

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	Integumentary System			
	Skin, Subcutaneous and Accessory Structures			
	Incision and Drainage			
10060	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia)	3,640	840	2,800
10080	Incision and drainage of pilonidal cyst	3,640	840	2,800
10120	Incision and removal of foreign body, subcutaneous tissues	3,640	840	2,800
10140	Incision and drainage of hematoma, seroma, or fluid collection	3,640	840	2,800
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	3,640	840	2,800
10180	Incision and drainage, complex, postoperative wound infection	5,560	1,260	4,300
	Excision - Debridement			
11000	Debridement of extensive eczematous or infected skin	10,540	5,040	5,500
11010	Debridement including removal of foreign material associated w/ open fracture(s) and/or dislocation(s); skin and subcutaneous tissues	10,540	5,040	5,500
11011	Debridement including removal of foreign material associated w/ open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle	11,980	5,880	6,100
11012	Debridement including removal of foreign material associated w/ open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone	12,120	6,720	5,400
11040	Debridement; skin, partial thickness	3,640	840	2,800
11041	Debridement; skin, full thickness	3,640	840	2,800
11042	Debridement; skin, and subcutaneous tissue	5,680	1,680	4,000
11043	Debridement; skin, subcutaneous tissue, and muscle	8,020	2,520	5,500
11044	Debridement; skin, subcutaneous tissue, muscle, and bone	8,020	2,520	5,500
	Paring or Curettement			
11050	Paring or curettement of benign hyperkeratotic skin lesion w/ or w/o chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) w/ or w/o local anesthesia; single lesion	N/A	N/A	N/A
11051	Paring or curettement of benign hyperkeratotic skin lesion w/ or w/o chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) w/ or w/o local anesthesia; two to four lesions	N/A	N/A	N/A
11052	Paring or curettement of benign hyperkeratotic skin lesion w/ or w/o chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) w/ or w/o local anesthesia; more than four lesions	N/A	N/A	N/A
	Biopsy			
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single or multiple lesion	3,640	840	2,800
	Shaving of Epidermal or Dermal Lesions			
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	5,560	1,260	4,300
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	3,700	1,344	2,356
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	8,020	2,520	5,500
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	8,440	2,940	5,500
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	5,560	1,260	4,300
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	3,700	1,344	2,356
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	8,020	2,520	5,500
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	8,440	2,940	5,500
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	3,700	1,344	2,356
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	8,020	2,520	5,500
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	8,440	2,940	5,500
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	8,260	3,360	4,900
	Excision-Benign Lesions			
11400	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 0.5 cm or less	3,640	840	2,800
11401	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	3,640	840	2,800

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
11402	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	3,640	840	2,800
11403	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	3,640	840	2,800
11404	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	3,640	840	2,800
11406	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter over 4.0 cm	3,640	840	2,800
11420	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	3,640	840	2,800
11421	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	3,640	840	2,800
11422	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	3,640	840	2,800
11423	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	3,640	840	2,800
11424	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	3,640	840	2,800
11426	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	3,640	840	2,800
11440	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	4,108	1,008	3,100
11441	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	4,108	1,008	3,100
11442	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	4,108	1,008	3,100
11443	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	4,108	1,008	3,100
11444	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	4,108	1,008	3,100
11446	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	4,108	1,008	3,100
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary	8,020	2,520	5,500
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal	8,020	2,520	5,500
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal or umbilical	8,020	2,520	5,500
	Excision - Malignant Lesions			
11600	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.5 cm or less	5,560	1,260	4,300
11601	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.6 to 1.0 cm	5,560	1,260	4,300
11602	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 1.1 to 2.0 cm	5,560	1,260	4,300
11603	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 2.1 to 3.0 cm	5,560	1,260	4,300
11604	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 3.1 to 4.0 cm	5,560	1,260	4,300
11606	Excision, malignant lesion, trunk, arms, or legs; lesion diameter over 4.0 cm	5,560	1,260	4,300
11620	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	5,680	1,680	4,000
11621	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	5,680	1,680	4,000
11622	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	5,680	1,680	4,000
11623	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	5,680	1,680	4,000
11624	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	5,680	1,680	4,000
11626	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	5,680	1,680	4,000
11640	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 cm or less	5,680	1,680	4,000
11641	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.6 to 1.0 cm	5,680	1,680	4,000
11642	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 1.1 to 2.0 cm	5,680	1,680	4,000
11643	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0 cm	5,680	1,680	4,000
11644	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 3.1 to 4.0 cm	5,680	1,680	4,000
11646	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter over 4.0 cm	5,680	1,680	4,000
	Nails			

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
11720	Debridement of nail(s) by any method(s); one to five	3,640	840	2,800
11721	Debridement of nail(s) by any method(s); six or more	5,560	1,260	4,300
11730	Avulsion of nail plate, partial or complete	3,640	840	2,800
11740	Evacuation of subungual hematoma	3,640	840	2,800
11750	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail) for permanent removal	3,640	840	2,800
11752	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail) for permanent removal w/ amputation of tuft of distal phalanx	9,300	2,100	7,200
11755	Biopsy of nail unit, any method (e.g., plate, bed, matrix, hyponychium, proximal and lateral nail folds)	3,640	840	2,800
11760	Repair of nail bed	5,560	1,260	4,300
11762	Reconstruction of nail bed w/ graft	9,300	2,100	7,200
11765	Wedge excision of skin of nail fold (e.g., for ingrown toenail)	3,640	840	2,800
11770	Excision of pilonidal cyst or sinus	5,680	1,680	4,000
	Repair			
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	3,640	840	2,800
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	5,560	1,260	4,300
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	5,680	1,680	4,000
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	5,680	1,680	4,000
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	5,680	1,680	4,000
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	5,680	1,680	4,000
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	5,680	1,680	4,000
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	9,300	2,100	7,200
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	9,552	2,352	7,200
