIS OF PENIS	\$0.00
6497	INSERTION OR REPLACEMENT OF INFLATABLE PENILE PROSTHESIS	\$0.00
6498	OTHER OPERATIONS ON PENIS	\$0.00
6499	OTHER	\$0.00
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	\$0.00
650	OOPHOROTOMY	\$0.00
65091	EVISCEATION OF OCULAR CONTENTS; WITHOUT IMPLANT	\$302.40
65093	EVISCEATION OF OCULAR CONTENTS; WITH IMPLANT	\$357.48
651	DIAGNOSTIC PROCEDURES ON OVARIES	\$0.00
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	\$310.80
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	\$363.47
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	\$394.84
6511	ASPIRATION BIOPSY OF OVARY	\$0.00
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; ONLY	\$588.00
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH THERAPEUTIC REMOVAL OF	\$602.89
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH MUSCLE OR MYOCUTANEOUS	\$655.11
6512	OTHER BIOPSY OF OVARY	\$0.00
65125	MODIFICATION OF OCULAR IMPLANT (EG, DRILLING RECEPTACLE FOR PROSTHESIS APPENDAGE) (SEPARATE PROCEDURE)	\$90.00

Procedure Code	Description	Rate
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	\$337.26
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT	\$336.00
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT	\$336.00
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	\$366.15
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO	\$485.04
65175	REMOVAL OF OCULAR IMPLANT	\$120.00
6519	OTHER DIAGNOSTIC PROCEDURES ON OVARIES	\$0.00
652	LOCAL EXCISION OR DESTRUCTION OF OVARIAN LESION OR TISSUE	\$0.00
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	\$24.56
6521	MARSUPIALIZATION OF OVARIAN CYST	\$0.00
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLER	\$25.20
6522	WEDGE RESECTION OF OVARY	\$0.00
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	\$25.20
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	\$25.20
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS	\$274.72
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE	\$378.00
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	\$378.00
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE	\$42.00
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION	\$84.00
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITH HOSPITALIZATION	\$84.00
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY	\$25.20
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE	\$84.00
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE	\$168.00

Procedure Code	Description	Rate
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	\$168.00
6529	OTHER LOCAL EXCISION OR DESTRUCTION OF OVARY	\$0.00
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE	\$244.58
653	UNILATERAL OOPHORECTOMY	\$0.00
654	UNILATERAL SALPINGO-OOPHORECTOMY	\$0.00
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	\$261.30
65410	BIOPSY OF CORNEA	\$60.00
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	\$178.54
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	\$265.43
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	\$25.20
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	\$36.53
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	\$25.20
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	\$46.80
6549	OTHER UNILATERAL SALPINGO-OOPHORECTOMY	\$0.00
655	BILATERAL OOPHORECTOMY	\$0.00
6551	REMOVAL OF BOTH OVARIES AT SAME OPERATIVE EPISODE	\$0.00
6552	REMOVAL OF REMAINING OVARY	\$0.00
656	BILATERAL SALPINGO-OOPHORECTOMY	\$0.00
65600	TATTOO CORNEA, MECHANICAL OR CHEMICAL	\$124.25
6561	REMOVAL OF BOTH OVARIES AND TUBES AT SAME OPERATIVE EPISODE	\$0.00
6562	REMOVAL OF REMAINING OVARY AND TUBE	\$0.00
657	REPAIR OF OVARY	\$0.00
6571	SIMPLE SUTURE OF OVARY	\$0.00
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	\$604.80
6572	REIMPLANTATION OF OVARY	\$0.00
6573	SALPINGO-OOPHOROPLASTY	\$0.00
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	\$604.80
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	\$604.80
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	\$604.80
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	\$567.19
65760	KERATOMILEUSIS	\$604.80
65765	KERATOPHAKIA	\$604.80
65767	EPIKERATOPLASTY	\$433.44

Procedure Code	Description	Rate
65770	KERATOPROSTHESIS	\$604.80
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$210.00
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$210.00
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SELF-RETAINING	\$765.33
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE LAYER, SUTURED	\$176.47
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	\$424.77
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT	\$647.48
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT	\$558.31
6579	OTHER REPAIR OF OVARY	\$0.00
658	LYSIS OF ADHESIONS OF OVARY AND FALLOPIAN TUBE	\$0.00
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS	\$140.00
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISSECTION OF AN	\$84.00
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION	\$84.00
65820	GONIOTOMY	\$302.40
65850	TRABECULOTOMY AB EXTERNO	\$302.40
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)	\$302.40
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	\$222.29
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID)	\$280.29
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID)	\$254.90
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID)	\$268.73
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID)	\$292.88
659	OTHER OPERATION ON OVARY	\$0.00
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE	\$302.40
6591	ASPIRATION OF OVARY	\$0.00
6592	TRANSPLANTATION OF OVARY	\$0.00

