

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 SCRNM, HI RISK. IND	202.05								
08	G0121	COLON CA SCRNM; NOT HIGH RISK IND	202.05								
08	G0260	INJ FOR SACROILIAC JT ANESTH	202.05								
08	V2785	CORNEAL TISSUE PROCESSING	1,824.00								
08	00170	ANES; INTRAORAL, INC BIOPSY, NOS	202.05							X	
08	10061	DRAIN SKIN ABSCESS COMPLICATED	240.52							X	
08	10120	SIMPLE REMOVAL FOREIGN BODY	240.52							X	
08	10121	COMPLICATED REMOVAL FOREIGN BODY	240.52							X	
08	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	202.05								
08	11010	DEBRIDE SKIN, FX	202.05								
08	11011	DEBRIDE SKIN/MUSCLE, FX	202.05								
08	11012	DEBRIDEMT; SKIN, SQ, MUSC. FASCIA, MUSC&B	202.05								
08	11042	DEBRIDE SKIN, SUBCUTANEOUS TISSUE	202.05								
08	11043	DEBRIDE; SKIN, SUBCU TISSUE AND MUSCLE	202.05								
08	11044	DEBRIDE; SKIN, SUBC TISS, MUSCL & BONE	202.05								
08	11100	BIOPSY OF SINGLE LESION	202.05							X	
08	11101	DEBRIDE SKIN/MUSCLE, FX	202.05								
08	11400	EXCISE BENIGN LESION TO 0.5 CM	202.05							X	
08	11401	EXCISE BENIGN LESION 0.6 TO 1CM	202.05							X	
08	11402	EXCISE BENIGN LESION 1.1 TO 2CM	202.05							X	
08	11403	EXCISE BENIGN LESION 2.1 TO 3CM	202.05							X	
08	11404	EXCISE BENIGN LESION 3.1 TO 4CM	202.05							X	
08	11406	EXCISE BENIGN LESION OVER 4CM	202.05								
08	11420	EXCISE BENIGN LESION TO 0.5CM	202.05							X	
08	11421	EXCISE BENIGN LESION 0.6 TO 1CM	202.05							X	
08	11424	EXCISE BENIGN LESION 3.1 TO 4CM	202.05								
08	11426	EXCISE BENIGN LESION OVER 4.0CM	202.05								
08	11440	EXCISE BENIGN LESION TO 0.5CM	202.05							X	
08	11441	EXCISE BENIGN LESION 0.6 TO 1CM	202.05							X	
08	11442	EXCISE BENIGN LESION 1.1 TO 2CM	202.05							X	
08	11443	EXCISE BENIGN LESION 2.1 TO 3CM	202.05							X	
08	11444	EXCISE BENIGN LESION 3.1 TO 4CM	202.05							X	
08	11446	EXCISE BENIGN LESION OVER 4.0CM	202.05								
08	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	202.05								
08	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	202.05								
08	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	202.05								
08	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	202.05								
08	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	202.05								
08	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	202.05								
08	11600	EXCISE MALIGNANCY TO 0.5CM	202.05							X	
08	11601	EXCISE MALIGNANCY 0.6 TO 1CM	202.05							X	
08	11602	EXCISE MALIGNANCY 1.1 TO 2CM	202.05							X	
08	11603	EXCISE MALIGNANCY 2.1 TO 3CM	202.05							X	
08	11604	EXCISE MALIGNANCY 3.1 TO 4CM	202.05							X	
08	11606	EXCISE MALIGNANCY OVER 4CM	202.05							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	202.05					X			
08	11621	EXCISE MALIGNANCY 0.6 TO 1CM	202.05					X			
08	11622	EXCISE MALIGNANCY 1.1 TO 2CM	202.05					X			
08	11623	EXCISE MALIGNANCY 2.1 TO 3CM	202.05					X			
08	11624	EXCISE MALIGNANCY 3.1 TO 4CM	202.05					X			
08	11626	EXCISE MALIGNANCY OVER 4CM	202.05					X			
08	11640	EXCISE MALIGNANCY TO 0.5CM	202.05					X			
08	11641	EXCISE MALIGNANCY 0.6 TO 1CM	202.05					X			
08	11642	EXCISE MALIGNANCY 1.1 TO 2CM	202.05					X			
08	11643	EXCISE MALIGNANCY 2.1 TO 3CM	202.05					X			
08	11644	EXCISE MALIGNANCY 3.1 TO 4CM	202.05					X			
08	11646	EXCISE MALIGNANCY OVER 4CM	202.05					X			
08	11730	SIMPLE REMOVAL OF NAIL PLATE	202.05					X			
08	11732	REMOVE ADDITIONAL NAIL PLATES	202.05					X			
08	11740	EVACUATE HEMATOMA UNDER NAIL	202.05					X			
08	11750	EXCISION NAIL AND NAIL MATRIX	202.05					X			
08	11760	SIMPLE RECONSTRUCTION NAIL BED	202.05					X			
08	11762	NAIL RECONSTRUCTION COMPLICATED	202.05					X			
08	11770	SIMPLE EXCISION PILONIDAL CYST	258.89					X			
08	11771	EXCISE PILONIDAL CYST;EXTENSIVE	258.89					X			
08	11960	INSERTION OF TISSUE EXPANDER	202.05								
08	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	202.05								
08	12005	SIMPLE WOUND REPAIR 12.6 TO 20 CM	202.05								
08	12006	SIMPLE WOUND REPAIR 20.1 TO 30 CM	202.05								
08	12007	SIMPLE WOUND REPAIR OVER 30 CM	202.05								
08	12016	SIMPLE WOUND RPAIR 12.6 TO 20 CM	202.05								
08	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	202.05								
08	12018	SIMPLE WOUND REPAIR OVER 30CM	202.05								
08	12020	TREAT SUPER DEHISCENCE; SIMPLE CLOSE	202.05								
08	12021	TREAT SUPER DEHISCENCE; W/PACKING	202.05								
08	12034	LAYER CLOSURE 7.6 - 12.5 CM	202.05								
08	12035	LAYER CLOSURE 12.6 TO 20CM	202.05								
08	12036	LAYER CLOSURE 20.1 TO 30 CM	202.05								
08	12037	LAYER CLOSURE WOUND/OVER 30 CM	202.05								
08	12044	LAYER CLOSURE 7.6 TO 12.5 CM	202.05								
08	12045	LAYER CLOSURE 12.6 TO 20 CM	202.05								
08	12046	LAYER CLOSURE 20.1 TO 30 CM	202.05								
08	12047	LAYERCLOSURE WOUND OVER 30 CM	202.05								
08	12054	LAYER CLOSURE 7.6 TO 12.5 CM	202.05								
08	12055	LAYER CLOSURE 12.6 TO 20 CM	202.05								
08	12056	LAYER CLOSURE 20.1 TI 30 CM	202.05								
08	12057	LAYER CLOSURE WOUND OVER 30 CM	202.05								
08	13100	COMPLEX REPAIR 1.1 TO 2.5 CM	202.05								
08	13102	REPAIR WOUND/LESION ADD-ON	202.05								
08	13120	COMPLEX REPAIR 1.1 TO 2.5 CM	202.05								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	13122	REPAIR WOUND/LESION ADD-ON	202.05								
08	13131	COMPLEX REPAIR 1.1 TO 2.5 CM	202.05								
08	13133	REPAIR WOUND/LESION ADD-ON	202.05								
08	13153	REPAIR WOUND/LESION ADD-ON	240.52								
08	13160	EXT/COMP SECONDARY CLOSE /DEHISCENCE	202.05								
08	14000	SKIN TISSUE REARRANGEMENT	202.05								
08	14040	TISSUE TRANSFER; TO 10 SQ CM	202.05								
08	15002	WOUND PREP, TRK/ARM/LEG	202.05								
08	15003	SURGICAL PREPARATION OR CREATION +	202.05								
08	15004	WOUND PREP, F/N/HF/G	202.05								
08	15005	SURGICAL PREPARATION OR CREATION +	202.05								
08	15040	HARVEST CULTURED SKIN GRAFT	202.05								
08	15050	PINCH GRAFT;DEFECT UP TO 2CM	258.89							X	
08	15100	SPLIT GRAFT; UP TO 100 SQ CM	202.05								
08	15110	EPIDRM AUTOGRPT TRNK/ARM/LEG	202.05								
08	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	202.05								
08	15115	E>ODR, A-GRFT FACE/NCK/HF/G	202.05								
08	15116	EPIDRM A-GRFT F/N/HF/G ADDL	202.05								
08	15120	SPLIT GRAFT; UP TO 100 SQ CM	202.05								
08	15130	DERM AUTOGRAFT,TRNK/ARM/LEG	202.05								
08	15131	DERM AUTOGRAFT T/A/L ADD-ON	202.05								
08	15135	DERM AUTPGRAFT FACE/NCK/HF/G	202.05								
08	15136	DERM AUTOGRAFT, F/N/HF/G	202.05								
08	15150	CULT EPIDERM GRFT T/ARM/LEG	202.05								
08	15151	CULT EPIDERM GRFT T/A/L ADDL	202.05								
08	15152	CULT EPIDERM GRAFT T/A/L	202.05								
08	15155	CULT EPIDERM GRAFT, F/N/HF/G	202.05								
08	15156	CULT EPIDRM GRFT F/N/HFG ADD	202.05								
08	15157	CULT EPIDERM GRFT F/N/HFG	202.05								
08	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	202.05								
08	15220	FULL THICK GRAFT TO 20 SQ CM	202.05								
08	15221	SKIN FULL GRAFT ADD - ON	202.05								
08	15260	FULL THICK GRAFT TO 20 SQ CM	202.05								
08	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	202.05								
08	15300	APPLY SKIN ALLOGRFT, T/ARM/LG	202.05								
08	15301	APPLY SKNALLOGRFT T/A/L	202.05								
08	15320	APPLY SKIN ALLOGRFT F/N/HF/G	202.05								
08	15321	APLY SKNALLOGRFT F/N/HFG ADD	202.05								
08	15330	APLY ACELL ALOGRFT T/ARM/LEG	202.05								
08	15331	APLY ACELL GRFT T/A/L ADD-ON	202.05								
08	15335	APPLY ACELL GRAFT, F/N/HF/G	202.05								
08	15336	APLY ACELL GRFT F/N/HF/G	202.05								
08	15400	APPLY XENOGRAFT, SKIN	202.05								
08	15401	SKIN HETEROGRAFT ADD - ON	202.05								
08	15420	APPLY SKIN XGRFT, F/N/HF/G	202.05								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	15421	APPLY SKN XGRFT F/N/HF/G ADD	202.05								
08	15430	APPLY ACELLULAR XENOGRAFT	202.05								
08	15431	APPLY ACELLULAR XGRAFT ADD	202.05								
08	15620	INTERM DELAY FLAP CHIN/NECK/FEET	240.52								
08	15650	BLEPHAROPLASTY, UPPER; EXCESSIVE	258.89								
08	15731	FOREHEAD FLAP WITH PRESERVATION OF V	240.52								
08	15740	ISLAND PEDICULE FLAP GRAFT	202.05								
08	15750	NEUROVASCULAR PEDICLE GRAFT	202.05								
08	15760	COMPOSITE SKIN GRAFT	202.05								
08	15823	REVISION OF UPPER EYELID	258.89								
08	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	240.52								
08	15832	EXCISE EXCESS SKIN THIGHS	240.52								
08	15833	EXCISE EXCESS SKIN THIGHS	240.52								
08	15834	EXCISE EXCESS SKIN THIGHS	240.52								
08	15835	EXCISE EXCESS SKIN THIGHS	240.52								
08	15840	GRAFT FACIAL NERVE PARALYSIS	240.52								
08	15841	FACIAL NERVE PALSY MUSCLE GRAFT	240.52								
08	15845	REANIMATION MUSCLE TRANS FACE	240.52								
08	15847	EXCISION, EXCESSIVE SKIN AND SUBCUT+	240.52								
08	15876	SUCTION ASST LIPECTOMY HEAD & NECK	240.52								
08	15877	SUCTION ASSISTED LIPECTOMY TRUNK	240.52								
08	15878	SUCTION ASST LIPECTOMY UPPER EXTREM	240.52								
08	15879	SUCTION ASST LIPECTOMY LOWER EXTREM	240.52								
08	15920	COCCYGECTOMY PRIMARY SUTURE	240.52								
08	15922	COCCYGECTOMY FLAP CLOSURE	240.52								
08	15931	EXCISE SACRAL PRESSURE ULCER	240.52								
08	15933	REMOVAL OF PRESSURE SORE	240.52								
08	15934	EXCISE,WITH SKIN FLAP CLOSURE	240.52								
08	15935	ESC SAC ULCER/FLAP/OSTECTOMY	240.52								
08	15936	IXCISE ULCER W/OTHER FLAP CLO	240.52								
08	15937	EXC SAC ULCER/FLAP/OSTECTOMY	240.52								
08	15940	EXC ISCHIAL ULCER DIRECT SUTURE	240.52								
08	15941	EXC ISCHIAL ULCER OSTECTOMY	240.52								
08	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	240.52								
08	15945	IXC ISCHIAL ULC/OSTECTOMY/FLAP	240.52								
08	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	240.52								
08	15950	EXC TROCHANTERIC ULCER DIR SUTUR	240.52								
08	15951	EXC TROCHAN ULCER OSTECTOMY	240.52								
08	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	240.52								
08	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	240.52								
08	15956	EXC TROCH/ULC FLAP CLOSURE	240.52								
08	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	240.52								
08	16025	DRESS/DEBRID BURN MED,NO ANESTH	202.05								
08	16030	DRESS/DEBRID BURN LG, NO ANESTH	202.05								
08	19000	PUNCTURE ASPIRATION BREAST CYSTS	258.89							X	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	19020	MASTOTOMY/DRAIN ABSCESS DEEP	258.89						X		
08	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	258.89						X		
08	19100	BREAST BIOPSY NEEDLE	258.89						X		
08	19101	BREAST BIOPSY INCISIONAL	258.89						X		
08	19102	BX BREAST PERCUT W/IMAGE	202.05								
08	19103	BX BREAST PERCUT W/DEVICE	202.05								
08	19110	NIPPLE EXPLORATION	202.05								
08	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	240.52								
08	19120	EXCISE BREAST LESIONS,1 OR MORE	258.89						X		
08	19125	EXCISION OF BREAST LESION IDENTIFIED	240.52								
08	19126	EXCISION OF BREAST LESION IDENTIFIED	240.52								
08	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	202.05								
08	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	202.05								
08	19295	PLACE BREAST CLIP, PERCUT	202.05								
08	19297	PLACE BREAST CATH FOR RAD	293.87								
08	19300	MASTECTOMY FOR GYNECOMASTIA	240.52							M	
08	19318	REDUCTION MAMMAPLASTY	240.52								
08	19325	CATARACT SURGERY, COMPLEX	293.87								
08	19328	REMOVE INTACT MAMMARY IMPLANT	202.05								
08	19330	REMOVE IMPLANT MATERIAL	202.05								
08	19340	IMMEDIATE INSERTION OF BREAST PROSTH	202.05								
08	19342	EDLAYED INSERTION OF BREAST PROSTH	240.52								
08	19350	NIPPLE/AREOLA RECONSTRUCTION	240.52								
08	19357	BREAST RECONSTRUCTION,IMMEDIATE OR	258.89								
08	19366	RECONSTRUCTION BREAST-OTHER	258.89								
08	19440	NIPPLE EXPLORATION, W-W/O EXCISION	202.05								
08	20000	INCISION OF ABSCESS; SUPERFICIAL	240.52						X		
08	20005	INCISION OF ABSCESS;DEEP	202.05								
08	20200	BIOPSY,MUSCLE,SUPERFICIAL	240.52						X		
08	20205	BIOPSY,MUSCLE,DEEP	240.52						X		
08	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	240.52						X		
08	20220	BIOPSY, BONE, SUPERFICIAL, NEEDLE	202.05								
08	20225	BIOPSY,BONE;DEEP;TROCAR/NEEDLE	202.05								
08	20240	BIOPSY, EXCISIONAL, SUPERFICAL	202.05								
08	20245	BIOPSY,EXCISIONAL,BONE,DEEP	240.52								
08	20250	BIOPSY,OPEN,VERTEBRAL BODY	240.52								
08	20251	BIOPSY,OPEN,VERTEBRAL BODY	240.52								
08	20520	REMOVE FOREIGN BODY; SIMPLE	240.52						X		
08	20525	REMOVE FOREIGN BODY; COMPLICATED	240.52								
08	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	202.05								
08	20650	SKELETAL TRACTION; WIRE OR PIN	240.52								
08	20670	REMOVE IMPLANT, SUPERFICIAL	202.05								
08	20680	REMOVE IMPLANT; DEEP	240.52						X		
08	20690	APPLY ESTERNAL FIXATION SYS,STND CON	202.05								
08	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	240.52								

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08	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	240.52								
08	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	202.05								
08	20900	BONE GRAFT; ANY DONOR AREA, SMALL	240.52								
08	20902	BONE GRAFT, ANY DONOR AREA; LARGE	240.52								
08	20910	CARTILAGE GRAFT; COSTOCHONDRAL	240.52								
08	20912	CARTILAGE GRAFT;NASAL SEPTUM	240.52								
08	20920	FASCIA LATA GRAFT;BY STRIPPER	240.52								
08	20922	FASCIA LATA GRAFT;BY INCISION	240.52								
08	20924	TENDON GRAFT; DISTANT	240.52								
08	20926	TISSUE GRAFTS; OTHER	240.52								
08	20975	BONES INVASIVE (OPERATIVE)	202.05								
08	21010	ARTHROTOMY, JAW,UNILATERAL	202.05								
08	21015	RAD.RESECT TUMOR,SOFT TIS FACE,SCALP	240.52								
08	21025	EXCISE BONE;MANDIBLE	202.05								
08	21026	EXCISE BONE (S); FACIAL	202.05								
08	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	202.05								
08	21034	EXCISE MALIGNANCY OF FACIAL BONE	240.52								
08	21040	EXCISE BENIGN CYST;MANDIBLE	258.89							X	
08	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	202.05								
08	21046	REMOVE MANDIBLE CYST COMPLEX	202.05								
08	21047	EXCISE LWR JAW CYST W/REPAIR	202.05								
08	21050	TEMPROMANDIBULAR ARTHRECTOMY	240.52								
08	21060	TEMPOROMANDIBULAR MENISCECTOMY	202.05								
08	21070	CORONOIDECTOMY; UNILATERAL	240.52								
08	21100	MAXILLOFACIAL FIXATION	202.05								
08	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	293.87								
08	21122	GENIOPLASTY; SLIDING OSTEOTOMIES,2+	293.87								
08	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	293.87								
08	21127	AUGMENTATION,LOWER JAW BONE	293.87								
08	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	293.87								
08	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	258.89								
08	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	293.87								
08	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	258.89								
08	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	293.87								
08	21215	BONE GRAFT; MANDIBLE	293.87								
08	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	293.87								
08	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	293.87								
08	21240	TEMPOROMANDIBULAR ARTHROPLASTY	240.52								
08	21242	ARTHROPLASTY TEMPORMANDIBULAR JOINT	258.89								
08	21243	ARTHPLASTY,TEMPORMAND,PROSTH REP	258.89								
08	21244	RECONSTRUCT MANDIBLE, EXTRAORAL	293.87								
08	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	293.87								
08	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	293.87								
08	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	293.87								
08	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	293.87								

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08	21267	REPOSITION ORBIT/ EXTRACRANIAL	293.87								
08	21270	RECONSTRUCT ORBITOLFACIAL BONES	258.89								
08	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	293.87								
08	21310	TREATMENT OF NASAL FRACTURE	202.05						X		
08	21315	DIGITAL MANIPULATION OF NASAL FX	202.05						X		
08	21320	MANIPULATE NASAL FX; INSTRUMENTAL	202.05								
08	21325	OPEN TREATMENT NASAL FX; SIMPLE	240.52								
08	21330	TREATMENT NASAL FX; COMPLICATED	258.89								
08	21335	TREATMENT OF NOSE FRACTURE	293.87								
08	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	240.52								
08	21337	CLOSED TREATMENT FX NASAL SEPTUM	202.05						X		
08	21338	OPEN TREATMENT NASOETHMOID FRACTURE	240.52								
08	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	258.89								
08	21340	TREAT NASOETHMOID COMPLEX FX	240.52								
08	21345	TREAT NOSE/JAW FRACTURE	293.87								
08	21355	TREAT CHEEK BONE FRACTURE	240.52								
08	21356	OPEN TREATMENT OF DEPRESSED ZY GOMAT	240.52								
08	21360	TREAT DEPRESSED MALAR FRACTURE	240.52						X		
08	21400	TREAT FX OF ORBIT W/O MANIPULATION	202.05								
08	21401	TREAT EYE SOCKET FRACTURE	240.52								
08	21421	TREAT PALATAL/ALVEOLAR RIDGE FX	240.52								
08	21440	TREAT DENTAL RIDGE FRACTURE	240.52								
08	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	240.52								
08	21450	TREAT LOWER JAW FRACTURE	240.52								
08	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	240.52								
08	21452	TREAT OPEN MANIBULAT FX W/O MANIPUL	202.05								
08	21453	TREAT LOWER JAW FRACTURE	240.52								
08	21454	OPEN TS CLOSED/OPEN MAND FX/EXT FIX	258.89								
08	21461	TREAT MANDIBULAR FX W/O FIXATION	240.52								
08	21462	TREAT MANDIBULAR FX WITH FIXATION	258.89								
08	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	240.52								
08	21480	TX TEMPOROMANDIBULAR DISLOCATION	202.05								
08	21485	TEMPORMANDIBULAR MANIPULATION	202.05								
08	21490	REPAIR DISLOCATED JAW	240.52								
08	21497	INTERDENTAL WIRING OTHER THAB FRACTU	202.05								
08	21501	I & D DEEP ABSCESS OR HEMATOMA	240.52						X		
08	21502	I & D WITH PARTIAL RIB REMOVAL	202.05								
08	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	202.05								
08	21556	EXCISE BENIGN TUMOR; DEEP	202.05								
08	21600	EXCISION OF RIB; PARTIAL	202.05								
08	21610	PARTIAL REMOVAL OF RIB	202.05								
08	21700	DIVISION OF SCALENUS ANTIGICUS	202.05								
08	21720	REVISION OF NECK MUSCLE	240.52								
08	21725	REVISION OF NECK MUSCLE	240.52								
08	21800	TREAT RIB BX, UNCOMPLICATED	202.05								