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	8,020	2,520	5,500
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	8,020	2,520	5,500
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	8,020	2,520	5,500
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	8,020	2,520	5,500
12031	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 2.5 cm or less	3,640	840	2,800
12032	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	5,560	1,260	4,300
12034	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	5,680	1,680	4,000
12035	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	5,680	1,680	4,000
12036	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	5,680	1,680	4,000
12037	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); over 30.0 cm	5,680	1,680	4,000
12041	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	5,680	1,680	4,000
12042	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	9,300	2,100	7,200
12044	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	8,020	2,520	5,500
12045	Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	8,440	2,940	5,500
12046	Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	8,260	3,360	4,900
12047	Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	10,880	3,780	7,100
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	5,680	1,680	4,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
12052	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	5,680	1,680	4,000
12053	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	8,020	2,520	5,500
12054	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	8,020	2,520	5,500
12055	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	8,260	3,360	4,900
12056	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	8,260	3,360	4,900
12057	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	9,700	4,200	5,500
	Adjacent Tissue Transfer or Rearrangement			
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	12,120	6,720	5,400
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	12,120	6,720	5,400
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	10,540	5,040	5,500
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	11,980	5,880	6,100
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	12,120	6,720	5,400
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	18,000	8,400	9,600
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	18,000	8,400	9,600
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	18,000	8,400	9,600
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area	18,000	8,400	9,600
14350	Filletted finger or toe flap, including preparation of recipient site	27,120	15,120	12,000
	Free Skin Grafts			
15050	Pinch graft, single or multiple, to cover small ulcer, tip or digit, or other minimal open area (except on face), up to defect size 2 cm diameter	8,260	3,360	4,900
15100	Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); 100 sq cm or less, or each one percent of body area of infants and children (except 15050)	8,260	3,360	4,900
15120	Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; 100 sq cm or less, or each one percent of body area of infants and children (except 15050)	21,940	9,240	12,700
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	21,940	9,240	12,700
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	21,940	9,240	12,700
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	30,740	13,440	17,300
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	30,300	16,800	13,500
15350	Application of allograft, skin	30,300	16,800	13,500
15400	Application of xenograft, skin	30,300	16,800	13,500
	Flaps (Skin and/or Deep Tissues)			
15570	Formation of direct or tubed pedicle, w/ or w/o transfer; trunk	18,000	8,400	9,600
15572	Formation of direct or tubed pedicle, w/ or w/o transfer; scalp, arms, or legs	30,740	13,440	17,300
15574	Formation of direct or tubed pedicle, w/ or w/o transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	30,740	13,440	17,300
15576	Formation of direct or tubed pedicle, w/ or w/o transfer; eyelids, nose, ears, lips or intraoral	30,300	16,800	13,500
15580	Cross finger flap, including free graft to donor site	21,940	9,240	12,700
15650	Transfer, intermediate, of any pedicle flap (e.g., abdomen to wrist, "Walking" tube), any location	21,940	9,240	12,700
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (e.g., temporalis, masseter, sternocleidomastoid, levator scapulae)	47,340	26,040	21,300
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	47,340	26,040	21,300
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	47,340	26,040	21,300
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	47,340	26,040	21,300
	Other Flaps and Grafts			
15740	Flap; island pedicle	38,640	21,840	16,800
15750	Flap; neurovascular pedicle	38,640	21,840	16,800

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
15756	Free muscle flap w/ or w/o skin graft w/ microvascular anastomosis	38,640	21,840	16,800
15757	Free skin flap w/ microvascular anastomosis	38,640	21,840	16,800
15758	Free fascial flap w/ microvascular anastomosis	38,640	21,840	16,800
15760	Graft; composite (e.g., full thickness of external ear or nasal ala), including primary closure, donor area	21,940	9,240	12,700
15770	Graft; derma-fat-fascia	21,940	9,240	12,700
	Other Procedures			
15820	Blepharoplasty, lower eyelid	10,120	4,620	5,500
15822	Blepharoplasty, upper eyelid;	10,120	4,620	5,500
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	11,980	5,880	6,100
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	30,300	16,800	13,500
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	30,300	16,800	13,500
15842	Graft for facial nerve paralysis; free muscle graft by microsurgical technique	38,640	21,840	16,800
15845	Graft for facial nerve paralysis; regional muscle transfer	30,300	16,800	13,500
	Pressure Ulcers (Decubitus Ulcers)			
15920	Excision, coccygeal pressure ulcer, w/ coccygectomy; w/ primary suture	30,740	13,440	17,300
15922	Excision, coccygeal pressure ulcer, w/ coccygectomy; w/ flap closure	30,300	16,800	13,500
15931	Excision, sacral pressure ulcer, w/ primary suture	21,940	9,240	12,700
15933	Excision, sacral pressure ulcer, w/ primary suture w/ ostectomy	30,740	13,440	17,300
15934	Excision, sacral pressure ulcer, w/ skin flap closure	12,120	6,720	5,400
15935	Excision, sacral pressure ulcer, w/ skin flap closure w/ ostectomy	30,300	16,800	13,500
15936	Excision, sacral pressure ulcer, w/ muscle or myocutaneous flap closure	38,440	19,740	18,700
15937	Excision, sacral pressure ulcer, w/ muscle or myocutaneous flap closure w/ ostectomy	37,800	21,000	16,800
15940	Excision, ischial pressure ulcer, w/ primary suture	12,120	6,720	5,400
15941	Excision, ischial pressure ulcer, w/ primary suture w/ ostectomy (ischiectomy)	21,940	9,240	12,700
15944	Excision, ischial pressure ulcer, w/ skin flap closure	30,740	13,440	17,300
15945	Excision, ischial pressure ulcer, w/ skin flap closure w/ ostectomy	30,300	16,800	13,500
15946	Excision, ischial pressure ulcer, w/ ostectomy, w/ muscle or myocutaneous flap closure	38,440	19,740	18,700
15950	Excision, trochanteric pressure ulcer, w/ primary suture	11,980	5,880	6,100
15951	Excision, trochanteric pressure ulcer, w/ primary suture w/ ostectomy	21,940	9,240	12,700
15952	Excision, trochanteric pressure ulcer, w/ skin flap closure	21,940	9,240	12,700
15953	Excision, trochanteric pressure ulcer, w/ skin flap closure; w/ ostectomy	30,740	13,440	17,300
15956	Excision, trochanteric pressure ulcer, w/ muscle or myocutaneous flap closure	31,140	17,640	13,500
15958	Excision, trochanteric pressure ulcer, w/ muscle or myocutaneous flap closure; w/ ostectomy	38,440	19,740	18,700
	Burns, Local Treatment			
16010	Dressings and/or debridement, initial or subsequent	8,260	3,360	4,900
16035	Escharotomy	30,740	13,440	17,300
16040	Excision burn wound, w/o skin grafting, employing alloplastic dressing (e.g., synthetic mesh), any anatomic site	9,700	4,200	5,500
	Destruction, Benign or Premalignant Lesions			
17000	Destruction by any method, including laser, w/ or w/o surgical curettement, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; any number of lesions	N/A	N/A	N/A