Procedure Code	Description	Rate
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE	\$302.40
6593	MANUAL RUPTURE OF OVARIAN CYST	\$0.00
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE	\$302.40
6594	OVARIAN DENERVATION	\$0.00
6595	RELEASE OF TORSION OF OVARY	\$0.00
6599	OTHER	\$0.00
660	SALPINGOTOMY AND SALPINGOSTOMY	\$0.00
6601	SALPINGOTOMY	\$0.00
6602	SALPINGOSTOMY	\$0.00
66020	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID	\$87.72
66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION	\$84.00
661	DIAGNOSTIC PROCEDURES ON FALLOPIAN TUBES	\$0.00
6611	BIOPSY OF FALLOPIAN TUBE	\$0.00
66130	EXCISION OF LESION, SCLERA	\$126.00
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	\$404.54
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	\$373.58
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY	\$436.80
66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS	\$395.46
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO	\$436.80
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR	\$302.40
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT	\$596.70
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STENT	\$676.58
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)	\$512.40
66183	INSERTION ANTERIOUS SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVIOR, EXTERNAL	\$627.87
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	\$302.40
6619	OTHER DIAGNOSTIC PROCEDURES ON FALLOPIAN TUBES	\$0.00
662	BILATERAL ENDOSCOPIC DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES	\$0.00
6621	BILATERAL ENDOSCOPIC LIGATION AND CRUSHING OF FALLOPIAN TUBES	\$0.00
6622	BILATERAL ENDOSCOPIC LIGATION AND DIVISION OF FALLOPIAN TUBES	\$0.00
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	\$291.20

Procedure Code	Description	Rate
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	\$436.80
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE	\$168.00
6629	OTHER BILATERAL ENDOSCOPIC DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES	\$0.00
663	OTHER BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES	\$0.00
6631	OTHER BILATERAL LIGATION AND CRUSHING OF FALLOPIAN TUBES	\$0.00
6632	OTHER BILATERAL LIGATION AND DIVISION OF FALLOPIAN TUBES	\$0.00
6639	OTHER BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES	\$0.00
664	TOTAL UNILATERAL SALPINGECTOMY	\$0.00
665	TOTAL BILATERAL SALPINGECTOMY	\$0.00
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	\$168.00
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE	\$155.21
6651	REMOVAL OF BOTH FALLOPIAN TUBES AT SAME OPERATIVE EPISODE	\$0.00
6652	REMOVAL OF REMAINING FALLOPIAN TUBE	\$0.00
666	OTHER SALPINGECTOMY	\$0.00
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	\$302.40
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	\$302.40
6661	EXCISION OR DESTRUCTION OF LESION OF FALLOPIAN TUBE	\$0.00
6662	SALPINGECTOMY WITH REMOVAL OF TUBAL PREGNANCY	\$0.00
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)	\$302.40
6663	BILATERAL PARTIAL SALPINGECTOMY, NOT OTHERWISE SPECIFIED	\$0.00
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)	\$302.40
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; "OPTICAL" (SEPARATE PROCEDURE)	\$302.40
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	\$250.78
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNE)	\$285.66
6669	OTHER PARTIAL SALPINGECTOMY	\$0.00
667	REPAIR OF FALLOPIAN TUBE	\$0.00
66700	CILIARY BODY DESTRUCTION; DIATHERMY	\$210.00
6671	SIMPLE SUTURE OF FALLOPIAN TUBE	\$0.00
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	\$210.00
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	\$275.96