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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	21805	TREAT RIB FX; OPEN, COMPLICATED	202.05								
08	21820	TREAT STERNUM FRACTURE; CLOSED	202.05								
08	21925	BX, SFT TIS-BACK/FLANK;DEEP	202.05								
08	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	202.05								
08	21935	REMOVE TUMOR, BACK	240.52								
08	22305	TREAT VERTEBRAL PROCESS FRACTURE	202.05								
08	22310	TREAT SPINE FRACTURE	202.05								
08	22315	CLSD MANIP VERT FX/DISLOCAT EACH	202.05								
08	22505	MANIPULATION SPINE W/ANESTHESIA	202.05								
08	22520	PERCUT VERTEBROPLASTY THOR	293.87								
08	22521	PERCUT VERTEBROPLASTY LUMB	293.87								
08	22522	PERCUTANEOUS VERTEBROPLASTY, 1 VERTE	293.87								
08	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	240.52								
08	23000	REMOVE SUBDELTOID CAL DEPOSITS	202.05								
08	23015	EXC BENIGN SHOULDER TUMOR SUBCU	202.05								
08	23020	RELEASE SHOULDER MUSCLE	202.05								
08	23030	I & D SHOULDER DEEP ABSC HEMATOMA	202.05								
08	23031	DRAIN SHOULDER BURSA	240.52								
08	23035	DRAIN SHOULDER BONE LESION	240.52								
08	23040	EXPLORATORY SHOULDER SURGERY	240.52								
08	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	240.52								
08	23066	BIOPSY OF SHOULDER DEEP	202.05								
08	23075	REMOVAL OF SHOULDER LESION	202.05								
08	23076	EXC BENIGN SHOULD TUMOR DEEP	202.05								
08	23077	REMOVE TUMOR OF SHULDER	240.52								
08	23100	BIOPSY SHOULDER JOINT	202.05								
08	23101	SHOULDER JOINT SURGERY	293.87								
08	23105	ARTHROTOMY;GLENOHUMERAL JOINT	240.52								
08	23106	ARTHROTOMY;STERNOCLAVICULAR JT	240.52								
08	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	240.52								
08	23120	CLAVICULECTOMY PARTIAL	258.89								
08	23125	CLAVICULECTOMY TOTAL	258.89								
08	23130	ACROMIONECTOMY PARTIAL/TOTAL	258.89								
08	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	240.52								
08	23145	EXC CLAVICLE/SCAPULA GRAFR PRI	258.89								
08	23146	EXCSION TUMOR CLAVICLE/SCAPULA GRAF	258.89								
08	23150	EXCISION TUMOR PROXIMAL HUMEROUS	240.52								
08	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	258.89								
08	23156	EXCSION TUMOR PROX HUMEROUS HOMOGEN	258.89								
08	23170	SEQUESTRECTOMY CLAVICLE	202.05								
08	23172	SEQUESTRECTOMY SCAPULA	202.05								
08	23174	SEQUESTRECTOMY	202.05								
08	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	240.52								
08	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	240.52								
08	23184	PARTIAL EXCISION PROXIMAL HUMERUS	240.52								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	23190	OSTECTOMY OF SCAPULA PATTIAL	240.52								
08	23195	RESECTION HUMERAL HEAD	258.89								
08	23330	REMOVE SHOULDER FOREIGN BODY	202.05								
08	23395	MUSCLE TRANSFER, SHOULDER/ARM	258.89								
08	23397	MUSCLE TRANFERS	293.87								
08	23400	FIXATION OF SHOULDER BLADE	293.87								
08	23405	INCISION OF TENDON & MUSCLE	202.05								
08	23406	INCISE TENDON (S) & MUSCLES (S)	202.05								
08	23410	REPIR OF TENDON (S)	258.89								
08	23412	REPAIR OF TENDON(S)	293.87								
08	23415	CORACOACROMIAL LIGAMENT RELEAS	258.89								
08	23420	REPAIR OF SHOULDER	293.87								
08	23430	REPAIR BICEPS TENDON RUPTURE	240.52								
08	23440	REMOVAL/TRANSPLANT TENDON	240.52								
08	23450	CAPSULORRAPHY, ANTERIOR	258.89								
08	23455	REPAIR SHOULDER CAPSULE	293.87								
08	23456	REPAIR SHOULDER CAPSULE	258.89								
08	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	258.89								
08	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	293.87								
08	23465	REPAIR SHOUDER CAPSULE	258.89								
08	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	293.87								
08	23480	OSTEOTOMY CLAVICLE W/VO INTERNAL FIX	240.52								
08	23485	OSTEOTOMY CLAVICLE; BONES GRAFT NONU	293.87								
08	23490	REINFORCE CLAVICLE	240.52								
08	23491	REINFORCE SHOULDER BONES	240.52								
08	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	202.05								
08	23515	TREAT CLAVILCE FRACTURE	240.52								
08	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	202.05								
08	23524	TRT CLSD ACROMIOCLAV DISLOC W/O MANI	202.05								
08	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	202.05								
08	23530	TREAT CLAVICLE DISLOCATION	240.52								
08	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	240.52								
08	23540	TREAT CLAVICLE DISLOCATION	202.05								
08	23545	TREAT CLAVICLE DISLOCATION	202.05								
08	23550	TREAT CLAVICLE DISLOCATION	240.52								
08	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	240.52								
08	23570	TREAT CLSD SCAP FX W/O MANIPULATION	202.05								
08	23575	TREAT SHOULDER BLADE FX	202.05								
08	23585	TREAT SCAPULA FRACTURE	240.52								
08	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	202.05								
08	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	202.05								
08	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	240.52								
08	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (240.52								
08	23625	TRT CLSD GRTR TUBEROS FX W/MANIPULAT	202.05								
08	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS. FX	258.89								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	202.05								
08	23655	TRT CLSD SHLD DISLOC W/ MANIP,W/ANES	202.05								
08	23660	TREAT SHOULDER DISLOCATION	240.52								
08	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	202.05								
08	23670	TREAT DISLOCATION/FRACTURE	240.52								
08	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	202.05								
08	23680	TREAT DISLOCATION/FRACTURE	240.52								
08	23700	FIXATION OF SHOULDER	202.05								
08	23800	ARTHRODESIS SHOULDER JOINT W/VO LOCA	240.52								
08	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	293.87								
08	23921	AMPUTATION FOLLOW-UP SURGERY	240.52								
08	23930	DRAINAGE OF ARM LESION	240.52							X	
08	23931	DRAINAGE OF ARM BURSA	240.52							X	
08	23935	DRAIN ARM/ELBOW BONE LESION	202.05								
08	24000	EXPLORATORY ELBOW SURGERY	240.52								
08	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	240.52								
08	24066	BIOPSY ARM/ELBOW SOFT TISSUE;DEEP	202.05								
08	24075	REMOVE ARM/ELBOW LESION	202.05								
08	24076	REMOVE ARM/ELBOW LESION; DEEP SUBFAS	202.05								
08	24077	REMOVE TUMOR OF ARM/ELBOW	240.52								
08	24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOP	202.05								
08	24101	EXPLORE/TREAT ELBOW JOINT	240.52								
08	24102	REMOVE ELBOW JOINT LINING	240.52								
08	24105	REMOVAL OF ELBOW BURSA	258.89							X	
08	24110	REMOVE HUMERUS LESION	202.05								
08	24115	REMOVE/GRAFT BONE LESION	240.52								
08	24116	REMOVE/GRAFT BONE LESION	240.52								
08	24120	REMOVE ELBOW LESION	240.52								
08	24125	REMOVE/GRAFT BONE LESION	240.52								
08	24126	REMOVE/GRAFT BONE LESION	240.52								
08	24130	REMOVAL OF HEAD OF RADIUS	240.52								
08	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	240.52							X	
08	24136	REMOVEAL LESION/RADIAL HEAD OR NECK	202.05								X
08	24138	REMOVE BONE LESION/OLECRANON PROCESS	240.52							X	
08	24140	PARTIAL REMOVAL OF ARM BONE	240.52								
08	24145	PARTIAL REMOVAL OF RADIUS	240.52								
08	24147	PART EXCIS BONE, OLECRANON PROCESS	202.05								
08	24155	REMOVAL OF ELBOW JOINT	240.52								
08	24160	REMOVE ELBOW JOINT IMPLANT	202.05								
08	24164	REMOVE RADIUS HEAD IMPLANT	240.52								
08	24165	REMOVE RADIUS HEAD IMPLANT	240.52								
08	24201	REMOVAL OF ARM FOREIGN BODY DEEP	202.05								
08	24301	MUSCLE/TENDON TRANSFER	240.52								
08	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	240.52								
08	24310	REVISION OF ARM TENDON	240.52								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	24320	REPAIR OF ARM TENDON	240.52								
08	24330	REVISION OF ARM MUSCLES	240.52								
08	24331	REVISION OF ARM MUSCLES	240.52								
08	24340	REPAIR OF BICEPS TENDON	240.52								
08	24341	REPAIR ARM TENDON/MUSCLE	240.52								
08	24342	REPAIR OF RUPTURED TENDON	240.52								
08	24345	REPR ELBW LIGMT W/TISS	202.05								
08	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	258.89								
08	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	258.89								
08	24362	ARTHROPLASTY, ELBOW/IMPLANT, LIG RECON	258.89								
08	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	293.87								
08	24365	ARTHROPLASTY RADIAL HEAD	258.89								
08	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	258.89								
08	24400	OSTEOTOMY HUMERUS W/NO INTERNAL FIXA	240.52								
08	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	240.52								
08	24420	REVISION OF HUMEROUS	240.52								
08	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	240.52								
08	24470	REVISION OF ELBOW JOINT	240.52								
08	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	202.05								
08	24498	REINFORCE HUMERUS	240.52								
08	24500	TREAT CLSD HUMERAL SHAFT W/MANI	202.05								
08	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	202.05								
08	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	240.52								
08	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	240.52								
08	24530	TRT CLSD HUM SUPRA/TRANS FX, W/O MANI	202.05								
08	24535	TRT CLSD HUM SUPRA/TRANS FX, W/MANIP	202.05								
08	24538	TREAT SUPRA/TRANS CONDYLAR FRAC/PERC	202.05								
08	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	240.52								
08	24546	OPEN TREATMENT OF HUMERAL	258.89								
08	24560	TREAT CLSD EPICON FX, W/O MANIP	202.05								
08	24565	TREAT CLSD EPICONDYLAR FRAC, MEDIAL/	202.05								
08	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	202.05								
08	24575	TREAT HUMERUS FRACTURE	240.52								
08	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	202.05								
08	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	202.05								
08	24579	TREAT HUMERUS FRACTURE	240.52								
08	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	202.05								
08	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	240.52								
08	24587	OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	258.89								
08	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	202.05								
08	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	202.05								
08	24615	TREAT ELBOW DISLOCATION	240.52								
08	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	202.05								X
08	24635	TREAT ELBOW FRACTURE	240.52								
08	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	240.52								

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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	240.52								
08	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	202.05								
08	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	202.05								
08	24685	TREAT ULNAR FRACTURE	240.52								
08	24800	FUSION OF ELBOW JOINT	240.52								
08	24802	FUNSION/GRAFT OF ELBOW JOINT	258.89								
08	24925	AMPUTATION FOLLOW-UP SURGERY	240.52								
08	25000	TENDON SHEATH INCISION AT RADIAL	240.52							X	
08	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	293.87							X	
08	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	293.87							X	
08	25024	DECOMPRESS FOREARM 1 SPACE	240.52								
08	25025	DECOMPRESS FOREARM 2 SPACES	240.52								
08	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	202.05								
08	25031	INCISION/DRAINAGE INFECTED BURSA; FO	202.05								
08	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	202.05								
08	25040	EXPLORE/TREAT WRIST JOINT	258.89								
08	25066	BIOPSY FOREARM SOFT TISSUE	202.05								
08	25075	EXCISE SUBCUTANEOUS	202.05								
08	25076	REMOVE FOREARM LESION DEEP	240.52								
08	25077	REMOVE RUMOR, FOREARM/WRIST	240.52								
08	25085	INCISION OF WRIST CAPSULE	258.89							X	
08	25100	BIOPSY OF WRIST JOINT	202.05								
08	25101	EXPLORE/TREAT WRIST JOINT	240.52								
08	25105	REMOVE WRIST JOINT LINING	240.52								
08	25107	REMOVE WRIST JOINT CARTILAGE	240.52								
08	25110	EXCISION,LESION OF TENDON SHEATH	258.89							X	
08	25111	EXCISION GANGLION;WRIST,PRIMARY	258.89							X	
08	25112	EXCISION GANGLION;WRIST,RECURRENT	240.52							X	
08	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	240.52								
08	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	293.87							X	
08	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	202.05								
08	25119	PARTIAL REMOVAL OF ULNA	240.52								
08	25120	REMOVAL OF FOREARM LESION	240.52								
08	25125	REMOVE/GRAFT FOREARM LESION	240.52								
08	25126	REMOVE/GRAFT FOREARM LESION	240.52								
08	25130	REMOVAL OF WRIST LESION	240.52								
08	25135	REMOVE & GRAFT WRIST LESION	240.52								
08	25136	REMOVE & GRAFT WRIST LESION	240.52								
08	25145	SEQESTRECTOMY FORE ARM BONE ABSCESS	202.05								
08	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	202.05								
08	25151	PARTIAL REMOVAL OF RADIUS	202.05								
08	25210	REMOVAL OF WRIST BONE	240.52								
08	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	240.52								
08	25230	RADIAL STYLOIDECTOMY	240.52								
08	25240	EXCISION DISTAL ULNA	240.52								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
08	25248	REMOVE FOREARM FOREIGN BODY	202.05								X
08	25250	REMOVAL OF WRIST PROSTHESIS	202.05								
08	25251	REMOV WRIST PROSTH, COMPLICATED	202.05								
08	25260	REP,TEND/MUSC;PRIM,SING;EACH TEN/MUS	258.89							X	
08	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	258.89							X	
08	25265	REPAIR FOREARM TENDON/MUSCLE	240.52								
08	25270	REP TEN/MUS,EXTEN,FOREARM,WRIST,PRIM	258.89							X	
08	25272	REP TEN/MUS,EXTEN,FOREARM,WRIST,SECO	258.89							X	
08	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	240.52								
08	25275	REPAIR FOREARM TENDON SHEATH	240.52								
08	25280	LENGTHEN/SHORTEN FLEX,SING.EACH TEN	240.52								
08	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	202.05							X	
08	25295	RELEASE WRIST/FOREARM TENDON	240.52								
08	25300	FUSION OF TENDONS AT WRIST	240.52								
08	25301	FUSION OF TENDONS AT WRIST	240.52								
08	25310	TEND TRANSPLAT..SING.;EACH TENDON	240.52								
08	25312	TENDON TRANSPLANT,W/GRFT..EACH TEND	240.52								
08	25315	REVISE PALSY HAND TENDON (S)	240.52								
08	25316	REVISE PALSY HAND TENDON W/TENDONS	240.52								
08	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	240.52								
08	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	258.89								
08	25335	CENTRALIZATION-WRIST ON ULNA	240.52								
08	25337	RECONSTRUCT ULNA/RADIOULNAR	258.89								
08	25350	REVISION OF RADIUS;DISTAL THIRD	293.87							X	
08	25355	REVISION OF RADIUS;MIDDLE OR P	293.87							X	
08	25360	REVISION OF ULNA	293.87							X	
08	25365	REVISE RADIUS & ULNA	293.87							X	
08	25370	REVISION,MULTIPLE,RADIUS OR ULNA	240.52								X
08	25375	REVISION,MULTIPLE,RADIUS AND ULNA	240.52								
08	25390	SHORTEN RADIUS/ULNA	240.52								
08	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	240.52								
08	25392	SHORTEN RADIUS & ULNA	240.52								
08	25393	LENGTHENING RADIUS & ULNA 2/AUTOGENO	240.52								
08	25400	REPAIR RADIUS OR ULNA	240.52								
08	25405	REPAIR/GRAFT RADIUS OR ULNA	240.52								
08	25415	REPAIR RADIUS & ULNA	240.52								
08	25420	REPAIR/GRAFT RADIUS & ULNA	240.52								
08	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	240.52								
08	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	240.52								
08	25440	REPAIR/GRAFT WRIST BONE	240.52								
08	25441	RECONSTRUCT WRIST JOINT;DISTAL RADI	258.89								
08	25442	RECONSTRUCT WRIST JOINT;DISTAL ULNA	258.89							X	
08	25443	RECONSTRUCT WRIST JOINT;SCAPHOID	258.89								
08	25444	RECONSTRUCT WRIST JOINT;LUNATE	293.87							X	
08	25445	RECONSTRUCT WRIST JOINT TRAPEZ	293.87							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	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	293.87								
08	25449	REVISE ARTHROPLASTY,REVDVE	293.87							X	
08	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	240.52								
08	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	240.52								
08	25490	PROPHYLACTIC TREATMENT/RADIUS	240.52								
08	25491	PROPHYLACTIC TREATMENT; ULNA	240.52								
08	25492	PROHPYLACTIC TREATMENT;RADIUS & ULNA	240.52								
08	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	202.05								
08	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	240.52								
08	25520	CLOSED TREATMENT OF RADIAL SHAFT FRA	202.05								
08	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	240.52								
08	25526	TREAT FRACTURE OF RADIUS	258.89								
08	25535	TREA CLOSED ULNAR SHAFT W/MANI	202.05								
08	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/VO	240.52								
08	25562	OPEN TREATMENT OF RADIAL SHAFT FRACT	258.89								
08	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	202.05								
08	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	240.52								
08	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	240.52								
08	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	240.52								
08	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	240.52								
08	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	258.89								
08	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	258.89								
08	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	258.89								
08	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	202.05								
08	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	240.52								
08	25635	TREAT WRIST BONE FRACTURE	202.05								
08	25645	OPEN TX, CLSD/OPEN FX... EACH BONE	240.52								
08	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	202.05								
08	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	240.52								
08	25671	PIN RADIOULNAR DISLOCATION	202.05								
08	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	202.05								
08	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	202.05								
08	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	202.05								
08	25685	OPEN TREAT CLSD/OPEN TRANS/SCRAPHOPE	240.52								
08	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	202.05								
08	25695	OPEN TREATMENT LUNATE DISLOCATION	202.05								
08	25800	FUSION OF WRIST JOINT	240.52								
08	25805	FUSION WRIST JOINT; W/SLIDING GRAFT	258.89								
08	25810	FUSION/GRAFT OF WRIST JOINT	258.89								
08	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	240.52								
08	25825	INTERCARPAL FUSION;W/BONEGRAFT	258.89								
08	25830	FUSION DADIOULNAR JNT/ULNA	258.89								
08	25907	AMPUTATION, FOREARM, SECONDARY CLOSU	240.52								
08	25922	DISARTICULATION WRIST; SECOND CLOSUR	240.52								
08	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	240.52								

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	26010	DRAINAGE OF FINGER ABSCESS	240.52							X	
08	26011	DRAINAGE OF FINGER ABSCESS	240.52							X	
08	26020	DRAIN HAND TENDON SHEATH	202.05							X	
08	26025	DRAINAGE OF PALM BURSA	202.05							X	
08	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	202.05								
08	26034	TREAT HAND BONE LESION	202.05								
08	26040	RELEASE PALM CONTRACTURE,CLOSED	240.52							X	
08	26045	RELEASE PALM CONTRACTURE,OPEN	293.87							X	
08	26055	INCISE FINGER TENDON SHEATH	202.05							X	
08	26060	INCISION FINGER TENDON	202.05							X	
08	26070	EXPLORE/TREAT HAND JOINT	202.05								
08	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	240.52								
08	26080	ARTHROTOMY, INTERPHALANGEAL,EACH JNT	240.52								
08	26100	BIOPSY HAND JOINT LINING	202.05								
08	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	202.05								
08	26110	ARTHROTOMY,INTERPHALANGEAL, EACH JOI	202.05								
08	26115	EXCISION BENIGN TUMOR,HAND SUBCUTANE	202.05								
08	26116	EXCISION BENIGN TUMOR, HAND; DEEP	202.05								
08	26117	RAD TUMOR TESECT, SFT TISS/HAND-FING	240.52								
08	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	240.52								
08	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	240.52								
08	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	240.52								
08	26130	REMOVE WRIST JOINT LINING	293.87							X	
08	26135	REVISE FINGER JOINT EACH DIGIT	293.87							X	
08	26140	REVISE FINGER JOINT EACH INTER	293.87							X	
08	26145	TENDON EXCISION PALM,FINGER	293.87							X	
08	26160	REMOVE TENDON SHEATH LESION	258.89							X	
08	26170	EXCISION OF TENDON PALM,FLEXOR	258.89							X	
08	26180	EXCISION OF TENDON, FIINGER, FLEXOR	240.52								
08	26185	REMOVE FINGER BONE	240.52								
08	26200	REMOVE BONE CYST/BENING TUMOR OF HAN	202.05								
08	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	240.52								
08	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	202.05								
08	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	240.52								
08	26230	PARTIAL REMOVAL OF HAND BONE	293.87								
08	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	240.52								
08	26236	PARTIAL REMOVAL DISTAL PHALANX(FLING	240.52								
08	26250	RADICAL RESECTION FOR TUMOR, HAND	240.52								
08	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	240.52								
08	26262	RADICAL RESECTION FOR RUMOR,DISTAL P	202.05								
08	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	202.05								
08	26350	FLEXOR TENDON REPAIR,PRIMARY/S	258.89							X	
08	26352	FLEX TEND REP,SECONDARY..EACH TENDON	240.52								
08	26356	FLEX TEND REP/ADV,SING;PRIM,EACH TEN	240.52								
08	26357	FLEXOR REP,SECONDARY,EACH TENDON	240.52								

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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	26358	FLEX TEND REP/ADV,SGN;...EACH TENDON	240.52								
08	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	240.52								
08	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	240.52								
08	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	240.52								
08	26390	FLEXOR TENDON EXCISE IMPLANT P	258.89						X		
08	26392	REMOVAL ROD AND INSERTION OF TENDON	240.52								X
08	26410	EXTENSOR TENDON REPAIR,DORSUM	258.89						X		
08	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	240.52								
08	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	240.52								
08	26416	REMOVE TUB/ROD,INSERT GRAFT...	240.52								
08	26418	EXTENSOR TENDON REPAIR,DORSUM F	258.89						X		
08	26420	EXTENSOR TENDON REPAIR,DORSUM	293.87						X		
08	26426	EXTENSOR TENDON,CENTRAL SLIP R	293.87						X		
08	26428	EXTENSOR TENDON,CENTRAL SLIP R	293.87						X		
08	26432	TENDON REPAIR,DISTAL INSERT CLOSED	258.89						X		
08	26433	TENDON REPAIR,OPEN,PRIMARY/SEC	258.89						X		
08	26434	TENDON REPAIR,OPEN,PRIMARY/SECONDARY	293.87						X		
08	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	240.52								
08	26440	TENOLYSIS,SIMPLE,FLEXOR,TENDON P	258.89						X		
08	26441	RECONSTRUCT/GRAFT HAND JOINT	293.87								
08	26442	TENOLYSIS,SIMP...;PALM&FLING EACH TE	240.52								
08	26445	TENOLYSIS,EXT TEND...;EACH TENDON	240.52								
08	26449	TENOLYSIS,COMPLEX TENDON,HAND,F	258.89						X		
08	26450	TENOTOMY,FLEXOR,SINGLE,PALM,OPEN	202.05						X		
08	26455	TENOTOMY,FLEXOR,SINGLE,FINGER	202.05						X		
08	26460	TENOTOMY,EXTENSOR,HAND OR FINGER	202.05						X		
08	26471	TENODESIS;FOR PROXIMAL FINGER J	258.89						X		
08	26474	TENODESIS,FOR DISTAL JOINT STA	258.89						X		
08	26476	TEND LENGTHEN, EXT SINGLE, EACH	202.05								
08	26477	TEND SHORTEN, EXT...SINGLE, EACH	202.05								
08	26478	TENDON LENGTHENING,FLEXOE,HAND/FINGE	202.05								
08	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	202.05								
08	26480	TRANSPLANT HAND TENDON	240.52								
08	26483	TRANSPLANT/GRAFT HAND TENDON	240.52								
08	26485	TEND TRANS/PLNT, EA TEND; W/GRAFT	202.05								X
08	26489	TRANSPLANT/GRAFT HAND TENDON	240.52								
08	26490	REVISE THUMB TENDON	240.52								
08	26492	TENDON TRANSFER/MUSCLE TRANSFER	240.52								
08	26494	HAND TENDON/MUSCLE TRANSFER	240.52								
08	26496	REVISE THUMB TENDON	240.52								
08	26497	FINGER TENDON TRANSFER	240.52								
08	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	240.52								
08	26499	REVISION OF FINGER	240.52								
08	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	240.52								
08	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	240.52								