17100	Destruction by any method, including laser, of benign skin lesions other than cutaneous vascular proliferative lesions on any area other than the face, including local anesthesia; any number of lesions	N/A	N/A	N/A
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique)	6,000	2,200	3,800
17110	Destruction by any method of flat warts or molluscum contagiosum, milia, all lesions	N/A	N/A	N/A
17200	Electrosurgical destruction of multiple fibrocutaneous tags; all lesions	N/A	N/A	N/A
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	5,680	1,680	4,000
	Destruction, Malignant Lesions, Any Method			
17260	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 0.5 cm or less	5,680	1,680	4,000
17261	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	5,680	1,680	4,000
17262	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	5,680	1,680	4,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
17263	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	5,680	1,680	4,000
17264	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	5,680	1,680	4,000
17266	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter over 4.0 cm	5,680	1,680	4,000
17270	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	5,680	1,680	4,000
17271	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	5,680	1,680	4,000
17272	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	5,680	1,680	4,000
17273	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	5,680	1,680	4,000
17274	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	5,680	1,680	4,000
17276	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	5,680	1,680	4,000
17280	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	9,300	2,100	7,200
17281	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	9,300	2,100	7,200
17282	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	9,300	2,100	7,200
17283	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	9,300	2,100	7,200
17284	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	9,300	2,100	7,200
17286	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	9,300	2,100	7,200
	Moh's Micrographic Surgery			
17304	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation; first stage, fresh tissue technique, up to 5 specimens	8,020	2,520	5,500
	Breast			
	Incision			
19000	Puncture aspiration of cyst of breast;	3,640	840	2,800
19020	Mastotomy w/ exploration or drainage of abscess, deep	9,700	4,200	5,500
	Excision			
19100	Biopsy of breast; needle core	3,640	840	2,800
19101	Biopsy of breast; incisional	5,560	1,260	4,300
19110	Nipple exploration, w/ or w/o excision of a solitary lactiferous duct or a papilloma lactiferous duct	8,440	2,940	5,500
19112	Excision of lactiferous duct fistula	8,260	3,360	4,900
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions	8,020	2,520	5,500
19125	Excision of breast lesion identified by preoperative placement of radiological marker; single lesion	8,020	2,520	5,500
19140	Mastectomy for gynecomastia	22,000	8,800	13,200
19160	Mastectomy, partial	22,000	8,800	13,200
19162	Mastectomy, partial with axillary lymphadenectomy	22,000	8,800	13,200
19180	Mastectomy, simple, complete	22,000	8,800	13,200
19182	Mastectomy, subcutaneous	22,000	8,800	13,200
19200	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	22,000	8,800	13,200
19220	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	22,000	8,800	13,200
19240	Mastectomy, modified radical, including axillary lymph nodes, w/ or w/o pectoralis minor muscle, but excluding pectoralis major muscle	22,000	8,800	13,200
19260	Excision of chest wall tumor including ribs	46,500	25,200	21,300
19271	Excision of chest wall tumor involving ribs, w/ plastic reconstruction; w/o mediastinal lymphadenectomy	55,000	33,600	21,400
19272	Excision of chest wall tumor involving ribs, w/ plastic reconstruction; w/ mediastinal lymphadenectomy	58,800	37,800	21,000
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	37,800	21,000	16,800
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	37,800	21,000	16,800
19350	Nipple/areola reconstruction	30,300	16,800	13,500
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	37,800	21,000	16,800

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	55,000	33,600	21,400
19364	Breast reconstruction with free flap	55,000	33,600	21,400
19366	Breast reconstruction with other technique	55,000	33,600	21,400
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	55,000	33,600	21,400
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	55,000	33,600	21,400
19370	Open periprosthetic capsulotomy, breast	30,300	16,800	13,500
19371	Periprosthetic capsulectomy, breast	37,800	21,000	16,800
	Musculoskeletal System			
	General			
	Excision			
20200	Biopsy, muscle	4,108	1,008	3,100
20206	Biopsy, muscle, percutaneous needle	3,504	504	3,000
20220	Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)	10,880	3,780	7,100
20225	Biopsy, bone, trocar, or needle; deep (vertebral body, femur)	18,000	8,400	9,600
20240	Biopsy, excisional; superficial (e.g., ilium, sternum, spinous process, ribs, trochanter of femur)	9,700	4,200	5,500
20245	Biopsy, excisional; deep (e.g., humerus, ischium, femur)	12,540	7,140	5,400
20250	Biopsy, vertebral body, open; thoracic	23,300	12,600	10,700
20251	Biopsy, vertebral body, open; lumbar or cervical	30,740	13,440	17,300
	Introduction or Removal			
20520	Removal of foreign body in muscle or tendon sheath	8,020	2,520	5,500
20600	Arthrocentesis, aspiration and/or injection; small joint, bursa or ganglion cyst (e.g., fingers, toes)	5,560	1,260	4,300
20605	Arthrocentesis, aspiration and/or injection; intermediate joint, bursa or ganglion cyst (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	9,300	2,100	7,200
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)	9,300	2,100	7,200
20615	Aspiration and injection for treatment of bone cyst	8,260	3,360	4,900
20650	Insertion of wire or pin w/ application of skeletal traction, including removal	8,020	2,520	5,500
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal	9,868	4,368	5,500
20661	Application of halo, including removal; cranial	8,608	3,108	5,500
20662	Application of halo, including removal; pelvic	23,300	12,600	10,700
20663	Application of halo, including removal; femoral	21,940	9,240	12,700
20670	Removal of implant; superficial (e.g., buried wire, pin or rod)	10,540	5,040	5,500
20680	Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)	11,980	5,880	6,100
20690	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system	12,120	6,720	5,400
20692	Application of multiplane (pins or wires in more than one plane), unilateral, external fixation system (e.g., Ilizarov, Monticelli type)	39,280	20,580	18,700
	Replantation			
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	9,300	2,100	7,200
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	40,320	23,520	16,800
20808	Replantation, hand (includes hand through metacarpophalangeal joint(s), complete amputation	40,320	23,520	16,800
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	23,300	12,600	10,700
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	23,300	12,600	10,700
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	30,300	16,800	13,500
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	23,300	12,600	10,700
20838	Replantation, foot, complete amputation	37,800	21,000	16,800
	Grafts (or Implants)			
20900	Bone graft, any donor area; minor or small (e.g., dowel or button)	10,540	5,040	5,500
20902	Bone graft, any donor area; major or large	18,000	8,400	9,600
20910	Cartilage graft; costochondral	12,120	6,720	5,400
20912	Cartilage graft; nasal septum	12,120	6,720	5,400
20920	Fascia lata graft; by stripper	9,700	4,200	5,500
20922	Fascia lata graft; by incision and area exposure, complex or sheet	12,120	6,720	5,400
20924	Tendon graft, form a distance (e.g., palmaris, toe extensor, plantaris)	10,960	5,460	5,500
20926	Tissue grafts, other (e.g., paratenon, fat, dermis)	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
20930	Allograft for spine surgery only; morselized	12,120	6,720	5,400
