

## COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	G0105	COLORECTAL SCRIN, HI RISK. IND	193.16								
08	G0121	COLON CA SCRIN; NOT HIGH RISK IND	193.16								
08	G0260	INJ FOR SACROILIAC JT ANESTH	193.16								
08	V2785	CORNEAL TISSUE PROCESSING	1,743.74								
08	00170	ANES;INTRAORAL,INC BIOPSY, NOS	193.16						X		
08	10061	DRAIN SKIN ABSCESS COMPLICATED	229.94						X		
08	10120	SIMPLE REMOVAL FOREIGN BODY	229.94						X		
08	10121	COMPLICATED REMOVAL FOREIGN BODY	229.94						X		
08	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	193.16								
08	11010	DEBRIDE SKIN, FX	193.16								
08	11011	DEBRIDE SKIN/MUSCLE, FX	193.16								
08	11012	DEBRIDEMT;SKIN,SQ,MUSC.FASCIA,MUSC&B	193.16								
08	11042	DEBRIDE SKIN, SUBCUTANEOUS TISSUE	193.16								
08	11043	DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE	193.16								
08	11044	DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE	193.16								
08	11100	BIOPSY OF SINGLE LESION	193.16						X		
08	11101	DEBRIDE SKIN/MUSCLE, FX	193.16								
08	11400	EXCISE BENIGN LESION TO 0.5 CM	193.16						X		
08	11401	EXCISE BENIGN LESION 0.6 TO 1CM	193.16						X		
08	11402	EXCISE BENIGN LESION 1.1 TO 2CM	193.16						X		
08	11403	EXCISE BENIGN LESION 2.1 TO 3CM	193.16						X		
08	11404	EXCISE BENIGN LESION 3.1 TO 4CM	193.16						X		
08	11406	EXCISE BENIGN LESION OVER 4CM	193.16								
08	11420	EXCISE BENIGN LESION TO 0.5CM	193.16						X		
08	11421	EXCISE BENIGN LESION 0.6 TO 1CM	193.16						X		
08	11424	EXCISE BENIGN LESION 3.1 TO 4CM	193.16								
08	11426	EXCISE BENIGN LESION OVER 4.0CM	193.16								
08	11440	EXCISE BENIGN LESION TO 0.5CM	193.16						X		
08	11441	EXCISE BENIGN LESION 0.6 TO 1CM	193.16						X		
08	11442	EXCISE BENIGN LESION 1.1 TO 2CM	193.16						X		
08	11443	EXCISE BENIGN LESION 2.1 TO 3CM	193.16						X		
08	11444	EXCISE BENIGN LESION 3.1 TO 4CM	193.16						X		
08	11446	EXCISE BENIGN LESION OVER 4.0CM	193.16								
08	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	193.16								
08	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	193.16								
08	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	193.16								
08	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	193.16								
08	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	193.16								
08	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	193.16								
08	11600	EXCISE MALIGNANCY TO 0.5CM	193.16						X		
08	11601	EXCISE MALIGNANCY 0.6 TO 1CM	193.16						X		
08	11602	EXCISE MALIGNANCY 1.1 TO 2CM	193.16						X		
08	11603	EXCISE MALIGNANCY 2.1 TO 3CM	193.16						X		
08	11604	EXCISE MALIGNANCY 3.1 TO 4CM	193.16						X		
08	11606	EXCISE MALIGNANCY OVER 4CM	193.16						X		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	11620	EXCISE MALIGNANCY TO 0.5CM	193.16					X			
08	11621	EXCISE MALIGNANCY 0.6 TO 1CM	193.16					X			
08	11622	EXCISE MALIGNANCY 1.1 TO 2CM	193.16					X			
08	11623	EXCISE MALIGNANCY 2.1 TO 3CM	193.16					X			
08	11624	EXCISE MALIGNANCY 3.1 TO 4CM	193.16					X			
08	11626	EXCISE MALIGNANCY OVER 4CM	193.16					X			
08	11640	EXCISE MALIGNANCY TO 0.5CM	193.16					X			
08	11641	EXCISE MALIGNANCY 0.6 TO 1CM	193.16					X			
08	11642	EXCISE MALIGNANCY 1.1 TO 2CM	193.16					X			
08	11643	EXCISE MALIGNANCY 2.1 TO 3CM	193.16					X			
08	11644	EXCISE MALIGNANCY 3.1 TO 4CM	193.16					X			
08	11646	EXCISE MALIGNANCY OVER 4CM	193.16					X			
08	11730	SIMPLE REMOVAL OF NAIL PLATE	193.16					X			
08	11732	REMOVE ADDITIONAL NAIL PLATES	193.16					X			
08	11740	EVACUATE HEMATOMA UNDER NAIL	193.16					X			
08	11750	EXCISION NAIL AND NAIL MATRIX	193.16					X			
08	11760	SIMPLE RECONSTRUCTION NAIL BED	193.16					X			
08	11762	NAIL RECONSTRUCTION COMPLICATED	193.16					X			
08	11770	SIMPLE EXCISION PILONIDAL CYST	247.50					X			
08	11771	EXCISE PILONIDAL CYST;EXTENSIVE	247.50					X			
08	11960	INSERTION OF TISSUE EXPANDER	193.16								
08	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	193.16								
08	12005	SIMPLE WOUND REPAIR 12.6 TO 20 CM	193.16								
08	12006	SIMPLE WOUND REPAIR 20.1 TO 30 CM	193.16								
08	12007	SIMPLE WOUND REPAIR OVER 30 CM	193.16								
08	12016	SIMPLE WOUND RPAIR 12.6 TO 20 CM	193.16								
08	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	193.16								
08	12018	SIMPLE WOUND REPAIR OVER 30CM	193.16								
08	12020	TREAT SUPER DEHISCENCE; SIMPLE CLOSE	193.16								
08	12021	TREAT SUPER DEHISCENCE; W/PACKING	193.16								
08	12034	LAYER CLOSURE 7.6 - 12.5 CM	193.16								
08	12035	LAYER CLOSURE 12.6 TO 20CM	193.16								
08	12036	LAYER CLOSURE 20.1 TO 30 CM	193.16								
08	12037	LAYER CLOSURE WOUND/OVER 30 CM	193.16								
08	12044	LAYER CLOSURE 7.6 TO 12.5 CM	193.16								
08	12045	LAYER CLOSURE 12.6 TO 20 CM	193.16								
08	12046	LAYER CLOSURE 20.1 TO 30 CM	193.16								
08	12047	LAYERCLOSURE WOUND OVER 30 CM	193.16								
08	12054	LAYER CLOSURE 7.6 TO 12.5 CM	193.16								
08	12055	LAYER CLOSURE 12.6 TO 20 CM	193.16								
08	12056	LAYER CLOSURE 20.1 TI 30 CM	193.16								
08	12057	LAYER CLOSURE WOUND OVER 30 CM	193.16								
08	13100	COMPLEX REPAIR 1.1 TO 2.5 CM	193.16								
08	13102	REPAIR WOUND/LESION ADD-ON	193.16								
08	13120	COMPLEX REPAIR 1.1 TO 2.5 CM	193.16								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	13122	REPAIR WOUND/LESION ADD-ON	193.16								
08	13131	COMPLEX REPAIR 1.1 TO 2.5 CM	193.16								
08	13133	REPAIR WOUND/LESION ADD-ON	193.16								
08	13153	REPAIR WOUND/LESION ADD-ON	229.94								
08	13160	EXT/COMP SECONDARY CLOSE /DEHISCENCE	193.16								
08	14000	SKIN TISSUE REARRANGEMENT	193.16								
08	14040	TISSUE TRANSFER; TO 10 SQ CM	193.16								
08	15002	WOUND PREP, TRK/ARM/LEG	193.16								
08	15003	SURGICAL PREPARATION OR CREATION +	193.16								
08	15004	WOUND PREP, F/N/HF/G	193.16								
08	15005	SURGICAL PREPARATION OR CREATION +	193.16								
08	15040	HARVEST CULTURED SKIN GRAFT	193.16								
08	15050	PINCH GRAFT;DEFECT UP TO 2CM	247.50							X	
08	15100	SPLIT GRAFT; UP TO 100 SQ CM	193.16								
08	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	193.16								
08	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	193.16								
08	15115	E>ODR, A-GRFT FACE/NCK/HF/G	193.16								
08	15116	EPIDRM A-GRFT F/N/HF/G ADDL	193.16								
08	15120	SPLIT GRAFT; UP TO 100 SQ CM	193.16								
08	15130	DERM AUTOGRAFT,TRNK/ARM/LEG	193.16								
08	15131	DERM AUTOGRAFT T/A/L ADD-ON	193.16								
08	15135	DERM AUTPGRAFT FACE/NCK/HF/G	193.16								
08	15136	DERM AUTOGRAFT, F/N/HF/G	193.16								
08	15150	CULT EPIDERM GRFT T/ARM/LEG	193.16								
08	15151	CULT EPIDERM GRFT T/A/L ADDL	193.16								
08	15152	CULT EPIDERM GRAFT T/A/L	193.16								
08	15155	CULT EPIDERM GRAFT, F/N/HF/G	193.16								
08	15156	CULT EPIDERM GRFT F/N/HFG ADD	193.16								
08	15157	CULT EPIDERM GRFT F/N/HFG	193.16								
08	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	193.16								
08	15220	FULL THICK GRAFT TO 20 SQ CM	193.16								
08	15221	SKIN FULL GRAFT ADD - ON	193.16								
08	15260	FULL THICK GRAFT TO 20 SQ CM	193.16								
08	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	193.16								
08	15300	APPLY SKIN ALLOGRFT, T/ARM/LG	193.16								
08	15301	APPLY SKNALLOGRFT T/A/L	193.16								
08	15320	APPLY SKIN ALLOGRFT F/N/HF/G	193.16								
08	15321	APLY SKNALLOGRFT F/N/HFG ADD	193.16								
08	15330	APLY ACELL ALOGRFT T/ARM/LEG	193.16								
08	15331	APLY ACELL GRFT T/A/L ADD-ON	193.16								
08	15335	APPLY ACELL GRAFT, F/N/HF/G	193.16								
08	15336	APLY ACELL GRFT F/N/HF/G	193.16								
08	15400	APPLY XENOGRAFT, SKIN	193.16								
08	15401	SKIN HETEROGRAFT ADD - ON	193.16								
08	15420	APPLY SKIN XGRFT, F/N/HF/G	193.16								

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			FEE	AGE	MED					X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	15421	APPLY SKN XGRFT F/N/HF/G ADD	193.16								
08	15430	APPLY ACELLULAR XENOGRAFT	193.16								
08	15431	APPLY ACELLULAR XGRAFT ADD	193.16								
08	15620	INTERM DELAY FLAP CHIN/NECK/FEET	229.94								
08	15650	BLEPHAROPLASTY, UPPER; EXCESSIVE	247.50								
08	15731	FOREHEAD FLAP WITH PRESERVATION OF V	229.94								
08	15740	ISLAND PEDICULE FLAP GRAFT	193.16								
08	15750	NEUROVASCULAR PEDICLE GRAFT	193.16								
08	15760	COMPOSITE SKIN GRAFT	193.16								
08	15823	REVISION OF UPPER EYELID	247.50								
08	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	229.94								
08	15832	EXCISE EXCESS SKIN THIGHS	229.94								
08	15833	EXCISE EXCESS SKIN THIGHS	229.94								
08	15834	EXCISE EXCESS SKIN THIGHS	229.94								
08	15835	EXCISE EXCESS SKIN THIGHS	229.94								
08	15840	GRAFT FACIAL NERVE PARALYSIS	229.94								
08	15841	FACIAL NERVE PALSY MUSCLE GRAFT	229.94								
08	15845	REANIMATION MUSCLE TRANS FACE	229.94								
08	15847	EXCISION, EXCESSIVE SKIN AND SUBCUT+	229.94								
08	15876	SUCTION ASST LIPECTOMY HEAD & NECK	229.94								
08	15877	SUCTION ASSISTED LIPECTOMY TRUNK	229.94								
08	15878	SUCTION ASST LIPECOMY UPPER EXTREM	229.94								
08	15879	SUCTION ASST LIPECTOMY LOWER EXTREM	229.94								
08	15920	COCCYGECTOMY PRIMARY SUTURE	229.94								
08	15922	COCCYGECTOMY FLAP CLOSURE	229.94								
08	15931	EXCISE SACRAL PRESSURE ULCER	229.94								
08	15933	REMOVAL OF PRESSURE SORE	229.94								
08	15934	EXCISE,WITH SKIN FLAP CLOSURE	229.94								
08	15935	ESC SAC ULCER/FLAP/OSTECTOMY	229.94								
08	15936	IXCISE ULCER W/OTHER FLAP CLO	229.94								
08	15937	EXC SAC ULCER/FLAP/OSTECTOMY	229.94								
08	15940	EXC ISCHIAL ULCER DIRECT SUTURE	229.94								
08	15941	EXC ISCHIAL ULCER OSTECTOMY	229.94								
08	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	229.94								
08	15945	IXC ISCHIAL ULC/OSTECTOMY/FLAP	229.94								
08	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	229.94								
08	15950	EXC TROCHANTERIC ULCER DIR SUTUR	229.94								
08	15951	EXC TROCHAN ULCER OSTECTOMY	229.94								
08	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	229.94								
08	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	229.94								
08	15956	EXC TROCH/ULC FLAP CLOSURE	229.94								
08	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	229.94								
08	16025	DRESS/DEBRID BURN MED,NO ANESTH	193.16								
08	16030	DRESS/DEBRID BURN LG, NO ANESTH	193.16								
08	19000	PUNCTURE ASPIRATION BREAST CYSTS	247.50							X	

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			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	19020	MASTOTOMY/DRAIN ABSCESS DEEP	247.50					X			
08	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	247.50					X			
08	19100	BREAST BIOPSY NEEDLE	247.50					X			
08	19101	BREAST BIOPSY INCISIONAL	247.50					X			
08	19102	BX BREAST PERCUT W/IMAGE	193.16								
08	19103	BX BREAST PERCUT W/DEVICE	193.16								
08	19110	NIPPLE EXPLORATION	193.16								
08	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	229.94								
08	19120	EXCISE BREAST LESIONS,1 OR MORE	247.50					X			
08	19125	EXCISION OF BREAST LESION IDENTIFIED	229.94								
08	19126	EXCISION OF BREAST LESION IDENTIFIED	229.94								
08	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	193.16								
08	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	193.16								
08	19295	PLACE BREAST CLIP, PERCUT	193.16								
08	19297	PLACE BREAST CATH FOR RAD	280.94								
08	19300	MASTECTOMY FOR GYNECOMASTIA	229.94				M				
08	19318	REDUCTION MAMMAPLASTY	229.94								
08	19325	CATARACT SURGERY, COMPLEX	280.94								
08	19328	REMOVE INTACT MAMMARY IMPLANT	193.16								
08	19330	REMOVE IMPLANT MATERIAL	193.16								
08	19340	IMMEDIATE INSERTION OF BREAST PROSTH	193.16								
08	19342	EDLAYED INSERTION OF BREAST PROSTH	229.94								
08	19350	NIPPLE/AREOLA RECONSTRUCTION	229.94								
08	19357	BREAST RECONSTRUCTION,IMMEDIATE OR	247.50								
08	19366	RECONSTRUCTION BREAST-OTHER	247.50								
08	19440	NIPPLE EXPLORATION, W-W/O EXCISION	193.16								
08	20000	INCISION OF ABSCESS; SUPERFICIAL	229.94					X			
08	20005	INCISION OF ABSCESS;DEEP	193.16								
08	20200	BIOPSY,MUSCLE,SUPERFICIAL	229.94					X			
08	20205	BIOPSY,MUSCLE,DEEP	229.94					X			
08	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	229.94					X			
08	20220	BIOPSY, BONE, SUPERFICIAL, NEEDLE	193.16								
08	20225	BIOPSY,BONE;DEEP;TROCAR/NEEDLE	193.16								
08	20240	BIOPSY, EXCISIONAL, SUPERFICAL	193.16								
08	20245	BIOPSY,EXCISIONAL,BONE,DEEP	229.94								
08	20250	BIOPSY,OPEN,VERTEBRAL BODY	229.94								
08	20251	BIOPSY,OPEN,VERTEBRAL BODY	229.94								
08	20520	REMOVE FOREIGN BODY; SIMPLE	229.94					X			
08	20525	REMOVE FOREIGN BODY; COMPLICATED	229.94								
08	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	193.16								
08	20650	SKELETAL TRACTION; WIRE OR PIN	229.94								
08	20670	REMOVE IMPLANT, SUPERFICIAL	193.16								
08	20680	REMOVE IMPLANT; DEEP	229.94					X			
08	20690	APPLY ESTERNAL FIXATION SYS,STND CON	193.16								
08	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	229.94								

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08	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	229.94								
08	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	193.16								
08	20900	BONE GRAFT; ANY DONOR AREA, SMALL	229.94								
08	20902	BONE GRAFT, ANY DONOR AREA; LARGE	229.94								
08	20910	CARTILAGE GRAFT; COSTOCHONDRAL	229.94								
08	20912	CARTILAGE GRAFT;NASAL SEPTUM	229.94								
08	20920	FASCIA LATA GRAFT;BY STRIPPER	229.94								
08	20922	FASCIA LATA GRAFT;BY INCISION	229.94								
08	20924	TENDON GRAFT; DISTANT	229.94								
08	20926	TISSUE GRAFTS; OTHER	229.94								
08	20975	BONES INVASIVE (OPERATIVE)	193.16								
08	21010	ARTHROTOMY, JAW,UNILATERAL	193.16								
08	21015	RAD.RESECT TUMOR,SOFT TIS FACE,SCALP	229.94								
08	21025	EXCISE BONE;MANDIBLE	193.16								
08	21026	EXCISE BONE (S); FACIAL	193.16								
08	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	193.16								
08	21034	EXCISE MALIGNANCY OF FACIAL BONE	229.94								
08	21040	EXCISE BENIGN CYST;MANDIBLE	247.50							X	
08	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	193.16								
08	21046	REMOVE MANDIBLE CYST COMPLEX	193.16								
08	21047	EXCISE LWR JAW CYST W/REPAIR	193.16								
08	21050	TEMPROMANDIBULAR ARTHRECTOMY	229.94								
08	21060	TEMPOROMANDIBULAR MENISCECTOMY	193.16								
08	21070	CORONOIDECTOMY; UNILATERAL	229.94								
08	21100	MAXILLOFACIAL FIXATION	193.16								
08	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	280.94								
08	21122	GENIOPLASTY; SLIDING OSTEOTOMIES,2+	280.94								
08	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	280.94								
08	21127	AUGMENTATION,LOWER JAW BONE	280.94								
08	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	280.94								
08	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	247.50								
08	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	280.94								
08	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	247.50								
08	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	280.94								
08	21215	BONE GRAFT; MANDIBLE	280.94								
08	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	280.94								
08	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	280.94								
08	21240	TEMPOROMANDIBULAR ARTHROPLASTY	229.94								
08	21242	ARTHOPLASTY TEMPORMANDIBULAR JOINT	247.50								
08	21243	ARTHPLASTY,TEMPOROMAND,PROSTH REP	247.50								
08	21244	RECONSTRUCT MANDIBLE, EXTRAORAL	280.94								
08	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	280.94								
08	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	280.94								
08	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	280.94								
08	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	280.94								

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				MIN-MAX	REV					OVERS	>001
08	21267	REPOSITION ORBIT/ EXTRACRANIAL	280.94								
08	21270	RECONSTRUCT ORBITOLFACIAL BONES	247.50								
08	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	280.94								
08	21310	TREATMENT OF NASAL FRACTURE	193.16							X	
08	21315	DIGITAL MANIPULATION OF NASAL FX	193.16							X	
08	21320	MANIPULATE NASAL FX; INSTRUMENTAL	193.16								
08	21325	OPEN TREATMENT NASAL FX; SIMPLE	229.94								
08	21330	TREATMENT NASAL FX; COMPLICATED	247.50								
08	21335	TREATMENT OF NOSE FRACTURE	280.94								
08	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	229.94								
08	21337	CLOSED TREATMENT FX NASAL SEPTUM	193.16							X	
08	21338	OPEN TREATMENT NASOETHMOID FRACTURE	229.94								
08	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	247.50								
08	21340	TREAT NASOETHMOID COMPLEX FX	229.94								
08	21345	TREAT NOSE/JAW FRACTURE	280.94								
08	21355	TREAT CHEEK BONE FRACTURE	229.94								
08	21356	OPEN TREATMENT OF DEPRESSED ZY GOMAT	229.94								
08	21360	TREAT DEPRESSED MALAR FRACTURE	229.94							X	
08	21400	TREAT FX OF ORBIT W/O MANIPULATION	193.16								
08	21401	TREAT EYE SOCKET FRACTURE	229.94								
08	21421	TREAT PALATAL/ALVEOLAR RIDGE FX	229.94								
08	21440	TREAT DENTAL RIDGE FRACTURE	229.94								
08	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	229.94								
08	21450	TREAT LOWER JAW FRACTURE	229.94								
08	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	229.94								
08	21452	TREAT OPEN MANIBULAT FX W/O MANIPUL	193.16								
08	21453	TREAT LOWER JAW FRACTURE	229.94								
08	21454	OPEN TS CLOSED/OPEN MAND FX/EXT FIX	247.50								
08	21461	TREAT MANDIBULAR FX W/O FIXATION	229.94								
08	21462	TREAT MANDIBULAR FX WITH FIXATION	247.50								
08	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	229.94								
08	21480	TX TEMPOROMANDIBULAR DISLOCATION	193.16								
08	21485	TEMPORMANDIBULAR MANIPULATION	193.16								
08	21490	REPAIR DISLOCATED JAW	229.94								
08	21497	INTERDENTAL WIRING OTHER THAB FRACTU	193.16								
08	21501	I & D DEEP ABSCESS OR HEMATOMA	229.94							X	
08	21502	I & D WITH PARTIAL RIB REMOVAL	193.16								
08	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	193.16								
08	21556	EXCISE BENIGN TUMOR; DEEP	193.16								
08	21600	EXCSION OF RIB; PARTIAL	193.16								
08	21610	PARTIAL REMOVAL OF RIB	193.16								
08	21700	DIVISION OF SCALENUS ANTIGICUS	193.16								
08	21720	REVISION OF NECK MUSCLE	229.94								
08	21725	REVISION OF NECK MUSCLE	229.94								
08	21800	TREAT RIB BX, UNCOMPLICATED	193.16								