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	26508	RELEASE THUMB CONTRACTURE	240.52								
08	26510	THUMB TENDON TRANSFER	240.52								
08	26516	FUSION OF KNUCKLE JOINT	202.05								
08	26517	FUSION OF KNUCKLE JOINTS	240.52								
08	26518	FUSION OF KNUCKLE JOINTS	240.52								
08	26520	RELEASE KNUCKLE CONTRACTURE	258.89						X		
08	26525	RELEASE FINGER CONTRACTURE	258.89						X		
08	26530	REVISE KNUCKLE JOINT	293.87						X		
08	26531	REVISE KNUCKLE WITH IMPLANT	293.87						X		
08	26535	REVISE FINGER JOINT	293.87						X		
08	26536	REVISE/IMPLANT FINGER JOINT	293.87						X		
08	26540	REPAIR COLLATERAL LIGAMENT	240.52								
08	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	240.52								
08	26545	RECONSTRUCT FINGER JOINT W/GRAFT	240.52	00	00				X		
08	26546	REPAIR NON-UNION HAND	240.52	00	00						
08	26548	REPAIR/RECON,FINGER, INTERPHAL JOINT	240.52	00	00						
08	26550	CONSTRUCT THUMB REPLACEMENT	202.05	00	00						
08	26555	SITIONAL CHANGE OF FINGER	240.52	00	00						X
08	26560	REPAIR WEB FINGER; WITH SKIN FLAPS	202.05	00	00						
08	26561	REPAIR OF WEB FINGER	240.52	00	00						
08	26562	REPAIR WEB FINGER,COMPLEX, INVOLVING	240.52	00	00						
08	26565	CORRECT METACARPAL FLAW	293.87	00	00				X		
08	26567	CORRECT FINGER DEFORMITY	293.87	00	00				X		
08	26568	LENTHEN METACARPAL/FINGER	240.52	00	00						
08	26580	REPAIR HAND DEFORMITY	258.89	00	00						
08	26587	REPAIR SUPERNUMERARY DIGIT	258.89	00	00						
08	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	258.89	00	00						
08	26591	REPAIR MUSCLES OF HAND	240.52	00	00						
08	26593	RELEASE MUSCLES OF HAND	240.52	00	00						
08	26596	EXCISE CONSTRICTING RING,Z-PLASTIES	202.05	00	00						
08	26605	TREAT CLSD FX; W/MANIP,EACH BONE	202.05	00	00						
08	26607	TREAT CLSD FX.,W/MANIP & FIX,EACH BO	202.05	00	00						
08	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	240.52	00	00						
08	26615	OPEN TX,CLSD/OPEN FX...EACH BONE	240.52	00	00						
08	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	202.05	00	00						
08	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	202.05	00	00						
08	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	240.52	00	00						
08	26675	TREAT HAND DISLOCATION W/ANESTHESIA	202.05	00	00						
08	26676	PERC. PINNING,CLOSED CARPOMETACARPAL	202.05	00	00						
08	26685	TREAT HAND DISLOCATION	240.52	00	00						
08	26686	TREAT HAND DISLOCATION	240.52	00	00						
08	26705	TREAT KNUCKLE DISLOCATION W/ANETHES	202.05	00	00						
08	26706	PERC PINNING,CLOSED METACARPOPHALANG	202.05	00	00						
08	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	240.52	00	00						
08	26727	TREAT FX,MANIP,TRACT/FIX,EACH	293.87	00	00						

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	26735	OPEN TREAT...W/W/O FIX, EACH	240.52	00 00							
08	26742	TREAT CLSD ART FX..W/MANIP, EACH	202.05	00 00							
08	26746	OPEN TX, CLSD/OPEN FX...EACH	258.89	00 00							
08	26756	TREAT CLSD FX...;W/PERC PIN,EACH	202.05	00 00							
08	26765	OPEN TX,CLSD/OPEN FX..;EACH	240.52	00 00							
08	26776	PERC PINNING, CLOSED INTERPHALANGEAL	202.05	00 00							
08	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	202.05	00 00							
08	26820	THUMB FUSION WITH GRAFT	258.89	00 00							
08	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	240.52	00 00							
08	26842	ARTHRODESIS OF THUMB W/ GRAFT	240.52	00 00							
08	26844	FUSION/GRAFT OF HAND JOINT	240.52	00 00							
08	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	240.52	00 00							
08	26852	ARTHRODESIS KNUCKLE W/ GRAFT	240.52	00 00							
08	26860	ARTHRODESIS FINGER JOINT W/WO INTERN	293.87	00 00						X	
08	26861	EACH ADDITIONAL JOINT	293.87	00 00						X	
08	26862	FUSION/GRAFT OF FINGER JOINT	240.52	00 00							
08	26863	FUSE/GRAFT ADDED JOINT	240.52	00 00							
08	26910	AMPUTATE METACARPAL BONE	240.52	00 00							
08	26951	AMPUTATION OF FINGER/THUMB	202.05	00 00							
08	26952	WITH LOCAL ADVANCEMENT FLAPS	240.52	00 00							
08	26990	DRAINAGE OF PELVIS LESION	202.05	00 00							
08	26991	DRAINAGE OF PELVIS BURSA	202.05	00 00							
08	27000	TENPTPMY, SUBCUTANEOUS, CLOSED-HIP O	202.05	00 00							
08	27001	INCISION OF HIP TENDON	240.52	00 00							
08	27003	INCISION OF HIP TENDON	240.52	00 00							
08	27033	EXPLORATION OF HIP JOINT	240.52	00 00							
08	27035	DENERVATION OF HIP JOINT	240.52	00 00							
08	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	202.05	00 00							
08	27041	DEEP BIOPSY OF SOFT TISSUES	202.05	00 00							
08	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	202.05	00 00							
08	27048	REMOVE HIP/PELVIS LESION	240.52	00 00							
08	27049	REMOVE TUMOR, HIP/PELVIS	240.52	00 00							
08	27050	BIOPSY OF SACROILLIAC JOINT	240.52	00 00							
08	27052	BIOPSY OF HIP JOINT	240.52	00 00							
08	27060	REMOVAL OF ISCHIAL BURSA	258.89	00 00							
08	27062	EXCISION TROCHANTERIC BURSA	258.89	00 00							
08	27065	EXC CYST OR TUMOR SUPERFICIAL	258.89	00 00							
08	27066	DEEP W OR W/O BONE GRAFT	258.89	00 00							
08	27067	W/BONE REQUIRING SEPARATE INC	258.89	00 00							
08	27080	COCCYGECTOMY	202.05	00 00							
08	27086	SUPERFICIAL BIOPSY OF SOFT TISSUES	202.05	00 00							
08	27087	REMOVE HIP FOREIGN BODY	240.52	00 00							
08	27097	REVISION OF HIP TENDON	240.52	00 00							
08	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GRE	240.52	00 00							
08	27105	TRANSFER PARASPINAL MUSCLE TO HIP	240.52	00 00							

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	240.52	00 00							
08	27111	TO FEMORAL NECK S MUSCLE	240.52	00 00							
08	27193	CLOSED TREATMENT OF PELVIC RING FRAC	202.05	00 00							
08	27194	CLOSED TREATMENT OF PELVIC RING FRAC	202.05	00 00							
08	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	202.05	00 00							
08	27230	TRMT OF CLOSED FEMORAL FX	202.05	00 00							
08	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	202.05	00 00							
08	27246	TRMT PF CLOSED GREATER TROCHANTERIC	202.05	00 00							
08	27250	TREAT HIP DISLOCATION	202.05	00 00							
08	27252	REQUIRING ANES	202.05	00 00							
08	27257	TREAT HIP DISLOCATION	240.52	00 00							
08	27265	TX A TRAUMA TIC DISLOCATI; NO ANESTH	202.05	00 00							
08	27266	SEE 27265;REQUIRING GEN ANESTHESIA	202.05	00 00							
08	27275	MANIPULATION OF HIP JOINT	202.05	00 00							
08	27301	I&D DEEP ABSCESS,INFECTED BURSA	240.52	00 00						X	
08	27305	FASCIOTOMY	202.05	00 00							
08	27306	INCISION OF THIGH TENDON	240.52	00 00							
08	27307	INCISION OF THIGH TENDONS	240.52	00 00							
08	27310	ARTHROTOMY, KNEE JOINT	240.52	00 00							
08	27323	BIOPSY THIGH SOFT TISSUES	202.05	00 00							
08	27324	BIOPSY THIGH SOFT TISSUES	202.05	00 00							
08	27325	NEURECTOMY,HAMSTRING MUSCLE	202.05	00 00							
08	27326	NEURECTOMY,POPLITEAL (GASTROCNEMIUS)	202.05	00 00							
08	27327	REMOVAL OF THIGH LESION	202.05	00 00							
08	27328	REMOVAL OF THIGH LESION	240.52	00 00							
08	27329	RAD RESECT TUMOR...THIGH OR KNEE	240.52	00 00							
08	27330	BIOPSY KNEE JOINT LINING	240.52	00 00							
08	27331	EXPLORE/TREAT KNEE JOINT	240.52	00 00							
08	27332	REMOVAL OF KNEE CARTILAGE	240.52	00 00							
08	27333	REMOVAL OF KNEE CARTILAGE	240.52	00 00							
08	27334	REMOVE KNEE JOINT LINING	240.52	00 00							
08	27335	REMOVE KNEE JOINT LINING	240.52	00 00							
08	27340	REMOVAL OF KNEECAP BURSA	240.52	00 00							
08	27345	REMOVAL OF KNEE CYST	240.52	00 00						X	
08	27347	REMOVE KNEE CYST	240.52	00 00							
08	27350	REMOVAL OF KNEECAP	240.52	00 00							
08	27355	REMOVE FEMUR LESION	240.52	00 00							
08	27356	REMOVE FEMUR LESION/GRAFT	240.52	00 00							
08	27357	REMOVE FEMUR LESION/GRAFT	258.89	00 00							
08	27358	REMOVE FEMUR LESION/FIXATION	258.89	00 00							
08	27360	PARTIAL REMOVAL LEG BONE(S)	258.89	00 00							
08	27372	REMOVAL OF FOREIGN BODY	293.87	00 00							
08	27380	REPAIR OF KNEECAP TENDON	202.05	00 00							
08	27381	REPAIR/GRAFT KNEECAP TENDON	240.52	00 00							
08	27385	REPAIR OF THIGH MUSCLE	240.52	00 00							

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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	27390	INCISION OF THIGH TENDON	202.05	00 00							
08	27391	INCISION OF THIGH TENDONS	202.05	00 00							
08	27392	INCISION OF THIGH TENDONS	240.52	00 00							
08	27393	LENGTHENING OF THIGH TENDON	202.05	00 00							
08	27394	LENGTHENING OF THIGH TENDONS	240.52	00 00							
08	27395	LENGTHENING OF THIGH TENDONS	240.52	00 00							
08	27396	TRANSPLANTS OF THIGH TENDON	240.52	00 00							
08	27397	TRANSPLANTS OF THIGH TENDON	240.52	00 00							
08	27400	REVISE THIGH MUSCLES/TENDONS	240.52	00 00							
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	240.52	00 00							
08	27405	REPAIR OF KNEE LIGAMENT	240.52	00 00							
08	27407	REPAIR OF KNEE LIGAMENT	240.52	00 00							
08	27409	REPAIR OF KNEE LIGAMENTS	240.52	00 00							
08	27418	REPAIR OF DEGENERATED KNEECAP	240.52	00 00							
08	27420	REVISION/REMOVAL OF KNEECAP	240.52	00 00							
08	27422	REVISION OF UNSTABLE KNEECAP	293.87	00 00							
08	27424	RECONSTRUCTION, KNEE	240.52	00 00							
08	27425	LATERAL RETINACULAR RELEASE ANY METH	293.87	00 00							
08	27428	RECONSTRUCT(AUGMENT)KNEE; INTRA-ARTIC	240.52	00 00							
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	240.52	00 00							
08	27430	REVISION OF THIGH MUSCLES	240.52	00 00							
08	27435	INCISION OF KNEE JOINT	240.52	00 00							
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	240.52	00 00							
08	27438	REVISE KNEECAP WITH IMPLANT	258.89	00 00							
08	27441	REVISION OF KNEE JOINT	258.89	00 00							
08	27442	REVISION OF KNEE JOINT	258.89	00 00							
08	27443	REVISION OF KNEE JOINT	258.89	00 00							
08	27483	REVISE KNEECAP WITH IMPLANT	258.89	00 00							
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	258.89	00 00							
08	27497	DECOMPRESSION OF THIGH/KNEE	240.52	00 00							
08	27499	DECOMPRESSION OF THIGH/KNEE	240.52	00 00							
08	27500	TREATMENT OF FEMUR FRACTURE	202.05	00 00							
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	202.05	00 00							
08	27502	TREATMENT OF FEMUR FRACTURE	202.05	00 00							
08	27503	TREATMENT OF THIGH FRACTURE	240.52	00 00							
08	27508	TREATMENT OF FEMUR FRACTURE	202.05	00 00							
08	27509	TREATMENT OF THIGH FRACTURE	240.52	00 00							
08	27510	TREATMENT OF FEMUR FRACTURE	202.05	00 00							
08	27516	TREATMENT OF FEMUR EPIPHYSIS	202.05	00 00							
08	27517	TREATMENT OF FEMUR EPIPHYSIS	202.05	00 00							
08	27530	TREAT KNEE FRACTURE	202.05	00 00							
08	27532	TREATMENT OF KNEE FRACTURE	202.05	00 00							
08	27538	TREAT KNEE FRACTURE (S)	202.05	00 00							X
08	27550	TREAT KNEE DISLOCATION	202.05	00 00							
08	27552	TREAT KNEE DISLOCATION	202.05	00 00							

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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	27560	TREAT KNEECAP DISLOCATION	202.05	00 00							
08	27562	TREAT KNEECAP DISLOCATION	202.05	00 00							
08	27566	REPAIR KNEECAP DISLOCATION	202.05	00 00							
08	27570	FIXATION OF KNEE JOINT	202.05	00 00							
08	27594	AMPUTATION FOLLOW-UP SURGERY	240.52	00 00							
08	27600	DECOMPRESSION OF LOWER LEG	240.52	00 00							
08	27601	DECOMPRESSION OF LOWER LEG	240.52	00 00							
08	27602	DECOMPRESSION OF LOWER LEG	240.52	00 00							
08	27603	DRAIN LOWER LEG LESION	240.52	00 00						X	
08	27604	DRAIN LOWER LEG BURSA	240.52	00 00						X	
08	27605	INCISION OF ACHILLES TENDON	202.05	00 00							
08	27606	INCISION OF ACHILLES TENDON	202.05	00 00							
08	27607	TREAT LOWER LEG BONE LESION	202.05	00 00							
08	27610	EXPLORE/TREAT ANKLE JOINT	202.05	00 00							
08	27612	EXPLORATION OF ANKLE JOINT	240.52	00 00							
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	202.05	00 00							
08	27615	REMOVE TUMOR, LOWER LEG	240.52	00 00							
08	27618	REMOVE LOWER LEGLES ION	202.05	00 00							
08	27619	REMOVE LOWER LEG LESION	240.52	00 00							
08	27620	BIOPSY OF ANKLE JOINT	240.52	00 00							
08	27625	REMOVE ANKLE JOINT LINING	240.52	00 00							
08	27626	REMOVE ANKLE JOINT LINING	240.52	00 00							
08	27630	REMOVAL OF TENDON LESION	258.89	00 00						X	
08	27635	REMOVE LOWER LEG BONE LESION	240.52	00 00							
08	27637	REMOVE/GRAFT LEG BONE LESION	240.52	00 00							
08	27638	REMOVE/GRAFT LEG BONE LESION	240.52	00 00							
08	27640	PARTIAL REMOVAL OF TIBIA	202.05	00 00							
08	27641	PARTIAL REMOVAL OF FIBULA	202.05	00 00							
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	240.52	00 00							
08	27650	REPAIR ACHILLES TENDON	240.52	00 00							
08	27652	REPAIR/GRAFT ACHILLES TENDON	240.52	00 00							
08	27654	REPAIR OF ACHILLES TENDON	240.52	00 00							
08	27656	REPAIR FASCIAL DEFECT OF LEG\	202.05	00 00							
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	258.89	00 00							
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	202.05	00 00							
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	202.05	00 00							
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	202.05	00 00							
08	27675	REPAIR LOWER LEG TENSIONS	202.05	00 00							
08	27676	REPAIR LOWER LEG TENDONS	240.52	00 00							
08	27680	RELEASE OF LOWER LEG TENDON	240.52	00 00							
08	27681	TENOLYSIS...MULTIPLE, EACHS	202.05	00 00							
08	27685	REVISION OF LOWER LEG TENDON	240.52	00 00							
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	240.52	00 00							
08	27687	REVISION OF CALF TENDON	240.52	00 00							
08	27690	REVISE LOWER LEG TENDON	240.52	00 00							

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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	27691	REVISE LOWER LEG TENDON	240.52	00 00							
08	27692	EACH ADDITIONAL TENDON	240.52	00 00							
08	27695	REPAIR OF ANKLE LIGAMENT	202.05	00 00							
08	27696	REPAIR OF ANKLE LIGAMENTS	202.05	00 00							
08	27698	REPAIR OF ANKLE LIGAMENT	202.05	00 00							
08	27700	REVISION OF ANKLE JOINT	258.89	00 00							
08	27704	REMOVAL OF ANKLE IMPLANT	202.05	00 00							
08	27705	INCISION OF TIBIA	202.05	00 00							
08	27707	INCISION OF FIBULA	202.05	00 00							
08	27709	INCISION OF TIBIA & FIBULA	202.05	00 00							
08	27730	REPAIR OF TIBIA EPIPHYSIS	202.05	00 00							
08	27732	REPAIR OF FIBULA EPIPHYSIS	202.05	00 00							
08	27734	REPAIR LOWER LEG EPIPHYSES	202.05	00 00							
08	27740	REPAIR OF LEG EPIPHYSES	202.05	00 00							
08	27742	REPAIR OF LEG EPIPHYSES	202.05	00 00							
08	27743	REVISION OF KNEE JOINT	258.89	00 00							
08	27745	PROPHYLACTIC TREATMENT (NAILING, PIN	240.52	00 00							
08	27750	TREATMENT OF TIBIA FRACTURE	202.05	00 00							
08	27752	TREATMENT OF TIBIA FRACTURE	202.05	00 00							
08	27756	REPAIR OF TIBIA FRACTURE	240.52	00 00							
08	27758	REPAIR OF TIBIA FRACTURE	240.52	00 00							
08	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	240.52	00 00							
08	27760	CLTX MEDIAL ANKLE FX	202.05	00 00							
08	27762	CLTX MED ANKLE FX W/MNPJ	202.05	00 00							
08	27766	REPAIR OF ANKLE FRACTURE	240.52	00 00							
08	27780	TREATMENT OF FIBULA FRACTURE	202.05	00 00							
08	27781	TREATMENT OF FIBULA FRACTURE	202.05	00 00							
08	27784	REPAIR OF FIBULA FRACTURE	240.52	00 00							
08	27786	TREATMENT OF ANKLE FRACTURE	202.05	00 00							
08	27788	TREATMENT OF ANKLE FRACTURE	202.05	00 00							
08	27792	REPAIR OF ANKLE FRACTURE	240.52	00 00							
08	27808	TREATMENT OF ANKLE FRACTURE	202.05	00 00							
08	27810	TREATMENT OF ANKLE FRACTURE	202.05	00 00							
08	27814	REPAIR OF ANKLE FRACTURE	240.52	00 00							
08	27816	TREATMENT OF ANKLE FRACTURE	202.05	00 00							
08	27818	TREATMENT OF ANKLE FRACTURE	202.05	00 00							
08	27822	REPAIR OF ANKLE FRACTURE	240.52	00 00							
08	27823	REPAIR OF ANKLE FRACTURE	240.52	00 00							
08	27824	CLOSED TREATMENT OF FRACTURE	202.05	00 00							
08	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	202.05	00 00							
08	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	240.52	00 00							
08	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	240.52	00 00							
08	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	240.52	00 00							
08	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	202.05	00 00							
08	27830	TREAT LOWER LEG DISLOCATION	202.05	00 00							

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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	27831	TREAT LOWER LEG DISLOCATION	202.05	00 00							
08	27832	REPAIR LOWER LEG DISLOCATION	202.05	00 00							
08	27840	TREAT ANKLE DISLOCATION	202.05	00 00							
08	27842	TREAT ANKLE DISLOCATION	202.05	00 00							
08	27846	REPAIR ANKLE DISLOCATION	240.52	00 00							
08	27848	REPAIR ANKLE DISLOCATION	240.52	00 00							
08	27860	FIXATION OF ANKLE JOINT	202.05	00 00							
08	27870	FUSION OF ANKLE JOINT	240.52	00 00							
08	27871	FUSION OF TIBIOFIBULAR JOINT	240.52	00 00							
08	27884	AMPUTATION FOLLOW-UP SURGERY	240.52	00 00							
08	27889	AMPUTATION OF FOOT AT ANKLE	240.52	00 00							
08	27892	DECOMPRESSION FASCIOTOMY, LEG;	240.52	00 00							
08	27893	DECOMPRESSION FASCIOTOMY, LEG;	240.52	00 00							
08	27894	DECOMPRESSION FASCIOTOMY, LEG;	240.52	00 00							
08	28001	DRAINAGE OF BURSA OF FOOT	240.52	00 00						X	
08	28002	TREATMENT OF FOOT INFECTION	240.52	00 00							
08	28003	TREATMENT OF FOOT INFECTION	240.52	00 00							
08	28005	TREAT FOOT BONE LESION	240.52	00 00							
08	28008	INCISION OF FOOT FASCIA	293.87	00 00						X	
08	28011	INCISION OF TOE TENDONS	240.52	00 00							
08	28020	EXPLORATION OF A FOOT JOINT	202.05	00 00							
08	28022	EXPLORATION OF A FOOT JOINT	202.05	00 00							
08	28024	EXPLORATION OF A TOE JOINT	202.05	00 00							
08	28035	DECOMPRESSION OF TIBIA NERVE	240.52	00 00							
08	28043	EXCISION OF FOOT LESION	202.05	00 00							
08	28045	EXCISION OF FOOT LESION	240.52	00 00							
08	28046	RAD RESECT TUMOR,SFT TISS-FOOT	240.52	00 00							
08	28050	BIOPSY OF FOOT JOINT LINING	202.05	00 00							
08	28052	BIOPSY OF FOOT JOINT LINING	202.05	00 00							
08	28054	BIOPSY OF TOE JOINT LINING	202.05	00 00							
08	28055	NEURECTOMY,INTRINSIC MUSCULATURE	240.52	00 00							
08	28060	PARTIAL REMOVAL FOOT FASCIA	202.05	00 00							
08	28062	REMOVAL OF FOOT FASCIA	240.52	00 00							
08	28070	REMOVAL OF FOOT JOINT LINING	293.87	00 00						X	
08	28072	REMOVAL OF FOOT JOINT LINING	293.87	00 00						X	
08	28080	REMOVAL OF FOOT LESION	258.89	00 00						X	
08	28086	EXCISE FOOT TENDON SHEATH	202.05	00 00							
08	28088	EXCISE FOOT TENDON SHEATH	202.05	00 00							
08	28090	REMOVAL OF FOOT LESION	240.52	00 00							
08	28092	REMOVAL OF TOE LESIONS	240.52	00 00							
08	28100	REMOVAL OF ANKLE/HEEL LESION	202.05	00 00							
08	28102	REMOVE/GRAFT FOOT LESION	240.52	00 00							
08	28103	REMOVE/GRAFT FOOT LESION	240.52	00 00							
08	28104	REMOVAL OF FOOT LESION	202.05	00 00							
08	28106	REMOVE/GRAFT FOOT LESION	240.52	00 00							