20931	Allograft for spine surgery only; structural	18,420	8,820	9,600
20936	Autograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous process, or laminar fragments) obtained from same incision	10,540	5,040	5,500
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	10,540	5,040	5,500
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)	18,000	8,400	9,600
	Other Procedures			
20955	Bone graft w/ microvascular anastomosis; fibula	37,800	21,000	16,800
20956	Bone graft w/ microvascular anastomosis; iliac crest	37,800	21,000	16,800
20957	Bone graft w/ microvascular anastomosis; metatarsal	20,980	10,080	10,900
20962	Bone graft w/ microvascular anastomosis; other than fibula, iliac crest, or metatarsal	27,120	15,120	12,000
20969	Free osteocutaneous flap w/ microvascular anastomosis; other than iliac crest, metatarsal, or great toe	37,800	21,000	16,800
20970	Free osteocutaneous flap w/ microvascular anastomosis; iliac crest	30,300	16,800	13,500
20972	Free osteocutaneous flap w/ microvascular anastomosis; metatarsal	23,300	12,600	10,700
20973	Free osteocutaneous flap w/ microvascular anastomosis; great toe w/ web space	27,120	15,120	12,000
20982	Ablation, bone tumor(s) (e.g., osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	9,700	4,200	5,500
	Head			
	Incision			
21010	Arthrotomy, temporomandibular joint	9,700	4,200	5,500
	Excision			
21015	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp	23,300	12,600	10,700
21025	Excision of bone (e.g., for osteomyelitis or bone abscess); mandible	18,000	8,400	9,600
21026	Excision of bone (e.g., for osteomyelitis or bone abscess); facial bone(s)	18,000	8,400	9,600
21029	Removal by contouring of benign tumor of facial bone (e.g., fibrous dysplasia)	18,000	8,400	9,600
21030	Excision of benign tumor or cyst of facial bone other than mandible	18,000	8,400	9,600
21031	Excision of torus mandibularis	18,000	8,400	9,600
21032	Excision of maxillary torus palatinus	18,000	8,400	9,600
21034	Excision of malignant tumor of facial bone other than mandible	23,300	12,600	10,700
21040	Excision of benign cyst or tumor of mandible; simple	18,000	8,400	9,600
21041	Excision of benign cyst or tumor of mandible; complex	21,940	9,240	12,700
21044	Excision of malignant tumor of mandible	23,300	12,600	10,700
21045	Excision of malignant tumor of mandible radical resection	30,300	16,800	13,500
21050	Condylectomy, temporomandibular joint	30,300	16,800	13,500
21060	Meniscectomy, partial or complete, temporomandibular joint	30,300	16,800	13,500
21070	Coronoidectomy	30,300	16,800	13,500
	Repair, Revision, and/or Reconstruction			
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	18,000	8,400	9,600
21121	Genioplasty; sliding osteotomy, single piece	46,500	25,200	21,300
21122	Genioplasty; sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)	30,300	16,800	13,500
21123	Genioplasty; sliding, augmentation w/ interpositional bone grafts (includes obtaining autografts)	30,300	16,800	13,500
21125	Augmentation, mandibular body or angle; prosthetic material	30,300	16,800	13,500
21127	Augmentation, mandibular body or angle; w/ bone graft, onlay or interpositional (includes obtaining autograft)	46,500	25,200	21,300
21137	Reduction forehead; contouring only	18,000	8,400	9,600
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	46,500	25,200	21,300
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	30,300	16,800	13,500
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), w/o bone graft	53,400	29,400	24,000
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, w/o bone graft	46,500	25,200	21,300
21143	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, w/o bone graft	46,500	25,200	21,300
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	46,500	25,200	21,300
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	46,500	25,200	21,300

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
21147	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)	55,000	33,600	21,400
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)	55,000	33,600	21,400
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	55,000	33,600	21,400
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); w/o LeFort I	58,800	37,800	21,000
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); w/ LeFort I	55,000	33,600	21,400
21159	Reconstruction midface, LeFort III (extra and intracranial) w/ forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); w/o LeFort I	55,000	33,600	21,400
21160	Reconstruction midface, LeFort III (extra and intracranial) w/ forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); w/ LeFort I	46,500	25,200	21,300
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, w/ or w/o grafts (includes obtaining autografts)	55,000	33,600	21,400
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), w/ or w/o grafts (includes obtaining autografts)	55,000	33,600	21,400
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; w/ grafts (allograft or prosthetic material)	55,000	33,600	21,400
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; w/ autograft (includes obtaining grafts)	55,000	33,600	21,400
21181	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial	53,400	29,400	24,000
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), w/ multiple autografts (includes obtaining grafts); total area of bone grafting less	46,500	25,200	21,300
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), w/ multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 cm2 but less than 80 cm2	53,400	29,400	24,000
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), w/ multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 cm2	55,000	33,600	21,400
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	55,000	33,600	21,400
21193	Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; w/o bone graft	46,500	25,200	21,300
21194	Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; w/ bone graft (includes obtaining graft)	55,000	33,600	21,400
21195	Reconstruction of mandibular rami and/or body, sagittal split; w/o internal rigid fixation	46,500	25,200	21,300
21196	Reconstruction of mandibular rami and/or body, sagittal split; w/ internal rigid fixation	55,000	33,600	21,400
21198	Osteotomy, mandible, segmental	30,300	16,800	13,500
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)	46,500	25,200	21,300
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	46,500	25,200	21,300
21215	Graft, bone; mandible (includes obtaining graft)	55,000	33,600	21,400
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	46,500	25,200	21,300
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	30,300	16,800	13,500
21240	Arthroplasty, temporomandibular joint, w/ or w/o autograft (includes obtaining graft)	46,500	25,200	21,300
21242	Arthroplasty, temporomandibular joint, w/ allograft	46,500	25,200	21,300
21243	Arthroplasty, temporomandibular joint, w/ prosthetic joint replacement	55,000	33,600	21,400
21244	Reconstruction of mandible, extraoral, w/ transosteal bone plate (e.g., mandibular staple bone plate)	46,500	25,200	21,300
21245	Reconstruction of mandible or maxilla, subperiosteal implant partial	53,400	29,400	24,000
21246	Reconstruction of mandible or maxilla, subperiosteal implant complete	55,000	33,600	21,400

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
21247	Reconstruction of mandibular condyle w/ bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)	55,000	33,600	21,400
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g. blade, cylinder); partial	55,000	33,600	21,400
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g. blade, cylinder); complete	63,000	42,000	21,000
21255	Reconstruction of zygomatic arch and glenoid fossa w/ bone and cartilage (includes obtaining autografts)	55,000	33,600	21,400
21256	Reconstruction of orbit w/ osteotomies (extracranial) and w/ bone grafts (includes obtaining autografts) (e.g., micro-opthalmia)	55,000	33,600	21,400
21260	Periorbital osteotomies for orbital hypertelorism, w/ bone grafts	55,000	33,600	21,400
21267	Orbital repositioning, periorbital osteotomies, unilateral, w/ bone grafts; extracranial approach	55,000	33,600	21,400