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## COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED					X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	21805	TREAT RIB FX; OPEN, COMPLICATED	193.16								
08	21820	TREAT STERNUM FRACTURE; CLOSED	193.16								
08	21925	BX, SFT TIS-BACK/FLANK;DEEP	193.16								
08	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	193.16								
08	21935	REMOVE TUMOR, BACK	229.94								
08	22305	TREAT VERTEBRAL PROCESS FRACTURE	193.16								
08	22310	TREAT SPINE FRACTURE	193.16								
08	22315	CLSD MANIP VERT FX/DISLOCAT EACH	193.16								
08	22505	MANIPULATION SPINE W/ANESTHESIA	193.16								
08	22520	PERCUT VERTEBROPLASTY THOR	280.94								
08	22521	PERCUT VERTEBROPLASTY LUMB	280.94								
08	22522	PERCUTANEOUS VERTEBROPLASTY, 1 VERTE	280.94								
08	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	229.94								
08	23000	REMOVE SUBDELTOID CAL DEPOSITS	193.16								
08	23015	EXC BENIGN SHOULDER TUMOR SUBCU	193.16								
08	23020	RELEASE SHOULDER MUSCLE	193.16								
08	23030	I & D SHOULDER DEEP ABSC HEMATOMA	193.16								
08	23031	DRAIN SHOULDER BURSA	229.94								
08	23035	DRAIN SHOULDER BONE LESION	229.94								
08	23040	EXPLORATORY SHOULDER SURGERY	229.94								
08	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	229.94								
08	23066	BIOPSY OF SHOULDER DEEP	193.16								
08	23075	REMOVAL OF SHOULDER LESION	193.16								
08	23076	EXC BENIGN SHOULD TUMOR DEEP	193.16								
08	23077	REMOVE TUMOR OF SHULDER	229.94								
08	23100	BIOPSY SHOULDER JOINT	193.16								
08	23101	SHOULDER JOINT SURGERY	280.94								
08	23105	ARTHROTOMY;GLENOHUMERAL JOINT	229.94								
08	23106	ARTHROTOMY;STERNOCLAVICULAR JT	229.94								
08	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	229.94								
08	23120	CLAVICULECTOMY PARTIAL	247.50								
08	23125	CLAVICULECTOMY TOTAL	247.50								
08	23130	ACROMIONECTOMY PARTIAL/TOTAL	247.50								
08	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	229.94								
08	23145	EXC CLAVICLE/SCAPULA GRAFR PRI	247.50								
08	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	247.50								
08	23150	EXCISION TUMOR PROXIMAL HUMEROUS	229.94								
08	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	247.50								
08	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	247.50								
08	23170	SEQUESTRECTOMY CLAVICLE	193.16								
08	23172	SEQUESTRECTOMY SCAPULA	193.16								
08	23174	SEQUESTRECTOMY	193.16								
08	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	229.94								
08	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	229.94								
08	23184	PARTIAL EXCISION PROXIMAL HUMERUS	229.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	23190	OSTECTOMY OF SCAPULA PATTIAL	229.94								
08	23195	RESECTION HUMERAL HEAD	247.50								
08	23330	REMOVE SHOULDER FOREIGN BODY	193.16								
08	23395	MUSCLE TRANSFER, SHOULDER/ARM	247.50								
08	23397	MUSCLE TRANFERS	280.94								
08	23400	FIXATION OF SHOULDER BLADE	280.94								
08	23405	INCISION OF TENDON & MUSCLE	193.16								
08	23406	INCISE TENDON (S) & MUSCLES (S)	193.16								
08	23410	REPIR OF TENDON (S)	247.50								
08	23412	REPAIR OF TENDON(S)	280.94								
08	23415	CORACOACROMIAL LIGAMENT RELEAS	247.50								
08	23420	REPAIR OF SHOULDER	280.94								
08	23430	REPAIR BICEPS TENDON RUPTURE	229.94								
08	23440	REMOVAL/TRANSPLANT TENDON	229.94								
08	23450	CAPSULORRAPHY, ANTERIOR	247.50								
08	23455	REPAIR SHOULDER CAPSULE	280.94								
08	23456	REPAIR SHOULDER CAPSULE	247.50								
08	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	247.50								
08	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	280.94								
08	23465	REPAIR SHOUDER CAPSULE	247.50								
08	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	280.94								
08	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	229.94								
08	23485	OSTEOTOMY CLAVICLE; BONES GRAFT NONU	280.94								
08	23490	REINFORCE CLAVICLE	229.94								
08	23491	REINFORCE SHOULDER BONES	229.94								
08	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	193.16								
08	23515	TREAT CLAVILCE FRACTURE	229.94								
08	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	193.16								
08	23524	TRT CLSD ACROMIOCLAV DISLOC W/O MANI	193.16								
08	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	193.16								
08	23530	TREAT CLAIVICLE DISLOCATION	229.94								
08	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	229.94								
08	23540	TREAT CLAVICLE DISLOCATION	193.16								
08	23545	TREAT CLAVICLE DISLOCATION	193.16								
08	23550	TREAT CLAIVICLE DISLOCATION	229.94								
08	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	229.94								
08	23570	TREAT CLSD SCAP FX W/O MANIPULATION	193.16								
08	23575	TREAT SHOULDER BLADE FX	193.16								
08	23585	TREAT SCAPULA FRACTURE	229.94								
08	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	193.16								
08	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	193.16								
08	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	229.94								
08	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	229.94								
08	23625	TRT CLSD GRTR TUBEROS FX W/MANIPULAT	193.16								
08	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS. FX	247.50								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	193.16								
08	23655	TRT CLSD SHLD DISLOC W/ MANIP,W/ANES	193.16								
08	23660	TREAT SHOULDER DISLOCATION	229.94								
08	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	193.16								
08	23670	TREAT DISLOCATION/FRACTURE	229.94								
08	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	193.16								
08	23680	TREAT DISLOCATION/FRACTURE	229.94								
08	23700	FIXATION OF SHOULDER	193.16								
08	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	229.94								
08	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	280.94								
08	23921	AMPUTATION FOLLOW-UP SURGERY	229.94								
08	23930	DRAINAGE OF ARM LESION	229.94							X	
08	23931	DRAINAGE OF ARM BURSA	229.94							X	
08	23935	DRAIN ARM/ELBOW BONE LESION	193.16								
08	24000	EXPLORATORY ELBOW SURGERY	229.94								
08	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	229.94								
08	24066	BIOPSY ARM/ELBOW SOFT TISSUE;DEEP	193.16								
08	24075	REMOVE ARM/ELBOW LESION	193.16								
08	24076	REMOVE ARM/ELBOW LESION; DEEP SUBFAS	193.16								
08	24077	REMOVE TUMOR OF ARM/ELBOW	229.94								
08	24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOP	193.16								
08	24101	EXPLORE/TREAT ELBOW JOINT	229.94								
08	24102	REMOVE ELBOW JOINT LINING	229.94								
08	24105	REMOVAL OF ELBOW BURSA	247.50							X	
08	24110	REMOVE HUMERUS LESION	193.16								
08	24115	REMOVE/GRAFT BONE LESION	229.94								
08	24116	REMOVE/GRAFT BONE LESION	229.94								
08	24120	REMOVE ELBOW LESION	229.94								
08	24125	REMOVE/GRAFT BONE LESION	229.94								
08	24126	REMOVE/GRAFT BONE LESION	229.94								
08	24130	REMOVAL OF HEAD OF RADIUS	229.94								
08	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	229.94							X	
08	24136	REMOVEAL LESION/RADIAL HEAD OR NECK	193.16								X
08	24138	REMOVE BONE LESION/OLECRANON PROCESS	229.94							X	
08	24140	PARTIAL REMOVAL OF ARM BONE	229.94								
08	24145	PARTIAL REMOVAL OF RADIUS	229.94								
08	24147	PART EXCIS BONE, OLECRANON PROCESS	193.16								
08	24155	REMOVAL OF ELBOW JOINT	229.94								
08	24160	REMOVE ELBOW JOINT IMPLANT	193.16								
08	24164	REMOVE RADIUS HEAD IMPLANT	229.94								
08	24165	REMOVE RADIUS HEAD IMPLANT	229.94								
08	24201	REMOVAL OF ARM FOREIGN BODY DEEP	193.16								
08	24301	MUSCLE/TENDON TRANSFER	229.94								
08	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	229.94								
08	24310	REVISION OF ARM TENDON	229.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	24320	REPAIR OF ARM TENDON	229.94								
08	24330	REVISION OF ARM MUSCLES	229.94								
08	24331	REVISION OF ARM MUSCLES	229.94								
08	24340	REPAIR OF BICEPS TENDON	229.94								
08	24341	REPAIR ARM TENDON/MUSCLE	229.94								
08	24342	REPAIR OF RUPTURED TENDON	229.94								
08	24345	REPR ELBW LIGMT W/TISS	193.16								
08	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	247.50								
08	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	247.50								
08	24362	ARTHROPLASTY, ELBOW/IMPLANT, LIG RECON	247.50								
08	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	280.94								
08	24365	ARTHROPLASTY RADIAL HEAD	247.50								
08	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	247.50								
08	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	229.94								
08	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	229.94								
08	24420	REVISION OF HUMEROUS	229.94								
08	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	229.94								
08	24470	REVISION OF ELBOW JOINT	229.94								
08	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	193.16								
08	24498	REINFORCE HUMERUS	229.94								
08	24500	TREAT CLSD HUMERAL SHAFT W/MANI	193.16								
08	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	193.16								
08	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	229.94								
08	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	229.94								
08	24530	TRT CLSD HUM SUPRA/TRANS FX, W/O MANI	193.16								
08	24535	TRT CLSD HUM SUPRA/TRANS FX, W/MANIP	193.16								
08	24538	TREAT SUPRA/TRANS CONDYLAR FRAC/PERC	193.16								
08	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	229.94								
08	24546	OPEN TREATMENT OF HUMERAL	247.50								
08	24560	TREAT CLSD EPICON FX, W/O MANIP	193.16								
08	24565	TREAT CLSD EPICONDYLAR FRAC, MEDIAL/	193.16								
08	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	193.16								
08	24575	TREAT HUMERUS FRACTURE	229.94								
08	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	193.16								
08	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	193.16								
08	24579	TREAT HUMERUS FRACTURE	229.94								
08	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	193.16								
08	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	229.94								
08	24587	OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	247.50								
08	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	193.16								
08	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	193.16								
08	24615	TREAT ELBOW DISLOCATION	229.94								
08	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	193.16								X
08	24635	TREAT ELBOW FRACTURE	229.94								
08	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	229.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	229.94								
08	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	193.16								
08	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	193.16								
08	24685	TREAT ULNAR FRACTURE	229.94								
08	24800	FUSION OF ELBOW JOINT	229.94								
08	24802	FUNSION/GRAFT OF ELBOW JOINT	247.50								
08	24925	AMPUTATION FOLLOW-UP SURGERY	229.94								
08	25000	TENDON SHEATH INCISION AT RADIAL	229.94						X		
08	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	280.94						X		
08	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	280.94						X		
08	25024	DECOMPRESS FOREARM 1 SPACE	229.94								
08	25025	DECOMPRESS FOREARM 2 SPACES	229.94								
08	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	193.16								
08	25031	INCISION/DRAINAGE INFECTED BURSA; FO	193.16								
08	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	193.16								
08	25040	EXPLORE/TREAT WRIST JOINT	247.50								
08	25066	BIOPSY FOREARM SOFT TISSUE	193.16								
08	25075	EXCISE SUBCUTANEOUS	193.16								
08	25076	REMOVE FOREARM LESION DEEP	229.94								
08	25077	REMOVE RUMOR, FOREARM/WRIST	229.94								
08	25085	INCISION OF WRIST CAPSULE	247.50						X		
08	25100	BIOPSY OF WRIST JOINT	193.16								
08	25101	EXPLORE/TREAT WRIST JOINT	229.94								
08	25105	REMOVE WRIST JOINT LINING	229.94								
08	25107	REMOVE WRIST JOINT CARTILAGE	229.94								
08	25110	EXCISION,LESION OF TENDON SHEATH	247.50						X		
08	25111	EXCISION GANGLION;WRIST,PRIMARY	247.50						X		
08	25112	EXCISION GANGLION;WRIST,RECURRENT	229.94						X		
08	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	229.94								
08	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	280.94						X		
08	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	193.16								
08	25119	PARTIAL REMOVAL OF ULNA	229.94								
08	25120	REMOVAL OF FOREARM LESION	229.94								
08	25125	REMOVE/GRAFT FOREARM LESION	229.94								
08	25126	REMOVE/GRAFT FOREARM LESION	229.94								
08	25130	REMOVAL OF WRIST LESION	229.94								
08	25135	REMOVE & GRAFT WRIST LESION	229.94								
08	25136	REMOVE & GRAFT WRIST LESION	229.94								
08	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	193.16								
08	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	193.16								
08	25151	PARTIAL REMOVAL OF RADIUS	193.16								
08	25210	REMOVAL OF WRIST BONE	229.94								
08	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	229.94								
08	25230	RADIAL STYLOIDECTOMY	229.94								
08	25240	EXCISION DISTAL ULNA	229.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	25248	REMOVE FOREARM FOREIGN BODY	193.16								X
08	25250	REMOVAL OF WRIST PROSTHESIS	193.16								
08	25251	REMOV WRIST PROSTH, COMPLICATED	193.16								
08	25260	REP,TEND/MUSC;PRIM,SING;EACH TEN/MUS	247.50							X	
08	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	247.50							X	
08	25265	REPAIR FOREARM TENDON/MUSCLE	229.94								
08	25270	REP TEN/MUS,EXTEN,FOREARM,WRIST,PRIM	247.50							X	
08	25272	REP TEN/MUS,EXTEN,FOREARM,WRIST,SECO	247.50							X	
08	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	229.94								
08	25275	REPAIR FOREARM TENDON SHEATH	229.94								
08	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	229.94								
08	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	193.16							X	
08	25295	RELEASE WRIST/FOREARM TENDON	229.94								
08	25300	FUSION OF TENDONS AT WRIST	229.94								
08	25301	FUSION OF TENDONS AT WRIST	229.94								
08	25310	TEND TRANSPLAT...SING.;EACH TENDON	229.94								
08	25312	TENDON TRANSPLANT,W/GRFT..EACH TEND	229.94								
08	25315	REVISE PALSY HAND TENDON (S)	229.94								
08	25316	REVISE PALSY HAND TENDON W/TENDONS	229.94								
08	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	229.94								
08	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	247.50								
08	25335	CENTRALIZATION-WRIST ON ULNA	229.94								
08	25337	RECONSTRUCT ULNA/RADIOULNAR	247.50								
08	25350	REVISION OF RADIUS;DISTAL THIRD	280.94							X	
08	25355	REVISION OF RADIUS;MIDDLE OR P	280.94							X	
08	25360	REVISION OF ULNA	280.94							X	
08	25365	REVISE RADIUS & ULNA	280.94							X	
08	25370	REVISION,MULTIPLE,RADIUS OR ULNA	229.94								X
08	25375	REVISION,MULTIPLE,RADIUS AND ULNA	229.94								
08	25390	SHORTEN RADIUS/ULNA	229.94								
08	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	229.94								
08	25392	SHORTEN RADIUS & ULNA	229.94								
08	25393	LENGTHENING RADIUS & ULNA 2/AUTOGENO	229.94								
08	25400	REPAIR RADIUS OR ULNA	229.94								
08	25405	REPAIR/GRAFT RADIUS OR ULNA	229.94								
08	25415	REPAIR RADIUS & ULNA	229.94								
08	25420	REPAIR/GRAFT RADIUS & ULNA	229.94								
08	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	229.94								
08	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	229.94								
08	25440	REPAIR/GRAFT WRIST BONE	229.94								
08	25441	RECONSTRUCT WRIST JOINT;DISTAL RADI	247.50								
08	25442	RECONSTRUCT WRIST JOINT;DISTAL ULNA	247.50							X	
08	25443	RECONSTRUCT WRIST JOINT;SCAPHOID	247.50								
08	25444	RECONSTRUCT WRIST JOINT;LUNATE	280.94							X	
08	25445	RECONSTRUCT WRIST JOINT TRAPEZ	280.94							X	

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	280.94								
08	25449	REVISE ARTHROPLASTY,REVDVE	280.94							X	
08	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	229.94								
08	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	229.94								
08	25490	PROPHYLACTIC TREATMENT/RADIUS	229.94								
08	25491	PROPHYLACTIC TREATMENT; ULNA	229.94								
08	25492	PROHPYLACTIC TREATMENT;RADIUS & ULNA	229.94								
08	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	193.16								
08	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	229.94								
08	25520	CLOSED TREATMENT OF RADIAL SHAFT FRA	193.16								
08	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	229.94								
08	25526	TREAT FRACTURE OF RADIUS	247.50								
08	25535	TREA CLOSED ULNAR SHAFT W/MANI	193.16								
08	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/VO	229.94								
08	25562	OPEN TREATMENT OF RADIAL SHAFT FRACT	247.50								
08	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	193.16								
08	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	229.94								
08	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	229.94								
08	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	229.94								
08	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	229.94								
08	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	247.50								
08	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	247.50								
08	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	247.50								
08	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	193.16								
08	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	229.94								
08	25635	TREAT WRIST BONE FRACTURE	193.16								
08	25645	OPEN TX, CLSD/OPEN FX... EACH BONE	229.94								
08	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	193.16								
08	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	229.94								
08	25671	PIN RADIOULNAR DISLOCATION	193.16								
08	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	193.16								
08	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	193.16								
08	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	193.16								
08	25685	OPEN TREAT CLSD/OPEN TRANS/SCRAPHOPE	229.94								
08	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	193.16								
08	25695	OPEN TREATMENT LUNATE DISLOCATION	193.16								
08	25800	FUSION OF WRIST JOINT	229.94								
08	25805	FUSION WRIST JOINT; W/SLIDING GRAFT	247.50								
08	25810	FUSION/GRAFT OF WRIST JOINT	247.50								
08	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	229.94								
08	25825	INTERCARPAL FUSION;W/BONEGRAFT	247.50								
08	25830	FUSION DADIOULNAR JNT/ULNA	247.50								
08	25907	AMPUTATION, FOREARM, SECONDARY CLOSU	229.94								
08	25922	DISARTICULATION WRIST; SECOND CLOSUR	229.94								
08	25929	TRANSMETACARPAL AMPUTATION; SECONDA	229.94								