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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	28107	REMOVE/GRAFT FOOT LESION	240.52	00 00							
08	28110	PART REMOVAL OF METATARSAL	258.89	00 00					X		
08	28111	PART REMOVAL OF METATARSAL	258.89	00 00					X		
08	28112	PART REMOVAL OF METATARSAL	258.89	00 00					X		
08	28113	PART REMOVAL OF METATARSAL	258.89	00 00					X		
08	28114	REMOVAL OF METARSAL HEADS	240.52	00 00					X		
08	28116	REVISION OF FOOT	240.52	00 00							
08	28118	PARTIAL REMOVAL OF HEEL	240.52	00 00							
08	28119	REMOVAL OF HEEL SPUR	240.52	00 00							
08	28120	PART REMOVAL OF ANKLE/HEEL	293.87	00 00							
08	28122	PARTIAL REMOVAL OF FOOT BONE	240.52	00 00							
08	28126	CONDYLECTOMY...SING. TOE, EACH	240.52	00 00							
08	28130	REMOVAL OF ANKLE BONE	240.52	00 00							
08	28140	REMOVAL OF METATARSAL	240.52	00 00							
08	28150	PHALANGECTOMY,TOE, SINGLE, EACH	240.52	00 00							
08	28153	PARTIAL REMOVAL OF TOE	240.52	00 00							
08	28160	PARTIAL REMOVAL OF TOE	240.52	00 00					X		
08	28171	RADICAL RESECTION FOR TUMOR,TARSAL	240.52	00 00							
08	28173	RADICAL RESECTION FOR TUMOR,METATARS	240.52	00 00							
08	28175	RADICAL RESECTION FOR TUMOR PHALANX	240.52	00 00							
08	28192	REMOVAL OF FOOT FOREIGN BODY	202.05	00 00							
08	28193	REMOVAL OF FOOT FOREIGN BODY	240.52	00 00							
08	28200	REPAIR OF FOOT TENDON	258.89	00 00					X		
08	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	240.52	00 00							
08	28208	REPAIR OF FOOT TENDON	258.89	00 00					X		
08	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	240.52	00 00							
08	28222	RELEASE OF FOOT TENDONS	202.05	00 00							
08	28225	RELEASE OF FOOT TENDON	202.05	00 00							
08	28226	RELEASE OF FOOT TENDONS	202.05	00 00							
08	28234	INCISION OF FOOT TENDON	202.05	00 00							
08	28238	REVISION OF FOOT TENDON	240.52	00 00							
08	28240	RELEASE OF BIG TOE	202.05	00 00							
08	28250	REVISION OF FOOT FASCIA	240.52	00 00							
08	28260	RELEASE OF MIDFOOT JOINT	240.52	00 00							
08	28261	REVISION OF FOOT TENDON	240.52	00 00							
08	28262	REVISION OF FOOT AND ANKLE	240.52	00 00							
08	28264	RELEASE OF MIDFOOT JOINT	258.89	00 00					X		
08	28270	RELEASE OT FOOT CONTRACTURE	258.89	00 00					X		
08	28272	RELEASE OF TOE JOINT,EACH	258.89	00 00					X		
08	28280	FUSION OF TOES	202.05	00 00							
08	28285	REVISION OF HAMMERTOES	293.87	00 00					X		
08	28286	REVISION OF HAMMERTOES	240.52	00 00					X		
08	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	240.52	00 00							
08	28289	REPAIR HALLUX RIGIDUS	240.52	00 00							
08	28290	CORRECTION OF BUNION	293.87	00 00					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	28292	CORRECTION OF BUNION	293.87	00 00				X			
08	28293	CORRECTION OF BUNION	293.87	00 00				X			
08	28294	CORRECTION OF BUNION	293.87	00 00				X			
08	28296	CORRECTION OF BUNION	240.52	00 00							
08	28297	BUNION CORRECTION-LAPIDUS TYPE PROC	240.52	00 00							
08	28298	CORRECTION OF BUNION	293.87	00 00				X			
08	28299	CORRECTION OF BUNION	293.87	00 00				X			
08	28300	INCISION OF HEEL BONE	293.87	00 00				X			
08	28302	INCISION OF ANKLE BONE	293.87	00 00				X			
08	28304	INCISION OF MIDFOOT BONES	202.05	00 00							
08	28305	INCISE/GRAFT MIDFOOT BONES	240.52	00 00							
08	28306	INCISION OF METATARSAL	240.52	00 00				X			
08	28307	SEE 28306; METATARSAL W/BONE GRFT	240.52	00 00							
08	28308	INCISION OF METATARSAL	293.87	00 00				X			
08	28309	INCISION OF METATARSALS	240.52	00 00							
08	28310	REVISION OF BIG TOE	293.87	00 00				X			
08	28312	REVISION OF TOE	293.87	00 00				X			
08	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	202.05	00 00							
08	28315	SESAMOIDECTOMY FIRST TOE	240.52	00 00							
08	28320	REPAIR OF FOOT BONES	240.52	00 00							
08	28322	REPAIR OF METATARSALS	240.52	00 00							
08	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	240.52	00 00							
08	28341	SEE 28340; REQUIRING BONE RESECTION	240.52	00 00							
08	28344	RECONSTRUCT TOE; POLYDATYLY	240.52	00 00							
08	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	240.52	00 00							
08	28400	TREAT CLSD CALC FX; W/O MANIP	202.05	00 00							
08	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	202.05	00 00							
08	28406	TREAT CLSD CAC FX, MANIP/FIXATION	202.05	00 00							
08	28415	REPAIR OF HEEL FRACTURE	240.52	00 00							
08	28420	REPAIR/GRAFT HEEL FRACTURE	240.52	00 00							
08	28435	TREAT CLSD TALUS FX, W/MANIP	202.05	00 00							
08	28436	TREAT CLSD TA; FX,W/MANIP & PERC PIN	202.05	00 00							
08	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	240.52	00 00							
08	28456	OPEN TX CLSD/OPEN FX W RED & PIN-EAC	202.05	00 00							
08	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	240.52	00 00							
08	28476	TREAT CLSD FX,W/MANIP & PINNING,EACH	202.05	00 00							
08	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	240.52	00 00							
08	28496	TREAT CLSD FX GREAT TOE...PINNING	202.05	00 00							
08	28505	REPAIR BIG TOE FRACTURE	240.52	00 00							
08	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	240.52	00 00							
08	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	240.52	00 00							
08	28545	TREAT FOOT DISLOCATION	202.05	00 00							
08	28546	TREAT FOOT SLOCATION	202.05	00 00							
08	28555	REPAIR FOOT DISLOCATION	202.05	00 00							
08	28575	TREAT FOOT DISLOCATION	202.05	00 00							

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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	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	240.52	00 00							
08	28585	REPAIR FOOT DISLOCATION	240.52	00 00							
08	28605	TREAT FOOT DISLOCATION	202.05	00 00							
08	28606	TREAT FOOT DISLOCATION	202.05	00 00							
08	28615	REPAIR FOOT DISLOCATION	240.52	00 00							
08	28635	TREAT TOE DISLOCATION	202.05	00 00							
08	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	240.52	00 00							
08	28645	REPAIR TOE DISLOCATION	240.52	00 00							
08	28665	TREAT TOE DISLOCATION	202.05	00 00							
08	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	240.52	00 00							
08	28675	REPAIR OF TOE DISLOCATION	240.52	00 00							
08	28705	FUSION OF FOOT BONES	240.52	00 00							
08	28715	FUSION OF FOOT BONES	240.52	00 00							
08	28725	FUSION OF FOOT BONES	240.52	00 00							
08	28730	FUSION OF FOOT BONES	240.52	00 00							
08	28735	FUSION OF FOOT BONES	240.52	00 00							
08	28737	REVISION FOOT BONES	258.89	00 00							
08	28740	FUSION OF FOOT BONES	240.52	00 00							
08	28750	FUSION OF BIG TOE JOINT	293.87	00 00						X	
08	28755	FUSION OF BIG TOE JOINT	293.87	00 00						X	
08	28760	FUSION OF BIG TOE JOINT	293.87	00 00						X	
08	28810	AMPUTATION TOE & METATARSAL	240.52	00 00						X	
08	28819	REMOVAL OF HEEL SPUR	240.52	00 00							
08	28820	AMPUTATION OF TOE	240.52	00 00						X	
08	28825	PARTIAL AMPUTATION OF TOE	240.52	00 00						X	
08	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/VO	240.52	00 00							
08	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	240.52	00 00							
08	29805	SHOULDER ARTHROSCOPY, DX	240.52	00 00							
08	29806	SHOULDER ARTHROSCOPY/SURGERY	240.52	00 00							
08	29807	SHOULDER ARTHROSCOPY/SURGERY	240.52	00 00							
08	29819	ARTHROSCOPY/SURGICALLY REMOVE BODY	293.87	00 00						X	
08	29820	ARTHROSCOPY-SYNOVECTOMY-PARTIAL	293.87	00 00						X	
08	29821	ARTHROSCOPY-SYNOVECTOMY-COMPLETE	293.87	00 00						X	
08	29822	ARTHROSCOPY-LIMITED DEBRIDEMENT	293.87	00 00						X	
08	29823	ARTHROSCOPY EXT DEBRIDEMENT	293.87	00 00						X	
08	29824	SHOULDER ARTHROSCOPY/SURGEON	258.89	00 00							
08	29825	ARTHROSCOPY W/LYSIS & RESECTION	293.87	00 00						X	
08	29826	ARTHROSCOPY,SHOULDER,SURGI DECOMPRES	240.52	00 00							
08	29827	ARTHROSCOP ROTATOR CUFF REPR	258.89	00 00							
08	29830	ARTHROSCOPY ELBOW-DX	293.87	00 00						X	
08	29834	ARTHROSCOPY-ELBOW-SURGICAL	293.87	00 00						X	
08	29835	ARTHROSCOPY SYNOVECTOMY-PARTIAL	293.87	00 00						X	
08	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	293.87	00 00						X	
08	29837	ARTHROSCOPY-LIMITED DEBRIDEMENT	293.87	00 00						X	
08	29838	ARTHROSCOPY EXT DEBRIDEMENT	293.87	00 00						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	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	240.52	00 00							
08	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	240.52	00 00							
08	29844	ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM	240.52	00 00							
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	240.52	00 00							
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCARD	240.52	00 00							
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	240.52	00 00							
08	29848	WRIST ENDOSCOPY/SURGERY	293.87	00 00							
08	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	240.52	00 00							
08	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	240.52	00 00							
08	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	240.52	00 00							
08	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	240.52	00 00							
08	29860	HIP ARTHROSCOPY, DX	240.52	00 00							
08	29861	HIP ARTHROSCOPY/SURGERY	240.52	00 00							
08	29862	HIP ARTHROSCOPY/SURGERY	293.87	00 00							
08	29863	HIP ARTHROSCOPY/SURGERY	240.52	00 00							
08	29870	ARTHROSCOPY KNEE-DX	293.87	00 00						X	
08	29871	ARTHROSCOPY-KNEE-SURGICAL	293.87	00 00						X	
08	29874	ARTHROSCPOY REMOVE FOREIGN BODY	293.87	00 00						X	
08	29875	ARTHROSCOPY LIMITED SYNOVECTOMY	293.87	00 00						X	
08	29876	ARTHROSCOPY-MAJOR SYNOVECTOMY	293.87	00 00						X	
08	29877	ARTHROSCOPY-DEBRIDEMENT	293.87	00 00						X	
08	29879	ARTHROSCOPY-ABRASION ARTHOPLA	293.87	00 00						X	
08	29880	ARTHROSCOPY, KNEE, W/MENISCECTOMY	240.52	00 00							
08	29881	ARTHROSCOPY W/ MENISCECTOMY	293.87	00 00						X	
08	29882	ARTHROSCOPY W/ MENISCUS REPAIR	293.87	00 00						X	
08	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	240.52	00 00							
08	29884	ARTHROSCOPY W/LYSIS ADHESIONS	240.52	00 00							
08	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	240.52	00 00							
08	29886	ARTHROSCOPY-OSTEOCHONDRITIS	202.05	00 00							
08	29887	ARTHROSCOPY-INTERNAL FIXATION	240.52	00 00							
08	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	240.52	00 00							
08	29889	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	240.52	00 00							
08	29891	ANKLE ARTHROSCOPY/SURGERY	240.52	00 00							
08	29892	ANKLE ARTHROSCOPY/SURGERY	240.52	00 00							
08	29893	SCOPE, PLANTAR FASCIOTOMY	293.87	00 00							
08	29894	ARTHROSCOPY-ANKLE-SURGICAL	293.87	00 00						X	
08	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	293.87	00 00						X	
08	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	293.87	00 00						X	
08	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	293.87	00 00						X	
08	29899	ANKLE ARTHROSCOPY/SURGERY	240.52	00 00							
08	29900	MCP JOINT ARTHROSCOPY, DX	240.52	00 00							
08	29901	MCP JOINT ARTHROSCOPY, SURG	240.52	00 00							
08	29902	MCP JOINT ARTHROSCOPY, SURG	240.52	00 00							
08	30110	REMOVAL OF NOSE POLYP(S)	240.52	00 00						X	
08	30115	REMOVAL OF NOSE POLYP(S)	240.52	00 00						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	30117	REMOVAL OF INTRANASAL LESION	240.52	00 00							
08	30118	REMOVAL OF INTRANASAL LESION	240.52	00 00							
08	30120	REVISION OF NOSE	202.05	00 00							
08	30125	REMOVAL OF NOSE LESION	202.05	00 00							
08	30130	REMOVAL OF TURBINATE BONES	202.05	00 00					X		
08	30140	REMOVAL OF TURBINATE BONES	202.05	00 00					X		
08	30150	PARTIAL REMOVAL OF NOSE	240.52	00 00							
08	30160	REMOVAL OF NOSE	240.52	00 00							
08	30310	REMOVE NASAL FOREIGN BODY	202.05	00 00							
08	30320	REMOVE NASAL FOREIGN BODY	202.05	00 00							
08	30400	RECONSTRUCTION OF NOSE	240.52	00 00							
08	30410	RECONSTRUCTION OF NOSE	258.89	00 00							
08	30420	RECONSTRUCTION OF NOSE	258.89	00 00							
08	30430	REVISION OF NOSE	240.52	00 00							
08	30435	REVISION WORK WITH OSTEOTOMIES	258.89	00 00							
08	30450	REVISION OF NOSE	293.87	00 00							
08	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	293.87	00 00							
08	30462	REVISION OF NOSE	293.87	00 00							
08	30465	REPAIR NASAL STENOSIS	293.87	00 00							
08	30520	REPAIR OF NASAL SEPTUM	240.52	00 00							
08	30540	REPAIR NASAL DEFECT	258.89	00 00							
08	30545	REPAIR NASAL DEFECT	258.89	00 00							
08	30560	RELEASE OF NASAL ADHESIONS	202.05	00 00							
08	30580	UPPER JAW FISTULA	240.52	00 00							
08	30600	MOUTH/NOSE FISTULA	240.52	00 00							
08	30620	RECONSTRUCTION INNER NOSE	293.87	00 00					X		
08	30630	REPAIR NASAL SEPTUM DEFECT	293.87	00 00							
08	30801	CAUTERIZATION AND/OR ABLATION,MUCOS	202.05	00 00							
08	30802	CAUTERIZATION AND/OR ABLATION,MUCOS	202.05	00 00							
08	30903	CAUER NASAL W LOC.ANESTH.UNILATER	202.05	00 00							
08	30905	CONTROL OF NOSEBLEED	202.05	00 00							
08	30906	REPEAT CONTROL OF NOSEBLEED	202.05	00 00							
08	30915	LIGATION NASAL SINUS ARTERY	202.05	00 00							
08	30920	LIGATION UPPER JAW ARTERY	240.52	00 00							
08	30930	NASAL TURBINATES, THERAPEUTI	240.52	00 00							
08	31000	IRRIGATION MAXILLARY SINUS	240.52	00 00					X		
08	31002	IRRIGATION SPHENOID SINUS	258.89	00 00					X		
08	31020	EXPLORATION MAXILLARY SINUS	202.05	00 00							
08	31030	EXPLORATION MAXILLARY SINUS	240.52	00 00							
08	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	240.52	00 00							
08	31050	EXPLORATION SPHENOID SINUS	202.05	00 00							
08	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	240.52	00 00							
08	31070	EXPLORATION OF FRONTAL SINUS	202.05	00 00							
08	31075	EXPLORATION OF FRONTAL SINUS	240.52	00 00							
08	31080	REMOVAL OF FRONTAL SINUS	240.52	00 00							

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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	31081	REMOVAL OF FRONTAL SINUS	240.52	00 00							
08	31084	REMOVAL OF FRONTAL SINUS	240.52	00 00							
08	31085	REMOVAL OF FRONTAL SINUS	240.52	00 00							
08	31086	REMOVAL OF FRONTAL SINUS	240.52	00 00							
08	31087	REMOVAL OF FRONTAL SINUS	240.52	00 00							
08	31090	EXPLORATION OF SINUSES	258.89	00 00							
08	31200	REMOVAL OF ETHMOID SINUS	258.89	00 00					X		
08	31201	REMOVAL OF ETHMOID SINUS	258.89	00 00							
08	31205	REMOVAL OF ETHMOID SINUS	240.52	00 00							
08	31233	NASAL/SINUS ENDOSCOPY,DIAGNOSTIC WI	202.05	00 00							
08	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WF	202.05	00 00							
08	31237	NASAL/SINUS ENDOSCOPY,SURGICAL	202.05	00 00							
08	31238	NASAL/SINUS ENDOSCOPY, SURGICAL	202.05	00 00							
08	31239	NASAL/SINUS ENDOSCOPY,SURGICAL;	240.52	00 00							
08	31240	NASAL/SINUS ENDOSCOPY	202.05	00 00							
08	31254	NASAL ENDOSCOPY W/PARTIAL ETHMOIDECT	293.87	00 00					X	X	
08	31255	NASAL ENDOSCOPY; TOTAL ETHMOIDECTOMY	293.87	00 00					X	X	
08	31256	NASAL ENDOSCOPY, MAX ANTROSTOMY	293.87	00 00					X	X	
08	31267	SURG MAX ENDO, REMOVE MEMBRANE/POLYP	293.87	00 00					X	X	
08	31276	SINUS SURGICAL ENDOSCOPY	240.52	00 00							
08	31287	NASAL/SINUS ENDOSCOPY,SURGICAL, WIT	240.52	00 00							
08	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	240.52	00 00							
08	31300	REMOVAL OF LARYNX LESION	258.89	00 00							
08	31320	DIAGNOSTIC INCISION LARYNX	202.05	00 00							
08	31400	REVISION OF LARYNX	202.05	00 00							
08	31420	REMOVAL OF EPIGLOTTIS	202.05	00 00							
08	31505	DIAGNOSTIC LARYNGOSCOPY	202.05	00 00					X		
08	31510	LARYNGOSCOPY WITH BIOPSY	202.05	00 00					X		
08	31511	REMOVE FOREIGN BODY,LARYNX	202.05	00 00					X		
08	31512	REMOVAL OF LARYNX LESION	202.05	00 00					X		
08	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	202.05	00 00							
08	31515	LARYNGOSCOPY FOR ASPIRATION	202.05	00 00							
08	31525	DIAGNOSTIC LARYNGOSCOPY	202.05	00 00					X		
08	31526	DIAGNOSTIC LARYNGOSCOPY	202.05	00 00							
08	31527	LARYNGOSCOPY, INSERT OBTURATOR	202.05	00 00							
08	31528	LARYNGOSCOPY,W DILATATION INITIAL	202.05	00 00							
08	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	202.05	00 00							
08	31530	OPERATIVE LARYNGOSCOPY	202.05	00 00					X		
08	31531	OPERATIVE LARYNGOSCOPY	240.52	00 00							
08	31535	OPERATIVE LARYNGOSCOPY	202.05	00 00							
08	31536	OPERATIVE LARYNGOSCOPY	240.52	00 00							
08	31540	OPERATIVE LARYINGOSCOPY	240.52	00 00							
08	31541	OPERATIVE LARYNGOSCOPY	240.52	00 00							
08	31560	OPERATIVE LARYNGOSCOPY	258.89	00 00							
08	31561	OPERATIVE LARYNGOSCOPY	258.89	00 00							

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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	31570	LARYNGOSCOPY WITH INJECTIONS	202.05	00 00							
08	31571	LARYNGOSCOPY WITH INJECTION	202.05	00 00							
08	31575	LARYNGOSCOPY,FIBERSCOPIC;DIAGN	202.05	00 00					X		
08	31576	LARYNGOSCOPY,FIBERSCOPIC;BIOPSY	202.05	00 00					X		
08	31577	LARYNGOSCOPY,FIBERSCOPIC;FOREIGN	202.05	00 00					X		
08	31578	LARYNGOSCOPY,FIBERSCOPIC;REMOVAL	202.05	00 00					X		
08	31580	REVISION OF LARYNX	258.89	00 00							
08	31582	REVISION OF LARYNX	258.89	00 00							
08	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	258.89	00 00							
08	31590	LARYNGEAL REINNVATION REPAIR	258.89	00 00							
08	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	202.05	00 00							
08	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	240.52	00 00							
08	31612	PUNCTURE/CLEAR WINDPIPE	202.05	00 00							
08	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	202.05	00 00							
08	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	202.05	00 00							
08	31615	VISUALIZATION OF WINDPIPE	202.05	00 00							
08	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	202.05	00 00							
08	31623	DX BRONCHOSCOPE/BRUSH	202.05	00 00							
08	31624	DX BRONCHOSCOPELAVAGE	202.05	00 00							
08	31625	BRONCHOSCOPY WITH BIOPSY	202.05	00 00					X		
08	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	202.05	00 00							
08	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	202.05	00 00							
08	31630	BRONCHOSCOPY WITH REPAIR	202.05	00 00							
08	31631	BRONCHOSCOPY-PLACE TRACH STENT	202.05	00 00							
08	31635	REMOVE FOREIGN BODY, AIRWAY	202.05	00 00							
08	31640	BRONCHOSCOPY & REMOVE LESION	202.05	00 00							
08	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	202.05	00 00							
08	31643	DX BRONCHOSCOPE/CATHETER	202.05	00 00							
08	31645	BRONCHOSCOPY, CLEAR AIRWAYS	202.05	00 00							
08	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	202.05	00 00							
08	31656	BRONCHOSCOPY, INJECT FOR XRAY	202.05	00 00							
08	31717	BRONCHIAL BRUSH BIOPSY	202.05	00 00							
08	31720	CLEARANCE OF AIRWAYS	202.05	00 00							
08	31730	TRANSTRACHEAL (PERUTANEOUS) INTRODU	202.05	00 00							
08	31750	REPAIR OF WINDPIPE	258.89	00 00							
08	31755	REPAIR OF WINDPIPE	202.05	00 00							
08	31820	CLOSURE OF WINDPIPE LESION	202.05	00 00							
08	31825	REPAIR OF WINDPIPE DEFECT	202.05	00 00							
08	31830	REVISE WINDPIPE SCAR	202.05	00 00							
08	32400	NEEDLE BIOPSY CHEST LINING	202.05	00 00							
08	32405	NEEDLE BIOPSY OF LUNG	202.05	00 00							
08	32420	PUNCTURE/CLEAR LUNG	202.05	00 00							
08	32507	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	240.52	00 00							
08	33010	DRAINAGE OF HEART SAC	202.05	00 00							
08	33011	REPEAT DRAINAGE OF HEART SAC	202.05	00 00							