Fracture and/or Dislocation				
21300	Closed treatment of skull fracture w/o operation	10,540	5,040	5,500
21315	Closed treatment of nasal bone fracture	10,540	5,040	5,500
21325	Open treatment of nasal fracture; uncomplicated	12,120	6,720	5,400
21330	Open treatment of nasal fracture; complicated, w/ internal and/or external skeletal fixation	12,120	6,720	5,400
21335	Open treatment of nasal fracture; w/ concomitant open treatment of fractured septum	12,120	6,720	5,400
21336	Open treatment of nasal septal fracture, w/ or w/o stabilization	12,120	6,720	5,400
21337	Closed treatment of nasal septal fracture	10,540	5,040	5,500
21338	Open treatment of nasoethmoid fracture; w/o external fixation	12,120	6,720	5,400
21339	Open treatment of nasoethmoid fracture; w/ external fixation	18,000	8,400	9,600
21340	Percutaneous treatment of nasoethmoid complex fracture, w/ splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	21,940	9,240	12,700
21343	Open treatment of depressed frontal sinus fracture	21,940	9,240	12,700
21344	Open treatment of complicated (e.g., comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	23,300	12,600	10,700
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), w/ interdental wire fixation or fixation of denture or splint	22,660	11,760	10,900
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); w/ wiring and/or local fixation	23,300	12,600	10,700
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	30,300	16,800	13,500
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); w/ bone grafting (includes obtaining graft)	37,800	21,000	16,800
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, w/ manipulation	21,940	9,240	12,700
21356	Open treatment of depressed zygomatic arch fracture (e.g., Gilles approach)	23,300	12,600	10,700
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	30,300	16,800	13,500
21365	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; w/ internal fixation and multiple surgical approaches	37,800	21,000	16,800
21366	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; w/ bone grafting (includes obtaining graft)	46,500	25,200	21,300
21385	Open treatment of orbital floor "blowout" fracture; transantral approach (Caldwell-Luc type operation)	20,980	10,080	10,900
21386	Open treatment of orbital floor "blowout" fracture; periorbital approach	18,000	8,400	9,600
21387	Open treatment of orbital floor "blowout" fracture; combined approach	37,800	21,000	16,800
21390	Open treatment of orbital floor "blowout" fracture; periorbital approach, w/ alloplastic or other implant	31,580	14,280	17,300
21395	Open treatment of orbital floor "blowout" fracture; periorbital approach w/ bone graft (includes obtaining graft)	31,580	14,280	17,300
21400	Closed treatment of fracture of orbit, except "blowout"	18,000	8,400	9,600
21406	Open treatment of fracture of orbit, except "blowout"; w/o implant	20,980	10,080	10,900
21407	Open treatment of fracture of orbit, except "blowout"; w/ implant	31,580	14,280	17,300
21408	Open treatment of fracture of orbit, except "blowout"; w/ bone grafting (includes obtaining graft)	31,580	14,280	17,300
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), w/ interdental wire fixation or fixation of denture or splint	12,120	6,720	5,400
21422	Open treatment of palatal or maxillary fracture (LeFort I type)	20,980	10,080	10,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
21423	Open treatment of palatal or maxillary fracture (LeFort I type) complicated (comminuted or involving cranial nerve foramina), multiple approaches	23,300	12,600	10,700
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	12,120	6,720	5,400
21432	Open treatment of craniofacial separation (LeFort III type); w/ wiring and/or internal fixation	23,300	12,600	10,700
21433	Open treatment of craniofacial separation (LeFort III type); complicated (e.g., comminuted or involving cranial nerve foramina); multiple surgical approaches	18,000	8,400	9,600
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation)	23,300	12,600	10,700
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, w/ bone grafting (includes obtaining graft)	46,500	25,200	21,300
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture	12,120	6,720	5,400
21445	Open treatment of mandibular or maxillary alveolar ridge fracture	18,000	8,400	9,600
21450	Closed treatment of mandibular fracture	18,000	8,400	9,600
21452	Percutaneous treatment of mandibular fracture, w/ external fixation	23,300	12,600	10,700
21453	Closed treatment of mandibular fracture; w/ interdental fixation	14,960	7,560	7,400
21454	Open treatment of mandibular fracture; w/ external fixation	22,660	11,760	10,900
21461	Open treatment of mandibular fracture; w/o interdental fixation	22,660	11,760	10,900
21462	Open treatment of mandibular fracture; w/ interdental fixation	23,300	12,600	10,700
21465	Open treatment of mandibular condylar fracture	30,300	16,800	13,500
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	37,800	21,000	16,800
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	9,700	4,200	5,500
21485	Closed treatment of temporomandibular dislocation; complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent	20,980	10,080	10,900
21490	Open treatment of temporomandibular dislocation	30,300	16,800	13,500
21493	Closed treatment of hyoid fracture	18,000	8,400	9,600
21495	Open treatment of hyoid fracture	23,300	12,600	10,700
21497	Interdental wiring, for condition other than fracture	12,120	6,720	5,400
	Neck (Soft Tissues) and Thorax			
	Incision			
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax	5,680	1,680	4,000
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax w/ partial rib osteotomy	8,020	2,520	5,500
21510	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), thorax	4,108	1,008	3,100
	Excision			
21550	Biopsy, soft tissue of neck or thorax	5,680	1,680	4,000
21555	Excision tumor, soft tissue of neck or thorax; subcutaneous	8,020	2,520	5,500
21556	Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular	9,700	4,200	5,500
21557	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or thorax	30,300	16,800	13,500
21600	Excision of rib, partial	10,540	5,040	5,500
21610	Costotransversectomy	20,980	10,080	10,900
21615	Excision first and/or cervical rib	37,180	18,480	18,700
21616	Excision first and/or cervical rib w/ sympathectomy	37,800	21,000	16,800
21620	Osteotomy of sternum, partial	27,120	15,120	12,000
21627	Sternal debridement	12,288	6,888	5,400
21630	Radical resection of sternum;	37,800	21,000	16,800
	Repair, Revision, and/or Reconstruction			
21700	Division of scalenus anticus; w/o resection of cervical rib	18,000	8,400	9,600
21705	Division of scalenus anticus; w/ resection of cervical rib	23,300	12,600	10,700
21720	Division of sternocleidomastoid for torticollis, open operation	18,000	8,400	9,600
21740	Reconstructive repair of pectus excavatum or carinatum	27,120	15,120	12,000
21750	Closure of sternotomy separation w/ or w/o debridement	23,300	12,600	10,700
	Fracture and/or Dislocation			
21800	Closed treatment of rib fracture	8,020	2,520	5,500
21805	Open treatment of rib fracture w/o fixation	10,960	5,460	5,500
21810	Treatment of rib fracture requiring external fixation ("flail chest")	20,980	10,080	10,900
21820	Closed treatment of sternum fracture	9,868	4,368	5,500
21825	Open treatment of sternum fracture w/ or w/o skeletal fixation	21,940	9,240	12,700
	Back and Flank			
	Excision			

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
21920	Biopsy, soft tissue of back or flank	3,504	504	3,000
21930	Excision, tumor, soft tissue of back or flank	5,680	1,680	4,000
21935	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of back or flank	23,300	12,600	10,700
	Spine (Vertebral Column)			
	Excision			
22100	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	27,120	15,120	12,000
22101	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	27,120	15,120	12,000
22102	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	27,120	15,120	12,000
22110	Partial excision of vertebral body, for intrinsic bony lesion, w/o decompression of spinal cord or nerve root(s), single vertebral segment; cervical	46,500	25,200	21,300