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			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	26010	DRAINAGE OF FINGER ABSCESS	229.94					X			
08	26011	DRAINAGE OF FINGER ABSCESS	229.94					X			
08	26020	DRAIN HAND TENDON SHEATH	193.16					X			
08	26025	DRAINAGE OF PALM BURSA	193.16					X			
08	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	193.16								
08	26034	TREAT HAND BONE LESION	193.16								
08	26040	RELEASE PALM CONTRACTURE,CLOSED	229.94					X			
08	26045	RELEASE PALM CONTRACTURE,OPEN	280.94					X			
08	26055	INCISE FINGER TENDON SHEATH	193.16					X			
08	26060	INCISION FINGER TENDON	193.16					X			
08	26070	EXPLORE/TREAT HAND JOINT	193.16								
08	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	229.94								
08	26080	ARTHROTOMY, INTERPHALANGEAL,EACH JNT	229.94								
08	26100	BIOPSY HAND JOINT LINING	193.16								
08	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	193.16								
08	26110	ARTHROTOMY,INTERPHALANGEAL, EACH JOI	193.16								
08	26115	EXCISION BENIGN TUMOR,HAND SUBCUTANE	193.16								
08	26116	EXCISION BENIGN TUMOR, HAND; DEEP	193.16								
08	26117	RAD TUMOR TESECT, SFT TISS/HAND-FING	229.94								
08	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	229.94								
08	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	229.94								
08	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	229.94								
08	26130	REMOVE WRIST JOINT LINING	280.94						X		
08	26135	REVISE FINGER JOINT EACH DIGIT	280.94						X		
08	26140	REVISE FINGER JOINT EACH INTER	280.94						X		
08	26145	TENDON EXCISION PALM,FINGER	280.94						X		
08	26160	REMOVE TENDON SHEATH LESION	247.50						X		
08	26170	EXCISION OF TENDON PALM,FLEXOR	247.50						X		
08	26180	EXCISION OF TENDON, FIINGER, FLEXOR	229.94								
08	26185	REMOVE FINGER BONE	229.94								
08	26200	REMOVE BONE CYST/BENING TUMOR OF HAN	193.16								
08	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	229.94								
08	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	193.16								
08	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	229.94								
08	26230	PARTIAL REMOVAL OF HAND BONE	280.94								
08	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	229.94								
08	26236	PARTIAL REMOVAL DISTAL PHALANX(FLING	229.94								
08	26250	RADICAL RESECTION FOR TUMOR, HAND	229.94								
08	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	229.94								
08	26262	RADICAL RESECTION FOR RUMOR,DISTAL P	193.16								
08	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	193.16								
08	26350	FLEXOR TENDON REPAIR,PRIMARY/S	247.50						X		
08	26352	FLEX TEND REP,SECONDARY..EACH TENDON	229.94								
08	26356	FLEX TEND REP/ADV,SING;PRIM,EACH TEN	229.94								
08	26357	FLEXOR REP,SECONDARY,EACH TENDON	229.94								

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1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	26358	FLEX TEND REP/ADV,SGN;...EACH TENDON	229.94								
08	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	229.94								
08	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	229.94								
08	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	229.94								
08	26390	FLEXOR TENDON EXCISE IMPLANT P	247.50						X		
08	26392	REMOVAL ROD AND INSERTION OF TENDON	229.94								X
08	26410	EXTENSOR TENDON REPAIR,DORSUM	247.50						X		
08	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	229.94								
08	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	229.94								
08	26416	REMOVE TUB/ROD,INSERT GRAFT...	229.94								
08	26418	EXTENSOR TENDON REPAIR,DORSUM F	247.50						X		
08	26420	EXTENSOR TENDON REPAIR,DORSUM	280.94						X		
08	26426	EXTENSOR TENDON,CENTRAL SLIP R	280.94						X		
08	26428	EXTENSOR TENDON,CENTRAL SLIP R	280.94						X		
08	26432	TENDON REPAIR,DISTAL INSERT CLOSED	247.50						X		
08	26433	TENDON REPAIR,OPEN,PRIMARY/SEC	247.50						X		
08	26434	TENDON REPAIR,OPEN,PRIMARY/SECONDARY	280.94						X		
08	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	229.94								
08	26440	TENOLYSIS,SIMPLE,FLEXOR,TENDON P	247.50						X		
08	26441	RECONSTRUCT/GRAFT HAND JOINT	280.94								
08	26442	TENOLYSIS,SIMP...;PALM&FLING EACH TE	229.94								
08	26445	TENOLYSIS,EXT TEND...;EACH TENDON	229.94								
08	26449	TENOLYSIS,COMPLEX TENDON,HAND,F	247.50						X		
08	26450	TENOTOMY,FLEXOR,SINGLE,PALM,OPEN	193.16						X		
08	26455	TENOTOMY,FLEXOR,SINGLE,FINGER	193.16						X		
08	26460	TENOTOMY,EXTENSOR,HAND OR FINGER	193.16						X		
08	26471	TENODESIS;FOR PROXIMAL FINGER J	247.50						X		
08	26474	TENODESIS,FOR DISTAL JOINT STA	247.50						X		
08	26476	TEND LENGTHEN, EXT SINGLE, EACH	193.16								
08	26477	TEND SHORTEN, EXT...SINGLE, EACH	193.16								
08	26478	TENDON LENGTHENING,FLEXOE,HAND/FINGE	193.16								
08	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	193.16								
08	26480	TRANSPLANT HAND TENDON	229.94								
08	26483	TRANSPLANT/GRAFT HAND TENDON	229.94								
08	26485	TEND TRANS/PLNT, EA TEND; W/GRAFT	193.16								X
08	26489	TRANSPLANT/GRAFT HAND TENDON	229.94								
08	26490	REVISE THUMB TENDON	229.94								
08	26492	TENDON TRANSFER/MUSCLE TRANSFER	229.94								
08	26494	HAND TENDON/MUSCLE TRANSFER	229.94								
08	26496	REVISE THUMB TENDON	229.94								
08	26497	FINGER TENDON TRANSFER	229.94								
08	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	229.94								
08	26499	REVISION OF FINGER	229.94								
08	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	229.94								
08	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	229.94								

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	26508	RELEASE THUMB CONTRACTURE	229.94								
08	26510	THUMB TENDON TRANSFER	229.94								
08	26516	FUSION OF KNUCKLE JOINT	193.16								
08	26517	FUSION OF KNUCKLE JOINTS	229.94								
08	26518	FUSION OF KNUCKLE JOINTS	229.94								
08	26520	RELEASE KNUCKLE CONTRACTURE	247.50						X		
08	26525	RELEASE FINGER CONTRACTURE	247.50						X		
08	26530	REVISE KNUCKLE JOINT	280.94						X		
08	26531	REVISE KNUCKLE WITH IMPLANT	280.94						X		
08	26535	REVISE FINGER JOINT	280.94						X		
08	26536	REVISE/IMPLANT FINGER JOINT	280.94						X		
08	26540	REPAIR COLLATERAL LIGAMENT	229.94								
08	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	229.94								
08	26545	RECONSTRUCT FINGER JOINT W/GRAFT	229.94	00	00				X		
08	26546	REPAIR NON-UNION HAND	229.94								
08	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	229.94								
08	26550	CONSTRUCT THUMB REPLACEMENT	193.16								
08	26555	SITIONAL CHANGE OF FINGER	229.94	00	00						X
08	26560	REPAIR WEB FINGER; WITH SKIN FLAPS	193.16								
08	26561	REPAIR OF WEB FINGER	229.94								
08	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	229.94								
08	26565	CORRECT METACARPAL FLAW	280.94						X		
08	26567	CORRECT FINGER DEFORMITY	280.94						X		
08	26568	LENTHEN METACARPAL/FINGER	229.94								
08	26580	REPAIR HAND DEFORMITY	247.50								
08	26587	REPAIR SUPERNUMERARY DIGIT	247.50								
08	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	247.50								
08	26591	REPAIR MUSCLES OF HAND	229.94								
08	26593	RELEASE MUSCLES OF HAND	229.94								
08	26596	EXCISE CONSTRICTING RING,Z-PLASTIES	193.16								
08	26605	TREAT CLSD FX; W/MANIP,EACH BONE	193.16								
08	26607	TREAT CLSD FX.,W/MANIP & FIX,EACH BO	193.16								
08	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	229.94								
08	26615	OPEN TX,CLSD/OPEN FX...EACH BONE	229.94								
08	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	193.16								
08	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	193.16								
08	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	229.94								
08	26675	TREAT HAND DISLOCATION W/ANESTHESIA	193.16								
08	26676	PERC. PINNING,CLOSED CARPOMETACARPAL	193.16								
08	26685	TREAT HAND DISLOCATION	229.94								
08	26686	TREAT HAND DISLOCATION	229.94								
08	26705	TREAT KNUCKLE DISLOCATION W/ANETHES	193.16								
08	26706	PERC PINNING,CLOSED METACARPOPHALANG	193.16								
08	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	229.94								
08	26727	TREAT FX,MANIP,TRACT/FIX,EACH	280.94								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	26735	OPEN TREAT...W/W/O FIX, EACH	229.94								
08	26742	TREAT CLSD ART FX..W/MANIP, EACH	193.16								
08	26746	OPEN TX, CLSD/OPEN FX...EACH	247.50								
08	26756	TREAT CLSD FX...;W/PERC PIN,EACH	193.16								
08	26765	OPEN TX,CLSD/OPEN FX...;EACH	229.94								
08	26776	PERC PINNING, CLOSED INTERPHALANGEAL	193.16								
08	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	193.16								
08	26820	THUMB FUSION WITH GRAFT	247.50								
08	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	229.94								
08	26842	ARTHRODESIS OF THUMB W/ GRAFT	229.94								
08	26844	FUSION/GRAFT OF HAND JOINT	229.94								
08	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	229.94								
08	26852	ARTHRODESIS KNUCKLE W/ GRAFT	229.94								
08	26860	ARTHRODESIS FINGER JOINT W/WO INTERN	280.94							X	
08	26861	EACH ADDITIONAL JOINT	280.94							X	
08	26862	FUSION/GRAFT OF FINGER JOINT	229.94								
08	26863	FUSE/GRAFT ADDED JOINT	229.94								
08	26910	AMPUTATE METACARPAL BONE	229.94								
08	26951	AMPUTATION OF FINGER/THUMB	193.16								
08	26952	WITH LOCAL ADVANCEMENT FLAPS	229.94								
08	26990	DRAINAGE OF PELVIS LESION	193.16								
08	26991	DRAINAGE OF PELVIS BURSA	193.16								
08	27000	TENPTPMY, SUBCUTANEOUS, CLOSED-HIP O	193.16								
08	27001	INCISION OF HIP TENDON	229.94								
08	27003	INCISION OF HIP TENDON	229.94								
08	27033	EXPLORATION OF HIP JOINT	229.94								
08	27035	DENERVATION OF HIP JOINT	229.94								
08	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	193.16								
08	27041	DEEP BIOPSY OF SOFT TISSUES	193.16								
08	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	193.16								
08	27048	REMOVE HIP/PELVIS LESION	229.94								
08	27049	REMOVE TUMOR, HIP/PELVIS	229.94								
08	27050	BIOPSY OF SACROILIAC JOINT	229.94								
08	27052	BIOPSY OF HIP JOINT	229.94								
08	27060	REMOVAL OF ISCHIAL BURSA	247.50								
08	27062	EXCISION TROCHANTERIC BURSA	247.50								
08	27065	EXC CYST OR TUMOR SUPERFICIAL	247.50								
08	27066	DEEP W OR W/O BONE GRAFT	247.50								
08	27067	W/BONE REQUIRING SEPARATE INC	247.50								
08	27080	COCCYGECTOMY	193.16								
08	27086	SUPERFICIAL BIOPSY OF SOFT TISSUES	193.16								
08	27087	REMOVE HIP FOREIGN BODY	229.94								
08	27097	REVISION OF HIP TENDON	229.94								
08	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	229.94								
08	27105	TRANSFER PARASPINAL MUSCLE TO HIP	229.94								

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1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	229.94								
08	27111	TO FEMORAL NECK S MUSCLE	229.94								
08	27193	CLOSED TREATMENT OF PELVIC RING FRAC	193.16								
08	27194	CLOSED TREATMENT OF PELVIC RING FRAC	193.16								
08	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	193.16								
08	27230	TRMT OF CLOSED FEMORAL FX	193.16								
08	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	193.16								
08	27246	TRMT PF CLOSED GREATER TROCHANTERIC	193.16								
08	27250	TREAT HIP DISLOCATION	193.16								
08	27252	REQUIRING ANES	193.16								
08	27257	TREAT HIP DISLOCATION	229.94								
08	27265	TX A TRAUMA TIC DISLOCATI; NO ANESTH	193.16								
08	27266	SEE 27265;REQUIRING GEN ANESTHESIA	193.16								
08	27275	MANIPULATION OF HIP JOINT	193.16								
08	27301	I&D DEEP ABSCESS,INFECTED BURSA	229.94							X	
08	27305	FASCIOTOMY	193.16								
08	27306	INCISION OF THIGH TENDON	229.94								
08	27307	INCISION OF THIGH TENDONS	229.94								
08	27310	ARTHROTOMY, KNEE JOINT	229.94								
08	27323	BIOPSY THIGH SOFT TISSUES	193.16								
08	27324	BIOPSY THIGH SOFT TISSUES	193.16								
08	27325	NEURECTOMY,HAMSTRING MUSCLE	193.16								
08	27326	NEURECTOMY,POPLITEAL (GASTROCNEMIUS)	193.16								
08	27327	REMOVAL OF THIGH LESION	193.16								
08	27328	REMOVAL OF THIGH LESION	229.94								
08	27329	RAD RESECT TUMOR...THIGH OR KNEE	229.94								
08	27330	BIOPSY KNEE JOINT LINING	229.94								
08	27331	EXPLORE/TREAT KNEE JOINT	229.94								
08	27332	REMOVAL OF KNEE CARTILAGE	229.94								
08	27333	REMOVAL OF KNEE CARTILAGE	229.94								
08	27334	REMOVE KNEE JOINT LINING	229.94								
08	27335	REMOVE KNEE JOINT LINING	229.94								
08	27340	REMOVAL OF KNEECAP BURSA	229.94								
08	27345	REMOVAL OF KNEE CYST	229.94							X	
08	27347	REMOVE KNEE CYST	229.94								
08	27350	REMOVAL OF KNEECAP	229.94								
08	27355	REMOVE FEMUR LESION	229.94								
08	27356	REMOVE FEMUR LESION/GRAFT	229.94								
08	27357	REMOVE FEMUR LESION/GRAFT	247.50								
08	27358	REMOVE FEMUR LESION/FIXATION	247.50								
08	27360	PARTIAL REMOVAL LEG BONE(S)	247.50								
08	27372	REMOVAL OF FOREIGN BODY	280.94								
08	27380	REPAIR OF KNEECAP TENDON	193.16								
08	27381	REPAIR/GRAFT KNEECAP TENDON	229.94								
08	27385	REPAIR OF THIGH MUSCLE	229.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	27390	INCISION OF THIGH TENDON	193.16								
08	27391	INCISION OF THIGH TENDONS	193.16								
08	27392	INCISION OF THIGH TENDONS	229.94								
08	27393	LENGTHENING OF THIGH TENDON	193.16								
08	27394	LENGTHENING OF THIGH TENDONS	229.94								
08	27395	LENGTHENING OF THIGH TENDONS	229.94								
08	27396	TRANSPLANTS OF THIGH TENDON	229.94								
08	27397	TRANSPLANTS OF THIGH TENDON	229.94								
08	27400	REVISE THIGH MUSCLES/TENDONS	229.94								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	229.94								
08	27405	REPAIR OF KNEE LIGAMENT	229.94								
08	27407	REPAIR OF KNEE LIGAMENT	229.94								
08	27409	REPAIR OF KNEE LIGAMENTS	229.94								
08	27418	REPAIR OF DEGENERATED KNEECAP	229.94								
08	27420	REVISION/REMOVAL OF KNEECAP	229.94								
08	27422	REVISION OF UNSTABLE KNEECAP	280.94								
08	27424	RECONSTRUCTION, KNEE	229.94								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	280.94								
08	27428	RECONSTRUCT(AUGMENT)KNEE; INTRA-ARTIC	229.94								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	229.94								
08	27430	REVISION OF THIGH MUSCLES	229.94								
08	27435	INCISION OF KNEE JOINT	229.94								
08	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	229.94								
08	27438	REVISE KNEECAP WITH IMPLANT	247.50								
08	27441	REVISION OF KNEE JOINT	247.50								
08	27442	REVISION OF KNEE JOINT	247.50								
08	27443	REVISIOSN OF KNEE JOINT	247.50								
08	27483	REVISE KNEECAP WITH IMPLANT	247.50								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	247.50								
08	27497	DECOMPESSION OF THIGH/KNEE	229.94								
08	27499	DECOMPRESSION OF THIGH/KNEE	229.94								
08	27500	TREATMENT OF FEMUR FRACTURE	193.16								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	193.16								
08	27502	TREATMENT OF FEMUR FRACTURE	193.16								
08	27503	TREATMENT OF THIGH FRACTURE	229.94								
08	27508	TREATMENT OF FEMUR FRACTURE	193.16								
08	27509	TREATMENT OF THIGH FRACTURE	229.94								
08	27510	TREATMENT OF FEMUR FRACTURE	193.16								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	193.16								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	193.16								
08	27530	TREAT KNEE FRACTURE	193.16								
08	27532	TREATMENT OF KNEE FRACTURE	193.16								
08	27538	TREAT KNEE FRACTURE (S)	193.16								X
08	27550	TREAT KNEE DISLOCATION	193.16								
08	27552	TREAT KNEE DISLOCATION	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	27560	TREAT KNEECAP DISLOCATION	193.16								
08	27562	TREAT KNEECAP DISLOCATION	193.16								
08	27566	REPAIR KNEECAP DISLOCATION	193.16								
08	27570	FIXATION OF KNEE JOINT	193.16								
08	27594	AMPUTATION FOLLOW-UP SURGERY	229.94								
08	27600	DECOMPRESSION OF LOWER LEG	229.94								
08	27601	DECOMPRESSION OF LOWER LEG	229.94								
08	27602	DECOMPRESSION OF LOWER LEG	229.94								
08	27603	DRAIN LOWER LEG LESION	229.94							X	
08	27604	DRAIN LOWER LEG BURSA	229.94							X	
08	27605	INCISION OF ACHILLES TENDON	193.16								
08	27606	INCISION OF ACHILLES TENDON	193.16								
08	27607	TREAT LOWER LEG BONE LESION	193.16								
08	27610	EXPLORE/TREAT ANKLE JOINT	193.16								
08	27612	EXPLORATION OF ANKLE JOINT	229.94								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	193.16								
08	27615	REMOVE TUMOR, LOWER LEG	229.94								
08	27618	REMOVE LOWER LEGLES ION	193.16								
08	27619	REMOVE LOWER LEG LESION	229.94								
08	27620	BIOPSY OF ANKLE JOINT	229.94								
08	27625	REMOVE ANKLE JOINT LINING	229.94								
08	27626	REMOVE ANKLE JOINT LINING	229.94								
08	27630	REMOVAL OF TENDON LESION	247.50							X	
08	27635	REMOVE LOWER LEG BONE LESION	229.94								
08	27637	REMOVE/GRAFT LEG BONE LESION	229.94								
08	27638	REMOVE/GRAFT LEG BONE LESION	229.94								
08	27640	PARTIAL REMOVAL OF TIBIA	193.16								
08	27641	PARTIAL REMOVAL OF FIBULA	193.16								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	229.94								
08	27650	REPAIR ACHILLES TENDON	229.94								
08	27652	REPAIR/GRAFT ACHILLES TENDON	229.94								
08	27654	REPAIR OF ACHILLES TENDON	229.94								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	193.16								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	247.50								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	193.16								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	193.16								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	193.16								
08	27675	REPAIR LOWER LEG TENSIONS	193.16								
08	27676	REPAIR LOWER LEG TENDONS	229.94								
08	27680	RELEASE OF LOWER LEG TENDON	229.94								
08	27681	TENOLYSIS...MULTIPLE, EACHS	193.16								
08	27685	REVISION OF LOWER LEG TENDON	229.94								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	229.94								
08	27687	REVISION OF CALF TENDON	229.94								
08	27690	REVISE LOWER LEG TENDON	229.94								