Procedure Code	Description	Rate
6672	SALPINGO-OOPHOROSTOMY	\$0.00
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	\$210.00
6673	SALPINGO-SALPINGOSTOMY	\$0.00
6674	SALPINGO-UTEROSTOMY	\$0.00
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	\$210.00
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)	\$281.12
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIO	\$302.40
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	\$294.74
6679	OTHER REPAIR OF FALLOPIAN TUBE	\$0.00
668	INSUFFLATION OF FALLOPIAN TUBE	\$0.00
66820	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; STAB I	\$199.38
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER	\$209.91
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)	\$210.00
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNE	\$210.00
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	\$480.00
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), W	\$480.00
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	\$575.24
669	OTHER OPERATIONS ON FALLOPIAN TUBES	\$0.00
6691	ASPIRATION OF FALLOPIAN TUBE	\$0.00
6692	UNILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBE	\$0.00
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	\$480.00
6693	IMPLANTATION OR REPLACEMENT OF PROSTHESIS OF FALLOPIAN TUBE	\$0.00
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	\$480.00
6694	REMOVAL OF PROSTHESIS OF FALLOPIAN TUBE	\$0.00
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	\$480.00
6695	INSUFFLATION OF THERAPEUTIC AGENT INTO FALLOPIAN TUBES	\$0.00
6696	DILATION OF FALLOPIAN TUBE	\$0.00
6697	BURYING OF FIMBRIAE IN UTERINE WALL	\$0.00

Procedure Code	Description	Rate
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS, MANUAL OR MECHANICAL TECHNIQUE	\$477.61
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)	\$573.59
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR	\$604.34
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL	\$435.92
66986	EXCHANGE OF INTRAOCULAR LENS	\$210.00
6699	OTHER	\$0.00
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$46.85
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	\$0.00
670	DILATION OF CERVICAL CANAL	\$0.00
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL	\$512.40
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANIC	\$512.40
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)	\$341.60
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRAT	\$341.60
67027	IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMIT	\$420.23
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	\$126.00
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	\$307.12
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR M	\$387.41
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	\$411.60
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION	\$714.00
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION	\$714.00
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRENETINAL CELLULAR MEMBRANE	\$623.95

Procedure Code	Description	Rate
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA, INCLUDES,	\$714.56
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE, INCLUDES,	\$749.85
671	DIAGNOSTIC PROCEDURES ON CERVIX	\$0.00
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WITH OR WITHOUT DRAINAGE OF SUBR	\$427.04
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR WITHOUT DRAINAGE OF SUBRETINA	\$210.00
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING , WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTO-	\$638.40
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLAS	\$814.80
6711	ENDOCERVICAL BIOPSY	\$0.00
67110	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMORETINOPEXY)	\$568.43
67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT HAVING PREVIOUS IPSILATERAL RETINA	\$252.00
67113	REPAIR OF COMPLEX RETINAL DETACHMENT, WITH VITRECTOMY AND MEMBRANE PEELING, MAY INCLUDE AIR,GAS, OR SILICONE	\$751.09
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	\$276.16
6712	OTHER CERVICAL BIOPSY	\$0.00
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	\$276.78
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	\$425.60
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESS	\$252.00
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESS	\$252.00
6719	OTHER DIAGNOSTIC PROCEDURES ON CERVIX	\$0.00
672	CONIZATION OF CERVIX	\$0.00
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	\$302.40
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	\$302.40
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	\$302.40

Procedure Code	Description	Rate
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID, ONE OR MORE SESSION	\$419.20
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY	\$183.90
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION	\$24.97
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHER	\$302.40
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PHOTOCOA	\$210.00
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PRETERM	\$541.39
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	\$425.60
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	\$547.58
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	\$0.00
673	OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF CERVIX	\$0.00
6731	MARSUPIALIZATION OF CERVICAL CYST	\$0.00
67311	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSC	\$332.10
67312	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSC	\$387.21
67314	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE	\$369.60
67316	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICA	\$448.71
67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE	\$294.95
6732	DESTRUCTION OF LESION OF CERVIX BY CAUTERIZATION	\$0.00
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)	\$369.60
6733	DESTRUCTION OF LESION OF CERVIX BY CRYOSURGERY	\$0.00
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES	\$369.60
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RET	\$369.60
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSIO	\$299.07

Procedure Code	Description	Rate
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S)	\$246.40
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)	\$374.41
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)	\$276.99
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	\$67.20
67346	BIOPSY OF EXTRAOCULAR MUSCLE	\$97.63
6739	OTHER EXCISION OR DESTRUCTION OF LESION OR TISSUE OF CERVIX	\$0.00
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	\$0.00
674	AMPUTATION OF CERVIX	\$0.00
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BONE BI	\$252.00
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY	\$252.00
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION	\$420.00
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY	\$294.00
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF BONE FOR DECOMPRESSION	\$294.00
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	\$67.20
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION	\$420.00
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH REMOVAL OF	\$420.00
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH DRAINAGE	\$420.00
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH REMOVAL OF	\$420.00
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION FOR EXPLORATION,	\$420.00
675	REPAIR OF INTERNAL CERVICAL OS	\$0.00
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)	\$25.20
67505	RETROBULBAR INJECTION; ALCOHOL	\$56.00