22112	Partial excision of vertebral body, for intrinsic bony lesion, w/o decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	30,300	16,800	13,500
22114	Partial excision of vertebral body, for intrinsic bony lesion, w/o decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	30,300	16,800	13,500
	Osteotomy			
22210	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical	46,500	25,200	21,300
22212	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic	46,500	25,200	21,300
22214	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar	46,500	25,200	21,300
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	53,400	29,400	24,000
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	53,400	29,400	24,000
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	53,400	29,400	24,000
	Fracture and/or Dislocation			
22305	Closed treatment of vertebral process fracture(s)	23,300	12,600	10,700
22310	Closed treatment of vertebral body fracture(s), requiring and including casting or bracing	30,740	13,440	17,300
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar	38,860	20,160	18,700
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; cervical	38,640	21,840	16,800
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; thoracic	37,800	21,000	16,800
	Anterior or Anterolateral Approach Technique			
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), w/ or w/o excision of odontoid process	40,320	23,520	16,800
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	53,400	29,400	24,000
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	46,500	25,200	21,300
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	46,500	25,200	21,300
	Posterior, Posterolateral or Lateral Transverse Process Technique			
22590	Arthrodesis; posterior technique, craniocervical (occiput-C2)	53,400	29,400	24,000
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	53,400	29,400	24,000
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	53,400	29,400	24,000
22610	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment thoracic (w/ or w/o lateral transverse technique)	30,300	16,800	13,500
22612	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment lumbar (w/ or w/o lateral transverse technique)	30,300	16,800	13,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
22630	Arthrodesis, posterior interbody technique, single interspace; lumbar	40,320	23,520	16,800
	Spine Deformity (e.g. Scoliosis, Kyphosis)			
22800	Arthrodesis, posterior, for spinal deformity, w/ or w/o cast; up to 6 vertebral segments	58,800	37,800	21,000
22802	Arthrodesis, posterior, for spinal deformity, w/ or w/o cast; 7 to 12 vertebral segments	63,000	42,000	21,000
22804	Arthrodesis, posterior, for spinal deformity, w/ or w/o cast; 13 or more vertebral segments	67,200	46,200	21,000
22808	Arthrodesis, anterior, for spinal deformity, w/ or w/o cast; 2 to 3 vertebral segments	55,000	33,600	21,400
22810	Arthrodesis, anterior, for spinal deformity, w/ or w/o cast; 4 to 7 vertebral segments	58,800	37,800	21,000
22812	Arthrodesis, anterior, for spinal deformity, w/ or w/o cast; 8 or more vertebral segments	67,200	46,200	21,000
	Spinal Instrumentation			
22840	Posterior non-segmental instrumentation (e.g., single Harrington rod technique)	55,000	33,600	21,400
22841	Internal spinal fixation by wiring of spinous processes	53,400	29,400	24,000
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods w/ multiple hooks and sublaminar wires); 3 to 6 vertebral segments	54,660	30,660	24,000
22843	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods w/ multiple hooks and sublaminar wires); 7 to 12 vertebral segments	58,800	37,800	21,000
22844	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods w/ multiple hooks and sublaminar wires); 13 or more vertebral segments	67,200	46,200	21,000
22845	Anterior instrumentation; 2 to 3 vertebral segments	55,000	33,600	21,400
22846	Anterior instrumentation; 4 to 7 vertebral segments	58,800	37,800	21,000
22847	Anterior instrumentation; 8 or more vertebral segments	67,200	46,200	21,000
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum	55,000	33,600	21,400
22849	Reinsertion of spinal fixation device	53,400	29,400	24,000
22850	Removal of posterior nonsegmental instrumentation (e.g., Harrington rod)	21,940	9,240	12,700
22851	Application of prosthetic device (e.g., metal cages, methylmethacrylate) to vertebral defect or interspace	58,800	37,800	21,000
22852	Removal of posterior segmental instrumentation	27,120	15,120	12,000
22855	Removal of anterior instrumentation	30,300	16,800	13,500
	Abdomen			
	Excision			
22900	Excision, abdominal wall tumor, subfascial (e.g., desmoid)	23,300	12,600	10,700
	Shoulder			
	Incision			
23000	Removal of subdeltoid (or intratendinous) calcareous deposits, open method	20,980	10,080	10,900
23020	Capsular contracture release (Sever type procedure)	27,120	15,120	12,000
23030	Incision and drainage, shoulder area; deep abscess or hematoma	18,000	8,400	9,600
23031	Incision and drainage, shoulder area; infected bursa	14,960	7,560	7,400
23035	Incision, deep, w/ opening of cortex (e.g., for osteomyelitis or bone abscess), shoulder area	20,980	10,080	10,900
23040	Arthrotomy, glenohumeral joint, for infection, w/ exploration, drainage, or removal of foreign body	23,300	12,600	10,700
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, for infection, w/ exploration, drainage, or removal of foreign body	20,980	10,080	10,900
	Excision			
23065	Biopsy, soft tissue of shoulder area	3,504	504	3,000
23075	Excision, tumor, shoulder area; subcutaneous	5,680	1,680	4,000
23076	Excision, tumor, shoulder area; deep, subfascial, or intramuscular	8,020	2,520	5,500
23077	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of shoulder area	37,800	21,000	16,800
23100	Arthrotomy w/ biopsy, glenohumeral joint	23,300	12,600	10,700
23101	Arthrotomy w/ biopsy, or w/ excision of torn cartilage, acromioclavicular, sternoclavicular joint	27,120	15,120	12,000
23105	Arthrotomy w/ synovectomy; glenohumeral joint	27,120	15,120	12,000
23106	Arthrotomy w/ synovectomy; sternoclavicular joint	21,820	10,920	10,900
23107	Arthrotomy, glenohumeral joint, w/ joint exploration, w/ or w/o removal of loose or foreign body	30,740	13,440	17,300
23120	Claviculectomy; partial	23,300	12,600	10,700
23125	Claviculectomy; total	27,960	15,960	12,000
23130	Acromioplasty or acromionectomy, partial	27,540	15,540	12,000
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula	20,980	10,080	10,900
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula w/ autograft (includes obtaining graft)	22,240	11,340	10,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula w/ allograft	22,240	11,340	10,900
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus	30,740	13,440	17,300
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus w/ autograft (includes obtaining graft)	31,580	14,280	17,300
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus w/ allograft	31,580	14,280	17,300
23170	Sequestrectomy (e.g., for osteomyelitis or bone abscess), clavicle	20,980	10,080	10,900
23172	Sequestrectomy (e.g., for osteomyelitis or bone abscess), scapula	21,820	10,920	10,900
23174	Sequestrectomy (e.g., for osteomyelitis or bone abscess), humeral head to surgical neck	23,300	12,600	10,700
23180	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), clavicle	21,400	10,500	10,900
23182	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), scapula	21,652	10,752	10,900
23184	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), proximal humerus	21,820	10,920	10,900
23190	Ostectomy of scapula, partial (e.g., superior medial angle)	21,820	10,920	10,900
23195	Resection humeral head	27,120	15,120	12,000
23200	Radical resection for tumor; clavicle	27,120	15,120	12,000
23210	Radical resection for tumor; scapula	27,540	15,540	12,000
23220	Radical resection for tumor, proximal humerus	37,180	18,480	18,700
23221	Radical resection for tumor, proximal humerus w/ autograft (includes obtaining graft)	40,320	23,520	16,800