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## COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	27691	REVISE LOWER LEG TENDON	229.94								
08	27692	EACH ADDITIONAL TENDON	229.94								
08	27695	REPAIR OF ANKLE LIGAMENT	193.16								
08	27696	REPAIR OF ANKLE LIGAMENTS	193.16								
08	27698	REPAIR OF ANKLE LIGAMENT	193.16								
08	27700	REVISION OF ANKLE JOINT	247.50								
08	27704	REMOVAL OF ANKLE IMPLANT	193.16								
08	27705	INCISION OF TIBIA	193.16								
08	27707	INCISION OF FIBULA	193.16								
08	27709	INCISION OF TIBIA & FIBULA	193.16								
08	27730	REPAIR OF TIBIA EPIPHYSIS	193.16								
08	27732	REPAIR OF FIBULA EPIPHYSIS	193.16								
08	27734	REPAIR LOWER LEG EPIPHYSES	193.16								
08	27740	REPAIR OF LEG EPIPHYSES	193.16								
08	27742	REPAIR OF LEG EPIPHYSES	193.16								
08	27743	REVISION OF KNEE JOINT	247.50								
08	27745	PROPHYLACTIC TREATMENT (NAILING, PIN	229.94								
08	27750	TREATMENT OF TIBIA FRACTURE	193.16								
08	27752	TREATMENT OF TIBIA FRACTURE	193.16								
08	27756	REPAIR OF TIBIA FRACTURE	229.94								
08	27758	REPAIR OF TIBIA FRACTURE	229.94								
08	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	229.94								
08	27760	CLTX MEDIAL ANKLE FX	193.16								
08	27762	CLTX MED ANKLE FX W/MNPJ	193.16								
08	27766	REPAIR OF ANKLE FRACTURE	229.94								
08	27780	TREATMENT OF FIBULA FRACTURE	193.16								
08	27781	TREATMENT OF FIBULA FRACTURE	193.16								
08	27784	REPAIR OF FIBULA FRACTURE	229.94								
08	27786	TREATMENT OF ANKLE FRACTURE	193.16								
08	27788	TREATMENT OF ANKLE FRACTURE	193.16								
08	27792	REPAIR OF ANKLE FRACTURE	229.94								
08	27808	TREATMENT OF ANKLE FRACTURE	193.16								
08	27810	TREATMENT OF ANKLE FRACTURE	193.16								
08	27814	REPAIR OF ANKLE FRACTURE	229.94								
08	27816	TREATMENT OF ANKLE FRACTURE	193.16								
08	27818	TREATMENT OF ANKLE FRACTURE	193.16								
08	27822	REPAIR OF ANKLE FRACTURE	229.94								
08	27823	REPAIR OF ANKLE FRACTURE	229.94								
08	27824	CLOSED TREATMENT OF FRACTURE	193.16								
08	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	193.16								
08	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	229.94								
08	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	229.94								
08	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	229.94								
08	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	193.16								
08	27830	TREAT LOWER LEG DISLOCATION	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	27831	TREAT LOWER LEG DISLOCATION	193.16								
08	27832	REPAIR LOWER LEG DISLOCATION	193.16								
08	27840	TREAT ANKLE DISLOCATION	193.16								
08	27842	TREAT ANKLE DISLOCATION	193.16								
08	27846	REPAIR ANKLE DISLOCATION	229.94								
08	27848	REPAIR ANKLE DISLOCATION	229.94								
08	27860	FIXATION OF ANKLE JOINT	193.16								
08	27870	FUSION OF ANKLE JOINT	229.94								
08	27871	FUSION OF TIBIOFIBULAR JOINT	229.94								
08	27884	AMPUTATION FOLLOW-UP SURGERY	229.94								
08	27889	AMPUTATION OF FOOT AT ANKLE	229.94								
08	27892	DECOMPRESSION FASCIOTOMY, LEG;	229.94								
08	27893	DECOMPRESSION FASCIOTOMY, LEG;	229.94								
08	27894	DECOMPRESSION FASCIOTOMY, LEG;	229.94								
08	28001	DRAINAGE OF BURSA OF FOOT	229.94							X	
08	28002	TREATMENT OF FOOT INFECTION	229.94								
08	28003	TREATMENT OF FOOT INFECTION	229.94								
08	28005	TREAT FOOT BONE LESION	229.94								
08	28008	INCISION OF FOOT FASCIA	280.94							X	
08	28011	INCISION OF TOE TENDONS	229.94								
08	28020	EXPLORATION OF A FOOT JOINT	193.16								
08	28022	EXPLORATION OF A FOOT JOINT	193.16								
08	28024	EXPLORATION OF A TOE JOINT	193.16								
08	28035	DECOMPRESSION OF TIBIA NERVE	229.94								
08	28043	EXCISION OF FOOT LESION	193.16								
08	28045	EXCISION OF FOOT LESION	229.94								
08	28046	RAD RESECT TUMOR,SFT TISS-FOOT	229.94								
08	28050	BIOPSY OF FOOT JOINT LINING	193.16								
08	28052	BIOPSY OF FOOT JOINT LINING	193.16								
08	28054	BIOPSY OF TOE JOINT LINING	193.16								
08	28055	NEURECTOMY,INTRINSIC MUSCULATURE	229.94								
08	28060	PARTIAL REMOVAL FOOT FASCIA	193.16								
08	28062	REMOVAL OF FOOT FASCIA	229.94								
08	28070	REMOVAL OF FOOT JOINT LINING	280.94							X	
08	28072	REMOVAL OF FOOT JOINT LINING	280.94							X	
08	28080	REMOVAL OF FOOT LESION	247.50							X	
08	28086	EXCISE FOOT TENDON SHEATH	193.16								
08	28088	EXCISE FOOT TENDON SHEATH	193.16								
08	28090	REMOVAL OF FOOT LESION	229.94								
08	28092	REMOVAL OF TOE LESIONS	229.94								
08	28100	REMOVAL OF ANKLE/HEEL LESION	193.16								
08	28102	REMOVE/GRAFT FOOT LESION	229.94								
08	28103	REMOVE/GRAFT FOOT LESION	229.94								
08	28104	REMOVAL OF FOOT LESION	193.16								
08	28106	REMOVE/GRAFT FOOT LESION	229.94								

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## COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	28107	REMOVE/GRAFT FOOT LESION	229.94								
08	28110	PART REMOVAL OF METATARSAL	247.50						X		
08	28111	PART REMOVAL OF METATARSAL	247.50						X		
08	28112	PART REMOVAL OF METATARSAL	247.50						X		
08	28113	PART REMOVAL OF METATARSAL	247.50						X		
08	28114	REMOVAL OF METARSAL HEADS	229.94						X		
08	28116	REVISION OF FOOT	229.94								
08	28118	PARTIAL REMOVAL OF HEEL	229.94								
08	28119	REMOVAL OF HEEL SPUR	229.94								
08	28120	PART REMOVAL OF ANKLE/HEEL	280.94								
08	28122	PARTIAL REMOVAL OF FOOT BONE	229.94								
08	28126	CONDYLECTOMY...SING. TOE, EACH	229.94								
08	28130	REMOVAL OF ANKLE BONE	229.94								
08	28140	REMOVAL OF METATARSAL	229.94								
08	28150	PHALANGECTOMY,TOE, SINGLE, EACH	229.94								
08	28153	PARTIAL REMOVAL OF TOE	229.94								
08	28160	PARTIAL REMOVAL OF TOE	229.94						X		
08	28171	RADICAL RESECTION FOR TUMOR,TARSAL	229.94								
08	28173	RADICAL RESECTION FOR TUMOR,METATARS	229.94								
08	28175	RADICAL RESECTION FOR TUMOR PHALANX	229.94								
08	28192	REMOVAL OF FOOT FOREIGN BODY	193.16								
08	28193	REMOVAL OF FOOT FOREIGN BODY	229.94								
08	28200	REPAIR OF FOOT TENDON	247.50						X		
08	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	229.94								
08	28208	REPAIR OF FOOT TENDON	247.50						X		
08	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	229.94								
08	28222	RELEASE OF FOOT TENDONS	193.16								
08	28225	RELEASE OF FOOT TENDON	193.16								
08	28226	RELEASE OF FOOT TENDONS	193.16								
08	28234	INCISION OF FOOT TENDON	193.16								
08	28238	REVISION OF FOOT TENDON	229.94								
08	28240	RELEASE OF BIG TOE	193.16								
08	28250	REVISION OF FOOT FASCIA	229.94								
08	28260	RELEASE OF MIDFOOT JOINT	229.94								
08	28261	REVISION OF FOOT TENDON	229.94								
08	28262	REVISION OF FOOT AND ANKLE	229.94								
08	28264	RELEASE OF MIDFOOT JOINT	247.50						X		
08	28270	RELEASE OT FOOT CONTRACTURE	247.50						X		
08	28272	RELEASE OF TOE JOINT,EACH	247.50						X		
08	28280	FUSION OF TOES	193.16								
08	28285	REVISION OF HAMMERTOES	280.94						X		
08	28286	REVISION OF HAMMERTOES	229.94						X		
08	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	229.94								
08	28289	REPAIR HALLUX RIGIDUS	229.94								
08	28290	CORRECTION OF BUNION	280.94						X		

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	28292	CORRECTION OF BUNION	280.94					X			
08	28293	CORRECTION OF BUNION	280.94					X			
08	28294	CORRECTION OF BUNION	280.94					X			
08	28296	CORRECTION OF BUNION	229.94								
08	28297	BUNION CORRECTION-LAPIDUS TYPE PROC	229.94								
08	28298	CORRECTION OF BUNION	280.94						X		
08	28299	CORRECTION OF BUNION	280.94						X		
08	28300	INCISION OF HEEL BONE	280.94						X		
08	28302	INCISION OF ANKLE BONE	280.94						X		
08	28304	INCISION OF MIDFOOT BONES	193.16								
08	28305	INCISE/GRAFT MIDFOOT BONES	229.94								
08	28306	INCISION OF METATARSAL	229.94						X		
08	28307	SEE 28306; METATARSAL W/BONE GRFT	229.94								
08	28308	INCISION OF METATARSAL	280.94						X		
08	28309	INCISION OF METATARSALS	229.94								
08	28310	REVISION OF BIG TOE	280.94						X		
08	28312	REVISION OF TOE	280.94						X		
08	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	193.16								
08	28315	SESAMOIDECTOMY FIRST TOE	229.94								
08	28320	REPAIR OF FOOT BONES	229.94								
08	28322	REPAIR OF METATARSALS	229.94								
08	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	229.94								
08	28341	SEE 28340; REQUIRING BONE RESECTION	229.94								
08	28344	RECONSTRUCT TOE; POLYDATYLY	229.94								
08	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	229.94								
08	28400	TREAT CLSD CALC FX; W/O MANIP	193.16								
08	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	193.16								
08	28406	TREAT CLSD CAC FX, MANIP/FIXATION	193.16								
08	28415	REPAIR OF HEEL FRACTURE	229.94								
08	28420	REPAIR/GRAFT HEEL FRACTURE	229.94								
08	28435	TREAT CLSD TALUS FX, W/MANIP	193.16								
08	28436	TREAT CLSD TA; FX,W/MANIP & PERC PIN	193.16								
08	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	229.94								
08	28456	OPEN TX CLSD/OPEN FX W RED & PIN-EAC	193.16								
08	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	229.94								
08	28476	TREAT CLSD FX,W/MANIP & PINNING,EACH	193.16								
08	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	229.94								
08	28496	TREAT CLSD FX GREAT TOE...PINNING	193.16								
08	28505	REPAIR BIG TOE FRACTURE	229.94								
08	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	229.94								
08	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	229.94								
08	28545	TREAT FOOT DISLOCATION	193.16								
08	28546	TREAT FOOT SLOCATION	193.16								
08	28555	REPAIR FOOT DISLOCATION	193.16								
08	28575	TREAT FOOT DISLOCATION	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
TS	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	229.94								
08	28585	REPAIR FOOT DISLOCATION	229.94								
08	28605	TREAT FOOT DISLOCATION	193.16								
08	28606	TREAT FOOT DISLOCATION	193.16								
08	28615	REPAIR FOOT DISLOCATION	229.94								
08	28635	TREAT TOE DISLOCATION	193.16								
08	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	229.94								
08	28645	REPAIR TOE DISLOCATION	229.94								
08	28665	TREAT TOE DISLOCATION	193.16								
08	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	229.94								
08	28675	REPAIR OF TOE DISLOCATION	229.94								
08	28705	FUSION OF FOOT BONES	229.94								
08	28715	FUSION OF FOOT BONES	229.94								
08	28725	FUSION OF FOOT BONES	229.94								
08	28730	FUSION OF FOOT BONES	229.94								
08	28735	FUSION OF FOOT BONES	229.94								
08	28737	REVISION FOOT BONES	247.50								
08	28740	FUSION OF FOOT BONES	229.94								
08	28750	FUSION OF BIG TOE JOINT	280.94							X	
08	28755	FUSION OF BIG TOE JOINT	280.94							X	
08	28760	FUSION OF BIG TOE JOINT	280.94							X	
08	28810	AMPUTATION TOE & METATARSAL	229.94							X	
08	28819	REMOVAL OF HEEL SPUR	229.94								
08	28820	AMPUTATION OF TOE	229.94							X	
08	28825	PARTIAL AMPUTATION OF TOE	229.94							X	
08	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	229.94								
08	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	229.94								
08	29805	SHOULDER ARTHROSCOPY, DX	229.94								
08	29806	SHOULDER ARTHROSCOPY/SURGERY	229.94								
08	29807	SHOULDER ARTHROSCOPY/SURGERY	229.94								
08	29819	ARTHROSCOPY/SURGICALLY REMOVE BODY	280.94							X	
08	29820	ARTHROSCOPY-SYNOVECTOMY-PARTIAL	280.94							X	
08	29821	ARTHROSCOPY-SYNOVECTOMY-COMplete	280.94							X	
08	29822	ARTHROSCOPY-LIMITED DEBRIDEMENT	280.94							X	
08	29823	ARTHROSCOPY EXT DEBRIDEMENT	280.94							X	
08	29824	SHOULDER ARTHROSCOPY/SURGEON	247.50								
08	29825	ARTHROSCOPY W/LYSIS & RESECTION	280.94							X	
08	29826	ARTHROSCOPY,SHOULDER,SURGI DECOMPRES	229.94								
08	29827	ARTHROSCOP ROTATOR CUFF REPR	247.50								
08	29830	ARTHROSCOPY ELBOW-DX	280.94							X	
08	29834	ARTHROSCOPY-ELBOW-SURGICAL	280.94							X	
08	29835	ARTHROSCOPY SYNOVECTOMY-PARTIAL	280.94							X	
08	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	280.94							X	
08	29837	ARTHROSCOPY-LIMITED DEBRIDEMENT	280.94							X	
08	29838	ARTHROSCOPY EXT DEBRIDEMENT	280.94							X	

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	229.94								
08	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	229.94								
08	29844	ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM	229.94								
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	229.94								
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART	229.94								
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	229.94								
08	29848	WRIST ENDOSCOPY/SURGERY	280.94								
08	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	229.94								
08	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	229.94								
08	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	229.94								
08	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	229.94								
08	29860	HIP ARTHROSCOPY, DX	229.94								
08	29861	HIP ARTHROSCOPY/SURGERY	229.94								
08	29862	HIP ARTHROSCOPY/SURGERY	280.94								
08	29863	HIP ARTHROSCOPY/SURGERY	229.94								
08	29870	ARTHROSCOPY KNEE-DX	280.94							X	
08	29871	ARTHROSCOPY-KNEE-SURGICAL	280.94							X	
08	29874	ARTHROSCPOY REMOVE FOREIGN BODY	280.94							X	
08	29875	ARTHROSCOPY LIMITED SYNOVECTOMY	280.94							X	
08	29876	ARTHROSCOPY-MAJOR SYNOVECTOMY	280.94							X	
08	29877	ARTHROSCOPY-DEBRIDEMENT	280.94							X	
08	29879	ARTHROSCOPY-ABRASION ARTHOPLA	280.94							X	
08	29880	ARTHROSCOPY, KNEE, W/MENISSECTOMY	229.94								
08	29881	ARTHROSCOPY W/ MENISSECTOMY	280.94							X	
08	29882	ARTHROSCOPY W/ MENISCUS REPAIR	280.94							X	
08	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	229.94								
08	29884	ARTHROSCOPY W/LYSIS ADHESIONS	229.94								
08	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	229.94								
08	29886	ARTHROSCOPY-OSTEOCHONDRITIS	193.16								
08	29887	ARTHROSCOPY-INTERNAL FIXATION	229.94								
08	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	229.94								
08	29889	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	229.94								
08	29891	ANKLE ARTHROSCOPY/SURGERY	229.94								
08	29892	ANKLE ARTHROSCOPY/SURGERY	229.94								
08	29893	SCOPE, PLANTAR FASCIOTOMY	280.94								
08	29894	ARTHROSCOPY-ANKLE-SURGICAL	280.94							X	
08	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	280.94							X	
08	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	280.94							X	
08	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	280.94							X	
08	29899	ANKLE ARTHROSCOPY/SURGERY	229.94								
08	29900	MCP JOINT ARTHROSCOPY, DX	229.94								
08	29901	MCP JOINT ARTHROSCOPY, SURG	229.94								
08	29902	MCP JOINT ARTHROSCOPY, SURG	229.94								
08	30110	REMOVAL OF NOSE POLYP(S)	229.94							X	
08	30115	REMOVAL OF NOSE POLYP(S)	229.94							X	