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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	33222	REVISE/RELOCATE SKIN POCKET	202.05	00 00							
08	33223	REVISION OR RELOCATION OF SKIN POCKET	202.05	00 00							
08	35188	REP.ACQUIRED/TRUMA FIST.-HEAD/NECKT	240.52	00 00							
08	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	240.52	00 00							
08	35476	TRANSLUMINAL ANGIOPLASTY,PERCUTANEO	293.87	00 00							
08	35875	REMOVAL OF CLOT IN GRAFT	293.87	00 00							
08	35876	REMOVAL OF CLOT IN GRAFT	293.87	00 00							
08	36260	INSERT IMPLANTABLE FUSION PUMP	240.52	00 00							
08	36261	REVISION OF IMPLANTED INFUSION PUMP	202.05	00 00							
08	36262	REMOVAL OF IMPLANTED INFUSION PUMP	202.05	00 00							
08	36555	INSERT NON-TUNNEL CV CATH	202.05	00 00							
08	36556	INSERT NON-TUNNEL CV CATH	202.05	00 00							
08	36557	INSERT TUNNELED CV CATH	202.05	00 00							
08	36558	INSERT TUNNELED CV CATH	202.05	00 00							
08	36560	INSERT TUNNELED CV CATH	240.52	00 00							
08	36561	INSERT TUNNELED CV CATH	240.52	00 00							
08	36563	INSERT TUNNELED CV CATH	240.52	00 00							
08	36565	INSERT TUNNELED CV CATH	240.52	00 00							
08	36566	INSERT TUNNELED CV CATH	240.52	00 00							
08	36568	INSERT TUNNELED CV CATH	202.05	00 00							
08	36569	INSERT TUNNELED CV CATH	202.05	00 00							
08	36570	INSERT TUNNELED CV CATH	240.52	00 00							
08	36571	INSERT TUNNELED CV CATH	240.52	00 00							
08	36575	REPAIR TUNNELED CV CATH	202.05	00 00							
08	36576	REPAIR TUNNELED CV CATH	202.05	00 00							
08	36578	REPLACE TUNNELED CV CATH	202.05	00 00							
08	36580	REPLACE TUNNELED DV CATH	202.05	00 00							
08	36581	REPLACE TUNNELED CV CATH	202.05	00 00							
08	36582	REPLACE TUNNELED CV CATH	240.52	00 00							
08	36583	REPLACE TUNNELED CV CATH	240.52	00 00							
08	36584	REPLACE TUNNELED CV CATH	202.05	00 00							
08	36585	REPLACE TUNNELED CV CATH	240.52	00 00							
08	36589	REMOVAL TUNNELED CV CATH	202.05	00 00							
08	36590	REMOVAL TUNNELED CV CATH	202.05	00 00							
08	36640	INSERTION CATHETER, ARTERY	202.05	00 00							
08	36800	INSERTION OF CANNULA	240.52	00 00							
08	36810	INSERTION OF CANNULA	240.52	00 00							
08	36815	INSERTION OF CANNULA	240.52	00 00							
08	36818	AV FUSE, UPPER ARM, CEPHALIC	240.52	00 00							
08	36819	AV FUSION BY BASILIC VEIN	240.52	00 00							
08	36820	INSERTION OF CANNULA	240.52	00 00							
08	36821	ARTERY-VEIN FUSION	240.52	00 00							
08	36825	ARTERY - VEIN GRAFT	240.52	00 00							
08	36830	ARTERY - VEIN GRAFT	240.52	00 00							
08	36831	OPEN THROMBECT AV FISTULA	293.87	00 00							

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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	36832	REVISION O ARTERIO FISTULA WW THROMB	240.52	00 00							
08	36833	AV FISTULA REVISION	240.52	00 00							
08	36835	ARTERY TO VEIN SHUNT	240.52	00 00							
08	36860	CANNULA DECLOTTING	202.05	00 00							
08	36861	CANNULA DECLOTTING	240.52	00 00							
08	36870	PERCUT THROMBECT AV FISTULA	293.87	00 00							
08	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	202.05	00 00							
08	37607	LIGATION OR BANDING OF ANGIOACCESS	240.52	00 00							
08	37609	TEMPORAL ARTERY PROCEDURE	202.05	00 00						X	
08	37650	INTERRUPT FEMORAL VEIN; UNILATERAL	202.05	00 00							
08	37700	REVISE LEG VEIN	293.87	00 00						X	
08	37718	LIGATE/STRIP SHORT LEG VEIN	240.52	00 00							
08	37722	LIGATE/STRIP LONG LEG VEIN	240.52	00 00							
08	37735	REMOVAL OF LEG VEINS/LESION	240.52	00 00							
08	37760	REVISION OF LEG VEINS	240.52	00 00							
08	37780	REVISION OF LEG VEIN	293.87	00 00						X	
08	37785	REVISION OF LEG VEIN	293.87	00 00						X	
08	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	240.52	00 00							
08	38300	DRAINAGE LYMPH NODE LESION	202.05	00 00							
08	38305	DRAINAGE LYMPH NODE LESION	202.05	00 00							
08	38308	INCISION OF LYMPH CHANNELS	202.05	00 00							
08	38500	BIOPSY/REMOVAL OF LYMPH NODE	240.52	00 00						X	
08	38505	NEEDLE BX, LYMPHNODES(S), SUPERFICI	202.05	00 00							
08	38510	BIOPSY/REMOVAL OF LYMPH NODE	240.52	00 00						X	
08	38520	BIOPSY/REMOVAL OF LYMPH NODE	240.52	00 00						X	
08	38525	BX,EXCISE-DEEP AXILLARY NODES	202.05	00 00							
08	38530	BIOPSY/REMOVAL OF LYMPH NODE	240.52	00 00						X	
08	38542	DISSECTION: DEEP JUGULAR NODE	202.05	00 00							
08	38550	REMOVAL NECK/ARMPIT LESION	240.52	00 00							
08	38555	REMOVAL NECK/ARMPIT LESION	240.52	00 00							
08	38570	LAPAROSCOPY, LYMPH NODE BIOP	293.87	00 00							
08	38571	LAPAROSCOPY, LYMPHADENECTOMY	293.87	00 00							
08	38572	LAPAROSCOPY, LYMPHADENECTOMY	293.87	00 00							
08	38740	REMOVE ARMPIT LYMPH NODES	202.05	00 00							
08	38745	REMOVE ARMPITS LYMPH NODES	240.52	00 00							
08	38760	REMOVE GROIN LYMPH NODES	202.05	00 00							
08	40000	TISSUE TRANSFER; DEFECT TO 10 CM	202.05	00 00							
08	40500	VERMILIONECTOMY (LIP SHAVE)	240.52	00 00						X	
08	40510	PARTIAL EXCISION OF LIP	258.89	00 00						X	
08	40520	PARTIAL EXCISION OF LIP	202.05	00 00							
08	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	202.05	00 00							
08	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	202.05	00 00							
08	40530	PARTIAL REMOVAL OF LIP	258.89	00 00						X	
08	40650	REPAIR LIP	240.52	00 00							
08	40652	REPAIR LIP	240.52	00 00							

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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	40654	REPAIR LIP	240.52	00 00							
08	40700	REPAIR CLEFT LIP	293.87	00 00							
08	40701	REPAIR CLEFT LIP	293.87	00 00							
08	40720	REPAIR CLEFT LIP	293.87	00 00							
08	40761	REPAIR CLEFT LIP	240.52	00 00							
08	40801	DRAINAGE OF MOUTH LESION	202.05	00 00							
08	40804	REMOVAL FOREIGN BODY; MOUTH	240.52	00 00					X		
08	40805	REMOVAL FOREIGN BODY;MOUTH	240.52	00 00					X		
08	40814	EXCISE/REPAIR MOUTH LESION	202.05	00 00							
08	40816	EXCISION OF MOUTH LESION	202.05	00 00							
08	40818	EXCISE ORAL MUCOSA FOR GRAFT	202.05	00 00							
08	40819	EXCISE LIP OR CHEEK FOLD	293.87	00 00					X		
08	40831	REPAIR MOUTH LACERATION	202.05	00 00							
08	40840	RECONSTRUCTION OF MOUTH	202.05	00 00							
08	40842	RECONSTRUCTION OF MOUTH	240.52	00 00							
08	40843	RECONSTRUCTION OF MOUTH	240.52	00 00							
08	40844	RECONSTRUCTION OF MOUTH	258.89	00 00							
08	40845	RECONSTRUCTION OF MOUTH	258.89	00 00							
08	41000	DRAINAGE OF MOUTH LESION	240.52	00 00					X		
08	41005	DRAINAGE OF MOUTH LESION	240.52	00 00					X		
08	41006	DRAINAGE OF MOUTH LESION	202.05	00 00							
08	41007	DRAINAGE OF MOUTH LESION	240.52	00 00					X		
08	41008	DRAINAGE OF MOUTH LESION	240.52	00 00					X		
08	41009	DRAINAGE OF MOUTH LESION	202.05	00 00							
08	41015	DRAINAGE OF MOUTH LESION	202.05	00 00							
08	41016	DRAINAGE OF MOUTH LESION	202.05	00 00							
08	41017	DRAINAGE OF MOUTH LESION	202.05	00 00							
08	41018	DRAINAGE OF MOUTH LESION	202.05	00 00							
08	41100	BIOPSY OF TONGUE	202.05	00 00					X		
08	41105	BIOPSY OF TONGUE	202.05	00 00					X		
08	41112	EXCISION OF TONGUE LESION	202.05	00 00							
08	41113	EXCISION OF TONGUE LESION	202.05	00 00							
08	41114	EXCISE TONGUE LESION/LOCAL FLP	202.05	00 00							
08	41116	EXCISION OF MOUTH LESION	202.05	00 00							
08	41120	PARTIAL REMOVAL OF TONGUE	258.89	00 00							
08	41250	REPAIR TONGUE LACERATION	202.05	00 00							
08	41251	REPAIR TONGUE LACERATION	202.05	00 00							
08	41252	REPAIR TONGUE LACERATION	202.05	00 00							
08	41500	FIXATION OF TONGUE	202.05	00 00							
08	41520	RECONSTRUCTION, TONGUE FOLD	202.05	00 00							
08	41800	DRAINAGE OF GUM LESION	202.05	00 00							
08	41827	EXCISION OF GUM LESION	202.05	00 00							
08	41874	REPAIR TOOTH SOCKET	202.05	00 00					X		X
08	41899	FACILITY FEE--DENTAL RESTORATION	202.05	00 00					X		
08	42000	DRAINAGE MOUTH ROOF LESION	202.05	00 00							

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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	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	202.05	00 00							
08	42120	REMOVE PALATE/LESION	240.52	00 00							
08	42140	EXCISION OF UVULA	202.05	00 00							
08	42145	PALATOPHARYNGOPLASTY	258.89	00 00							
08	42180	REPAIR PALATE	202.05	00 00							
08	42182	REPAIR PALATE	202.05	00 00							
08	42200	RECONSTRUCT CLEFT PALATE	258.89	00 00							
08	42205	RECONSTRUCT FLEFT PALATE	258.89	00 00							
08	42210	RECONSTRUCT CLEFT PALATE	258.89	00 00							
08	42215	RECONSTRUCT CLEFT PALATE	293.87	00 00							
08	42220	RECONSTRUCT CLEFT PALATE	258.89	00 00							
08	42226	LENGHTENING OF PALATE, AND PHARYNGEA	258.89	00 00							
08	42235	REPAIR PALATE	258.89	00 00							
08	42260	REPAIR NOSE TO LIP FISTULA	240.52	00 00							
08	42300	DRAINAGE OF SALIVARY GLAND	202.05	00 00							
08	42305	DRAINAGE OF SALIVARY GLAND	202.05	00 00							
08	42310	DRAINAGE OF SALIVARY GLAND	202.05	00 00							
08	42340	REMOVAL OF SALIVARY STONE	202.05	00 00							
08	42405	BIOPSY OF SALIVARY GLAND	202.05	00 00							
08	42408	EXCISION OF SALIVARY CYST	240.52	00 00							
08	42409	DRAINAGE OF SALIVARY CYST	240.52	00 00							
08	42410	EXCISE PAROTID GLAND/LESION	240.52	00 00							
08	42415	EXCISE PAROTID GLAND/LESION	293.87	00 00							
08	42420	EXCISE PAROTID GLAND/LESION	293.87	00 00							
08	42425	EXCISE PAROTID GLAND/LESION	293.87	00 00							
08	42440	EXCISION SUBMAXILLARY GLAND	240.52	00 00							
08	42450	EXCISION SUBLINGUAL GLAND	202.05	00 00							
08	42500	REPAIR SALVARY DUCT	240.52	00 00							
08	42505	REPAIR SALIVARY DUCT	240.52	00 00							
08	42507	PAROTID DUCT DIVERSION	240.52	00 00							
08	42508	PAROTID DUCT DIVERSION	240.52	00 00							
08	42509	PAROTID DUCT DIVERSION	240.52	00 00							
08	42510	BILAT,PARTID DUCT DIV W/LIGAT	240.52	00 00							
08	42600	CLOSURE OF SALIVARY FISTULA	202.05	00 00							
08	42700	DRAINAGE OF TONSIL ABSCESS	240.52	00 00						X	
08	42720	DRAINAGE OF THROAT ABSCESS	240.52	00 00						X	
08	42725	DRAINAGE OF THROAT ABSCESS	202.05	00 00							
08	42802	BIOPSY OF THROAT	202.05	00 00							
08	42804	BIOPSY OF UPPER NOSE/THROAT	202.05	00 00							
08	42806	BIOPSY OF UPPER NOSE/THROAT	202.05	00 00							
08	42808	EXCISE PHARYNX LESION	202.05	00 00							
08	42810	EXCISION OF NECK CYST	240.52	00 00						X	
08	42815	EXCISION OF NECK CYST	240.52	00 00						X	
08	42820	REMOVE TONSILS AND ADENOIDS	293.87	00 00						X	
08	42821	REMOVE TONSILS AND ADENOIDS	293.87	00 00						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	REMOVAL OF TONSILS	240.52	00 00							
08	42826	REMOVAL OF TONSILS	293.87	00 00							
08	42830	REMOVAL OF ADENOIDS	293.87	00 00						X	
08	42831	REMOVAL OF ADENOIDS	293.87	00 00						X	
08	42835	REMOVAL OF ADENOIDS	293.87	00 00						X	
08	42836	REMOVAL OF ADENOIDS	293.87	00 00						X	
08	42860	EXCISION OF TONSIL TAGS	240.52	00 00							
08	42870	EXCISION OF LINGUAL TONSIL	240.52	00 00							
08	42890	PARTIAL REMOVAL OF PHARYNX	293.87	00 00							
08	42892	RESECTION OF LATERAL PHARYNGEAL WALL	293.87	00 00							
08	42900	REPAIR THROAT WOUND	202.05	00 00							
08	42950	RECONSTRUCTION OF THROAT	202.05	00 00							
08	42955	SURGICAL OPENING OF THROAT	202.05	00 00							
08	42960	CONTROL THROAT BLEEDING	202.05	00 00							
08	42962	CONTROL THROAT BLEEDING	202.05	00 00							
08	42972	CONTROL NOSE/THROAT BLEEDING	240.52	00 00							
08	43200	ESOPHAGUS ENDOSCOPY	202.05	00 00						X	
08	43201	ESOP SCOPE W/SUBMUCOUS	202.05	00 00							
08	43202	ESOPHAGUS ENDOSCOPY,BIOPSY	202.05	00 00						X	
08	43204	ESOPHAGUS ENDOSCOPY	202.05	00 00							
08	43205	ESOPHAGOSCOPY,RIDID OR FLEXIBLE	202.05	00 00							
08	43215	ESOPHAGUS ENDOSCOPY	202.05	00 00							
08	43216	ESOPHAGOSCOPY,RIGID OR FLEXIBLE	202.05	00 00							
08	43217	ESOPHAGUS ENDOSCOPY	202.05	00 00						X	
08	43219	ESOPHAGUS ENDOSCOPY	202.05	00 00							
08	43220	ESOPHAGUS ENDOSCOPY,DILATION	202.05	00 00						X	
08	43226	ESOPHAGUS/STOMACH ENDOSCOPY	202.05	00 00						X	
08	43227	ESOPHAGUS/STOMACH ENDOSCOPY	202.05	00 00							
08	43228	ESOPHAGUS/STOMACH ENDOSCOPY	202.05	00 00						X	
08	43231	ESOPH ENDOSCOPY 2/US EXAM	202.05	00 00							
08	43232	ESOPH ENDOSCOPY W/US FN BX	202.05	00 00							
08	43234	UPPER GI ENDOSCOPY SIMPLE EXAM	202.05	00 00						X	
08	43235	UPPER GI ENDOSCOPY,DIAGNOSIS	202.05	00 00						X	
08	43236	UPPR GI SCOPE W/SUBMUC INJ	202.05	00 00							
08	43239	UPPER GI ENDOSCOPY,BIOPSY	202.05	00 00						X	
08	43240	ESOPH ENDOSCOPE W/DRAIN CYST	202.05	00 00							
08	43241	UPPER ENDOSCOPY W/TUBE/CATH.PLACE	202.05	00 00							
08	43242	UPPR GI ENDOSCOPY W/US FN BX	202.05	00 00							
08	43243	SEE 43235;INJECT SCLEROSIS ESOPH ...	202.05	00 00							
08	43244	UPPER GASTROINTESTINAL ENDOSCOPY INC	202.05	00 00							
08	43245	UPPER GI ENDOSCOPY FOR DILAT	202.05	00 00						X	
08	43246	UPPER GI ENDOSCOPY,TUBE PLCMNT	202.05	00 00						X	
08	43247	OPERATIVE UPPER GI ENDOSCOPY	202.05	00 00						X	
08	43248	UPPER GASTROINTESTINAL ENDOSCOPY	202.05	00 00							
08	43249	ESOPHAGUS ENDOSCOPY, DILATION	202.05	00 00							

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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	43250	UPPER GASTROINTESTINAL ENDOSCOPY INC	202.05	00 00							
08	43251	OPERATIVE UPPER GI ENDOSCOPY	202.05	00 00						X	
08	43255	OPERATIVE UPPER GI ENDOSCOPY	202.05	00 00							
08	43256	UPPR GI ENDOSCOPY W STENT	240.52	00 00							
08	43257	UPPR GI SCOPE W/THRML TXMNT	240.52	00 00							
08	43258	OPERATIVE UPPER GI ENDOSCOPY	202.05	00 00						X	
08	43259	UPPER GASTROINTESTINAL ENDOSCOPY INC	240.52	00 00							
08	43260	UPPER GI ENDOSCOPY, DIAGNOSIS	202.05	00 00							
08	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	202.05	00 00							
08	43262	OPERATIVE UPPER GI ENDOSCOPY	202.05	00 00							
08	43263	ERCP W-W/O SPEC.COLL/SPHIN.OF ODDI	202.05	00 00							
08	43264	OPERATIVE UPPER GI ENDOSCOPY	202.05	00 00							
08	43265	SEE 43260; DISTRUCT LITHOTRIPSY-STON	202.05	00 00							
08	43267	ERCP-INSERT DRAINAGE TUBES	202.05	00 00							
08	43268	ERCP-INSERT TUBE/STENT	202.05	00 00							
08	43269	SEE 43260; REMOVE/CHANGE TUBE/STENT.	202.05	00 00							
08	43271	ERCP-BALLOON DILATION/AMPULLA	202.05	00 00							
08	43272	ERCP-ABLATION TUMOR OR LESION	202.05	00 00							
08	43450	DILATE ESOPHAGUS	202.05	00 00							
08	43453	DILATE ESOPHAGUS	202.05	00 00							
08	43456	DILATE ESOPHAGUS	202.05	00 00							
08	43458	DILATION OF ESOPHAGUS WITH BALLOON	202.05	00 00							
08	43600	BIOPSY OF STOMACH	202.05	00 00							
08	43653	LAPAROSCOPY, GASTROSTOMY	293.87	00 00							
08	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	202.05	00 00							
08	43761	REPOSITIONING OF THE GASTRIC FEEDING	202.05	00 00							
08	43870	REPAIR STOMACH OPENING	202.05	00 00							
08	44100	BIOPSY OF BOWEL	202.05	00 00							
08	44312	REVISION OF ILEOSTOMY	202.05	00 00							
08	44340	REVISION OF COLOSTOMY	258.89	00 00						X	
08	44360	SMALL BOWEL ENDOSCOPY	202.05	00 00							
08	44361	SMALL BOWEL ENDOSCOPY, BIOPSY	202.05	00 00							
08	44363	SMALL BOWEL ENDOSCOPY	202.05	00 00							
08	44364	SMALL BOWEL ENDOSCOPY	202.05	00 00							
08	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	202.05	00 00							
08	44366	SMALL BOWEL ENDOSCOPY	202.05	00 00							
08	44369	SMALL BOWEL ENDOSCOPY	202.05	00 00							
08	44370	SMALL BOWEL ENDOSCOPY/STENT	293.87	00 00							
08	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	202.05	00 00							
08	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	202.05	00 00							
08	44376	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	202.05	00 00							
08	44377	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	202.05	00 00							
08	44378	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	202.05	00 00							
08	44379	S BOWEL ENDOSCOPE W/STENT	293.87	00 00							
08	44380	SMALL BOWEL ENDOSCOPY	202.05	00 00							