Procedure Code	Description	Rate
6751	TRANSABDOMINAL CERCLAGE OF CERVIX	\$0.00
67515	INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE	\$25.20
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	\$420.00
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	\$397.94
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	\$420.00
6759	OTHER REPAIR OF CERVICAL OS	\$0.00
67599	UNLISTED PROCEDURE, ORBIT	\$0.00
676	OTHER REPAIR OF CERVIX	\$0.00
6761	SUTURE OF LACERATION OF CERVIX	\$0.00
6762	REPAIR OF FISTULA OF CERVIX	\$0.00
6769	OTHER REPAIR OF CERVIX	\$0.00
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	\$25.20
67710	SEVERING OF TARSORRHAPHY	\$25.20
67715	CANTHOTOMY (SEPARATE PROCEDURE)	\$58.41
67800	EXCISION OF CHALAZION; SINGLE	\$42.00
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	\$50.40
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	\$76.78
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE	\$50.40
67810	BIOPSY OF EYELID	\$25.20
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	\$25.20
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY)	\$25.20
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	\$50.40
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT	\$252.00
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE	\$50.40
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	\$50.40
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	\$50.40
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$126.00
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL P	\$126.00
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	\$159.60

Procedure Code	Description	Rate
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL	\$365.33
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	\$383.70
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	\$302.40
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	\$302.40
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	\$262.13
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	\$302.40
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	\$280.50
67911	CORRECTION OF LID RETRACTION	\$353.77
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LOAD	\$547.37
67914	REPAIR OF ECTROPION; SUTURE	\$224.98
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	\$58.80
67916	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	\$252.84
67917	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHN-T-SZYMANOWSKI OR TARSAL STRIP OPERATIONS)	\$300.93
67921	REPAIR OF ENTROPION; SUTURE	\$154.39
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	\$58.80
67923	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	\$272.65
67924	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)	\$294.53
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; PA	\$104.03
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; FU	\$213.21
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	\$25.20
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	\$168.00
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCL	\$289.79
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCL	\$361.20
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO	\$420.00

Procedure Code	Description	Rate
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYE	\$420.00
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYE	\$420.00
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND ST	\$281.32
67999	UNLISTED PROCEDURE, EYELIDS	\$0.00
680	HYSTEROTOMY	\$0.00
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	\$39.42
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	\$25.20
681	DIAGNOSTIC PROCEDURES ON UTERUS AND SUPPORTING STRUCTURES	\$0.00
68100	BIOPSY OF CONJUNCTIVA	\$42.00
6811	DIGITAL EXAMINATION OF UTERUS	\$0.00
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	\$58.80
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	\$67.20
6812	HYSTEROSCOPY	\$0.00
6813	OPEN BIOPSY OF UTERUS	\$0.00
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	\$84.00
68135	DESTRUCTION OF LESION, CONJUNCTIVA	\$54.49
6814	OPEN BIOPSY OF UTERINE LIGAMENTS	\$0.00
6815	CLOSED BIOPSY OF UTERINE LIGAMENTS	\$0.00
6816	CLOSED BIOPSY OF UTERUS - ENDOSCOPIC (LAPAROSCOPY,HYSTEROSCOPY) BIOPSY OF UTERUS	\$0.00
6819	OTHER DIAGNOSTIC PROCEDURES ON UTERUS AND SUPPORTING STRUCTURES	\$0.00
682	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF UTERUS	\$0.00
68200	SUBCONJUNCTIVAL INJECTION	\$22.08
6821	DIVISION OF ENDOMETRIAL SYNECHIAE	\$0.00
6822	INCISION OR EXCISION OF CONGENITAL SEPTUM OF UTERUS	\$0.00
6823	ANDOMETRIAL ABLATION	\$0.00
6824	UTERINE ARTERY EMBOLIZATION (UAE) WITH COILS	\$0.00
6825	UTERINE ARTERY EMBOLIZATION (UAE) WITHOUT COILS	\$0.00
6829	OTHER EXCISION OR DESTRUCTION OF LESION OF UTERUS	\$0.00
683	SUBTOTAL ABDOMINAL HYSTERECTOMY	\$0.00
6831	LAPAROSCOPIC SUPRACERVICAL HYSTERECTOMY (LSH)	\$0.00
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	\$252.00