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	30117	REMOVAL OF INTRANASAL LESION	229.94								
08	30118	REMOVAL OF INTRANASAL LESION	229.94								
08	30120	REVISION OF NOSE	193.16								
08	30125	REMOVAL OF NOSE LESION	193.16								
08	30130	REMOVAL OF TURBINATE BONES	193.16							X	
08	30140	REMOVAL OF TURBINATE BONES	193.16							X	
08	30150	PARTIAL REMOVAL OF NOSE	229.94								
08	30160	REMOVAL OF NOSE	229.94								
08	30310	REMOVE NASAL FOREIGN BODY	193.16								
08	30320	REMOVE NASAL FOREIGN BODY	193.16								
08	30400	RECONSTRUCTION OF NOSE	229.94								
08	30410	RECONSTRUCTION OF NOSE	247.50								
08	30420	RECONSTRUCTION OF NOSE	247.50								
08	30430	REVISION OF NOSE	229.94								
08	30435	REVISION WORK WITH OSTEOTOMIES	247.50								
08	30450	REVISION OF NOSE	280.94								
08	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	280.94								
08	30462	REVISION OF NOSE	280.94								
08	30465	REPAIR NASAL STENOSIS	280.94								
08	30520	REPAIR OF NASAL SEPTUM	229.94								
08	30540	REPAIR NASAL DEFECT	247.50								
08	30545	REPAIR NASAL DEFECT	247.50								
08	30560	RELEASE OF NASAL ADHESIONS	193.16								
08	30580	UPPER JAW FISTULA	229.94								
08	30600	MOUTH/NOSE FISTULA	229.94								
08	30620	RECONSTRUCTION INNER NOSE	280.94							X	
08	30630	REPAIR NASAL SEPTUM DEFECT	280.94								
08	30801	CAUTERIZATION AND/OR ABLATION,MUCOS	193.16								
08	30802	CAUTERIZATION AND/OR ABLATION,MUCOS	193.16								
08	30903	CAUER NASAL W LOC.ANESTH.UNILATER	193.16								
08	30905	CONTROL OF NOSEBLEED	193.16								
08	30906	REPEAT CONTROL OF NOSEBLEED	193.16								
08	30915	LIGATION NASAL SINUS ARTERY	193.16								
08	30920	LIGATION UPPER JAW ARTERY	229.94								
08	30930	NASAL TURBINATES, THERAPEUTI	229.94								
08	31000	IRRIGATION MAXILLARY SINUS	229.94							X	
08	31002	IRRIGATION SPHENOID SINUS	247.50							X	
08	31020	EXPLORATION MAXILLARY SINUS	193.16								
08	31030	EXPLORATION MAXILLARY SINUS	229.94								
08	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	229.94								
08	31050	EXPLORATION SPHENOID SINUS	193.16								
08	31051	SINUSOTOMY,SPHENOID. . ,W/STRIP,POLYPS	229.94								
08	31070	EXPLORATION OF FRONTAL SINUS	193.16								
08	31075	EXPLORATION OF FRONTAL SINUS	229.94								
08	31080	REMOVAL OF FRONTAL SINUS	229.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	31081	REMOVAL OF FRONTAL SINUS	229.94								
08	31084	REMOVAL OF FRONTAL SINUS	229.94								
08	31085	REMOVAL OF FRONTAL SINUS	229.94								
08	31086	REMOVAL OF FRONTAL SINUS	229.94								
08	31087	REMOVAL OF FRONTAL SINUS	229.94								
08	31090	EXPLORATION OF SINUSES	247.50								
08	31200	REMOVAL OF ETHMOID SINUS	247.50						X		
08	31201	REMOVAL OF ETHMOID SINUS	247.50								
08	31205	REMOVAL OF ETHMOID SINUS	229.94								
08	31233	NASAL/SINUS ENDOSCOPY,DIAGNOSTIC WI	193.16								
08	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WF	193.16								
08	31237	NASAL/SINUS ENDOSCOPY,SURGICAL	193.16								
08	31238	NASAL/SINUS ENDOSCOPY, SURGICAL	193.16								
08	31239	NASAL/SINUS ENDOSCOPY,SURGICAL;	229.94								
08	31240	NASAL/SINUS ENDOSCOPY	193.16								
08	31254	NASAL ENDOSCOPY W/PARTIAL ETHMOIDECT	280.94						X	X	
08	31255	NASAL ENDOSCOPY; TOTAL ETHMOIDECTOMY	280.94						X	X	
08	31256	NASAL ENDOSCOPY, MAX ANTROSTOMY	280.94						X	X	
08	31267	SURG MAX ENDO, REMOVE MEMBRANE/POLYP	280.94						X	X	
08	31276	SINUS SURGICAL ENDOSCOPY	229.94								
08	31287	NASAL/SINUS ENDOSCOPY,SURGICAL, WIT	229.94								
08	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	229.94								
08	31300	REMOVAL OF LARYNX LESION	247.50								
08	31320	DIAGNOSTIC INCISION LARYNX	193.16								
08	31400	REVISION OF LARYNX	193.16								
08	31420	REMOVAL OF EPIGLOTTIS	193.16								
08	31505	DIAGNOSTIC LARYNGOSCOPY	193.16						X		
08	31510	LARYNGOSCOPY WITH BIOPSY	193.16						X		
08	31511	REMOVE FOREIGN BODY,LARYNX	193.16						X		
08	31512	REMOVAL OF LARYNX LESION	193.16						X		
08	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	193.16								
08	31515	LARYNGOSCOPY FOR ASPIRATION	193.16								
08	31525	DIAGNOSTIC LARYNGOSCOPY	193.16						X		
08	31526	DIAGNOSTIC LARYNGOSCOPY	193.16								
08	31527	LARYNGOSCOPY, INSERT OBTURATOR	193.16								
08	31528	LARYNGOSCOPY,W DILATATION INITIAL	193.16								
08	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	193.16								
08	31530	OPERATIVE LARYNGOSCOPY	193.16						X		
08	31531	OPERATIVE LARYNGOSCOPY	229.94								
08	31535	OPERATIVE LARYNGOSCOPY	193.16								
08	31536	OPERATIVE LARYNGOSCOPY	229.94								
08	31540	OPERATIVE LARYNGOSCOPY	229.94								
08	31541	OPERATIVE LARYNGOSCOPY	229.94								
08	31560	OPERATIVE LARYNGOSCOPY	247.50								
08	31561	OPERATIVE LARYNGOSCOPY	247.50								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	31570	LARYNGOSCOPY WITH INJECTIONS	193.16								
08	31571	LARYNGOSCOPY WITH INJECTION	193.16								
08	31575	LARYNGOSCOPY,FIBERSCOPIC;DIAGN	193.16							X	
08	31576	LARYNGOSCOPY,FIBERSCOPIC;BIOPSY	193.16							X	
08	31577	LARYNGOSCOPY,FIBERSCOPIC;FOREIGN	193.16							X	
08	31578	LARYNGOSCOPY,FIBERSCOPIC;REMOVAL	193.16							X	
08	31580	REVISION OF LARYNX	247.50								
08	31582	REVISION OF LARYNX	247.50								
08	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	247.50								
08	31590	LARYNGEAL REINNVATION REPAIR	247.50								
08	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	193.16								
08	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	229.94								
08	31612	PUNCTURE/CLEAR WINDPIPE	193.16								
08	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	193.16								
08	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	193.16								
08	31615	VISUALIZATION OF WINDPIPE	193.16								
08	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	193.16								
08	31623	DX BRONCHOSCOPE/BRUSH	193.16								
08	31624	DX BRONCHOSCOPELAVAGE	193.16								
08	31625	BRONCHOSCOPY WITH BIOPSY	193.16							X	
08	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	193.16								
08	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	193.16								
08	31630	BRONCHOSCOPY WITH REPAIR	193.16								
08	31631	BRONCHOSCOPY-PLACE TRACH STENT	193.16								
08	31635	REMOVE FOREIGN BODY, AIRWAY	193.16								
08	31640	BRONCHOSCOPY & REMOVE LESION	193.16								
08	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	193.16								
08	31643	DX BRONCHOSCOPE/CATHETER	193.16								
08	31645	BRONCHOSCOPY, CLEAR AIRWAYS	193.16								
08	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	193.16								
08	31656	BRONCHOSCOPY, INJECT FOR XRAY	193.16								
08	31717	BRONCHIAL BRUSH BIOPSY	193.16								
08	31720	CLEARANCE OF AIRWAYS	193.16								
08	31730	TRANSTRACHEAL (PERUTANEOUS) INTRODU	193.16								
08	31750	REPAIR OF WINDPIPE	247.50								
08	31755	REPAIR OF WINDPIPE	193.16								
08	31820	CLOSURE OF WINDPIPE LESION	193.16								
08	31825	REPAIR OF WINDPIPE DEFECT	193.16								
08	31830	REVISE WINDPIPE SCAR	193.16								
08	32400	NEEDLE BIOPSY CHEST LINING	193.16								
08	32405	NEEDLE BIOPSY OF LUNG	193.16								
08	32420	PUNCTURE/CLEAR LUNG	193.16								
08	32507	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	229.94								
08	33010	DRAINAGE OF HEART SAC	193.16								
08	33011	REPEAT DRAINAGE OF HEART SAC	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	33222	REVISE/RELOCATE SKIN POCKET	193.16								
08	33223	REVISION OR RELOCATION OF SKIN POCKI	193.16								
08	35188	REP.ACQUIRED/TRUMA FIST.-HEAD/NECKT	229.94								
08	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	229.94								
08	35476	TRANSLUMINAL ANGIOPLASTY,PERCUTANEO	280.94								
08	35875	REMOVAL OF CLOT IN GRAFT	280.94								
08	35876	REMOVAL OF CLOT IN GRAFT	280.94								
08	36260	INSERT IMPLANTABLE FUSION PUMP	229.94								
08	36261	REVISION OF IMPLANTED INFUSION PUMP	193.16								
08	36262	REMOVAL OF IMPLANTED INFUSION PUMP	193.16								
08	36555	INSERT NON-TUNNEL CV CATH	193.16								
08	36556	INSERT NON-TUNNEL CV CATH	193.16								
08	36557	INSERT TUNNELED CV CATH	193.16								
08	36558	INSERT TUNNELED CV CATH	193.16								
08	36560	INSERT TUNNELED CV CATH	229.94								
08	36561	INSERT TUNNELED CV CATH	229.94								
08	36563	INSERT TUNNELED CV CATH	229.94								
08	36565	INSERT TUNNELED CV CATH	229.94								
08	36566	INSERT TUNNELED CV CATH	229.94								
08	36568	INSERT TUNNELED CV CATH	193.16								
08	36569	INSERT TUNNELED CV CATH	193.16								
08	36570	INSERT TUNNELED CV CATH	229.94								
08	36571	INSERT TUNNELED CV CATH	229.94								
08	36575	REPAIR TUNNELED CV CATH	193.16								
08	36576	REPAIR TUNNELED CV CATH	193.16								
08	36578	REPLACE TUNNELED CV CATH	193.16								
08	36580	REPLACE TUNNELED DV CATH	193.16								
08	36581	REPLACE TUNNELED CV CATH	193.16								
08	36582	REPLACE TUNNELED CV CATH	229.94								
08	36583	REPLACE TUNNELED CV CATH	229.94								
08	36584	REPLACE TUNNELED CV CATH	193.16								
08	36585	REPLACE TUNNELED CV CATH	229.94								
08	36589	REMOVAL TUNNELED CV CATH	193.16								
08	36590	REMOVAL TUNNELED CV CATH	193.16								
08	36640	INSERTION CATHETER, ARTERY	193.16								
08	36800	INSERTION OF CANNULA	229.94								
08	36810	INSERTION OF CANNULA	229.94								
08	36815	INSERTION OF CANNULA	229.94								
08	36818	AV FUSE, UPPER ARM, CEPHALIC	229.94								
08	36819	AV FUSION BY BASILIC VEIN	229.94								
08	36820	INSERTION OF CANNULA	229.94								
08	36821	ARTERY-VEIN FUSION	229.94								
08	36825	ARTERY - VEIN GRAFT	229.94								
08	36830	ARTERY - VEIN GRAFT	229.94								
08	36831	OPEN THROMBECT AV FISTULA	280.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	36832	REVISION O ARTERIO FISTULA WW THROMB	229.94								
08	36833	AV FISTULA REVISION	229.94								
08	36835	ARTERY TO VEIN SHUNT	229.94								
08	36860	CANNULA DECLEOTTING	193.16								
08	36861	CANNULA DECLEOTTING	229.94								
08	36870	PERCUT THROMBECT AV FISTULA	280.94								
08	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	193.16								
08	37607	LIGATION OR BANDING OF ANGIOACCESS	229.94								
08	37609	TEMPORAL ARTERY PROCEDURE	193.16							X	
08	37650	INTERRUPT FEMORAL VEIN; UNILATERAL	193.16								
08	37700	REVISE LEG VEIN	280.94							X	
08	37718	LIGATE/STRIP SHORT LEG VEIN	229.94								
08	37722	LIGATE/STRIP LONG LEG VEIN	229.94								
08	37735	REMOVAL OF LEG VEINS/LESION	229.94								
08	37760	REVISION OF LEG VEINS	229.94								
08	37780	REVISION OF LEG VEIN	280.94							X	
08	37785	REVISION OF LEG VEIN	280.94							X	
08	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	229.94								
08	38300	DRAINAGE LYMPH NODE LESION	193.16								
08	38305	DRAINAGE LYMPH NODE LESION	193.16								
08	38308	INCISION OF LYMPH CHANNELS	193.16								
08	38500	BIOPSY/REMOVAL OF LYMPH NODE	229.94							X	
08	38505	NEEEDLE BX, LYMPHNODES(S), SUPERFICI	193.16								
08	38510	BIOPSY/REMOVAL OF LYMPH NODE	229.94							X	
08	38520	BIOPSY/REMOVAL OF LYMPH NODE	229.94							X	
08	38525	BX,EXCISE-DEEP AXILLARY NODES	193.16								
08	38530	BIOPSY/REMOVAL OF LYMPH NODE	229.94							X	
08	38542	DISSECTION: DEEP JUGULAR NODE	193.16								
08	38550	REMOVAL NECK/ARMPIT LESION	229.94								
08	38555	REMOVAL NECK/ARMPIT LESION	229.94								
08	38570	LAPAROSCOPY, LYMPH NODE BIOP	280.94								
08	38571	LAPAROSCOPY, LYMPHADENECTOMY	280.94								
08	38572	LAPAROSCOPY, LYMPHADENECTOMY	280.94								
08	38740	REMOVE ARMPIT LYMPH NODES	193.16								
08	38745	REMOVE ARMPITS LYMPH NODES	229.94								
08	38760	REMOVE GROIN LYMPH NODES	193.16								
08	40000	TISSUE TRANSDER; DEFECT TO 10 CM	193.16								
08	40500	VERMILLIONECTOMY (LIP SHAVE)	229.94							X	
08	40510	PARTIAL EXCISION OF LIP	247.50							X	
08	40520	PARTIAL EXCISION OF LIP	193.16								
08	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	193.16								
08	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	193.16								
08	40530	PARTIAL REMOVAL OF LIP	247.50							X	
08	40650	REPAIR LIP	229.94								
08	40652	REPAIR LIP	229.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	40654	REPAIR LIP	229.94								
08	40700	REPAIR CLEFT LIP	280.94								
08	40701	REPAIR CLEFT LIP	280.94								
08	40720	REPAIR CLEFT LIP	280.94								
08	40761	REPAIR CLEFT LIP	229.94								
08	40801	DRAINAGE OF MOUTH LESION	193.16								
08	40804	REMOVAL FOREIGN BODY; MOUTH	229.94						X		
08	40805	REMOVAL FOREIGN BODY;MOUTH	229.94						X		
08	40814	EXCISE/REPAIR MOUTH LESION	193.16								
08	40816	EXCISION OF MOUTH LESION	193.16								
08	40818	EXCISE ORAL MUCOSA FOR GRAFT	193.16								
08	40819	EXCISE LIP OR CHEEK FOLD	280.94						X		
08	40831	REPAIR MOUTH LACERATION	193.16								
08	40840	RECONSTRUCTION OF MOUTH	193.16								
08	40842	RECONSTRUCTION OF MOUTH	229.94								
08	40843	RECONSTRUCTION OF MOUTH	229.94								
08	40844	RECONSTRUCTION OF MOUTH	247.50								
08	40845	RECONSTRUCTION OF MOUTH	247.50								
08	41000	DRAINAGE OF MOUTH LESION	229.94						X		
08	41005	DRAINAGE OF MOUTH LESION	229.94						X		
08	41006	DRAINAGE OF MOUTH LESION	193.16								
08	41007	DRAINAGE OF MOUTH LESION	229.94						X		
08	41008	DRAINAGE OF MOUTH LESION	229.94						X		
08	41009	DRAINAGE OF MOUTH LESION	193.16								
08	41015	DRAINAGE OF MOUTH LESION	193.16								
08	41016	DRAINAGE OF MOUTH LESION	193.16								
08	41017	DRAINAGE OF MOUTH LESION	193.16								
08	41018	DRAINAGE OF MOUTH LESION	193.16								
08	41100	BIOPSY OF TONGUE	193.16						X		
08	41105	BIOPSY OF TONGUE	193.16						X		
08	41112	EXCISION OF TONGUE LESION	193.16								
08	41113	EXCISION OF TONGUE LESION	193.16								
08	41114	EXCISE TONGUE LESION/LOCAL FLP	193.16								
08	41116	EXCISION OF MOUTH LESION	193.16								
08	41120	PARTIAL REMOVAL OF TONGUE	247.50								
08	41250	REPAIR TONGUE LACERATION	193.16								
08	41251	REPAIR TONGUE LACERATION	193.16								
08	41252	REPAIR TONGUE LACERATION	193.16								
08	41500	FIXATION OF TONGUE	193.16								
08	41520	RECONSTRUCTION, TONGUE FOLD	193.16								
08	41800	DRAINAGE OF GUM LESION	193.16								
08	41827	EXCISION OF GUM LESION	193.16								
08	41874	REPAIR TOOTH SOCKET	193.16						X		X
08	41899	FACILITY FEE--DENTAL RESTORATION	193.16						X		
08	42000	DRAINAGE MOUTH ROOF LESION	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	193.16								
08	42120	REMOVE PALATE/LESION	229.94								
08	42140	EXCISION OF UVULA	193.16								
08	42145	PALATOPHARYNGOPLASTY	247.50								
08	42180	REPAIR PALATE	193.16								
08	42182	REPAIR PALATE	193.16								
08	42200	RECONSTRUCT CLEFT PALATE	247.50								
08	42205	RECONSTRUCT FLEFT PALATE	247.50								
08	42210	RECONSTRUCT CLEFT PALATE	247.50								
08	42215	RECONSTRUCT CLEFT PALATE	280.94								
08	42220	RECONSTRUCT CLEFT PALATE	247.50								
08	42226	LENGHTENING OF PALATE, AND PHARYNGEA	247.50								
08	42235	REPAIR PALATE	247.50								
08	42260	REPAIR NOSE TO LIP FISTULA	229.94								
08	42300	DRAINAGE OF SALIVARY GLAND	193.16								
08	42305	DRAINAGE OF SALIVARY GLAND	193.16								
08	42310	DRAINAGE OF SALIVARY GLAND	193.16								
08	42340	REMOVAL OF SALIVARY STONE	193.16								
08	42405	BIOPSY OF SALIVARY GLAND	193.16								
08	42408	EXCISION OF SALIVARY CYST	229.94								
08	42409	DRAINAGE OF SALIVARY CYST	229.94								
08	42410	EXCISE PAROTID GLAND/LESION	229.94								
08	42415	EXCISE PAROTID GLAND/LESION	280.94								
08	42420	EXCISE PAROTID GLAND/LESION	280.94								
08	42425	EXCISE PAROTID GLAND/LESION	280.94								
08	42440	EXCISION SUBMAXILLARY GLAND	229.94								
08	42450	EXCISION SUBLINGUAL GLAND	193.16								
08	42500	REPAIR SALVARY DUCT	229.94								
08	42505	REPAIR SALIVARY DUCT	229.94								
08	42507	PAROTID DUCT DIVERSION	229.94								
08	42508	PAROTID DUCT DIVERSION	229.94								
08	42509	PAROTID DUCT DIVERSION	229.94								
08	42510	BILAT,PARTID DUCT DIV W/LIGAT	229.94								
08	42600	CLOSURE OF SALIVARY FISTULA	193.16								
08	42700	DRAINAGE OF TONSIL ABSCESS	229.94							X	
08	42720	DRAINAGE OF THROAT ABSCESS	229.94							X	
08	42725	DRAINAGE OF THROAT ABSCESS	193.16								
08	42802	BIOPSY OF THROAT	193.16								
08	42804	BIOPSY OF UPPER NOSE/THROAT	193.16								
08	42806	BIOPSY OF UPPER NOSE/THROAT	193.16								
08	42808	EXCISE PHARYNX LESION	193.16								
08	42810	EXCISION OF NECK CYST	229.94							X	
08	42815	EXCISION OF NECK CYST	229.94							X	
08	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	280.94	00	11					X	
08	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	280.94	12	99					X	