23222	Radical resection for tumor, proximal humerus w/ prosthetic replacement	53,400	29,400	24,000
	Introduction or Removal			
23330	Removal of foreign body, shoulder; subcutaneous	5,560	1,260	4,300
23331	Removal of foreign body, shoulder; deep (e.g., Neer prosthesis removal)	12,900	6,300	6,600
23332	Removal of foreign body, shoulder; complicated , including "total shoulder"	14,960	7,560	7,400
	Repair, Revision, and/or Reconstruction			
23395	Muscle transfer, any type, shoulder or upper arm single	22,240	11,340	10,900
23397	Muscle transfer, any type, shoulder or upper arm multiple	23,300	12,600	10,700
23400	Scapulopexy (e.g., Sprengels deformity or for paralysis)	27,120	15,120	12,000
23405	Tenomyotomy, shoulder area; single	21,940	9,240	12,700
23406	Tenomyotomy, shoulder area; multiple through same incision	23,080	12,180	10,900
23410	Repair of ruptured musculotendinous cuff (e.g., rotator cuff); acute	20,980	10,080	10,900
23412	Repair of ruptured musculotendinous cuff (e.g., rotator cuff); chronic	22,240	11,340	10,900
23415	Coracoacromial ligament release, w/ or w/o acromioplasty	21,148	10,248	10,900
23420	Repair of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	23,300	12,600	10,700
23430	Tenodesis of long tendon of biceps	21,940	9,240	12,700
23440	Resection or transplantation of long tendon of biceps	20,980	10,080	10,900
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	37,800	21,000	16,800
23455	Capsulorrhaphy, anterior; Bankart type operation w/ or w/o stapling	38,860	20,160	18,700
23460	Capsulorrhaphy, anterior, any type; w/ bone block	38,860	20,160	18,700
23462	Capsulorrhaphy, anterior, any type; w/ coracoid process transfer	37,180	18,480	18,700
23465	Capsulorrhaphy for recurrent dislocation, posterior, w/ or w/o bone block	37,800	21,000	16,800
23466	Capsulorrhaphy w/ any type multi-directional instability	40,320	23,520	16,800
23470	Arthroplasty w/ proximal humeral implant (e.g., Neer type operation)	48,180	26,880	21,300
23472	Arthroplasty w/ glenoid and proximal humeral replacement (e.g. total shoulder)	53,400	29,400	24,000
23480	Osteotomy, clavicle, w/ or w/o internal fixation;	27,120	15,120	12,000
23485	Osteotomy, clavicle, w/ or w/o internal fixation; w/ bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	28,380	16,380	12,000
23490	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate; clavicle	27,120	15,120	12,000
23491	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate; proximal humerus and humeral head	27,120	15,120	12,000
	Fracture and/or Dislocation			
23500	Closed treatment of clavicular fracture	8,020	2,520	5,500
23515	Open treatment of clavicular fracture, w/ or w/o internal or external fixation	12,456	7,056	5,400
23520	Closed treatment of sternoclavicular dislocation	10,880	3,780	7,100
23530	Open treatment of sternoclavicular dislocation, acute or chronic	20,980	10,080	10,900
23532	Open treatment of sternoclavicular dislocation, acute or chronic w/ fascial graft (includes obtaining graft)	27,120	15,120	12,000
23540	Closed treatment of acromioclavicular dislocation	8,020	2,520	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
23550	Open treatment of acromioclavicular dislocation, acute or chronic	21,940	9,240	12,700
23552	Open treatment of acromioclavicular dislocation, acute or chronic w/ fascial graft (includes obtaining graft)	20,980	10,080	10,900
23570	Closed treatment of scapular fracture	8,020	2,520	5,500
23585	Open treatment of scapular fracture (body, glenoid or acromion) w/ or w/o internal fixation	20,980	10,080	10,900
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture	10,540	5,040	5,500
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, w/ or w/o internal or external fixation, w/ or w/o repair of tuberosity(-ies);	23,300	12,600	10,700
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, w/ or w/o internal or external fixation, w/ or w/o repair of tuberosity(-ies); w/ proximal humeral prosthetic replacement	47,340	26,040	21,300
23620	Closed treatment of greater tuberosity fracture	9,700	4,200	5,500
23630	Open treatment of greater tuberosity fracture, w/ or w/o internal or external fixation	23,300	12,600	10,700
23650	Closed treatment of shoulder dislocation	10,540	5,040	5,500
23657	Thoracoscopy, surgical; w/ wedge resection of lung, single or multiple	41,160	24,360	16,800
23660	Open treatment of acute shoulder dislocation	27,120	15,120	12,000
23665	Closed treatment of shoulder dislocation, / fracture of greater tuberosity	11,980	5,880	6,100
23670	Open treatment of shoulder dislocation, w/ fracture of greater tuberosity, w/ or w/o internal or external fixation	27,120	15,120	12,000
23675	Closed treatment of shoulder dislocation, w/ surgical or anatomical neck fracture	12,120	6,720	5,400
23680	Open treatment of shoulder dislocation, w/ surgical or anatomical neck fracture, w/ or w/o internal or external fixation	27,120	15,120	12,000
	Manipulation			
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	9,700	4,200	5,500
	Arthrodesis			
23800	Arthrodesis, shoulder joint w/ or w/o local bone graft	12,456	7,056	5,400
23802	Arthrodesis, shoulder joint w/ primary autogenous graft (includes obtaining graft)	37,180	18,480	18,700
	Amputation			
23900	Interthoracoscaphic amputation (forequarter)	30,300	16,800	13,500
23920	Disarticulation of shoulder	27,120	15,120	12,000
	Humerus (Upper Arm) and Elbow			
	Incision			
23930	Incision and drainage, upper arm or elbow area deep abscess or hematoma	4,108	1,008	3,100
23931	Incision and drainage, upper arm or elbow area infected bursa	5,560	1,260	4,300
23935	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis of bone abscess), humerus or elbow	21,940	9,240	12,700
24000	Arthrotomy, elbow, for infection, w/ exploration, drainage or removal of foreign body	22,360	9,660	12,700
24006	Arthrotomy of the elbow, w/ capsular excision for capsular release	20,980	10,080	10,900
	Excision			
24065	Biopsy, soft tissue of upper arm or elbow area	3,504	504	3,000
24075	Excision, tumor, upper arm or elbow area subcutaneous	5,680	1,680	4,000
24076	Excision, tumor, upper arm or elbow area deep, subfascial or intramuscular	8,020	2,520	5,500
24077	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of upper arm or elbow area	23,300	12,600	10,700
24100	Arthrotomy, elbow w/ synovial biopsy only	20,980	10,080	10,900
24101	Arthrotomy, elbow w/ joint exploration, w/ or w/o biopsy, w/ or w/o removal of loose or foreign body	21,820	10,920	10,900
24102	Arthrotomy, elbow w/ synovectomy	23,300	12,600	10,700
24105	Excision, olecranon bursa	8,260	3,360	4,900
24110	Excision or curettage of bone cyst or benign tumor, humerus	20,980	10,080	10,900
24115	Excision or curettage of bone cyst or benign tumor, humerus w/ autograft (includes obtaining graft)	23,080	12,180	10,900
24116	Excision or curettage of bone cyst or benign tumor, humerus w/ allograft	23,080	12,180	10,900
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process	21,148	10,248	10,900
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process w/ autograft (includes obtaining graft)	21,820	10,920	10,900
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process w/ allograft	21,820	10,920	10,900
24130	Excision, radial head	20,980	10,080	10,900
24134	Sequestrectomy (e.g., for osteomyelitis or bone abscess), shaft or distal humerus	20,980	10,080	10,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
24136	Sequestrectomy (e.g., for osteomyelitis or bone abscess), radial head or neck	20,980	10,080	10,900
24138	Sequestrectomy (e.g., for osteomyelitis or bone abscess), olecranon process	20,980	10,080	10,900
24140	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), humerus	20,980	10,080	10,900
24145	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), radial head or neck	20,980	10,080	10,900
24147	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), olecranon process	20,980	10,080	10,900
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, w/ contracture release	21,400	10,500	10,900
24150	Radical resection for tumor, shaft or distal humerus	23,080	12,180	10,900
24151	Radical resection for tumor, shaft or distal humerus w/ autograft (includes obtaining graft)	30,300	16,800	13,500