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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	44382	SMALL BOWEL ENDOSCOPY	202.05	00 00							
08	44383	LLEOSCOPY W/STENT	293.87	00 00							
08	44385	ENDOSCOPY OF BOWEL POUCH	202.05	00 00							
08	44386	FIBEROPTIC EVAL/BX/SPEC COLL	202.05	00 00							
08	44388	COLON ENDOSCOPY	202.05	00 00							
08	44389	COLON ENDOSCOPY	202.05	00 00							
08	44390	COLON ENDOSCOPY	202.05	00 00							
08	44391	COLON ENDOSCOPY	202.05	00 00							
08	44392	COLON ENDOSCOPY	202.05	00 00							
08	44393	FIBEROPTIC COLONOSCOPY THROUGH COLOS	202.05	00 00							
08	44394	COLONOSCOPY THROUGH STOMACH	202.05	00 00							
08	45000	DRAINAGE OF PELVIC ABSCESS	202.05	00 00							
08	45005	DRAINAGE OF RECTAL ABSCESS	202.05	00 00							
08	45020	DRAINAGE OF RECTAL ABSCESS	202.05	00 00						X	
08	45100	BIOPSY OF RECTUM	202.05	00 00							
08	45108	REMOVAL OF ANORECTAL LESION	202.05	00 00							
08	45150	EXCISION OF RECTAL STRICTURE	202.05	00 00							
08	45160	EXCISION OF RECTAL LESION	202.05	00 00							
08	45190	DESTRUCTION, RECTAL TUMOR	293.87	00 00							X
08	45300	PROCTOSIGMOIDOSCOPY;DIAGNOSTIC	202.05	00 00						X	
08	45303	PROCTOSIGMOIDOSCOPY W/DILATION	202.05	00 00						X	
08	45305	PROCTOSIGMOIDOSCOPY W/BIOPSY	202.05	00 00						X	
08	45307	PROCTOSIGMOIDOSCOPY;REMOVE FOR	202.05	00 00						X	
08	45308	PROCTOSIGMIDOSCOPY,RIGID;	202.05	00 00							
08	45309	PROCTOSIGMOIDOSCOPY, RIGID;	202.05	00 00							
08	45315	PROCTOSIGMOIDOSCOPY;REMOVE MUL	202.05	00 00						X	
08	45317	PROCTOSIGMOIDOSCOPY HEMORRHAGE CONT	202.05	00 00							
08	45320	PROCTOSIGMOIDOSCIPY; ABLATE TUMOR	202.05	00 00							
08	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	202.05	00 00							
08	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC	202.05	00 00						X	
08	45331	SIGMOIDOSCOPY,FLEX FIBEROPTIC W/A	202.05	00 00						X	
08	45332	SIGMOIDOSCOPY;DIAGNOSTIC	202.05	00 00						X	
08	45333	SIGMOIDOSCOPY;DIAGNOSTIC	202.05	00 00						X	
08	45334	SIGMOIDOSCOPY; DIAGNOSTIC	202.05	00 00							
08	45335	SIGMOIDOSCOPY W/SUBMUC INJ	202.05	00 00							
08	45337	SIGMOIDOSCOPY; DECOMPRESS	202.05	00 00							
08	45338	SIGMOIDOSCOPY, FLEXIBLE;	202.05	00 00							
08	45339	SIGMOIDOSCOPY, FLEXIBLE;	202.05	00 00							
08	45340	SIG W/BALLOON DILATION	202.05	00 00							
08	45355	COLON, TRANSABD VIA COLOT, SING/MULT	202.05	00 00							
08	45378	DIAGNOSTIC COLONOSCOPY	202.05	00 00							
08	45379	COLONOSCOPY	202.05	00 00							
08	45380	COLONOSCOPY AND BIOPSY	202.05	00 00							
08	45381	COLONOSCOPY, SUBMUCOUS INJ	202.05	00 00							
08	45382	COLONOSCOPY, CONTROL BLEEDING	202.05	00 00							

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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	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	202.05	00 00							
08	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	202.05	00 00							
08	45385	COLONOSCOPY, LESION REMOVAL	202.05	00 00							
08	45386	COLONOSCOPY DILATE STRICTURE	202.05	00 00							
08	45500	REPAIR OF RECTUM	202.05	00 00							
08	45505	REPAIR OF RECTUM	202.05	00 00							
08	45560	REPAIR OF RECTOCELE	202.05	00 00							
08	45900	REDUCTION OF RECTAL PROLAPSE	202.05	00 00						X	
08	45905	DILATION OF ANAL SPHINCTER	202.05	00 00						X	
08	45910	DILATION OF RECTAL NARROWING	202.05	00 00						X	
08	45915	REMOVE RECTAL OBSTRUCTION	202.05	00 00							
08	45990	SURG DX EXAM ANORECTAL	202.05	00 00							
08	46020	PLACEMENT OF SETION	240.52	00 00							
08	46030	REMOVAL OF RECTAL MARKER	202.05	00 00							
08	46040	INCISION OF RECTAL ABSCESS	240.52	00 00							
08	46045	INCISION OF RECTAL ABSCESS	202.05	00 00							
08	46050	INCISION OF ANAL ABSCESS	202.05	00 00							
08	46060	INCISION OF RECTAL ABSCESS	240.52	00 00						X	
08	46080	INCISION OF ANAL SPHINCTER	240.52	00 00							
08	46200	REMOVAL OF ANAL FISSURE	240.52	00 00						X	
08	46220	REMOVAL OF ANAL TAB	202.05	00 00							
08	46221	LIGATION OF HEMORRHOIDS	258.89	00 00						X	
08	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	240.52	00 00							
08	46255	HEMORRHOIDECTOMY	240.52	00 00							
08	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	240.52	00 00							
08	46258	REMOVE HEMORRHOIDS & FISTULA	240.52	00 00							
08	46260	HEMORRHOIDECTOMY	240.52	00 00							
08	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	240.52	00 00							
08	46262	REMOVE HEMORRHOIDS & FISTULA	240.52	00 00							
08	46270	SURGICAL TREATMENT OF ANAL FISTULA	240.52	00 00						X	
08	46275	REMOVAL OF ANAL FISTULA	240.52	00 00						X	
08	46280	REMOVAL PF ANAL FISTULA	240.52	00 00							
08	46285	SURGICAL TREATMENT OF ANAL FISTULA	202.05	00 00							
08	46288	REPAIR ANAL FISTULA	240.52	00 00							
08	46320	REMOVAL OF HEMORRHOID CLOT	258.89	00 00						X	
08	46608	ANOSCOPY, REMOVE FOREIGN BODY	202.05	00 00							
08	46610	ANPSCOPY; REMOVE POLYP	202.05	00 00							
08	46611	ANOSCOPY;	202.05	00 00							
08	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	202.05	00 00							
08	46615	ANOSCOPY	202.05	00 00							
08	46700	REPAIR OF ANAL STRICTURE	240.52	00 00							
08	46750	REPAIR OF ANAL SPHINCTER	240.52	00 00							
08	46753	RECONSTRUCTION OF ANUS	240.52	00 00							
08	46754	REMOVAL OF SUTURE FROM ANUS	202.05	00 00							
08	46760	REPAIR OF ANAL SPHINCTER	202.05	00 00							

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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	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	240.52	00 00							
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	293.87	00 00							
08	46917	DESTROY ANAL ESOPM (S); LASER SURG	202.05	00 00							
08	46922	DESTROY ANAL LESION(S)-SURG EXCISION	202.05	00 00							
08	46924	DESTRUCTION, ANAL LESION(S)	202.05	00 00							
08	46946	LIGATION OF HEMORRHOIDS	202.05	00 00							
08	47000	NEEDLE BIOPSY OF LIVER	240.52	00 00					X		
08	47510	INSERT CATHETER FOR BILARY DRAINAGE	202.05	00 00							
08	47511	INSERT BILE DUCT DRAIN	293.87	00 00							
08	47525	CHANGE PERCU BILLIARY DRAIN CATHETER	202.05	00 00							
08	47530	T-TUBE REVISION AND/OR REINSERTION	202.05	00 00							
08	47552	BILIARY ENDOSCOPY...;DIAGNOSTIC	202.05	00 00							
08	47553	BILIARY ENDOSCOPY...; BX &SPEC. COLL	240.52	00 00							
08	47554	BILIARY ENDOSCOPY...; REMOVE STONES	240.52	00 00							
08	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	240.52	00 00							
08	47556	BILIARY ENDOSCOPY THRU SKIN	293.87	00 00							X
08	47560	LAPAROSCOPY W/CHOLANGIO	240.52	00 00							
08	47561	LAPARO W/CHOLANGIO/BIOPSY	240.52	00 00							
08	47630	REMOVE BILE DUCT STONE	240.52	00 00							
08	48102	BX PANCREAS; PERCUTANEOUS NEEDLE	202.05	00 00							
08	49080	REMOVAL OF ABDOMINAL FLUID	202.05	00 00							
08	49081	REMOVAL OF ABDOMINAL FLUID	202.05	00 00							
08	49180	NEEDLE BX, ABDOMINAL/RETROPERI MASS	202.05	00 00							
08	49250	EXCISION OF UMBILICUS	240.52	00 00							
08	49320	DIAG LAPARO SEPARATE PROC	240.52	00 00							
08	49321	LAPAROSCOPY, BIOPSY	240.52	00 00							
08	49322	LAPAROSCOPY, ASPIRATION	240.52	00 00							
08	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	202.05	00 00							
08	49420	INSERT ABDOMINAL DRAIN	202.05	00 00							
08	49421	INSERT PERM CANNULA/CATH-DRAIN/DIALY	202.05	00 00							
08	49422	REMOVE PERM CANNULA/CATHETER	202.05	00 00							
08	49426	REVISION OF PERITONEAL-VENOUS SHUNT	202.05	00 00							
08	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	240.52	00 00							
08	49496	REPAIR INITIAL INGUINAL HERVIA, UNDE	240.52	00 00							
08	49500	REPAIR INGUINAL HERNIA	293.87	00 05					X		
08	49501	RPR ING HERINIA, BLOCKED	293.87	00 05							X
08	49505	REPAIR INGUINAL HERNIA	293.87	05 99					X		
08	49507	RPR I/HERN INIT BLOCK>5 YR	293.87	05 99							
08	49520	REPAIR INGUINAL HERNIA	293.87	05 99					X		
08	49521	REREPAIRING HERNIA BLOCKED	293.87	05 99							
08	49525	REPAIR INGUINAL HERNIA	240.52	05 99							
08	49540	REPAIR LUMBAR HERNIA	202.05	05 99							
08	49550	REPAIR FEMORAL HERNIA	293.87	05 99					X		
08	49553	RPR FEM HERNIA, INIT BLOCKED	293.87	05 99							
08	49555	REPAIR FEMORAL HERNIA	258.89	05 99							

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR FEBRUARY 05, 2009-JULY 31, 2010

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	293.87	05 99							
08	49560	REPAIR ABDOMINAL HERNIA	293.87	05 99					X		
08	49561	RPR VENTRAL HERN INIT, BLOC	293.87	05 99							
08	49565	REREPAIR ABDOMINAL HERNIA	240.52	05 99							
08	49566	REREPAIR VENTRAL HERN INIT, BLOC	293.87	05 99							
08	49568	IMPLANTATION OF MESH OR OTHER PROSTH	293.87	05 99							
08	49570	REPAIR EPIGASTRIC HERNIA	240.52	05 99							
08	49572	RPR EPIGASTRIC HERN, BLOCKED	293.87	05 99							
08	49580	REPAIR UMBILICAL HERNIA	293.87	00 05					X		
08	49582	RPR UMBIL HERN, BLOCK<5 YR	293.87	00 05							
08	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS	240.52	00 05							
08	49587	RPR UMBIL HERN, BLOCK > 5 YR	293.87	00 05							
08	49590	REPAIR ABDOMINAL HERNIA	293.87	00 05					X		
08	49600	REPAIR UMBILICAL LESION	240.52	00 05							
08	49650	LAP ING HERNIA REPAIR INIT	240.52	00 05							
08	49651	LAP ING HERNIA REPAIR RECUR	293.87	00 05							
08	50200	BIOPSY OF KIDNEY	202.05	00 05							
08	50390	DTAINAGE OF KIDNEY LESION	202.05	00 05							
08	50392	INTROD CATH RENAL PELVIS, PERC	202.05	00 05							
08	50393	INTR URET CATH/STENT IN URETER	202.05	00 05							
08	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	202.05	00 05							
08	50396	MEASURE KIDNEY PRESSURE	202.05	00 05							
08	50398	CHANGE KIDNEY TUBE	202.05	00 05							
08	50551	KIDNEY ENDOSCOPY	202.05	00 05							
08	50553	KIDNEY ENDOSCOPY	202.05	00 05							
08	50555	KIDNEY ENDOSCOPY & BIOPSY	202.05	00 05							
08	50557	KIDNEY ENDOSCOPY AND TREATMENT	202.05	00 05							
08	50561	KIDNEY ENDOSCOPY AND TREATMENT	202.05	00 05							
08	50688	CHANGE OF URETER TUBE	202.05	00 05							
08	50947	LAPARO NEW URETER/BLADDER	293.87	00 05							
08	50948	LAPARO NEW URETER/BLADDER	293.87	00 05							
08	50951	ENDOSCOPY OF URETER	202.05	00 05							
08	50953	ENDOSCOPY OF URETER	202.05	00 05							
08	50955	URETER ENDOSCOPY & BIOPSY	202.05	00 05							
08	50957	URETER ENDOSCOPY AND TREATMENT	202.05	00 05							
08	50961	URETER ENDOSCOPY	202.05	00 05							
08	50970	URETER ENDOSCOPY	202.05	00 05							
08	50972	URETER ENDOSCOPY AND CATHETER	202.05	00 05							
08	50974	URETER ENDOSCOPY AND BIOPSY	202.05	00 05							
08	50976	URETER ENDOSCOPY AND TREATMENT	202.05	00 05							
08	50980	URETER ENDOSCOPY AND TREATMENT	202.05	00 05							
08	51020	INCISE & TREAT BLADDER	240.52	00 05							
08	51030	INCISE & TREAT BLADDER	240.52	00 05							
08	51040	INCISE BLADDER, DRAIN URETER	240.52	00 05							
08	51045	INCISE BLADDER,DRAIN URETER	240.52	00 05							

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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	51050	REMOVAL OF BLADDER STONE	240.52	00 05							
08	51065	REMOVAL OF URETER STONE	240.52	00 05							
08	51080	DRAINAGE OF BLADDER ABSCESS	240.52	00 05							
08	51500	REMOVAL OF BLADDER CYST	240.52	00 05					X		
08	51520	REMOVAL OF BLADDER LESION	240.52	00 05							
08	51710	CHANGE OF BLADDER TUBE	202.05	00 05							
08	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	240.52	00 05							
08	51726	COMPLEX CYSTOMETROGRAM	202.05	00 05							
08	51785	ELECTROMYOGRAPHY	202.05	00 05							
08	51880	REPAIR OF BLADDER OPENING	202.05	00 05							
08	52000	CYSTOSCOPY	202.05	00 05					X		
08	52001	CYSTOSCOPY, REMOVAL OF CLOTS	202.05	00 05							
08	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	202.05	00 05							
08	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	202.05	00 05							
08	52010	CYSTOSCOPY & DUCT CATHETER	202.05	00 05							
08	52204	CYSTOURETHROSCOPY WITH BIOPSY	202.05	00 05					X		
08	52214	CYSTOURETHROSCOPY W/FULGURATIO	202.05	00 05					X		
08	52224	CYSTOURETHROSCOPY W/ FULGURATION	202.05	00 05					X		
08	52234	CYSTOURETHROSCOPY WITH FULGURATION	258.89	00 05					X		
08	52235	CYSTOURETHROSCOPY WITH FULGURATION	240.52	00 05					X		
08	52240	CYSTOURETHROSCOPY WITH FULGURATION	258.89	00 05					X		
08	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	240.52	00 05							
08	52260	CYSTOSCOPY & TREATMENT	202.05	00 05					X		
08	52270	CYSTOSCOPY & REVISE URETHRA	202.05	00 05							
08	52275	CYSTOSCOPY & REVISE URETHRA	202.05	00 05							
08	52276	CYSTOURETHROSCOPY W/DIRECT VISION	240.52	00 05							
08	52277	CYSTOSCOPY AND TREATMENT	202.05	00 05					X		
08	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	202.05	00 05							
08	52282	CYSTOSCOPY, IMPLANT STENT	293.87	00 05							
08	52283	CYSTOURETHROSCOPY, STEROID INJECTION	202.05	00 05							
08	52285	CYSTOSCOPY AND TREATMENT	202.05	00 05					X		
08	52290	CYSTOSCOPY AND TREATMENT	202.05	00 05					X		
08	52300	CYSTOSCOPY AND TREATMENT	202.05	00 05							
08	52305	CYSTOSCOPY AND TREATMENT	202.05	00 05					X		
08	52310	CYSTOSCOPY AND TREATMENT	202.05	00 05					X		
08	52315	CYSTOSCOPY AND TREATMENT	202.05	00 05							
08	52317	LITHOLAPAXY, SIMPLE; SMALL	202.05	00 05							
08	52318	LITHOLAPAXY; COMPLICATED OR LARGE-2.5	202.05	00 05							
08	52320	CYSTOSCOPY AND TREATMENT	258.89	00 05							
08	52325	CYSTOURETHROSCOPY, FRAGMENT CALCULUS	240.52	00 05							
08	52327	CYSTOSCOPY, INJECT MATERIAL	202.05	00 05							
08	52330	CYSTOSCOPY AND TREATMENT	202.05	00 05							
08	52332	CYSTOURETHROSCOPY/INSERT STENT	202.05	00 05							
08	52334	CYSTO TO EST PERC NEPHROSTOMY, RETRO	240.52	00 05							
08	52341	CYSTO W/URETER STRICTURE TX	240.52	00 05							

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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	52342	CYSTO W/UP STRICTURE TX	240.52	00 05							
08	52343	CYSTO W/RENAL STRICTURE TX	240.52	00 05							
08	52344	CYSTO/URETERO, STONE REMOVE	240.52	00 05							
08	52345	CYSTO/URETERO W/UP STRICTURE	240.52	00 05							
08	52346	CYSTOURETERO W/RENAL STRICT	240.52	00 05							
08	52351	CYSTOURETRO & OR PYELOSCOPE	240.52	00 05							
08	52352	CYSTOURETRO W/STONE REMOVE	240.52	00 05							
08	52353	CYTOUTRETERO W/LITHOTRIPSY	240.52	00 05							
08	52354	CYSTOURETERO W/BIOPSY	240.52	00 05							
08	52355	CYSTOURETERO W/EXCISE TUMOR	240.52	00 05							
08	52400	CYSTOURETRO & OR PYELOSCOPE	240.52	00 05							
08	52450	TRANSURETHRAL INCISION OF PROSTATE	240.52	00 05						M	
08	52500	REVISION OF BLADDER NECK	240.52	00 05						M	
08	52601	PROSTATECTOMY (TUR)	240.52	00 05						M	
08	52630	REMOVE PROSTATE REGROWTH	202.05	00 05						M	
08	52640	RELIEVE BLADDER CONTRAC	202.05	00 05						M	
08	52647	LASER SURGERY OF PROSTATE	293.87	00 05						M	
08	52648	LASER SURGERY OF PROSTATE	293.87	00 05						M	
08	52700	DRAINAGE OF PROSTATE ABSCESS	202.05	00 05						M	
08	53000	INCISION OF URETHRA	202.05	00 05							
08	53010	INCISION OF URETHA	202.05	00 05							
08	53020	INCISION OF URETHRA	202.05	01 99							
08	53040	DRAINAGE OF URETHRA ABSCESS	202.05	01 99							
08	53080	DRAINAGE OF URINARY LEAKAGE	240.52	01 99							
08	53200	BIOPSY OF URETHRA	202.05	01 99							
08	53210	URETHRECTOMY, TOT, W/CYSTOSTOMY; FEMALE	258.89	01 99						F	
08	53215	URETHRECTOMY, TOTO, W/CYSTOSTOMY; MALE	258.89	01 99						M	
08	53220	TREATMENT OF URETHRA LESION	202.05	01 99							
08	53230	EXCISE URETHRAL DIVERTICULUM, FEMALE	202.05	01 99						F	
08	53235	EXCISE URETHRAL DIVERTICULUM; MALE	240.52	01 99						M	
08	53240	MARSUPIALIZE URETH. DIVERT, MALE/FEMAL	202.05	01 99							
08	53250	REMOVAL OF URETHRA GLAND	202.05	01 99							
08	53260	TREATMENT OF URETHRA LESION	202.05	01 99							
08	53265	TREATMENT OF URETHRA LESION	202.05	01 99							
08	53270	REMOVAL OF URETHRA GLAND	202.05	01 99						F	
08	53275	REPAIR OF URETHRA DEFECT	202.05	01 99							
08	53400	REVISE URETHRA, 1ST STAGE	240.52	01 99							
08	53405	REVISE URETHRA, 2ND STAGE	202.05	01 99							
08	53410	URETHROPLASTY... MALE ANTERIOR URETH.	202.05	01 99						M	
08	53420	RECONSTRUCT URETHRA, STAGE 1	240.52	01 99							
08	53425	RECONSTRUCT URETHRA, STAGE 2	202.05	01 99							
08	53430	URETHROPLASTY, RECON FEMALE URETHRA	202.05	01 99						F	
08	53431	RECONSTRUCT URETHRA/BLADDER	202.05	01 99							
08	53440	CORRECT MALE URIN. INCONT, WIWO PROSTH	202.05	01 99						M	
08	53442	PERINEAL PROSTHESIS REMOVAL	202.05	01 99						M	

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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	53444	INSERT TANDEM CUFF	202.05	01 99							
08	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	202.05	01 99							
08	53446	REMOVE URO SPHINCTER	202.05	01 99							
08	53447	INFLATABLE SPHINCTER REMOVAL	202.05	01 99							
08	53449	CORRECTION OF ABNORMAL SPHINCTER	202.05	01 99							
08	53450	REVISION OF URETHRA	202.05	01 99							
08	53460	REVSION OF URETHRA	202.05	01 99							
08	53502	URETHORRHAPHY...SUTURE...;FEMALE	202.05	01 99			F				
08	53505	URETHORRHAPHY...SUTURE...;PENILE	202.05	01 99			M				
08	53510	REPAIR OF URETHRA INJURY	202.05	01 99							
08	53515	REPAIR OF URETHRA INJURY	202.05	01 99							
08	53520	CLOSE URETHROSTOMY...FISTYLE,MALE	202.05	01 99			M				
08	53600	DILATE URETHRA STRICTURE	202.05	01 99			M		X		
08	53601	DILATE URETHRA STRICTURE	202.05	01 99			M		X		
08	53605	DILATE URETHRA STRICTURE	202.05	01 99			M		X		
08	53620	DILATE URETHRA STRICTURE	202.05	01 99			M		X		
08	53621	DILATE URETHRA STRICTURE	202.05	01 99			M		X		
08	53660	DILATION OF URETHRA	202.05	01 99			F		X		
08	53661	DILATION OF URETHRA	202.05	01 99			F		X		
08	53665	DILATION OF URETHRA	202.05	01 99			F		X		
08	53850	PROSTATIC MICROWAVE THERMOTX	293.87	01 99							
08	54000	SLITTING OF PREPUCE	202.05	01 99			M		X		
08	54001	SLITTING OF PREPUCE	202.05	01 99			M		X		
08	54015	DRAIN PENIS LESION	240.52	01 99							
08	54057	DESTROY PENILE LESION; LASER SURGERY	202.05	01 99			M				
08	54060	TREATMENT OF PENIS LESION	202.05	01 99			M				
08	54065	TREATMENT OF PENIS LESION	202.05	01 99			M				
08	54100	BIOPSY OF PENIS	202.05	01 99			M				
08	54105	BIOPSY OF PENIS	202.05	01 99			M				
08	54110	TREATMENT OF PENIS LESION	202.05	01 99			M				
08	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	202.05	01 99			M				
08	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	202.05	01 99			M				
08	54115	TREATMENT OF PENIS LESION	202.05	01 99			M				
08	54120	PARTIAL REMOVAL OF PENIS	202.05	01 99			M				
08	54150	CIRCUMCISION	202.05	01 99			M				
08	54160	CIRCU	202.05	01 99			M				
08	54161	CIRCUMCISION	258.89	01 99			M		X		
08	54162	LYSIS PENIL CIRCUMIS LESION	202.05	01 99			M				
08	54163	REPAIR OF CIRCUMCISION	202.05	01 99			M				
08	54164	FRENULOTOMY OF PENIS	202.05	01 99			M				
08	54205	TREATMENT OF PENIS LESION	240.52	01 99			M				
08	54220	TREATMENT OF PENIS LESION	202.05	01 99			M				
08	54300	REVISION OF PENIS	240.52	01 99			M				
08	54304	PLASTIC OPERATION ON PENIS FOR CORRE	240.52	01 99			M				
08	54308	URETHROPLASTY...;LESS THAN 3 CMYPOS	240.52	01 99			M				