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## COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	42825	TONSILLECTOMY,PRIMARY OR SECONDARY;<	229.94	00 11							
08	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	280.94	12 99				X			
08	42830	ADENOIDECTOMY,PRIMARY;<12	280.94	00 11				X			
08	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	280.94	12 99				X			
08	42835	ADENOIDECTOMY,SECONDARY;<12	280.94	00 11				X			
08	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	280.94	12 99				X			
08	42860	EXCISION OF TONSIL TAGS	229.94								
08	42870	EXCISION OF LINGUAL TONSIL	229.94								
08	42890	PARTIAL REMOVAL OF PHARYNX	280.94								
08	42892	RESECTION OF LATERAL PHARYNGEAL WALL	280.94								
08	42900	REPAIR THROAT WOUND	193.16								
08	42950	RECONSTRUCTION OF THROAT	193.16								
08	42955	SURGICAL OPENING OF THROAT	193.16								
08	42960	CONTROL THROAT BLEEDING	193.16								
08	42962	CONTROL THROAT BLEEDING	193.16								
08	42972	CONTROL NOSE/THROAT BLEEDING	229.94								
08	43200	ESOPHAGUS ENDOSCOPY	193.16						X		
08	43201	ESOP SCOPE W/SUBMUCOUS	193.16								
08	43202	ESOPHAGUS ENDOSCOPY,BIOPSY	193.16						X		
08	43204	ESOPHAGUS ENDOSCOPY	193.16								
08	43205	ESOPHAGOSCOPY,RIDID OR FLEXIBLE	193.16								
08	43215	ESOPHAGUS ENDOSCOPY	193.16								
08	43216	ESOPHAGOSCOPY,RIGID OR FLEXIBLE	193.16								
08	43217	ESOPHAGUS ENDOSCOPY	193.16						X		
08	43219	ESOPHAGUS ENDOSCOPY	193.16								
08	43220	ESOPHAGUS ENDOSCOPY,DILATION	193.16						X		
08	43226	ESOPHAGUS/STOMACH ENDOSCOPY	193.16						X		
08	43227	ESOPHAGUS/STOMACH ENDOSCOPY	193.16								
08	43228	ESOPHAGUS/STOMACH ENDOSCOPY	193.16						X		
08	43231	ESOPH ENDOSCOPY 2/US EXAM	193.16								
08	43232	ESOPH ENDOSCOPY W/US FN BX	193.16								
08	43234	UPPER GI ENDOSCOPY SIMPLE EXAM	193.16						X		
08	43235	UPPER GI ENDOSCOPY,DIAGNOSIS	193.16						X		
08	43236	UPPR GI SCOPE W/SUBMUC INJ	193.16								
08	43239	UPPER GI ENDOSCOPY,BIOPSY	193.16						X		
08	43240	ESOPH ENDOSCOPE W/DRAIN CYST	193.16								
08	43241	UPPER ENDOSCOPY W/TUBE/CATH.PLACE	193.16								
08	43242	UPPR GI ENDOSCOPY W/US FN BX	193.16								
08	43243	SEE 43235;INJECT SCLEROSIS ESOPH ...	193.16								
08	43244	UPPER GASTROINTESTINAL ENDOSCOPY INC	193.16								
08	43245	UPPER GI ENDOSCOPY FOR DILAT	193.16						X		
08	43246	UPPER GI ENDOSCOPY,TUBE PLCMNT	193.16						X		
08	43247	OPERATIVE UPPER GI ENDOSCOPY	193.16						X		
08	43248	UPPER GASTROINTESTINAL ENDOSCOPY	193.16								
08	43249	ESOPHAGUS ENDOSCOPY, DILATION	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	43250	UPPER GASTROINTESTINAL ENDOSCOPY INC	193.16								
08	43251	OPERATIVE UPPER GI ENDOSCOPY	193.16						X		
08	43255	OPERATIVE UPPER GI ENDOSCOPY	193.16								
08	43256	UPPR GI ENDOSCOPY W STENT	229.94								
08	43257	UPPR GI SCOPE W/THRML TXMNT	229.94								
08	43258	OPERATIVE UPPER GI ENDOSCOPY	193.16						X		
08	43259	UPPER GASTROINTESTINAL ENDOSCOPY INC	229.94								
08	43260	UPPER GI ENDOSCOPY, DIAGNOSIS	193.16								
08	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	193.16								
08	43262	OPERATIVE UPPER GI ENDOSCOPY	193.16								
08	43263	ERCP W-W/O SPEC.COLL/SPHIN.OF ODDI	193.16								
08	43264	OPERATIVE UPPER GI ENDOSCOPY	193.16								
08	43265	SEE 43260; DISTRUCT LITHOTRIPSY-STON	193.16								
08	43267	ERCP-INSERT DRAINAGE TUBES	193.16								
08	43268	ERCP-INSERT TUBE/STENT	193.16								
08	43269	SEE 43260; REMOVE/CHANGE TUBE/STENT.	193.16								
08	43271	ERCP-BALLOON DILATION/AMPULLA	193.16								
08	43272	ERCP-ABLATION TUMOR OR LESION	193.16								
08	43450	DILATE ESOPHAGUS	193.16								
08	43453	DILATE ESOPHAGUS	193.16								
08	43456	DILATE ESOPHAGUS	193.16								
08	43458	DILATION OF ESOPHAGUS WITH BALLOON	193.16								
08	43600	BIOPSY OF STOMACH	193.16								
08	43653	LAPAROSCOPY, GASTROSTOMY	280.94								
08	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	193.16								
08	43761	REPOSITIONING OF THE GASTRIC FEEDING	193.16								
08	43870	REPAIR STOMACH OPENING	193.16								
08	44100	BIOPSY OF BOWEL	193.16								
08	44312	REVISION OF ILEOSTOMY	193.16								
08	44340	REVISION OF COLOSTOMY	247.50						X		
08	44360	SMALL BOWEL ENDOSCOPY	193.16								
08	44361	SMALL BOWEL ENDOSCOPY, BIOPSY	193.16								
08	44363	SMALL BOWEL ENDOSCOPY	193.16								
08	44364	SMALL BOWEL ENDOSCOPY	193.16								
08	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	193.16								
08	44366	SMALL BOWEL ENDOSCOPY	193.16								
08	44369	SMALL BOWEL ENDOSCOPY	193.16								
08	44370	SMALL BOWEL ENDOSCOPY/STENT	280.94								
08	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	193.16								
08	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	193.16								
08	44376	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	193.16								
08	44377	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	193.16								
08	44378	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	193.16								
08	44379	S BOWEL ENDOSCOPE W/STENT	280.94								
08	44380	SMALL BOWEL ENDOSCOPY	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	44382	SMALL BOWEL ENDOSCOPY	193.16								
08	44383	LLEOSCOPY W/STENT	280.94								
08	44385	ENDOSCOPY OF BOWEL POUCH	193.16								
08	44386	FIBEROPTIC EVAL/BX/SPEC COLL	193.16								
08	44388	COLON ENDOSCOPY	193.16								
08	44389	COLON ENDOSCOPY	193.16								
08	44390	COLON ENDOSCOPY	193.16								
08	44391	COLON ENDOSCOPY	193.16								
08	44392	COLON ENDOSCOPY	193.16								
08	44393	FIBEROPTIC COLONOSCOPY THROUGH COLOS	193.16								
08	44394	COLONOSCOPY THROUGH STOMACH	193.16								
08	45000	DRAINAGE OF PELVIC ABSCESS	193.16								
08	45005	DRAINAGE OF RECTAL ABSCESS	193.16								
08	45020	DRAINAGE OF RECTAL ABSCESS	193.16						X		
08	45100	BIOPSY OF RECTUM	193.16								
08	45108	REMOVAL OF ANORECTAL LESION	193.16								
08	45150	EXCISION OF RECTAL STRICTURE	193.16								
08	45160	EXCISION OF RECTAL LESION	193.16								
08	45190	DESTRUCTION, RECTAL TUMOR	280.94								X
08	45300	PROCTOSIGMOIDOSCOPY;DIAGNOSTIC	193.16						X		
08	45303	PROCTOSIGMOIDOSCOPY W/DILATION	193.16						X		
08	45305	PROCTOSIGMOIDOSCOPY W/BIOPSY	193.16						X		
08	45307	PROCTOSIGMOIDOSCOPY;REMOVE FOR	193.16						X		
08	45308	PROCTOSIGMOIDOSCOPY,RIGID;	193.16								
08	45309	PROCTOSIGMOIDOSCOPY, RIGID;	193.16								
08	45315	PROCTOSIGMOIDOSCOPY;REMOVE MUL	193.16						X		
08	45317	PROCTOSIGMOIDOSCOPY HEMORRHAGE CONT	193.16								
08	45320	PROCTOSIGMOIDOSCIPIY; ABLATE TUMOR	193.16								
08	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	193.16								
08	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC	193.16						X		
08	45331	SIGMOIDOSCOPY,FLEX FIBEROPTIC W/A	193.16						X		
08	45332	SIGMOIDOSCOPY;DIAGNOSTIC	193.16						X		
08	45333	SIGMOIDOSCOPY;DIAGNOSTIC	193.16						X		
08	45334	SIGMOIDOSCOPY; DIAGNOSTIC	193.16								
08	45335	SIGMOIDOSCOPY W/SUBMUC INJ	193.16								
08	45337	SIGMOIDOSCOPY; DECOMPRESS	193.16								
08	45338	SIGMOIDOSCOPY, FLEXIBLE;	193.16								
08	45339	SIGMOIDOSCOPY, FLEXIBLE;	193.16								
08	45340	SIG W/BALLOON DILATION	193.16								
08	45355	COLON, TRANSABD VIA COLOT, SING/MULT	193.16								
08	45378	DIAGNOSTIC COLONOSCOPY	193.16								
08	45379	COLONOSCOPY	193.16								
08	45380	COLONOSCOPY AND BIOPSY	193.16								
08	45381	COLONOSCOPY, SUBMUCOUS INJ	193.16								
08	45382	COLONOSCOPY, CONTROL BLEEDING	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	193.16								
08	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	193.16								
08	45385	COLONOSCOPY, LESION REMOVAL	193.16								
08	45386	COLONOSCOPY DILATE STRICTURE	193.16								
08	45500	REPAIR OF RECTUM	193.16								
08	45505	REPAIR OF RECTUM	193.16								
08	45560	REPAIR OF RECTOCELE	193.16								
08	45900	REDUCTION OF RECTAL PROLAPSE	193.16						X		
08	45905	DILATION OF ANAL SPHINCTER	193.16						X		
08	45910	DILATION OF RECTAL NARROWING	193.16						X		
08	45915	REMOVE RECTAL OBSTRUCTION	193.16								
08	45990	SURG DX EXAM ANORECTAL	193.16								
08	46020	PLACEMENT OF SETION	229.94								
08	46030	REMOVAL OF RECTAL MARKER	193.16								
08	46040	INCISION OF RECTAL ABSCESS	229.94								
08	46045	INCISION OF RECTAL ABSCESS	193.16								
08	46050	INCISION OF ANAL ABSCESS	193.16								
08	46060	INCISION OF RECTAL ABSCESS	229.94						X		
08	46080	INCISION OF ANAL SPHINCTER	229.94								
08	46200	REMOVAL OF ANAL FISSURE	229.94						X		
08	46220	REMOVAL OF ANAL TAB	193.16								
08	46221	LIGATION OF HEMORRHOIDS	247.50						X		
08	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	229.94								
08	46255	HEMORRHOIDECTOMY	229.94								
08	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	229.94								
08	46258	REMOVE HEMORRHOIDS & FISTULA	229.94								
08	46260	HEMORRHOIDECTOMY	229.94								
08	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	229.94								
08	46262	REMOVE HEMORRHOIDS & FISTULA	229.94								
08	46270	SURGICAL TREATMENT OF ANAL FISTULA	229.94						X		
08	46275	REMOVAL OF ANAL FISTULA	229.94						X		
08	46280	REMOVAL PF ANAL FISTULA	229.94								
08	46285	SURGICAL TREATMENT OF ANAL FISTULA	193.16								
08	46288	REPAIR ANAL FISTULA	229.94								
08	46320	REMOVAL OF HEMORRHOID CLOT	247.50						X		
08	46608	ANOSCOPY, REMOVE FOREIGN BODY	193.16								
08	46610	ANPSCOPY; REMOVE POLYP	193.16								
08	46611	ANOSCOPY;	193.16								
08	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	193.16								
08	46615	ANOSCOPY	193.16								
08	46700	REPAIR OF ANAL STRICTURE	229.94								
08	46750	REPAIR OF ANAL SPHINCTER	229.94								
08	46753	RECONSTRUCTION OF ANUS	229.94								
08	46754	REMOVAL OF SUTURE FROM ANUS	193.16								
08	46760	REPAIR OF ANAL SPHINCTER	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	229.94								
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	280.94								
08	46917	DESTROY ANAL ESOPM (S); LASER SURG	193.16								
08	46922	DESTROY ANAL LESION(S)-SURG EXCISION	193.16								
08	46924	DESTRUCTION, ANAL LESION(S)	193.16								
08	46946	LIGATION OF HEMORRHOIDS	193.16								
08	47000	NEEDLE BIOPSY OF LIVER	229.94						X		
08	47510	INSERT CATHETER FOR BILARY DRAINAGE	193.16								
08	47511	INSERT BILE DUCT DRAIN	280.94								
08	47525	CHANGE PERCU BILLIARY DRAIN CATHETER	193.16								
08	47530	T-TUBE REVISION AND/OR REINSERTION	193.16								
08	47552	BILIARY ENDOSCOPY...;DIAGNOSTIC	193.16								
08	47553	BILIARY ENDOSCOPY...; BX &SPEC. COLL	229.94								
08	47554	BILIARY ENDOSCOPY...; REMOVE STONES	229.94								
08	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	229.94								
08	47556	BILIARY ENDOSCOPY THRU SKIN	280.94								X
08	47560	LAPAROSCOPY W/CHOLANGIO	229.94								
08	47561	LAPARO W/CHOLANGIO/BIOPSY	229.94								
08	47630	REMOVE BILE DUCT STONE	229.94								
08	48102	BX PANCREAS; PERCUTANEOUS NEEDLE	193.16								
08	49080	REMOVAL OF ABDOMINAL FLUID	193.16								
08	49081	REMOVAL OF ABDOMINAL FLUID	193.16								
08	49180	NEEDLE BX, ABDOMINAL/RETROPERI MASS	193.16								
08	49250	EXCISION OF UMBILICUS	229.94								
08	49320	DIAG LAPARO SEPARATE PROC	229.94								
08	49321	LAPAROSCOPY, BIOPSY	229.94								
08	49322	LAPAROSCOPY, ASPIRATION	229.94								
08	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	193.16								
08	49420	INSERT ABDOMINAL DRAIN	193.16								
08	49421	INSERT PERM CANNULA/CATH-DRAIN/DIALY	193.16								
08	49422	REMOVE PERM CANNULA/CATHETER	193.16								
08	49426	REVISION OF PERITONEAL-VENOUS SHUNT	193.16								
08	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	229.94								
08	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	229.94								
08	49500	REPAIR INITIAL INGUINAL HERNIA..	280.94	00	04				X		
08	49501	REPAIR INITIAL INGUINAL HERNIA..	280.94	00	04						X
08	49505	REPAIR INGUINAL HERNIA	280.94	05	99				X		
08	49507	RPR I/HERN INIT BLOCK>5 YR	280.94	05	99						
08	49520	REPAIR INGUINAL HERNIA	280.94						X		
08	49521	REREPAIRING HERNIA BLOCKED	280.94								
08	49525	REPAIR INGUINAL HERNIA	229.94								
08	49540	REPAIR LUMBAR HERNIA	193.16								
08	49550	REPAIR FEMORAL HERNIA	280.94						X		
08	49553	RPR FEM HERNIA, INIT BLOCKED	280.94								
08	49555	REPAIR FEMORAL HERNIA	247.50								

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## COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	49557	REREPAIR FEM HERNIA, BLOCKED	280.94								
08	49560	REPAIR ABDOMINAL HERNIA	280.94						X		
08	49561	RPR VENTRAL HERN INIT, BLOC	280.94								
08	49565	REREPAIR ABDOMINAL HERNIA	229.94								
08	49566	REREPAIR VENTRAL HERN INIT, BLOC	280.94								
08	49568	IMPLANTATION OF MESH OR OTHER PROSTH	280.94								
08	49570	REPAIR EPIGASTRIC HERNIA	229.94								
08	49572	RPR EPIGASTRIC HERN, BLOCKED	280.94								
08	49580	REPAIR UMBILICAL HERNIA	280.94	00 04					X		
08	49582	RPR UMBIL HERN, BLOCK<5 YR	280.94	00 04							
08	49585	REPAIR UMBILICAL HERNIA	229.94	05 99							
08	49587	RPR UMBIL HERN, BLOCK	280.94	05 99							
08	49590	REPAIR ABDOMINAL HERNIA	280.94						X		
08	49600	REPAIR UMBLICAL LESION	229.94								
08	49650	LAP ING HERNIA REPAIR INIT	229.94								
08	49651	LAP ING HERNIA REPAIR RECUR	280.94								
08	50200	BIOPSY OF KIDNEY	193.16								
08	50390	DTAINAGE OF KIDNEY LESION	193.16								
08	50392	INTROD CATH RENAL PELVIS, PERC	193.16								
08	50393	INTR URET CATH/STENT IN URETER	193.16								
08	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	193.16								
08	50396	MEASURE KIDNEY PRESSURE	193.16								
08	50398	CHANGE KIDNEY TUBE	193.16								
08	50551	KIDNEY ENDOSCOPY	193.16								
08	50553	KIDNEY ENDOSCOPY	193.16								
08	50555	KIDNEY ENDOSCOPY & BIOPSY	193.16								
08	50557	KIDNEY ENDOSCOPY AND TREATMENT	193.16								
08	50561	KIDNEY ENDOSCOPY AND TREATMENT	193.16								
08	50688	CHANGE OF URETER TUBE	193.16								
08	50947	LAPARO NEW URETER/BLADDER	280.94								
08	50948	LAPARO NEW URETER/BLADDER	280.94								
08	50951	ENDOSCOPY OF URETER	193.16								
08	50953	ENDOSCOPY OF URETER	193.16								
08	50955	URETER ENDOSCOPY & BIOPSY	193.16								
08	50957	URETER ENDOSCOPY AND TREATMENT	193.16								
08	50961	URETER ENDOSCOPY	193.16								
08	50970	URETER ENDOSCOPY	193.16								
08	50972	URETER ENDOSCOPY AND CATHETER	193.16								
08	50974	URETER ENDOSCOPY AND BIOPSY	193.16								
08	50976	URETER ENDOSCOPY AND TREATMENT	193.16								
08	50980	URETER ENDOSCOPY AND TREATMENT	193.16								
08	51020	INCISE & TREAT BLADDER	229.94								
08	51030	INCISE & TREAT BLADDER	229.94								
08	51040	INCISE BLADDER, DRAIN URETER	229.94								
08	51045	INCISE BLADDER,DRAIN URETER	229.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	51050	REMOVAL OF BLADDER STONE	229.94								
08	51065	REMOVAL OF URETER STONE	229.94								
08	51080	DRAINAGE OF BLADDER ABSCESS	229.94						X		
08	51500	REMOVAL OF BLADDER CYST	229.94								
08	51520	REMOVAL OF BLADDER LESION	229.94								
08	51710	CHANGE OF BLADDER TUBE	193.16								
08	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	229.94								
08	51726	COMPLEX CYSTOMETROGRAM	193.16								
08	51785	ELECTROMYOGRAPHY	193.16								
08	51880	REPAIR OF BLADDER OPENING	193.16								
08	52000	CYSTOSCOPY	193.16						X		
08	52001	CYSTOSCOPY, REMOVAL OF CLOTS	193.16								
08	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	193.16								
08	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	193.16								
08	52010	CYSTOSCOPY & DUCT CATHETER	193.16								
08	52204	CYSTOURETHROSCOPY WITH BIOPSY	193.16							X	
08	52214	CYSTOURETHROSCOPY W/FULGURATIO	193.16							X	
08	52224	CYSTOURETHROSCOPY W/ FULGURATION	193.16							X	
08	52234	CYSTOURETHROSCOPY WITH FULGURATION	247.50							X	
08	52235	CYSTOURETHROSCOPY WITH FULGURATION	229.94							X	
08	52240	CYSTOURETHROSCOPY WITH FULGURATION	247.50							X	
08	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	229.94								
08	52260	CYSTOSCOPY & TREATMENT	193.16						X		
08	52270	CYSTOSCOPY & REVISE URETHRA	193.16								
08	52275	CYSTOSCOPY & REVISE URETHRA	193.16								
08	52276	CYSTOURETHROSCOPY W/DIRECT VISION	229.94								
08	52277	CYSTOSCOPY AND TREATMENT	193.16						X		
08	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	193.16								
08	52282	CYSTOSCOPY, IMPLANT STENT	280.94								
08	52283	CYSTOURETHROSCOPY, STEROID INJECTION	193.16								
08	52285	CYSTOSCOPY AND TREATMENT	193.16							X	
08	52290	CYSTOSCOPY AND TREATMENT	193.16							X	
08	52300	CYSTOSCOPY AND TREATMENT	193.16								
08	52305	CYSTOSCOPY AND TREATMENT	193.16							X	
08	52310	CYSTOSCOPY AND TREATMENT	193.16							X	
08	52315	CYSTOSCOPY AND TREATMENT	193.16								
08	52317	LITHOLAPAXY, SIMPLE; SMALL	193.16								
08	52318	LITHOLAPAXY; COMPLICATED OR LARGE-2.5	193.16								
08	52320	CYSTOSCOPY AND TREATMENT	247.50								
08	52325	CYSTOURETHROSCOPY, FRAGMENT CALCULUS	229.94								
08	52327	CYSTOSCOPY, INJECT MATERIAL	193.16								
08	52330	CYSTOSCOPY AND TREATMENT	193.16								
08	52332	CYSTOURETHROSCOPY/INSERT STENT	193.16								
08	52334	CYSTO TO EST PERC NEPHROSTOMY, RETRO	229.94								
08	52341	CYSTO W/URETER STRICTURE TX	229.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	52342	CYSTO W/UP STRICTURE TX	229.94								
08	52343	CYSTO W/RENAL STRICTURE TX	229.94								
08	52344	CYSTO/URETERO, STONE REMOVE	229.94								
08	52345	CYSTO/URETERO W/UP STRICTURE	229.94								
08	52346	CYSTOURETERO W/RENAL STRICT	229.94								
08	52351	CYSTOURETRO & OR PYELOSCOPE	229.94								
08	52352	CYSTOURETRO W/STONE REMOVE	229.94								
08	52353	CYTOURETERO W/LITHOTRIPSY	229.94								
08	52354	CYSTOURETERO W/BIOPSY	229.94								
08	52355	CYSTOURETERO W/EXCISE TUMOR	229.94								
08	52400	CYSTOURETRO & OR PYELOSCOPE	229.94								
08	52450	TRANSURETHRAL INCISION OF PROSTATE	229.94							M	
08	52500	REVISION OF BLADDER NECK	229.94							M	
08	52601	PROSTATECTOMY (TUR)	229.94							M	
08	52630	REMOVE PROSTATE REGROWTH	193.16							M	
08	52640	RELIEVE BLADDER CONTRAC	193.16							M	
08	52647	LASER SURGERY OF PROSTATE	280.94							M	
08	52648	LASER SURGERY OF PROSTATE	280.94							M	
08	52700	DRAINAGE OF PROSTATE ABSCESS	193.16							M	
08	53000	INCISION OF URETHRA	193.16								
08	53010	INCISION OF URETHA	193.16								
08	53020	INCISION OF URETHRA	193.16	01	99						
08	53040	DRAINAGE OF URETHRA ABSCESS	193.16								
08	53080	DRAINAGE OF URINARY LEAKAGE	229.94								
08	53200	BIOPSY OF URETHRA	193.16								
08	53210	URETHRECTOMY, TOT, W/CYSTOSTOMY; FEMALE	247.50							F	
08	53215	URETHRECTOMY, TOTO, W/CYSTOSTOMY; MALE	247.50							M	
08	53220	TREATMENT OF URETHRA LESION	193.16								
08	53230	EXCISE URETHRAL DIVERTICULUM, FEMALE	193.16							F	
08	53235	EXCISE URETHRAL DIVERTICULUM; MALE	229.94							M	
08	53240	MARSUPIALIZE URETH. DIVERT, MALE/FEMAL	193.16								
08	53250	REMOVAL OF URETHRA GLAND	193.16								
08	53260	TREATMENT OF URETHRA LESION	193.16								
08	53265	TREATMENT OF URETHRA LESION	193.16								
08	53270	REMOVAL OF URETHRA GLAND	193.16							F	
08	53275	REPAIR OF URETHRA DEFECT	193.16								
08	53400	REVISE URETHRA, 1ST STAGE	229.94								
08	53405	REVISE URETHRA, 2ND STAGE	193.16								
08	53410	URETHROPLASTY... MALE ANTERIOR URETH.	193.16							M	
08	53420	RECONSTRUCT URETHRA, STAGE 1	229.94								
08	53425	RECONSTRUCT URETHRA, STAGE 2	193.16								
08	53430	URETHROPLASTY, RECON FEMALE URETHRA	193.16							F	
08	53431	RECONSTRUCT URETHRA/BLADDER	193.16								
08	53440	CORRECT MALE URIN. INCONT, WIWO PROSTH	193.16							M	
08	53442	PERINEAL PROSTHESIS REMOVAL	193.16							M	