Procedure Code	Description	Rate
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	\$252.00
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	\$302.40
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	\$310.80
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	\$126.00
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)	\$176.40
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS	\$126.00
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	\$126.00
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	\$126.00
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	\$200.83
6839	OTHER SUBTOTAL ABDOMINAL	\$0.00
68399	UNLISTED PROCEDURE, CONJUNCTIVA	\$0.00
684	TOTAL ABDOMINAL HYSTERECTOMY	\$0.00
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	\$50.40
6841	LAPAROSCOPIC TOTAL ABDOMINAL HYSTERECTOMY	\$0.00
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	\$50.40
68440	SNIP INCISION OF LACRIMAL PUNCTUM	\$25.20
6849	OTHER AND UNSPECIFIED TOTAL ABDOMINAL HYSTERECTOMY	\$0.00
685	VAGINAL HYSTERECTOMY	\$0.00
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	\$336.00
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	\$336.00
6851	LAPAROSCOPICALLY ASSISTED VAGINAL HYSTERECTOMY	\$0.00
68510	BIOPSY OF LACRIMAL GLAND	\$25.20
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTEATOMY)	\$336.00
68525	BIOPSY OF LACRIMAL SAC	\$25.20
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	\$50.40
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	\$336.00
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	\$420.00
686	RADICAL ABDOMINAL HYSTERECTOMY	\$0.00
6861	LAPAROSCOPIC RADICAL ABDOMINAL HYSTERECTOMY	\$0.00
6869	OTHER AND UNSPECIFIED RADICAL ABDOMINAL HYSTERECTOMY	\$0.00
687	RADICAL VAGINAL HYSTERECTOMY	\$0.00

Procedure Code	Description	Rate
68700	PLASTIC REPAIR OF CANALICULI	\$168.00
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	\$25.20
6871	LAPAROSCOPIC RADICAL VAGINAL HYSTERECTOMY (LRVH)	\$0.00
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	\$420.00
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE	\$321.16
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT	\$420.00
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	\$50.40
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$25.20
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	\$234.26
6879	OTHER AND UNSPECIFIED RADICAL VAGINAL HYSTERECTOMY	\$0.00
688	PELVIC EVISCERATION	\$0.00
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION;	\$27.45
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	\$38.18
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA	\$79.05
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT	\$103.82
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION	\$328.38
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$25.20
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	\$25.20
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	\$0.00
690	DILATION AND CURETTAGE OF UTERUS	\$0.00
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	\$25.20
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	\$25.20
6901	DILATION AND CURETTAGE FOR TERMINATION OF PREGNANCY	\$0.00
6902	D & C FOLLOWING DELIVERY OR ABORTION	\$0.00
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	\$25.20
6909	OTHER DILATION AND CURETTAGE	\$0.00
691	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF UTERUS AND SUPPORTING STRUCTURES	\$0.00
6910	DIAPER OR NAPKIN RASH	\$0.00
69100	BIOPSY EXTERNAL EAR	\$25.20

Procedure Code	Description	Rate
69105	BIOPSY EXTERNAL AUDITORY CANAL	\$25.20
6911	REMOVAL OF INTRALIGAMENTOUS ECTOPIC PREGNANCY	\$0.00
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	\$126.00
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	\$140.00
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	\$294.00
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	\$25.20
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	\$336.00
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	\$672.00
6919	OTHER EXCISION OR DESTRUCTION OF UTERUS AND SUPPORTING STRUCTURES	\$0.00
692	REPAIR OF UTERINE SUPPORTING STRUCTURES	\$0.00
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	\$25.20
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	\$48.71
6921	INTERPOSITION OPERATION	\$0.00
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	\$17.75
6922	OTHER UTERINE SUSPENSION	\$0.00
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	\$25.20
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)	\$45.82
6923	VAGINAL REPAIR OF CHRONIC INVERSION OF UTERUS	\$0.00
6929	OTHER REPAIR OF UTERUS AND SUPPORTING STRUCTURES	\$0.00
693	PARACERVICAL UTERINE DENERVATION	\$0.00
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	\$302.40
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO TRAUMA, INFECTION), (SEPARATE	\$450.36
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	\$487.20
69399	UNLISTED PROCEDURE, EXTERNAL EAR	\$0.00
694	UTERINE REPAIR	\$0.00
69400	EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITH CATHETERIZATION	\$25.20
69401	EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITHOUT CATHETERIZATION	\$19.20
69405	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	\$25.20
6941	SUTURE OF LACERATION OF UTERUS	\$0.00
6942	CLOSURE OF FISTULA OF UTERUS	\$0.00
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	\$42.00
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	\$62.13