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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	54312	URETHROPLASTY...; MORE THAN 3 CM	240.52	01 99			M				
08	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	240.52	01 99			M				
08	54318	URETHROPLASTY/RELEASE FROM SCROTUM	240.52	01 99			M				
08	54322	ONE STAGE REP,W/SIMP.MEATAL ADVANCE	240.52	01 99			M				
08	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	240.52	01 99			M				
08	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	240.52	01 99			M				
08	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	240.52	01 99			M				
08	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	240.52	01 99			M				
08	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	240.52	01 99			M				
08	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	240.52	01 99			M				
08	54352	REP HYPOSPADIAS CRIPPLE .EXTENSIVE	240.52	01 99			M				
08	54360	PLASTIC PENILE REPAIR/ANGULATION	240.52	01 99			M				
08	54380	REPAIR PENIS	240.52	01 99			M				
08	54385	REPAIR PENIS	240.52	01 99			M				
08	54400	INSERT PENILE PROSTH.,NON-INFLATABLE	240.52	01 99			M				
08	54401	SEE 54400; INFLATABLE (SELF-CONTAIN-	240.52	01 99			M				
08	54405	INSERT INFLATABLE PENILE PROSTH	240.52	01 99			M				
08	54406	REMOVE MULTI-COMP PENIS PROS	240.52	01 99			M				
08	54408	REPAIR MULTI-COMP PENIS PROS	240.52	01 99			M				
08	54410	REMOVE/REPLACE PENIS PROSTH	240.52	01 99			M				
08	54415	REMOVE SELF-CONTD PENIS PROS	240.52	01 99			M				
08	54416	REMV/REPL PENIS CONTAIN PROS	240.52	01 99			M				
08	54420	REVISION OF PENIS	240.52	01 99			M				
08	54435	PENILE FISTULATION FOR PRIAPISM	240.52	01 99			M				
08	54440	PLASTIC REPAIR - PENIS, FOR INJURY	240.52	01 99			M				
08	54450	PREPUTIAL STRECHING	202.05	01 99			M				
08	54500	BIOPSY OF TESTIS	202.05	01 99			M		X		
08	54505	BIOPSY OF TESTIS	202.05	01 99			M		X		
08	54512	EXCISE LESION TESTIS	202.05	01 99			M				
08	54520	REMOVAL OF TESTIS	240.52	01 99			M		X		
08	54522	ORCHIECTOMY, PARTIAL	240.52	01 99			M				
08	54530	REMOVAL TO TESTIS	240.52	01 99			M				
08	54550	EXPLORATION FOR TESTIS	240.52	01 99			M				
08	54600	REDUCE TESTIS TORSION	240.52	01 99			M				
08	54620	SUSPENSION OF TESTIS	240.52	01 99			M				
08	54640	SUSPENSION OF TESTIS	240.52	01 99			M				
08	54660	REVISION OF TESTIS	240.52	01 99			M				
08	54670	REPAIR TESTIS INJURY	240.52	01 99			M				
08	54680	RELOCATION OF TESTIS (ES)	240.52	01 99			M				
08	54690	LAPAROSCOPY, ORCHIECTOMY	293.87	01 99			M				
08	54700	DRAINAGE OF SCROTUM	240.52	01 99			M		X		
08	54800	BIOPSY OF EPIDIDYMIS	202.05	01 99			M				
08	54830	REMOVE EPIDIDYMIS LESION	240.52	01 99			M				
08	54840	REMOVE EPIDIDYMIS LESION	240.52	01 99			M				
08	54860	REMOVAL OF EPIDIDYMIS	240.52	01 99			M				

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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	54861	REMOVAL OF EPIDIDYMES	240.52	01 99			M				
08	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	202.05	01 99			M				
08	55000	DRAINAGE OF HYDROCELLE	258.89	01 99			M	X			
08	55040	REMOVAL OF HYDROCELLE	258.89	01 99			M	X			
08	55041	REMOVAL OF HYDROCELLE	258.89	01 99			M	X			
08	55060	REPAIR OF HYDROCELE	240.52	01 99			M				
08	55100	DRAINAGE OF SCROTUM ABSCESS	202.05	01 99			M				
08	55110	SCROTAL EXPLORATION	202.05	01 99			M				
08	55120	REMOVAL OF SCROTUM LESION	202.05	01 99			M				
08	55150	REMOVAL OF SCROTUM	202.05	01 99			M				
08	55175	SCROTOPLASTY	202.05	01 99			M				
08	55180	SCROTOPLASTY;	202.05	01 99			M				
08	55200	INCISION OF SPERM DUCT	202.05	01 99			M				
08	55250	VASECTOMY UNILATERAL OR BILATERAL	293.87	21 99	X		M	X			
08	55400	REPAIR OF SPERM DUCT	202.05	21 99			M				
08	55450	LIGATION OF VAS DEFERENS	293.87	21 99			M	X			
08	55500	REMOVAL OF HYDROCELLE	258.89	21 99			M	X			
08	55520	REMOVAL OF SPERM CORD LESION	240.52	21 99			M				
08	55530	REVISE SPERMATIC CORD VEINS	293.87	21 99			M	X			
08	55535	REVISE SPERMATIC CORD VEINS	240.52	21 99			M				
08	55540	REVISE HERNIA & SPERM VEINS	258.89	21 99			M				
08	55550	LAPARO LIGATE SPERMATIC VEIN	293.87	21 99			M				
08	55680	REMOVE SPERM POUCH LESION	202.05	21 99			M				
08	55700	BIOPSY OF PROSTATE	202.05	21 99			M	X			
08	55705	BIOPSY OF PROSTATE	202.05	21 99			M				
08	55720	DRAINAGE OF PROSTATE ABSCESS	202.05	21 99			M				
08	55725	DRAINAGE OF PROSTATE ABSCESS	202.05	21 99			M				
08	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	293.87	21 99			M				
08	56420	DRAINAGE OF VULVA ABSCESS	202.05	21 99			F	X			
08	56440	SURGERY FOR VULVA LESION	202.05	21 99			F	X			
08	56441	LYSIS OF LABIAL ADHESIONS	202.05	21 99							
08	56442	HYMENOTOMY, SIMPLE INCISION	202.05	21 99			F				
08	56515	TREATMENT OF VULVA LESIONS	240.52	21 99			F				
08	56620	PARTIAL REMOVAL OF VULVA	258.89	21 99			F				
08	56625	REMOVAL OF VULVAL	293.87	21 99			F				
08	56700	PARTIAL REMOVAL OF HYMEN	293.87	21 99			F	X			
08	56740	REMOVE VAGINA GLAND LESION	240.52	21 99			F				
08	56800	REPAIR OF VAGINA	240.52	21 99			F				
08	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	258.89	21 99			F				
08	57000	EXPLORATION OF VAGINA	258.89	21 99			F	X			
08	57010	DRAINAGE OF PELVIC ABSCESS	258.89	21 99			F	X			
08	57020	DRAINAGE OF PELVIC FLUID	202.05	21 99			F	X			
08	57023	I & D VAG HEMOTOMA TRAUMA	202.05	21 99			F				
08	57065	DESTROY VAGINAL LESION(S);TEXTENSIVE	202.05	21 99			F				
08	57100	BIOPSY OF VAGINA	202.05	21 99			F	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	57105	BIOPSY OF VAGINA	202.05	21 99			F	X			
08	57130	REMOVE VAGINA LESION	202.05	21 99			F				
08	57135	REMOVE VAGINA LESION	240.52	21 99			F	X			
08	57180	TREAT NON-OBSTERTRICAL HEMORRHAGE	202.05	21 99			F				
08	57200	REPAIR OF VAGINA	202.05	21 99			F				
08	57210	REPAIR VAGINA/PERINEUM	202.05	21 99			F				
08	57220	REVISION OF URETHRA	240.52	21 99			F				
08	57230	REPAIR OF URETHRAL LESION	240.52	21 99			F				
08	57240	REPAIR BLADDER & VAGINA	258.89	21 99			F				
08	57250	REPAIR RECTUM & VAGINA	258.89	21 99			F				
08	57260	REPAIR OF VAGINA	258.89	21 99			F				
08	57265	EXTENSIVE REPAIR OF VAGINA	293.87	21 99			F				
08	57267	INSERT MESH/PELVIC FLR ADD-ON	293.87	21 99			F				
08	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	240.52	21 99			F				
08	57289	REPAIR BLADDER & VAGINA	258.89	21 99			F				
08	57291	CONSTRUCTION OF VAGINA	258.89	21 99			F				
08	57300	REPAIR RECTUM-VAGINA FISTULA	240.52	21 99			F				
08	57400	DILATION OF VAGINA	202.05	21 99			F	X			
08	57410	PELVIC EXAMINATION	202.05	21 99			F	X			
08	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	202.05	21 99			F				
08	57500	BIOPSY OF CERVIX	202.05	21 99			F	X			
08	57505	ENDOCERVICAL CURETTAGE	202.05	21 99			F	X			
08	57510	CAUTERIZATION OF CERVIX	293.87	21 99			F	X			
08	57511	CRYOCAUTERY OF CERVIX	293.87	21 99			F	X			
08	57513	LASER SURGERY	293.87	21 99			F	X			
08	57520	BIOPSY OF CERVIX	202.05	21 99			F				
08	57522	CONIZATION OF CERVIX	202.05	21 99			F				
08	57530	REMOVAL OF CERVIX	240.52	21 99			F				
08	57550	REMOVAL OF RESIDUAL CERVIX	240.52	21 99			F				
08	57556	REMOVE CERVIX, REPAIR BOWEL	258.89	21 99			F				
08	57558	DILATION AND CURETTAGE OF CERVICALS	202.05	21 99			F				
08	57700	REVISION OF CERVIX	202.05	21 99			F				
08	57720	REVISION OF CERVIX	240.52	21 99			F				
08	57800	DILATION OF CERVICAL CANAL	258.89	21 99			F	X			
08	58120	DILATION AND CURETTAGE	258.89	12 99			F	X			
08	58145	REMOVAL OF UTERUS LESION	258.89	12 99			F				
08	58350	REOPEN FALLOPIAN TUBE	240.52	12 99			F				
08	58353	ENDOMETER ABILGATE, THERMAL	240.52	12 99			F				
08	58545	LAPAROSCOPIC MYOMECTOMY	293.87	12 99			F				
08	58546	LAPARO-MYMECTOMY, COMPLEX	293.87	12 99			F				
08	58550	LAPARO-ASST VAG HYSTERECTOMY	293.87	12 99			F				
08	58555	HYSTEROSCOPY	202.05	12 99			F				
08	58558	HYSTEROSCOPY, BIOPSY	240.52	12 99			F				
08	58559	HYSTEROSCOPY, LYSIS	202.05	12 99			F				
08	58560	HYSTEROSCOPY, RESCT SEPTUM	240.52	12 99			F				

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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	58561	HYSTEROSCOPY, REMOVE MYOMA	240.52	12 99			F				
08	58562	HYSTEROSCOPY, REMOVE FB	240.52	12 99			F				
08	58563	HYSTEROSCOPY, ABLATION	240.52	12 99			F				
08	58600	DIVISION OF FALLOPIAN TUBE	293.87	21 55	X		F	X			
08	58615	OCCCLUSION OF FALLOPIAN TUBES	293.87	21 55	X		F	X			
08	58660	LAPAROSCOPY LYSIS	258.89	21 55			F				
08	58661	LAPAROSCOPY, REMOVE ADNEXA	258.89	21 55			F				
08	58662	LAPAROSCOPY, EXCISE LESIONS	258.89	21 55			F				
08	58670	LAPAROSCOPY, TUBAL CAUTERY	240.52	21 55			F				
08	58671	LAPAROSCOPY, TUBAL BLOCK	240.52	21 55			F				
08	58673	LAPAROSCOPY, SALPINGOSTOMY	258.89	21 55			F				
08	58800	DRAINAGE OF OVARIAN CYST (S)	240.52	21 55			F				
08	58820	DRAINAGE OF OVARIAN ABSCESS	240.52	21 55			F				
08	58900	BIOPSY OF OVARY (S)	240.52	21 55							
08	59160	D&C AFTER DELIVERY	240.52	10 60			F				
08	59320	CERCLAGE OF CERVIX DURING PREG, VAGIN	202.05	10 60			F				
08	59812	TREATMENT OF MISCARRIAGE	258.89	10 60	X		F				
08	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	258.89	10 60	X		F				
08	59821	TREAT MISSED ABORTION; SECOND TRIMES	258.89	10 60	X		F				
08	59840	THERAPEUTIC ABORTION	293.87	10 60	X		F	X			
08	59841	ABORTION BY DILATION & EVACUATION	293.87	10 60	X		F	X			
08	59870	UTERINE EVACUATION & CURETTAGE HYDAI	258.89	10 60	X		F				
08	59871	REMOVE CERCLAGE SUTURE	258.89	10 60			F				
08	60000	DRAIN THYROID/TONGE CYST	202.05	10 60							
08	60200	REMOVE THYROID LESION	258.89	10 60				X			
08	60280	REMOVE THYROID DUCT LESION	258.89	10 60				X			
08	60281	EXC. RECURRENT THYRO.DUCT CYST/SINUS	240.52	10 60							
08	61020	REMOVE BRAIN CAVITY FLUID	202.05	10 60							
08	61026	PUNCTURE BURR HOLE FOR INJECTION	202.05	10 60							
08	61050	REMOVE BRAIN CANL FLUID	202.05	10 60							
08	61055	CERVICAL PUNCTURE FOR INJECTION	202.05	10 60							
08	61070	BRAIN CANAL SHUNT PROCEDURE	202.05	10 60							
08	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	240.52	10 60							
08	61790	TREAT TRIGEMINAL NERVE	240.52	10 60							
08	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	240.52	10 60							
08	61795	STEREOTAC COMP ASSIST VOLUME	202.05	10 60							
08	61885	IMPLANT NEURORECEIVER	202.05	10 60							
08	61886	IMPLANT NEUROSTIM ARRAYS	240.52	10 60							
08	61888	REVISE/REMOVE NEURORECEIVER	202.05	10 60							
08	62194	REPLACE/IRRIGATE CATHETER	202.05	10 60							
08	62225	REPLACE/IRRIGATE CATHETER	202.05	10 60							
08	62230	REPLACE/REVISE BRAIN SHUNT	202.05	10 60							
08	62263	LYSIS EPIDURAL ADHESIONS	202.05	10 60							
08	62268	PERC ASPIRATE-SPINAL CORD OR SYRINX	202.05	10 60							
08	62269	BX SPINAL CORD, PERCUTANEOUS	202.05	10 60							

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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	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	202.05	10 60							
08	62272	REDUCE SPINAL FLUID PRESSURE	202.05	10 60							
08	62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT	202.05	10 60							
08	62280	TREAT SPINAL CORD LESION	202.05	10 60							
08	62281	TREAT SPINAL CORD LESION	202.05	10 60							
08	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	202.05	10 60							
08	62287	PERCUTANEOUS DISKECTOMY	293.87	10 60							
08	62294	INJECTION INTO SPINAL ARTERY	240.52	10 60							
08	62310	INJECT SPINE C/T	202.05	10 60							
08	62311	INJECT SPINE L/S	202.05	10 60							
08	62318	INJECT SPINE 2/CAT, C/T	202.05	10 60							
08	62319	INJECT SPINE W/CATH L/S (CD)	202.05	10 60							
08	62350	IMPLANT SPINAL CATHETER	202.05	10 60							
08	62355	REMOVE SPINAL CANAL CATHETER	202.05	01 99							
08	62360	INSERT SPINE INFUSION DEVICE	202.05	01 99							
08	62361	IMPLANT SPINE INFUSION PUMP	202.05	01 99							
08	62362	IMPLANT SPINE INFUSION PUMP	202.05	01 99							
08	62365	REMOVE SPINE INFUSION DEVICE	202.05	01 99							
08	62881	INJECTION OF NEUROLYTIC SUBSTANCE	202.05	01 99							
08	63600	REMOVE SPINAL CORD LESION	202.05	01 99							
08	63610	STIMULATION OF SPINAL CORD	202.05	01 99							
08	63650	IMPLANT NEUROELECTRODES	202.05	01 99							
08	63685	IMPLANT NEURORECEIVER	202.05	01 99							
08	63688	REVISE/REMOVE NEURORECEIVER	202.05	01 99							
08	63744	REVISION OF SPINAL SHUNT	240.52	01 99							
08	63746	REMOVAL OF SPINAL SHUNT	202.05	01 99							
08	64410	INJECTION FOR NERVE BLOCK	202.05	01 99							
08	64415	INJECTION FOR NERVE BLOCK	202.05	01 99							
08	64417	INJECTION FOR NERVE BLOCK	202.05	01 99							
08	64420	INJECTION FOR NERVE BLOCK	202.05	01 99							
08	64421	INJECTION FOR NERVE BLOCK	202.05	01 99							
08	64430	INJECTION FOR NERVE BLOCK	202.05	01 99							
08	64479	INJ FORAMEN EPIDURAL C/T	202.05	01 99							
08	64480	INJ FORAMN EPIDURAL ADD-ON	202.05	01 99							
08	64483	INJ FORAMEN EPIDURAL L/S	202.05	01 99							
08	64484	INJ FORAMEN EPIDURAL ADD-ON	202.05	01 99							
08	64510	INJECT SYMPATH NRV STELLATE GANGLION	202.05	01 99							
08	64520	INJECTION FOR NERVE BLOCK	202.05	01 99							
08	64530	INJECTION FOR NERVE BLOCK	202.05	01 99							
08	64553	IMPLANT NEUROELECTRODES	202.05	01 99							
08	64573	IMPLANT NEUROELECTRODES	202.05	01 99							
08	64575	IMPLANT NEUROELECTRODES	202.05	01 99							
08	64577	IMPLANT NEUROELECTRODES	202.05	01 99							
08	64580	IMPLANT NEUROELECTRODES	202.05	01 99							
08	64585	REVISE/REMOVE NEUROELECTRODES	202.05	01 99							

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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	64589	SUTURE @ADD MAJOR PERIPHERAL NERVE	202.05	01 99							
08	64590	IMPLANT NEURORECEIVER	202.05	01 99							
08	64595	REVISE/REMOVE NEURORECEIVER	202.05	01 99							
08	64600	INJECTIVE TREATMENT OF NERVE	202.05	01 99							
08	64605	INJECTION TREATMENT OF NERVE	202.05	01 99							
08	64610	INJECTION TREATMENT OF NERVE	202.05	01 99							
08	64620	INJECTION TREATMENT OF NERVE	202.05	01 99							
08	64622	DESTROY PARAVERTEBRAL FACET JNT NERV	202.05	01 99							
08	64623	DESTROY, EACH ADD LEVEL, LUMBAR	202.05	01 99							
08	64626	DESTR PARAVERTEBREL NERV C/T	202.05	01 99							
08	64627	DESTR PARAVERTEBRAL N ADD-ON	202.05	01 99							
08	64630	INJECTION TREATMENT OF NERVE	202.05	01 99							
08	64680	INJECTION TREATMENT OF NERVE	202.05	01 99							
08	64702	REVISE FINGER TOE NERVE	202.05	01 99						X	
08	64704	REVISE HAND FOOT NERVE	202.05	01 99						X	
08	64708	REVISE ARM LEG NERVE	258.89	01 99						X	
08	64712	REVISION OF SCIATIC NERVE	202.05	01 99							
08	64713	REVISION OF ARM NERVE(S)	202.05	01 99							
08	64714	REVISE LOW BACK NERVE (S)	202.05	01 99							
08	64716	REVISION OF CRANIAL NERVE	240.52	01 99							
08	64718	REVISE ULNAR NERVE AT ELBOW	258.89	01 99						X	
08	64719	REVISE ULNAR NERVE AT WRIST	258.89	01 99						X	
08	64721	REVISE MEDIUM NERVE AT WRIST	258.89	01 99						X	
08	64722	RELIEVE PRESSURE ON NERVE (S)	202.05	01 99							
08	64726	RELEASE FOOT/TOE NERVE	202.05	01 99							
08	64727	INTERNAL NEUROLYSIS, MICROSCOPE	202.05	01 99							
08	64732	INCISION OF BROW NERVE	202.05	01 99							
08	64734	INCISION OF CHEEK NERVE	202.05	01 99							
08	64736	INCISION OF CHIN NERVE	202.05	01 99							
08	64738	INCISION OF JAW NERVE	202.05	01 99							
08	64740	INCISION OF TONGUE NERVE	202.05	01 99							
08	64742	INCISION OF FACIAL NERVE	202.05	01 99							
08	64744	INCISE NERVE, BACK OF HEAD	202.05	01 99							
08	64746	INCISE DIAPHRAGM NERVE	202.05	01 99							
08	64762	INCISION OF BROW NERVE	202.05	01 99							
08	64771	INCISE CRANIAL NERVE, EXTRADURAL	202.05	01 99							
08	64772	INCISION OF SPINAL NERVE	202.05	01 99							
08	64774	REMOVE SKIN NERVE LESION	258.89	01 99						X	
08	64776	REMOVE DIGIT NERVE LESION	258.89	01 99						X	
08	64778	EXCISE NEUROMA; EACH ADD DIGIT	202.05	01 99							
08	64782	REMOVE LIMB NERVE LESION	240.52	01 99							
08	64783	EXCISE NEUROMA, HAND/FOOT, & ADD NERVE	202.05	01 99							
08	64784	REMOVE NERVE LESION	240.52	01 99							
08	64786	REMOVE SCIATIC NERVE LESION	240.52	01 99							
08	64787	INSERT CAP ON NERVE END	202.05	01 99							