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	53444	INSERT TANDEM CUFF	193.16								
08	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	193.16								
08	53446	REMOVE URO SPHINCTER	193.16								
08	53447	INFLATABLE SPHINCTER REMOVAL	193.16								
08	53449	CORRECTION OF ABNORMAL SPHINCTER	193.16								
08	53450	REVISION OF URETHRA	193.16								
08	53460	REVISION OF URETHRA	193.16								
08	53502	URETHRORRHAPHY...SUTURE...;FEMALE	193.16				F				
08	53505	URETHRORRHAPHY...SUTURE...;PENILE	193.16				M				
08	53510	REPAIR OF URETHRA INJURY	193.16								
08	53515	REPAIR OF URETHRA INJURY	193.16								
08	53520	CLOSE URETHROSTOMY...FISTYLE,MALE	193.16				M				
08	53600	DILATE URETHRA STRICTURE	193.16				M	X			
08	53601	DILATE URETHRA STRICTURE	193.16				M	X			
08	53605	DILATE URETHRA STRICTURE	193.16				M	X			
08	53620	DILATE URETHRA STRICTURE	193.16				M	X			
08	53621	DILATE URETHRA STRICTURE	193.16				M	X			
08	53660	DILATION OF URETHRA	193.16				F	X			
08	53661	DILATION OF URETHRA	193.16				F	X			
08	53665	DILATION OF URETHRA	193.16				F	X			
08	53850	PROSTATIC MICROWAVE THERMOTX	280.94								
08	54000	SLITTING OF PREPUCE	193.16	00	00		M	X			
08	54001	SLITTING OF PREPUCE	193.16				M	X			
08	54015	DRAIN PENIS LESION	229.94								
08	54057	DESTROY PENILE LESION; LASER SURGERY	193.16				M				
08	54060	TREATMENT OF PENIS LESION	193.16				M				
08	54065	TREATMENT OF PENIS LESION	193.16				M				
08	54100	BIOPSY OF PENIS	193.16				M				
08	54105	BIOPSY OF PENIS	193.16				M				
08	54110	TREATMENT OF PENIS LESION	193.16				M				
08	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	193.16				M				
08	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	193.16				M				
08	54115	TREATMENT OF PENIS LESION	193.16				M				
08	54120	PARTIAL REMOVAL OF PENIS	193.16				M				
08	54150	CIRCUMCISION	193.16				M				
08	54160	CIRCU	193.16				M				
08	54161	CIRCUMCISION	247.50				M	X			
08	54162	LYSIS PENIL CIRCUMIS LESION	193.16				M				
08	54163	REPAIR OF CIRCUMCISION	193.16				M				
08	54164	FRENULOTOMY OF PENIS	193.16				M				
08	54205	TREATMENT OF PENIS LESION	229.94				M				
08	54220	TREATMENT OF PENIS LESION	193.16				M				
08	54300	REVISION OF PENIS	229.94				M				
08	54304	PLASTIC OPERATION ON PENIS FOR CORRE	229.94				M				
08	54308	URETHROPLASTY...;LESS THAN 3 CMYPOS	229.94				M				

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	54312	URETHROPLASTY...; MORE THAN 3 CM	229.94				M				
08	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	229.94				M				
08	54318	URETHROPLASTY/RELEASE FROM SCROTUM	229.94				M				
08	54322	ONE STAGE REP,W/SIMP.MEATAL ADVANCE	229.94				M				
08	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	229.94				M				
08	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	229.94				M				
08	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	229.94				M				
08	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	229.94				M				
08	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	229.94				M				
08	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	229.94				M				
08	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	229.94				M				
08	54360	PLASTIC PENILE REPAIR/ANGULATION	229.94				M				
08	54380	REPAIR PENIS	229.94				M				
08	54385	REPAIR PENIS	229.94				M				
08	54400	INSERT PENILE PROSTH.,NON-INFLATABLE	229.94				M				
08	54401	SEE 54400; INFLATABLE (SELF-CONTAIN-	229.94				M				
08	54405	INSERT INFLATABLE PENILE PROSTH	229.94				M				
08	54406	REMOVE MULTI-COMP PENIS PROS	229.94				M				
08	54408	REPAIR MULTI-COMP PENIS PROS	229.94				M				
08	54410	REMOVE/REPLACE PENIS PROSTH	229.94				M				
08	54415	REMOVE SELF-CONTD PENIS PROS	229.94				M				
08	54416	REMOV/REPL PENIS CONTAIN PROS	229.94				M				
08	54420	REVISION OF PENIS	229.94				M				
08	54435	PENILE FISTULATION FOR PRIAPISM	229.94				M				
08	54440	PLASTIC REPAIR - PENIS, FOR INJURY	229.94				M				
08	54450	PREPUTIAL STRECHING	193.16				M				
08	54500	BIOPSY OF TESTIS	193.16				M	X			
08	54505	BIOPSY OF TESTIS	193.16				M	X			
08	54512	EXCISE LESION TESTIS	193.16				M				
08	54520	REMOVAL OF TESTIS	229.94				M	X			
08	54522	ORCHIECTOMY, PARTIAL	229.94				M				
08	54530	REMOVAL TO TESTIS	229.94				M				
08	54550	EXPLORATION FOR TESTIS	229.94				M				
08	54600	REDUCE TESTIS TORSION	229.94				M				
08	54620	SUSPENSION OF TESTIS	229.94				M				
08	54640	SUSPENSION OF TESTIS	229.94				M				
08	54660	REVISION OF TESTIS	229.94				M				
08	54670	REPAIR TESTIS INJURY	229.94				M				
08	54680	RELOCATION OF TESTIS (ES)	229.94				M				
08	54690	LAPAROSCOPY, ORCHIECTOMY	280.94				M				
08	54700	DRAINAGE OF SCROTUM	229.94				M	X			
08	54800	BIOPSY OF EPIDIDYMIS	193.16				M				
08	54830	REMOVE EPIDIDYMIS LESION	229.94				M				
08	54840	REMOVE EPIDIDYMIS LESION	229.94				M				
08	54860	REMOVAL OF EPIDIDYMIS	229.94				M				

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## COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X- OVERS	UVS >001
TS	CODE	DESCRIPTION									
08	54861	REMOVAL OF EPIDIDYMES	229.94				M				
08	54865	EXPLORATION OF EPIDIDYMIS,WITH OR W	193.16				M				
08	55000	DRAINAGE OF HYDROCELLE	247.50				M	X			
08	55040	REMOVAL OF HYDROCELLE	247.50				M	X			
08	55041	REMOVAL OF HYDROCELLE	247.50				M	X			
08	55060	REPAIR OF HYDROCELE	229.94				M				
08	55100	DRAINAGE OF SCROTUM ABSCESS	193.16				M				
08	55110	SCROTAL EXPLORATION	193.16				M				
08	55120	REMOVAL OF SCROTUM LESION	193.16				M				
08	55150	REMOVAL OF SCROTUM	193.16				M				
08	55175	SCROTOPLASTY	193.16				M				
08	55180	SCROTOPLASTY;	193.16				M				
08	55200	INCISION OF SPERM DUCT	193.16				M				
08	55250	VASECTOMY UNILATERAL OR BILATERAL	280.94	21	99	X	M	X			
08	55400	REPAIR OF SPERM DUCT	193.16				M				
08	55450	LIGATION OF VAS DEFERENS	280.94	21	99		M	X			
08	55500	REMOVAL OF HYDROCELLE	247.50				M	X			
08	55520	REMOVAL OF SPERM CORD LESION	229.94				M				
08	55530	REVISE SPERMATIC CORD VEINS	280.94				M	X			
08	55535	REVISE SPERMATIC CORD VEINS	229.94				M				
08	55540	REVISE HERNIA & SPERM VEINS	247.50				M				
08	55550	LAPARO LIGATE SPERMATIC VEIN	280.94				M				
08	55680	REMOVE SPERM POUCH LESION	193.16				M				
08	55700	BIOPSY OF PROSTATE	193.16				M	X			
08	55705	BIOPSY OF PROSTATE	193.16				M				
08	55720	DRAINAGE OF PROSTATE ABSCESS	193.16				M				
08	55725	DRAINAGE OF PROSTATE ABSCESS	193.16				M				
08	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	280.94				M				
08	56420	DRAINAGE OF VULVA ABSCESS	193.16				F	X			
08	56440	SURGERY FOR VULVA LESION	193.16				F	X			
08	56441	LYSIS OF LABIAL ADHESIONS	193.16								
08	56442	HYMENOTOMY, SIMPLE INCISION	193.16				F				
08	56515	TREATMENT OF VULVA LESIONS	229.94				F				
08	56620	PARTIAL REMOVAL OF VULVA	247.50				F				
08	56625	REMOVAL OF VULVAL	280.94				F				
08	56700	PARTIAL REMOVAL OF HYMEN	280.94				F	X			
08	56740	REMOVE VAGINA GLAND LESION	229.94				F				
08	56800	REPAIR OF VAGINA	229.94				F				
08	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	247.50				F				
08	57000	EXPLORATION OF VAGINA	247.50				F	X			
08	57010	DRAINAGE OF PELVIC ABSCESS	247.50				F	X			
08	57020	DRAINAGE OF PELVIC FLUID	193.16				F	X			
08	57023	I & D VAG HEMOTOMA TRAUMA	193.16				F				
08	57065	DESTROY VAGINAL LESION(S);TEXTENSIVE	193.16				F				
08	57100	BIOPSY OF VAGINA	193.16				F	X			

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	57105	BIOPSY OF VAGINA	193.16				F	X			
08	57130	REMOVE VAGINA LESION	193.16				F				
08	57135	REMOVE VAGINA LESION	229.94				F	X			
08	57180	TREAT NON-OBSTERTRICAL HEMORRHAGE	193.16				F				
08	57200	REPAIR OF VAGINA	193.16				F				
08	57210	REPAIR VAGINA/PERINEUM	193.16				F				
08	57220	REVISION OF URETHRA	229.94				F				
08	57230	REPAIR OF URETHRAL LESION	229.94				F				
08	57240	REPAIR BLADDER & VAGINA	247.50				F				
08	57250	REPAIR RECTUM & VAGINA	247.50				F				
08	57260	REPAIR OF VAGINA	247.50				F				
08	57265	EXTENSIVE REPAIR OF VAGINA	280.94				F				
08	57267	INSERT MESH/PELVIC FLR ADD-ON	280.94				F				
08	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	229.94				F				
08	57289	REPAIR BLADDER & VAGINA	247.50				F				
08	57291	CONSTRUCTION OF VAGINA	247.50				F				
08	57300	REPAIR RECTUM-VAGINA FISTULA	229.94				F				
08	57400	DILATION OF VAGINA	193.16				F	X			
08	57410	PELVIC EXAMINATION	193.16				F	X			
08	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	193.16				F				
08	57500	BIOPSY OF CERVIX	193.16				F	X			
08	57505	ENDOCERVICAL CURETTAGE	193.16				F	X			
08	57510	CAUTERIZATION OF CERVIX	280.94				F	X			
08	57511	CRYOCAUTERY OF CERVIX	280.94				F	X			
08	57513	LASER SURGERY	280.94				F	X			
08	57520	BIOPSY OF CERVIX	193.16				F				
08	57522	CONIZATION OF CERVIX	193.16				F				
08	57530	REMOVAL OF CERVIX	229.94				F				
08	57550	REMOVAL OF RESIDUAL CERVIX	229.94				F				
08	57556	REMOVE CERVIX, REPAIR BOWEL	247.50				F				
08	57558	DILATION AND CURETTAGE OF CERVICALS	193.16				F				
08	57700	REVISION OF CERVIX	193.16				F				
08	57720	REVISION OF CERVIX	229.94				F				
08	57800	DILATION OF CERVICAL CANAL	247.50				F	X			
08	58120	DILATION AND CURETTAGE	247.50	12	99		F	X			
08	58145	REMOVAL OF UTERUS LESION	247.50				F				
08	58350	REOPEN FALLOPIAN TUBE	229.94				F				
08	58353	ENDOMETER ABILGATE, THERMAL	229.94				F				
08	58545	LAPAROSCOPIC MYOMECTOMY	280.94				F				
08	58546	LAPARO-MYMECTOMY, COMPLEX	280.94				F				
08	58550	LAPARO-ASST VAG HYSTERECTOMY	280.94				F				
08	58555	HYSTEROGRAPHY	193.16				F				
08	58558	HYSTEROGRAPHY, BIOPSY	229.94				F				
08	58559	HYSTEROGRAPHY, LYSIS	193.16				F				
08	58560	HYSTEROGRAPHY, RESCT SEPTUM	229.94				F				