Procedure Code	Description	Rate
69424	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER PHYSICIAN	\$25.20
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA	\$25.20
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	\$84.00
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	\$302.40
69450	TYMPANOLYSIS, TRANSCANAL	\$344.40
6949	OTHER REPAIR OF UTERUS	\$0.00
695	ASPIRATION CURETTAGE OF UTERUS	\$0.00
6950	TOXIC ERYTHEMA	\$0.00
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	\$344.40
69502	MASTOIDECTOMY; COMPLETE	\$546.00
69505	MASTOIDECTOMY; MODIFIED RADICAL	\$546.00
6951	ASPIRATION CURETTAGE OF UTERUS FOR TERMINATION OF PREGNANCY	\$0.00
69511	MASTOIDECTOMY; RADICAL	\$546.00
6952	ASPIRATION CURETTAGE FOLLOWING DELIVERY OR ABORTION	\$0.00
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	\$546.00
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	\$814.80
69540	EXCISION AURAL POLYP	\$50.40
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	\$378.00
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	\$680.40
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	\$680.40
6959	OTHER ASPIRATION CURETTAGE OF UTERUS	\$0.00
696	MENSTRUAL EXTRACTION OR REGULATION	\$0.00
6960	PSORIATIC ARTHROPATHY	\$0.00
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	\$378.00
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	\$378.00
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	\$378.00
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	\$378.00
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	\$378.00
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OR PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH	\$58.80
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	\$302.40
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	\$547.37
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	\$630.00

Procedure Code	Description	Rate
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	\$630.00
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	\$630.00
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	\$630.00
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	\$630.00
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOU	\$630.00
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH O	\$630.00
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH I	\$630.00
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH I	\$630.00
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICA	\$630.00
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICA	\$630.00
69650	STAPES MOBILIZATION	\$403.20
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATER	\$632.82
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATER	\$680.40
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	\$680.40
69666	REPAIR OVAL WINDOW FISTULA	\$566.16
69667	REPAIR ROUND WINDOW FISTULA	\$558.11
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	\$467.29
69676	TYMPANIC NEURECTOMY	\$327.60
697	INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE	\$0.00
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	\$168.00
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	\$427.20
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	\$400.62

Procedure Code	Description	Rate
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITHOUT MASTOIDECTOMY	\$488.76
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH MASTOIDECTOMY	\$618.99
69717	REPLACEMENT OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITHOUT MASTOIDECTOMY	\$503.41
69718	REPLACEMENT OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH MASTOIDECTOMY	\$626.42
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	\$655.20
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION	\$655.20
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION	\$604.34
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GAN	\$655.20
69799	UNLISTED PROCEDURE, MIDDLE EAR	\$0.00
69801	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION	\$504.00
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	\$646.24
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	\$680.40
69820	FENESTRATION SEMICIRCULAR CANAL	\$470.40
69840	REVISION FENESTRATION OPERATION	\$401.45
699	OTHER OPERATIONS ON UTERUS, CERVIX, AND SUPPORTING STRUCTURES	\$0.00
69905	LABYRINTHECTOMY; TRANSCANAL	\$604.80
6991	INSERTION OF THERAPEUTIC DEVICE INTO UTERUS	\$0.00
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	\$604.80
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	\$604.80
6992	ARTIFICIAL INSEMINATION	\$0.00
6993	INSERTION OF LAMINARIA	\$0.00
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	\$604.80
6994	MANUAL REPLACEMENT OF INVERTED UTERUS	\$0.00
69949	UNLISTED PROCEDURE, INNER EAR	\$0.00
6995	INCISION OF CERVIX	\$0.00
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	\$579.60
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	\$655.20
6996	REMOVAL OF CERCLAGE MATERIAL FROM CERVIX	\$0.00
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	\$705.60
6997	REMOVAL OF OTHER PENETRATING FOREIGN BODY FROM CERVIX	\$0.00

Procedure Code	Description	Rate
69970	REMOVAL OF TUMOR, TEMPORAL BONE	\$705.60
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	\$0.00
6998	OTHER OPERATIONS ON SUPPORTING STRUCTURES OF UTERUS	\$0.00
6999	OTHER OPERATIONS ON CERVIX AND UTERUS	\$0.00
69990	OPERATING MICROSCOPE	\$150.00