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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	64788	REMOVE SKIN NERVE LESION	240.52	01 99							
08	64790	REMOVAL OF NERVE LESION	240.52	01 99							
08	64792	REMOVAL OF NERVE LESION	240.52	01 99							
08	64795	BIOPSY OF NERVE	202.05	01 99							
08	64802	REMOVE SYMPATHETIC NERVES	202.05	01 99							
08	64821	REMOVE SYMPATHETIC NERVES	240.52	01 99							
08	64831	REPAIR OF DIGIT NERVE	240.52	01 99							
08	64832	SUTURE DIGIT NERVE; ADD DIGIT NERVE	202.05	01 99							
08	64834	REPAIR OF HAND OR FOOT NERVE	202.05	01 99							
08	64835	REPAIR OF AND OR FOOT NERVE	240.52	01 99							
08	64836	REPAIR OF HAND OR FOOT NERVE	293.87	01 99						X	
08	64837	REPAIR ADDITIONAL NERVE	293.87	01 99						X	
08	64840	REPAIR OF LEG NERVE	202.05	01 99							
08	64856	REPAIR/TRANSPOSE NERVE	202.05	01 99							
08	64857	REPAIR ARM/LEG NERVE	202.05	01 99							
08	64858	REPAIR SCIATIC NERVE	202.05	01 99							
08	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	202.05	01 99							
08	64861	REPAIR OF ARM NERVES	240.52	01 99							
08	64862	REPAIR OF LOW BACK NERVES	240.52	01 99							
08	64864	REPAIR OF FACIAL NERVE	240.52	01 99							
08	64865	REPAIR OF FACIAL NERVE	240.52	01 99							
08	64870	FUSION OF FACIAL/OTHER NERVE	240.52	01 99							
08	64872	SUBSEQUENT REPAIR OF NERVE	202.05	01 99							
08	64874	REPAIR & REVISE NERVE	240.52	01 99							
08	64876	REPAIR NERVE; SHORTEN BONE	240.52	01 99							
08	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	202.05	01 99							
08	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	202.05	01 99							
08	64890	NERVE GRAFT,HAND OR FOOT	202.05	01 99							
08	64891	NERVE GRAFT,HAND OR FOOT	202.05	01 99							
08	64892	NERVE GRAFT, ARM OR LEG	202.05	01 99							
08	64893	NERVE GRAFT,ARM OR LEG	202.05	01 99							
08	64895	NERVE GRAFT, HAND OR FOOT	240.52	01 99							
08	64896	NERVE GRAFT, HAND OR FOOT	240.52	01 99							
08	64897	NERVE GRAFT, ARM OR LEG	240.52	01 99							
08	64898	NERVE GRAFT, ARM OR LEG	240.52	01 99							
08	64901	NERVE GRAFT, @ ADD NERVE;SING.STRAND	202.05	01 99							
08	64902	NERVE GRAT, @ ADD NERVE;MULTI STRAND	202.05	01 99							
08	64905	NERVE PEDICLE TRANSFER	202.05	01 99							
08	64907	NERV PEDICLE TRANSFER	202.05	01 99							
08	65091	EVISGERATION EYE	293.87	01 99						X	
08	65093	EVISGERATION EYE WITH IMPLANT	293.87	01 99						X	
08	65101	REMOVAL OF EYE	293.87	01 99						X	
08	65103	REMOVE EYE/INSERT IMPLANT	293.87	01 99						X	
08	65105	REMOVE EYE/ATTACH IMPLANT	240.52	01 99							
08	65110	REMOVAL OF EYE	258.89	01 99							

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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	65112	REMOVE EYE, REVISE SOCKET	293.87	01 99							
08	65114	REMOVE EYE, REVISE SOCKET	293.87	01 99							
08	65130	INSERT OCULAR IMPLANT	293.87	01 99					X		
08	65135	INSERT OCULAR IMPLANT	293.87	01 99					X		
08	65140	ATTACH OCULAR IMPLANT	293.87	01 99					X		
08	65150	REVISE OCULAR IMPLANT	293.87	01 99					X		
08	65155	REINSERT OCULAR IMPLANT	293.87	01 99					X		
08	65175	REMOVAL OF OCULAR IMPLANT	293.87	01 99					X		
08	65205	REMOVE FOREIGN BODY FROM EYE	202.05	01 99					X		
08	65210	REMOVE FOREIGN BODY FROM EYE	202.05	01 99					X		
08	65220	REMOVE FOREIGN BODY FROM EYE	202.05	01 99					X		
08	65222	REMOVE FOREIGN BODY FROM EYE	202.05	01 99					X		
08	65235	REMOVE FOREIGN BODY FROM EYE	202.05	01 99					X		
08	65260	REMOVE FOREIGN BODY FROM EYE	202.05	01 99					X		
08	65265	REMOVE FOREIGN BODY FROM EYE	202.05	01 99					X		
08	65270	REPAIR OF EYE WOUND	202.05	01 99							
08	65272	REPAIR OF EYE WOUND	202.05	01 99							
08	65275	REPAIR OF EYE WOUND	240.52	01 99							
08	65280	REPAIR OF EYE WOUND	240.52	01 99							
08	65285	REPAIR OF EYE WOUND	240.52	01 99							
08	65290	REPAIR OF EYE SOCKET WOUND	240.52	01 99							
08	65400	REMOVE OF EYE LESION	202.05	01 99							
08	65410	BIOPSY OF CORNEA	202.05	01 99							
08	65420	REMOVAL OF EYE LESION	202.05	01 99					X		
08	65426	REMOVAL OF EYE LESION	202.05	01 99					X		
08	65710	CORNEAL TRANSPLANT	293.87	01 99							
08	65730	CORNEAL TRANSPLANT	293.87	01 99							
08	65750	CORNEAL TRANSPLANT	293.87	01 99							
08	65755	KERATOPLASTY, PENETRATING	293.87	01 99							
08	65770	KERATOPROSTHESIS	293.87	01 99							
08	65772	CORNEAL RELAX INCISION,COR SURG AST	240.52	01 99							
08	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	240.52	01 99							
08	65800	DRAINAGE OF EYE	202.05	01 99							
08	65805	DRAINAGE OF EYE	202.05	01 99							
08	65810	DRAINAGE OF EYE	240.52	01 99							
08	65815	DRAINAGE OF EYE	202.05	01 99							
08	65850	TRABECULOTOMY AB EXTERNO	240.52	01 99							
08	65865	INCISE INNER EYE ADHESIONS	202.05	01 99							
08	65870	INCISE INNER EYE ADHESIONS	240.52	01 99							
08	65875	INCISE INNER EYE ADHESIONS	240.52	01 99							
08	65880	INCISE INNER EYE ADHESIONS	240.52	01 99							
08	65900	REMOVE EYE LESION	258.89	01 99							
08	65920	REMOVE IMPLANT FROM EYE	293.87	01 99							
08	65930	REMOVE BLOOD CLOT FROM EYE	258.89	01 99							
08	66020	INJECTION TREATMENT OF EYE	202.05	01 99							

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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	66030	INJECTION TREATMENT OF EYE	202.05	01 99							
08	66130	REMOVE EYE LESION	293.87	01 99							
08	66150	INCISION OF EYE	240.52	01 99							
08	66155	INCISION OF EYE	240.52	01 99							
08	66160	INCISION OF EYE	202.05	01 99							
08	66165	INCISION OF EYE	240.52	01 99							
08	66170	INCISION OF EYE	240.52	01 99							
08	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	240.52	01 99							
08	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	258.89	01 99							
08	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	202.05	01 99							
08	66220	REPAIR EYE LESION	240.52	01 99							
08	66225	REPAIR/GRAFT EYE LESION	240.52	01 99							
08	66250	FOLLOW - UP SURGERY OF EYE	202.05	01 99							
08	66500	INCISION OF IRIS	293.87	01 99						X	
08	66505	INCISION OF THE IRIS	293.87	01 99						X	
08	66600	REMOVE IRIS AND LESION	293.87	01 99						X	
08	66605	REMOVAL OF IRIS	293.87	01 99						X	
08	66625	REMOVAL OF IRIS	293.87	01 99						X	
08	66630	REMOVAL OF IRIS	293.87	01 99						X	
08	66635	REMOVAL OF IRIS	293.87	01 99						X	
08	66680	REPAIR IRIS & CILLIARY BODY	240.52	01 99							
08	66682	SUTURE OF IRIS, CILLIARY BODY	202.05	01 99							
08	66700	RELIVE INNER EYE PRESSURE	202.05	01 99							
08	66710	CILIARY BODY DESTRUCTION;	202.05	01 99							
08	66740	RELIEVE INNER EYE PRESSURE	202.05	01 99							
08	66782	RELIEVE INNER EYE PRESSURE	202.05	01 99							
08	66821	DISCISSION OF SECONDARY; LASER	202.05	01 99							
08	66825	REPOSITIONING OF INTRAOCULAR LENS PR	240.52	01 99							
08	66830	REMOVAL OF LENS LESION	293.87	01 99						X	
08	66840	REMOVAL OF LENS MATERIAL	293.87	01 99						X	
08	66850	REMOVAL OF LENS MATERIAL	293.87	01 99						X	
08	66852	REMOVAL LENS MATERIAL,ASPIRATION	240.52	01 99							
08	66920	EXTRACTION OF LENS	293.87	01 99						X	
08	66930	EXTRACTION OF LENS	293.87	01 99						X	
08	66940	EXTRACTION OF LENS	293.87	01 99						X	
08	66983	INTRA CATARACT EXTRAC W LENS	293.87	01 99						X	
08	66984	EXTRA CATARACT REMOVAL W LENS	293.87	01 99						X	
08	66985	INSERT LENS PROSTHESIS	258.89	01 99							
08	66986	EXHANGE OF INTRAOCULAR LENS	258.89	01 99							
08	67005	PARTIAL REMOVAL OF EYE FLUID	240.52	01 99							
08	67010	PARTIAL REMOVAL OF EYE FLUID	240.52	01 99							
08	67015	RELEASE OF EYE FLUID	202.05	01 99							
08	67025	REPLACE EYE FLUID	202.05	01 99							
08	67027	IMPLANT EYE DRUG SYSTEM	240.52	01 99							
08	67030	INCISE INNER EYE STRANDS	202.05	01 99							

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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	67031	SERVERING OF VITREOUS STRANDS,VITREO	202.05	01 99							
08	67036	VITRECTOMY, MECHANICLA, PARS PLANA A	240.52	01 99							
08	67039	LASER TREATMENT OF RETINA	293.87	01 99							
08	67040	LASER TREATMENT OF RETINA	293.87	01 99							
08	67107	REPAIR DETACHED RETINA	258.89	01 99							
08	67108	REPAIR DETACHED RETINA	293.87	01 99							
08	67112	RE-REPAIR DETACHED RETINA	293.87	01 99							
08	67115	RELASSE ENCIRCLING MATERIAL(POSTERI	202.05	01 99							
08	67120	REMOVE EYE IMPLANT MATERIAL	202.05	01 99							
08	67121	REMOVE IMPLANT POSTERIOR,INTRAOCULAR	202.05	01 99							
08	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	202.05	01 99							
08	67218	RETINAL LESION; IMPLANT RADIATI	258.89	01 99							
08	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	202.05	01 99							
08	67250	REINFORCE EYE WALL	240.52	01 99							
08	67255	REINFORCE/GRAFT EYE WALL	240.52	01 99							
08	67311	REVISE EYE MUSCLE	293.87	01 99						X	
08	67312	REVISE TWO EYE MUSCLES	293.87	01 99						X	
08	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	240.52	01 99							
08	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	240.52	01 99							
08	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	240.52	01 99							
08	67320	REVISE EYE MUSCLE (S)	240.52	01 99							
08	67331	STRABISMUS SURG W/PREV EYE SURG	240.52	01 99							
08	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	240.52	01 99							
08	67334	STRABISMUS SURG,POST FIX SUTURE TECH	240.52	01 99							
08	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	240.52	01 99							
08	67340	STRABISMUD DURG EXPLOR/REP DET EXTRA	240.52	01 99							
08	67346	BIOPSY OF EXTRAOCULAR MUSCLE	202.05	01 99							
08	67400	EXPLORE/BIOPSY EYE SOCKET	240.52	01 99							
08	67405	EXPLORE/DRAIN EYE SOCKET	240.52	01 99							
08	67412	EXPLORE/TREAT EYE SOCKET	258.89	01 99							
08	67413	EXPLORE/TREAT EYE SOCKET	258.89	01 99							
08	67415	BIOPSY OF EYE	202.05	01 99							
08	67420	EXPLORE/TREAT EYE SOCKET	258.89	01 99							
08	67430	EXPLORE/TREAT EYE SOCKET	258.89	01 99							
08	67440	EXPLORE/DRAIN EYE SOCKET	258.89	01 99							
08	67450	EXPLORE/BIOPSY EYE SOCKET	258.89	01 99							
08	67550	INSERT EYE SOCKET IMPLANT	240.52	01 99							
08	67560	REVISE EYE SOCKET IMPLANT	202.05	01 99							
08	67700	DRAINAGE OF EYELID ABSCESS	240.52	01 99						X	
08	67710	INCISION OF EYELID	240.52	01 99						X	
08	67715	INCISION OF EYELID FOLD	202.05	01 99							
08	67800	REMOVE EYELID LESION	202.05	01 99						X	
08	67801	REMOVE EYELID LESIONS	202.05	01 99						X	
08	67805	REMOVE EYELID LESIONS	202.05	01 99						X	
08	67808	REMOVE EYELID LESION (S)	202.05	01 99						X	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
08	67830	REVISE EYELASHES	202.05	01 99							
08	67835	REVISE EYELASHES	202.05	01 99							
08	67880	REVISION OF EYELID	240.52	01 99					X		
08	67882	REVISION OF EYELID	240.52	01 99					X		
08	67900	REPAIR OF BROW PTOSIS (SUPRACILLIARY	240.52	01 99							
08	67901	REPAIR EYELID DEFECT	258.89	01 99							
08	67902	REPAIR EYELID DEFECT	258.89	01 99							
08	67903	REPAIR EYELID DEFECT	240.52	01 99							
08	67904	REPAIR EYELID DEFECT	240.52	01 99							
08	67906	REPAIR EYELID DEFECT	258.89	01 99							
08	67908	REPAIR EYELID DEFECT	240.52	01 99							
08	67909	REVISE EYELID DEFECT	240.52	01 99							
08	67911	REVISE EYELID DEFECT	240.52	01 99							
08	67914	REPAIR EYELID DEFECT	258.89	01 99						X	
08	67915	REPAIR EYELID DEFECT	258.89	01 99						X	
08	67916	REPAIR EYELID DEFECT	258.89	01 99						X	
08	67917	REPAIR EYELID DEFECT	258.89	01 99						X	
08	67921	REPAIR EYELID DEFECT	258.89	01 99						X	
08	67922	REPAIR EYELID DEFECT	258.89	01 99						X	
08	67923	REPAIR EYELID DEFECT	258.89	01 99						X	
08	67924	REPAIR EYELID DEFECT	258.89	01 99						X	
08	67935	REPAIR EYELID WOUND	202.05	01 99							
08	67938	REMOVE EYELID FOREIGN BODY	202.05	01 99						X	
08	67950	REVISION OF EYELID	240.52	01 99						X	
08	67961	REVISION OF EYELID	240.52	01 99							
08	67966	REVISION OF EYELID	240.52	01 99							
08	67971	RECONSTRUCTION OF EYELID	240.52	01 99							
08	67973	RECONSTRUCTION OF EYELID	240.52	01 99							
08	67974	RECONSTRUCTION OF EYELID	240.52	01 99							
08	67975	RECONSTRUCTION OF EYELID	240.52	01 99							
08	68115	REMOVE EYELID LINING LESION	202.05	01 99							
08	68130	REMOVE EYELID LESION	202.05	01 99							
08	68320	REVISE/GRAFT EYELID LINING	240.52	01 99							
08	68325	REVISE/GRAFT EYELID LINIG	240.52	01 99							
08	68326	REVISE/GRAFT EYELID LINING	240.52	01 99							
08	68328	REVISE/GRAFT EYELID LINING	202.05	01 99							
08	68330	REVISE EYELID LINING	240.52	01 99							
08	68335	REVISE/GRAFT EYELID LINING	240.52	01 99							
08	68340	SEPARATE EYELID ADHESIONS	240.52	01 99							
08	68360	REVISE EYELID LINING	202.05	01 99							
08	68362	REVISE EYELID LINING	202.05	01 99							
08	68500	REMOVAL OF TEAR GLAND	240.52	01 99							
08	68505	PARTIAL REMOVAL TEAR GLAND	240.52	01 99							
08	68510	BIOPSY OF TEAR GLAND	202.05	01 99							
08	68520	REMOVAL OF TEAR SAC	240.52	01 99							

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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	68525	BIOPSY OF TEAR SAC	202.05	01 99							
08	68540	REMOVE TEAR GLAND LESION	240.52	01 99							
08	68550	REMOVE TEAR GLAND LESION	240.52	01 99							
08	68700	REPAIR TEAR DUCTS	202.05	01 99							
08	68720	CREATE TEAR SAC DRAIN	240.52	01 99							
08	68745	CREAT TEAR DUCT DRAIN	240.52	01 99							
08	68750	CREATE TEAR DUCT DRAIN	240.52	01 99							
08	68770	CLOSE TEAR SYSTEM FISTULA	240.52	01 99							
08	68810	PROBE NASOLACRIMAL DUCT	202.05	01 99							
08	68811	PROVE NASOLACRIMAL DUCT	202.05	01 99							
08	68815	PROBE NASONLACRIMAL DUCT	202.05	01 99							
08	69000	DRAIN EXTERNAL EAR LESION	240.52	01 99					X		
08	69005	DRAIN EXTERNAL EAR LESION	240.52	01 99					X		
08	69020	DRAIN OUTER EAR CANAL LESION	240.52	01 99					X		
08	69110	PARTIAL REMOVAL EXTERNAL EAR	202.05	01 99							
08	69120	REMOVAL OF EXTERNAL EAR	202.05	01 99							
08	69140	REMOVE EAR CANAL LESION(S)	202.05	01 99							
08	69145	REMOVE EAR CANAL LESION (S)	202.05	01 99							
08	69150	EXTENSIVE EAR CANAL SURGERY	240.52	01 99							
08	69205	CLEAR OUTER EAR CANAL	202.05	01 99							
08	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	240.52	01 99							
08	69320	REBUILD OUTER EAR CANAL	293.87	01 99							
08	69420	INCISION OF EARDRUM	202.05	01 99					X		
08	69421	MYRINGOTOMY .REQUIRING GEN ANESTH	240.52	01 99							
08	69424	VENT TUBE REMOVAL;UNILATERAL	202.05	01 99					X		
08	69433	OFFICE TYMPANOSTOMY UNILAT	293.87	01 99					X		
08	69436	HOSPITAL TYMPANOSTOMY UNILAT	293.87	01 99					X		
08	69440	EXPLORATION OF MIDDLE EAR	240.52	01 99							
08	69450	TYMPANOLYSIS, TRANSCANAL	202.05	01 99							
08	69501	MASTOIDECTOMY	293.87	01 99					X		
08	69502	MASTOIDECTOMY	293.87	01 99							
08	69505	REMOVE MASTOID STRUCTURES	293.87	01 99							
08	69511	EXTENSIVE MASTOID SURGERY	293.87	01 99							
08	69530	EXTENSIVE MASTOID SURGERY	293.87	01 99							
08	69550	REMOVE EAR LESION	258.89	01 99							
08	69552	REMOVE EAR LESION	293.87	01 99							
08	69601	MASTOID SURGERY REVISION	293.87	01 99							
08	69602	MASTOID SURGERY REVISION	293.87	01 99							
08	69603	MASTOID SURGERY REVISION	293.87	01 99							
08	69604	MASTOID SURGERY REVISION	293.87	01 99							
08	69605	MASTOID SURGERY REVISION	293.87	01 99							
08	69610	REPAIR OF EARDRUM	293.87	01 99					X		
08	69620	REPAIR OF EARDRUM	293.87	01 99					X		
08	69631	REPAIR EARDRUM STRUCTURES	258.89	01 99					X		
08	69633	REBUILD EARDRUM STRUCTURES - TOTAL	258.89	01 99							

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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	69635	REPAIR EARDRUM STRUCTURES	293.87	01 99							
08	69636	REBUILD EARDRUM STRUCTURES	293.87	01 99							
08	69637	REBUILD EARDRUM STRUCTURES-TOTAL-	293.87	01 99							
08	69641	REVISE MIDDLE EAR & MASTOID	293.87	01 99							
08	69642	REVISE MIDDLE EAR & MASTOID	293.87	01 99							
08	69643	REVISE MIDDLE EAR & MASTOID	293.87	01 99							
08	69644	REVISE MIDDLE EAR & MASTOID	293.87	01 99							
08	69645	REVISE MIDDLE EAR & MASTOID	293.87	01 99							
08	69646	REVISE MIDDLE EAR & MASTOID	293.87	01 99							
08	69650	RELEASE MIDDLE EAR BONE	293.87	01 99							
08	69660	REVISE MIDDLE EAR BONE	293.87	01 99						X	
08	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	258.89	01 99							
08	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	258.89	01 99							
08	69666	REPAIR MIDDLE EAR STRUCTURES	240.52	01 99							
08	69667	REPAIR MIDDLE EAR STRUCTURES	240.52	01 99							
08	69670	REMOVE MASTOID AIR CELLS	240.52	01 99							
08	69676	TYMPANIC NEURECTOMY; UNILATERAL	240.52	01 99							
08	69700	CLOSE MASTOID FISTULA	240.52	01 99							
08	69711	REMOVAL/REPAIR OF ELCTROMAGNETIC BO	202.05	01 99							
08	69714	IMPLANT TEMPLE BONE W/STIMUL	293.87	01 99							
08	69715	TEMPLE BNE IMPLNT W/STIMUL	293.87	01 99							
08	69717	TEMPLE BONE IMPLANT REVISION	293.87	01 99							
08	69718	REVISE TEMPLE BONE IMPLANT	293.87	01 99							
08	69720	RELEASE FACIAL NERVE	258.89	01 99							
08	69725	RELEASE FACIAL NERVE	258.89	01 99							
08	69740	REPAIR FACIAL NERVE	258.89	01 99							
08	69745	REPAIR FACIAL NERVE	258.89	01 99							
08	69801	INCISE INNER EAR	258.89	01 99							
08	69802	INCISE INNER EAR	293.87	01 99							
08	69805	EXPLORE INNER EAR	293.87	01 99							
08	69806	EXPLORE INNER EAR	293.87	01 99							
08	69820	ESTABLISH INNER EAR WINDOW	258.89	01 99							
08	69840	REVISE INNER EAR WINDOW	258.89	01 99							
08	69905	REMOVE INNER EAR	293.87	01 99							
08	69910	REMOVE INNER EAR & MASTOID	293.87	01 99							
08	69915	INCISE INNER EAR NERVE	293.87	01 99							
08	69930	IMPLANT COCHLEAR DEVICE	293.87	01 99							
08	69982	CATARACT SURGERY, COMPLEX	293.87	01 99							
08	91010	ESOPHAGEAL MOTILITY STUDY	202.05	01 99						X	
08	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	202.05	01 99						X	
08	92511	NASOPHARYNGOSCOPY	202.05	01 99						X	
08	98883	ARTHROSCOPY, KNEE, MENISCUS REPAIR	202.05	01 99							

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DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

REPORT NO: RF-0-76ASC

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

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.

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.