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
TS	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	58561	HYSTEROSCOPY, REMOVE MYOMA	229.94				F				
08	58562	HYSTEROSCOPY, REMOVE FB	229.94				F				
08	58563	HYSTEROSCOPY, ABLATION	229.94				F				
08	58600	DIVISION OF FALLOPIAN TUBE	280.94	21 55	X		F	X			
08	58615	OCCCLUSION OF FALLOPIAN TUBES	280.94	21 55	X		F	X			
08	58660	LAPAROSCOPY LYSIS	247.50				F				
08	58661	LAPAROSCOPY, REMOVE ADNEXA	247.50				F				
08	58662	LAPAROSCOPY, EXCISE LESIONS	247.50				F				
08	58670	LAPAROSCOPY, TUBAL CAUTERY	229.94				F				
08	58671	LAPAROSCOPY, TUBAL BLOCK	229.94				F				
08	58673	LAPAROSCOPY, SALPINGOSTOMY	247.50				F				
08	58800	DRAINAGE OF OVARIAN CYST (S)	229.94				F				
08	58820	DRAINAGE OF OVARIAN ABSCESS	229.94				F				
08	58900	BIOPSY OF OVARY (S)	229.94								
08	59160	D&C AFTER DELIVERY	229.94	10 60			F				
08	59320	CERCLAGE OF CERVIX DURING PREG, VAGIN	193.16	10 60			F				
08	59812	TREATMENT OF MISCARRIAGE	247.50	10 60	X		F				
08	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	247.50	10 60	X		F				
08	59821	TREAT MISSED ABORTION; SECOND TRIMES	247.50	10 60	X		F				
08	59840	THERAPEUTIC ABORTION	280.94	10 60	X		F	X			
08	59841	ABORTION BY DILATION & EVACUATION	280.94	10 60	X		F	X			
08	59870	UTERINE EVACUATION & CURETTAGE HYDAI	247.50	10 60	X		F				
08	59871	REMOVE CERCLAGE SUTURE	247.50	10 60			F				
08	60000	DRAIN THYROID/TONGE CYST	193.16								
08	60200	REMOVE THYROID LESION	247.50					X			
08	60280	REMOVE THYROID DUCT LESION	247.50					X			
08	60281	EXC. RECURRENT THYRO.DUCT CYST/SINUS	229.94								
08	61020	REMOVE BRAIN CAVITY FLUID	193.16								
08	61026	PUNCTURE BURR HOLE FOR INJECTION	193.16								
08	61050	REMOVE BRAIN CANL FLUID	193.16								
08	61055	CERVICAL PUNCTURE FOR INJECTION	193.16								
08	61070	BRAIN CANAL SHUNT PROCEDURE	193.16								
08	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	229.94								
08	61790	TREAT TRIGEMINAL NERVE	229.94								
08	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	229.94								
08	61795	STEREOTAC COMP ASSIST VOLUME	193.16								
08	61885	IMPLANT NEURORECEIVER	193.16								
08	61886	IMPLANT NEUROSTIM ARRAYS	229.94								
08	61888	REVISE/REMOVE NEURORECEIVER	193.16								
08	62194	REPLACE/IRRIGATE CATHETER	193.16								
08	62225	REPLACE/IRRIGATE CATHETER	193.16								
08	62230	REPLACE/REVISE BRAIN SHUNT	193.16								
08	62263	LYSIS EPIDURAL ADHESIONS	193.16								
08	62268	PERC ASPIRATE-SPINAL CORD OR SYRINX	193.16								
08	62269	BX SPINAL CORD, PERCUTANEOUS	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED					X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	193.16								
08	62272	REDUCE SPINAL FLUID PRESSURE	193.16								
08	62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT	193.16								
08	62280	TREAT SPINAL CORD LESION	193.16								
08	62281	TREAT SPINAL CORD LESION	193.16								
08	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	193.16								
08	62287	PERCUTANEOUS DISKECTOMY	280.94								
08	62294	INJECTION INTO SPINAL ARTERY	229.94								
08	62310	INJECT SPINE C/T	193.16								
08	62311	INJECT SPINE L/S	193.16								
08	62318	INJECT SPINE 2/CAT, C/T	193.16								
08	62319	INJECT SPINE W/CATH L/S (CD)	193.16								
08	62350	IMPLANT SPINAL CATHETER	193.16								
08	62355	REMOVE SPINAL CANAL CATHETER	193.16	01	99						
08	62360	INSERT SPINE INFUSION DEVICE	193.16								
08	62361	IMPLANT SPINE INFUSION PUMP	193.16								
08	62362	IMPLANT SPINE INFUSION PUMP	193.16								
08	62365	REMOVE SPINE INFUSION DEVICE	193.16								
08	62881	INJECTION OF NEUROLYTIC SUBSTANCE	193.16								
08	63600	REMOVE SPINAL CORD LESION	193.16								
08	63610	STIMULATION OF SPINAL CORD	193.16								
08	63650	IMPLANT NEUROELECTRODES	193.16								
08	63685	IMPLANT NEURORECEIVER	193.16								
08	63688	REVISE/REMOVE NEURORECEIVER	193.16								
08	63744	REVISION OF SPINAL SHUNT	229.94								
08	63746	REMOVAL OF SPINAL SHUNT	193.16								
08	64410	INJECTION FOR NERVE BLOCK	193.16								
08	64415	INJECTION FOR NERVE BLOCK	193.16								
08	64417	INJECTION FOR NERVE BLOCK	193.16								
08	64420	INJECTION FOR NERVE BLOCK	193.16								
08	64421	INJECTION FOR NERVE BLOCK	193.16								
08	64430	INJECTION FOR NERVE BLOCK	193.16								
08	64479	INJ FORAMEN EPIDURAL C/T	193.16								
08	64480	INJ FORAMN EPIDURAL ADD-ON	193.16								
08	64483	INJ FORAMEN EPIDURAL L/S	193.16								
08	64484	INJ FORAMEN EPIDURAL ADD-ON	193.16								
08	64510	INJECT SYMPATH NRV STELLATE GANGLION	193.16								
08	64520	INJECTION FOR NERVE BLOCK	193.16								
08	64530	INJECTION FOR NERVE BLOCK	193.16								
08	64553	IMPLANT NEUROELECTRODES	193.16								
08	64573	IMPLANT NEUROELECTRODES	193.16								
08	64575	IMPLANT NEUROELECTRODES	193.16								
08	64577	IMPLANT NEUROELECTRODES	193.16								
08	64580	IMPLANT NEUROELECTRODES	193.16								
08	64585	REVISE/REMOVE NEUROELECTRODES	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	64589	SUTURE @ADD MAJOR PERIPHERAL NERVE	193.16								
08	64590	IMPLANT NEURORECEIVER	193.16								
08	64595	REVISE/REMOVE NEURORECEIVER	193.16								
08	64600	INJECTIVE TREATMENT OF NERVE	193.16								
08	64605	INJECTION TREATMENT OF NERVE	193.16								
08	64610	INJECTION TREATMENT OF NERVE	193.16								
08	64620	INJECTION TREATMENT OF NERVE	193.16								
08	64622	DESTROY PARAVERTEBRAL FACET JNT NERV	193.16								
08	64623	DESTROY, EACH ADD LEVEL, LUMBAR	193.16								
08	64626	DESTR PARAVERTEBREL NERV C/T	193.16								
08	64627	DESTR PARAVERTEBRAL N ADD-ON	193.16								
08	64630	INJECTION TREATMENT OF NERVE	193.16								
08	64680	INJECTION TREATMENT OF NERVE	193.16								
08	64702	REVISE FINGER TOE NERVE	193.16							X	
08	64704	REVISE HAND FOOT NERVE	193.16							X	
08	64708	REVISE ARM LEG NERVE	247.50							X	
08	64712	REVISION OF SCIATIC NERVE	193.16								
08	64713	REVISION OF ARM NERVE(S)	193.16								
08	64714	REVISE LOW BACK NERVE (S)	193.16								
08	64716	REVISION OF CRANIAL NERVE	229.94								
08	64718	REVISE ULNAR NERVE AT ELBOW	247.50							X	
08	64719	REVISE ULNAR NERVE AT WRIST	247.50							X	
08	64721	REVISE MEDIUM NERVE AT WRIST	247.50							X	
08	64722	RELIEVE PRESSURE ON NERVE (S)	193.16								
08	64726	RELEASE FOOT/TOE NERVE	193.16								
08	64727	INTERNAL NEUROLYSIS, MICROSCOPE	193.16								
08	64732	INCISION OF BROW NERVE	193.16								
08	64734	INCISION OF CHEEK NERVE	193.16								
08	64736	INCISION OF CHIN NERVE	193.16								
08	64738	INCISION OF JAW NERVE	193.16								
08	64740	INCISION OF TONGUE NERVE	193.16								
08	64742	INCISION OF FACIAL NERVE	193.16								
08	64744	INCISE NERVE, BACK OF HEAD	193.16								
08	64746	INCISE DIAPHRAGM NERVE	193.16								
08	64762	INCISION OF BROW NERVE	193.16								
08	64771	INCISE CRANIAL NERVE, EXTRADURAL	193.16								
08	64772	INCISION OF SPINAL NERVE	193.16								
08	64774	REMOVE SKIN NERVE LESION	247.50							X	
08	64776	REMOVE DIGIT NERVE LESION	247.50							X	
08	64778	EXCISE NEUROMA; EACH ADD DIGIT	193.16								
08	64782	REMOVE LIMB NERVE LESION	229.94								
08	64783	EXCISE NEUROMA, HAND/FOOT, & ADD NERVE	193.16								
08	64784	REMOVE NERVE LESION	229.94								
08	64786	REMOVE SCIATIC NERVE LESION	229.94								
08	64787	INSERT CAP ON NERVE END	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	64788	REMOVE SKIN NERVE LESION	229.94								
08	64790	REMOVAL OF NERVE LESION	229.94								
08	64792	REMOVAL OF NERVE LESION	229.94								
08	64795	BIOPSY OF NERVE	193.16								
08	64802	REMOVE SYMPATHETIC NERVES	193.16								
08	64821	REMOVE SYMPATHETIC NERVES	229.94								
08	64831	REPAIR OF DIGIT NERVE	229.94								
08	64832	SUTURE DIGIT NERVE; ADD DIGIT NERVE	193.16								
08	64834	REPAIR OF HAND OR FOOT NERVE	193.16								
08	64835	REPAIR OF AND OR FOOT NERVE	229.94								
08	64836	REPAIR OF HAND OR FOOT NERVE	280.94							X	
08	64837	REPAIR ADDITIONAL NERVE	280.94							X	
08	64840	REPAIR OF LEG NERVE	193.16								
08	64856	REPAIR/TRANSPOSE NERVE	193.16								
08	64857	REPAIR ARM/LEG NERVE	193.16								
08	64858	REPAIR SCIATIC NERVE	193.16								
08	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	193.16								
08	64861	REPAIR OF ARM NERVES	229.94								
08	64862	REPAIR OF LOW BACK NERVES	229.94								
08	64864	REPAIR OF FACIAL NERVE	229.94								
08	64865	REPAIR OF FACIAL NERVE	229.94								
08	64870	FUSION OF FACIAL/OTHER NERVE	229.94								
08	64872	SUBSEQUENT REPAIR OF NERVE	193.16								
08	64874	REPAIR & REVISE NERVE	229.94								
08	64876	REPAIR NERVE; SHORTEN BONE	229.94								
08	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	193.16								
08	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	193.16								
08	64890	NERVE GRAFT,HAND OR FOOT	193.16								
08	64891	NERVE GRAFT,HAND OR FOOT	193.16								
08	64892	NERVE GRAFT, ARM OR LEG	193.16								
08	64893	NERVE GRAFT,ARM OR LEG	193.16								
08	64895	NERVE GRAFT, HAND OR FOOT	229.94								
08	64896	NERVE GRAFT, HAND OR FOOT	229.94								
08	64897	NERVE GRAFT, ARM OR LEG	229.94								
08	64898	NERVE GRAFT, ARM OR LEG	229.94								
08	64901	NERVE GRAFT, @ ADD NERVE;SING.STRAND	193.16								
08	64902	NERVE GRAT, @ ADD NERVE;MULTI STRAND	193.16								
08	64905	NERVE PEDICLE TRANSFER	193.16								
08	64907	NERV PEDICLE TRANSFER	193.16								
08	65091	EVISCERATION EYE	280.94							X	
08	65093	EVISCERATION EYE WITH IMPLANT	280.94							X	
08	65101	REMOVAL OF EYE	280.94							X	
08	65103	REMOVE EYE/INSERT IMPLANT	280.94							X	
08	65105	REMOVE EYE/ATTACH IMPLANT	229.94								
08	65110	REMOVAL OF EYE	247.50								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	65112	REMOVE EYE, REVISE SOCKET	280.94								
08	65114	REMOVE EYE, REVISE SOCKET	280.94								
08	65130	INSERT OCULAR IMPLANT	280.94						X		
08	65135	INSERT OCULAR IMPLANT	280.94						X		
08	65140	ATTACH OCULAR IMPLANT	280.94						X		
08	65150	REVISE OCULAR IMPLANT	280.94						X		
08	65155	REINSERT OCULAR IMPLANT	280.94						X		
08	65175	REMOVAL OF OCULAR IMPLANT	280.94						X		
08	65205	REMOVE FOREIGN BODY FROM EYE	193.16						X		
08	65210	REMOVE FOREIGN BODY FROM EYE	193.16						X		
08	65220	REMOVE FOREIGN BODY FROM EYE	193.16						X		
08	65222	REMOVE FOREIGN BODY FROM EYE	193.16						X		
08	65235	REMOVE FOREIGN BODY FROM EYE	193.16						X		
08	65260	REMOVE FOREIGN BODY FROM EYE	193.16						X		
08	65265	REMOVE FOREIGN BODY FROM EYE	193.16						X		
08	65270	REPAIR OF EYE WOUND	193.16								
08	65272	REPAIR OF EYE WOUND	193.16								
08	65275	REPAIR OF EYE WOUND	229.94								
08	65280	REPAIR OF EYE WOUND	229.94								
08	65285	REPAIR OF EYE WOUND	229.94								
08	65290	REPAIR OF EYE SOCKET WOUND	229.94								
08	65400	REMOVE OF EYE LESION	193.16								
08	65410	BIOPSY OF CORNEA	193.16								
08	65420	REMOVAL OF EYE LESION	193.16						X		
08	65426	REMOVAL OF EYE LESION	193.16						X		
08	65710	CORNEAL TRANSPLANT	280.94								
08	65730	CORNEAL TRANSPLANT	280.94								
08	65750	CORNEAL TRANSPLANT	280.94								
08	65755	KERATOPLASTY, PENETRATING	280.94								
08	65770	KERATOPROSTHESIS	280.94								
08	65772	CORNEAL RELAX INCISION,COR SURG AST	229.94								
08	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	229.94								
08	65800	DRAINAGE OF EYE	193.16								
08	65805	DRAINAGE OF EYE	193.16								
08	65810	DRAINAGE OF EYE	229.94								
08	65815	DRAINAGE OF EYE	193.16								
08	65850	TRABECULOTOMY AB EXTERNO	229.94								
08	65865	INCISE INNER EYE ADHESIONS	193.16								
08	65870	INCISE INNER EYE ADHESIONS	229.94								
08	65875	INCISE INNER EYE ADHESIONS	229.94								
08	65880	INCISE INNER EYE ADHESIONS	229.94								
08	65900	REMOVE EYE LESION	247.50								
08	65920	REMOVE IMPLANT FROM EYE	280.94								
08	65930	REMOVE BLOOD CLOT FROM EYE	247.50								
08	66020	INJECTION TREATMENT OF EYE	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	66030	INJECTION TREATMENT OF EYE	193.16								
08	66130	REMOVE EYE LESION	280.94								
08	66150	INCISION OF EYE	229.94								
08	66155	INCISION OF EYE	229.94								
08	66160	INCISION OF EYE	193.16								
08	66165	INCISION OF EYE	229.94								
08	66170	INCISION OF EYE	229.94								
08	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	229.94								
08	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	247.50								
08	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	193.16								
08	66220	REPAIR EYE LESION	229.94								
08	66225	REPAIR/GRAFT EYE LESION	229.94								
08	66250	FOLLOW - UP SURGERY OF EYE	193.16								
08	66500	INCISION OF IRIS	280.94							X	
08	66505	INCISION OF THE IRIS	280.94							X	
08	66600	REMOVE IRIS AND LESION	280.94							X	
08	66605	REMOVAL OF IRIS	280.94							X	
08	66625	REMOVAL OF IRIS	280.94							X	
08	66630	REMOVAL OF IRIS	280.94							X	
08	66635	REMOVAL OF IRIS	280.94							X	
08	66680	REPAIR IRIS & CILIARY BODY	229.94								
08	66682	SUTURE OF IRIS, CILLIARY BODY	193.16								
08	66700	RELIVE INNER EYE PRESSURE	193.16								
08	66710	CILIARY BODY DESTRUCTION;	193.16								
08	66740	RELIEVE INNER EYE PRESSURE	193.16								
08	66782	RELIEVE INNER EYE PRESSURE	193.16								
08	66821	DISCISSION OF SECONDARY; LASER	193.16								
08	66825	REPOSITIONING OF INTRAOCULAR LENS PR	229.94								
08	66830	REMOVAL OF LENS LESION	280.94							X	
08	66840	REMOVAL OF LENS MATERIAL	280.94							X	
08	66850	REMOVAL OF LENS MATERIAL	280.94							X	
08	66852	REMOVAL LENS MATERIAL,ASPIRATION	229.94								
08	66920	EXTRACTION OF LENS	280.94							X	
08	66930	EXTRACTION OF LENS	280.94							X	
08	66940	EXTRACTION OF LENS	280.94							X	
08	66983	INTRA CATARACT EXTRAC W LENS	280.94							X	
08	66984	EXTRA CATARACT REMOVAL W LENS	280.94							X	
08	66985	INSERT LENS PROSTHESIS	247.50								
08	66986	EXHANGE OF INTRAOCULAR LENS	247.50								
08	67005	PARTIAL REMOVAL OF EYE FLUID	229.94								
08	67010	PARTIAL REMOVAL OF EYE FLUID	229.94								
08	67015	RELEASE OF EYE FLUID	193.16								
08	67025	REPLACE EYE FLUID	193.16								
08	67027	IMPLANT EYE DRUG SYSTEM	229.94								
08	67030	INCISE INNER EYE STRANDS	193.16								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	67031	SERVERING OF VITREOUS STRANDS,VITREO	193.16								
08	67036	VITRECTOMY, MECHANICLA, PARS PLANA A	229.94								
08	67039	LASER TREATMENT OF RETINA	280.94								
08	67040	LASER TREATMENT OF RETINA	280.94								
08	67107	REPAIR DETACHED RETINA	247.50								
08	67108	REPAIR DETACHED RETINA	280.94								
08	67112	RE-REPAIR DETACHED RETINA	280.94								
08	67115	RELEASSE ENCIRCLING MATERIAL(POSTERI	193.16								
08	67120	REMOVE EYE IMPLANT MATERIAL	193.16								
08	67121	REMOVE IMPLANT POSTERIOR,INTRAOCULAR	193.16								
08	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	193.16								
08	67218	RETINAL LESION; IMPLANT RADIATI	247.50								
08	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	193.16								
08	67250	REINFORCE EYE WALL	229.94								
08	67255	REINFORCE/GRAFT EYE WALL	229.94								
08	67311	REVISE EYE MUSCLE	280.94							X	
08	67312	REVISE TWO EYE MUSCLES	280.94							X	
08	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	229.94								
08	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	229.94								
08	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	229.94								
08	67320	REVISE EYE MUSCLE (S)	229.94								
08	67331	STRABISMUS SURG W/PREV EYE SURG	229.94								
08	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	229.94								
08	67334	STRABISMUS SURG,POST FIX SUTURE TECH	229.94								
08	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	229.94								
08	67340	STRABISMUD DURG EXPLOR/REP DET EXTRA	229.94								
08	67346	BIOPSY OF EXTRAOCULAR MUSCLE	193.16								
08	67400	EXPLORE/BIOPSY EYE SOCKET	229.94								
08	67405	EXPLORE/DRAIN EYE SOCKET	229.94								
08	67412	EXPLORE/TREAT EYE SOCKET	247.50								
08	67413	EXPLORE/TREAT EYE SOCKET	247.50								
08	67415	BIOPSY OF EYE	193.16								
08	67420	EXPLORE/TREAT EYE SOCKET	247.50								
08	67430	EXPLORE/TREAT EYE SOCKET	247.50								
08	67440	EXPLORE/DRAIN EYE SOCKET	247.50								
08	67450	EXPLORE/BIOPSY EYE SOCKET	247.50								
08	67550	INSERT EYE SOCKET IMPLANT	229.94								
08	67560	REVISE EYE SOCKET IMPLANT	193.16								
08	67700	DRAINAGE OF EYELID ABSCESS	229.94							X	
08	67710	INCISION OF EYELID	229.94							X	
08	67715	INCISION OF EYELID FOLD	193.16								
08	67800	REMOVE EYELID LESION	193.16							X	
08	67801	REMOVE EYELID LESIONS	193.16							X	
08	67805	REMOVE EYELID LESIONS	193.16							X	
08	67808	REMOVE EYELID LESION (S)	193.16							X	

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	67830	REVISE EYELASHES	193.16								
08	67835	REVISE EYELASHES	193.16								
08	67880	REVISION OF EYELID	229.94						X		
08	67882	REVISION OF EYELID	229.94						X		
08	67900	REPAIR OF BROW PTOSIS (SUPRACILLIARY	229.94								
08	67901	REPAIR EYELID DEFECT	247.50								
08	67902	REPAIR EYELID DEFECT	247.50								
08	67903	REPAIR EYELID DEFECT	229.94								
08	67904	REPAIR EYELID DEFECT	229.94								
08	67906	REPAIR EYELID DEFECT	247.50								
08	67908	REPAIR EYELID DEFECT	229.94								
08	67909	REVISE EYELID DEFECT	229.94								
08	67911	REVISE EYELID DEFECT	229.94								
08	67914	REPAIR EYELID DEFECT	247.50						X		
08	67915	REPAIR EYELID DEFECT	247.50						X		
08	67916	REPAIR EYELID DEFECT	247.50						X		
08	67917	REPAIR EYELID DEFECT	247.50						X		
08	67921	REPAIR EYELID DEFECT	247.50						X		
08	67922	REPAIR EYELID DEFECT	247.50						X		
08	67923	REPAIR EYELID DEFECT	247.50						X		
08	67924	REPAIR EYELID DEFECT	247.50						X		
08	67935	REPAIR EYELID WOUND	193.16								
08	67938	REMOVE EYELID FOREIGN BODY	193.16						X		
08	67950	REVISION OF EYELID	229.94						X		
08	67961	REVISION OF EYELID	229.94								
08	67966	REVISION OF EYELID	229.94								
08	67971	RECONSTRUCTION OF EYELID	229.94								
08	67973	RECONSTRUCTION OF EYELID	229.94								
08	67974	RECONSTRUCTION OF EYELID	229.94								
08	67975	RECONSTRUCTION OF EYELID	229.94								
08	68115	REMOVE EYELID LINING LESION	193.16								
08	68130	REMOVE EYELID LESION	193.16								
08	68320	REVISE/GRAFT EYELID LINING	229.94								
08	68325	REVISE/GRAFT EYELID LINIG	229.94								
08	68326	REVISE/GRAFT EYELID LINING	229.94								
08	68328	REVISE/GRAFT EYELID LINING	193.16								
08	68330	REVISE EYELID LINING	229.94								
08	68335	REVISE/GRAFT EYELID LINING	229.94								
08	68340	SEPARATE EYELID ADHESIONS	229.94								
08	68360	REVISE EYELID LINING	193.16								
08	68362	REVISE EYELID LINING	193.16								
08	68500	REMOVAL OF TEAR GLAND	229.94								
08	68505	PARTIAL REMOVAL TEAR GLAND	229.94								
08	68510	BIOPSY OF TEAR GLAND	193.16								
08	68520	REMOVAL OF TEAR SAC	229.94								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	68525	BIOPSY OF TEAR SAC	193.16								
08	68540	REMOVE TEAR GLAND LESION	229.94								
08	68550	REMOVE TEAR GLAND LESION	229.94								
08	68700	REPAIR TEAR DUCTS	193.16								
08	68720	CREATE TEAR SAC DRAIN	229.94								
08	68745	CREAT TEAR DUCT DRAIN	229.94								
08	68750	CREATE TEAR DUCT DRAIN	229.94								
08	68770	CLOSE TEAR SYSTEM FISTULA	229.94								
08	68810	PROBE NASOLACRIMAL DUCT	193.16								
08	68811	PROVE NASOLACRIMAL DUCT	193.16								
08	68815	PROBE NASONLACRIMAL DUCT	193.16								
08	69000	DRAIN EXTERNAL EAR LESION	229.94							X	
08	69005	DRAIN EXTERNAL EAR LESION	229.94							X	
08	69020	DRAIN OUTER EAR CANAL LESION	229.94							X	
08	69110	PARTIAL REMOVAL EXTERNAL EAR	193.16								
08	69120	REMOVAL OF EXTERNAL EAR	193.16								
08	69140	REMOVE EAR CANAL LESION(S)	193.16								
08	69145	REMOVE EAR CANAL LESION (S)	193.16								
08	69150	EXTENSIVE EAR CANAL SURGERY	229.94								
08	69205	CLEAR OUTER EAR CANAL	193.16								
08	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	229.94								
08	69320	REBUILD OUTER EAR CANAL	280.94								
08	69420	INCISION OF EARDRUM	193.16							X	
08	69421	MYRINGOTOMY .REQUIRING GEN ANESTH	229.94								
08	69424	VENT TUBE REMOVAL;UNILATERAL	193.16							X	
08	69433	OFFICE TYMPANOSTOMY UNILAT	280.94							X	
08	69436	HOSPITAL TYMPANOSTOMY UNILAT	280.94							X	
08	69440	EXPLORATION OF MIDDLE EAR	229.94								
08	69450	TYMPANOLYSIS, TRANSCANAL	193.16								
08	69501	MASTOIDECTOMY	280.94							X	
08	69502	MASTOIDECTOMY	280.94								
08	69505	REMOVE MASTOID STRUCTURES	280.94								
08	69511	EXTENSIVE MASTOID SURGERY	280.94								
08	69530	EXTENSIVE MASTOID SURGERY	280.94								
08	69550	REMOVE EAR LESION	247.50								
08	69552	REMOVE EAR LESION	280.94								
08	69601	MASTOID SURGERY REVISION	280.94								
08	69602	MASTOID SURGERY REVISION	280.94								
08	69603	MASTOID SURGERY REVISION	280.94								
08	69604	MASTOID SURGERY REVISION	280.94								
08	69605	MASTOID SURGERY REVISION	280.94								
08	69610	REPAIR OF EARDRUM	280.94							X	
08	69620	REPAIR OF EARDRUM	280.94							X	
08	69631	REPAIR EARDRUM STRUCTURES	247.50							X	
08	69633	REBUILD EARDRUM STRUCTURES - TOTAL	247.50								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
	CODE	DESCRIPTION		MIN-MAX	REV					OVERS	>001
08	69635	REPAIR EARDRUM STRUCTURES	280.94								
08	69636	REBUILD EARDRUM STRUCTURES	280.94								
08	69637	REBUILD EARDRUM STRUCTURES-TOTAL-	280.94								
08	69641	REVISE MIDDLE EAR & MASTOID	280.94								
08	69642	REVISE MIDDLE EAR & MASTOID	280.94								
08	69643	REVISE MIDDLE EAR & MASTOID	280.94								
08	69644	REVISE MIDDLE EAR & MASTOID	280.94								
08	69645	REVISE MIDDLE EAR & MASTOID	280.94								
08	69646	REVISE MIDDLE EAR & MASTOID	280.94								
08	69650	RELEASE MIDDLE EAR BONE	280.94								
08	69660	REVISE MIDDLE EAR BONE	280.94							X	
08	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	247.50								
08	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	247.50								
08	69666	REPAIR MIDDLE EAR STRUCTURES	229.94								
08	69667	REPAIR MIDDLE EAR STRUCTURES	229.94								
08	69670	REMOVE MASTOID AIR CELLS	229.94								
08	69676	TYMPANIC NEURECTOMY; UNILATERAL	229.94								
08	69700	CLOSE MASTOID FISTULA	229.94								
08	69711	REMOVAL/REPAIR OF ELCTROMAGNETIC BO	193.16								
08	69714	IMPLANT TEMPLE BONE W/STIMUL	280.94								
08	69715	TEMPLE BNE IMPLNT W/STIMUL	280.94								
08	69717	TEMPLE BONE IMPLANT REVISION	280.94								
08	69718	REVISE TEMPLE BONE IMPLANT	280.94								
08	69720	RELEASE FACIAL NERVE	247.50								
08	69725	RELEASE FACIAL NERVE	247.50								
08	69740	REPAIR FACIAL NERVE	247.50								
08	69745	REPAIR FACIAL NERVE	247.50								
08	69801	INCISE INNER EAR	247.50								
08	69802	INCISE INNER EAR	280.94								
08	69805	EXPLORE INNER EAR	280.94								
08	69806	EXPLORE INNER EAR	280.94								
08	69820	ESTABLISH INNER EAR WINDOW	247.50								
08	69840	REVISE INNER EAR WINDOW	247.50								
08	69905	REMOVE INNER EAR	280.94								
08	69910	REMOVE INNER EAR & MASTOID	280.94								
08	69915	INCISE INNER EAR NERVE	280.94								
08	69930	IMPLANT COCHLEAR DEVICE	280.94								
08	69982	CATARACT SURGERY, COMPLEX	280.94								
08	91010	ESOPHAGEAL MOTILITY STUDY	193.16							X	
08	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	193.16							X	
08	92511	NASOPHARYNGOSCOPY	193.16							X	
08	98883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	193.16								

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

REPORT NO: RF-0-76ASC

PAGE: 57

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
LEGEND

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Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Unisys Provider Relations at 1-800-473-2783.

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COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the types of service found on this schedule.

08 - Ambulatory Surgical Centers (non-hospital) are paid from this file.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE.

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments or for manual pricing.

COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

COLUMN 8. SEX (Restriction): Some procedure codes are indicated for only one sex.

COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.

COLUMN 10. SL (Service Limitation): Codes with frequency limitations.

COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 12. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.