24152	Radical resection for tumor, radial head or neck	23,300	12,600	10,700
24153	Radical resection for tumor, radial head or neck w/ autograft (includes obtaining graft)	27,120	15,120	12,000
24155	Resection of elbow joint (arthrectomy)	27,120	15,120	12,000
	Introduction or Removal			
24160	Implant removal elbow joint	21,940	9,240	12,700
24164	Implant removal radial head	22,360	9,660	12,700
24200	Removal of foreign body, upper arm or elbow area	8,272	2,772	5,500
	Repair, Revision, and/or Reconstruction			
24301	Muscle or tendon transfer, any type, upper arm or elbow, single	23,300	12,600	10,700
24305	Tendon lengthening, upper arm or elbow, single, each	20,980	10,080	10,900
24310	Tenotomy, open, elbow to shoulder, single, each	21,940	9,240	12,700
24320	Tenoplasty, w/ muscle transfer, w/ or w/o free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	27,120	15,120	12,000
24330	Flexor-plasty, elbow (e.g., Steindler type advancement)	30,740	13,440	17,300
24331	Flexor-plasty, elbow (e.g., Steindler type advancement) w/ extensor advancement	27,120	15,120	12,000
24340	Tenodesis of biceps tendon at elbow	8,260	3,360	4,900
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	20,980	10,080	10,900
24342	Reinsertion of ruptured biceps or triceps tendon, distal, w/ or w/o tendon graft	12,120	6,720	5,400
24350	Fasciotomy, lateral or medial (e.g., "tennis elbow" or epicondylitis);	10,540	5,040	5,500
24351	Fasciotomy, lateral or medial (e.g., "tennis elbow" or epicondylitis); w/ extensor origin detachment	12,120	6,720	5,400
24352	Fasciotomy, lateral or medial (e.g., "tennis elbow" or epicondylitis); w/ annular ligament resection	12,120	6,720	5,400
24354	Fasciotomy, lateral or medial (e.g., "tennis elbow" or epicondylitis); w/ stripping	12,120	6,720	5,400
24356	Fasciotomy, lateral or medial (e.g., "tennis elbow" or epicondylitis); w/ partial osteotomy	12,120	6,720	5,400
24360	Arthroplasty, elbow w/ membrane	27,120	15,120	12,000
24361	Arthroplasty, elbow w/ membrane w/ distal humeral prosthetic replacement	37,180	18,480	18,700
24362	Arthroplasty, elbow w/ membrane w/ implant and fascia lata ligament reconstruction	27,120	15,120	12,000
24363	Arthroplasty, elbow w/ membrane w/ distal humerus and proximal ulnar prosthetic replacement ("total elbow")	38,640	21,840	16,800
24365	Arthroplasty, radial head	21,940	9,240	12,700
24366	Arthroplasty, radial head w/ implant	27,120	15,120	12,000
24400	Osteotomy, humerus, w/ or w/o internal fixation	20,980	10,080	10,900
24410	Multiple osteotomies w/ realignment on intramedullary rod, humeral shaft (Sofield type procedure)	20,980	10,080	10,900
24420	Osteoplasty, humerus (e.g., shortening or lengthening)	23,300	12,600	10,700
24430	Repair of non-union or malunion, humerus; w/o graft (e.g., compression technique);	23,080	12,180	10,900
24435	Repair of non-union or malunion, humerus; w/o graft (e.g., compression technique); w/ iliac or other autograft (includes obtaining graft)	27,120	15,120	12,000
24470	Hemiepiphyseal arrest (e.g., for cubitus varus or valgus, distal humerus)	22,360	9,660	12,700
24495	Decompression fasciotomy, forearm, w/ brachial artery exploration	27,120	15,120	12,000
24498	Prophylactic treatment (nailing, pinning, plating or wiring), w/ or w/o methylmethacrylate, humerus	20,980	10,080	10,900
	Fracture and/or Dislocation			
24500	Closed treatment of humeral shaft fracture	10,120	4,620	5,500
24515	Open treatment of humeral shaft fracture w/ plate/screws, w/ or w/o cerclage	30,740	13,440	17,300

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
24516	Open treatment of humeral shaft fracture, w/ insertion of intramedullary implant, w/ or w/o cerclage and/or locking screws	30,740	13,440	17,300
24530	Closed treatment of supracondylar or transcondylar humeral fracture, w/ or w/o intercondylar extension	10,120	4,620	5,500
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, w/ or w/o intercondylar extension	27,120	15,120	12,000
24545	Open treatment of humeral supracondylar or transcondylar fracture, w/ or w/o internal or external fixation w/o intercondylar extension	12,456	7,056	5,400
24546	Open treatment of humeral supracondylar or transcondylar fracture, w/ or w/o internal or external fixation w/ intercondylar extension	32,000	14,700	17,300
24560	Closed treatment of humeral epicondylar fracture, medial or lateral;	10,880	3,780	7,100
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, w/ manipulation	27,120	15,120	12,000
24575	Open treatment of humeral epicondylar fracture, medial or lateral, w/ or w/o internal or external fixation	18,000	8,400	9,600
24576	Closed treatment of humeral condylar fracture, medial or lateral	10,880	3,780	7,100
24579	Open treatment of humeral condylar fracture, medial or lateral, w/ or w/o internal or external fixation	18,000	8,400	9,600
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, w/ manipulation	27,120	15,120	12,000
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius)	22,660	11,760	10,900
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius) w/ implant arthroplasty	37,800	21,000	16,800
24600	Treatment of closed elbow dislocation	10,540	5,040	5,500
24615	Open treatment of acute or chronic elbow dislocation	23,300	12,600	10,700
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna w/ dislocation of radial head)	10,880	3,780	7,100
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna w/ dislocation of radial head), w/ or w/o internal or external fixation	21,940	9,240	12,700
24640	Closed treatment of radial head subluxation in child, "nursemaid elbow"	5,680	1,680	4,000
24650	Closed treatment of radial head or neck fracture	10,880	3,780	7,100
24665	Open treatment of radial head or neck fracture, w/ or w/o internal fixation or radial head excision	20,980	10,080	10,900
24666	Open treatment of radial head or neck fracture, w/ or w/o internal fixation or radial head excision w/ radial head prosthetic replacement	27,120	15,120	12,000
24670	Closed treatment of ulnar fracture, proximal end (olecranon process)	10,880	3,780	7,100
24685	Open treatment of ulnar fracture proximal end (olecranon process), w/ or w/o internal or external fixation	21,940	9,240	12,700
	Arthrodesis			
24800	Arthrodesis, elbow joint w/ or w/o local autograft or allograft	27,120	15,120	12,000
24802	Arthrodesis, elbow joint w/ autograft (includes obtaining graft other than locally obtained)	28,380	16,380	12,000
	Amputation			
24900	Amputation, arm through humerus w/ primary closure	18,000	8,400	9,600
24920	Amputation, arm through humerus w/ primary closure open, circular (guillotine)	12,120	6,720	5,400
24925	Amputation, arm through humerus w/ primary closure secondary closure or scar revision	10,960	5,460	5,500
24930	Amputation, arm through humerus w/ primary closure re-amputation	14,960	7,560	7,400
24931	Amputation, arm through humerus w/ primary closure w/ implant	14,960	7,560	7,400
24935	Stump elongation, upper extremity	12,120	6,720	5,400
24940	Cineplasty, upper extremity, complete procedure	27,120	15,120	12,000
	Forearm and Wrist			
	Incision			
25000	Tendon sheath incision at radial styloid (e.g., for deQuervains disease)	10,540	5,040	5,500
25020	Decompression fasciotomy, forearm and/or wrist, flexor or extensor compartment	18,000	8,400	9,600
25023	Decompression fasciotomy, forearm and/or wrist, flexor or extensor compartment w/ debridement of nonviable muscle and/or nerve	14,960	7,560	7,400
25028	Incision and drainage, forearm and/or wrist deep abscess or hematoma	10,880	3,780	7,100
25031	Incision and drainage, forearm and/or wrist deep abscess or hematoma infected bursa	10,120	4,620	5,500
25035	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), forearm and/or wrist	12,120	6,720	5,400
25040	Arthrotomy, radiocarpal or midcarpal joint, w/ exploration, drainage, or removal of foreign body	10,120	4,620	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	Excision			
25065	Biopsy, soft tissue of forearm and/or wrist	3,504	504	3,000
25075	Excision, tumor, forearm and/or wrist area subcutaneous	5,680	1,680	4,000
25076	Excision, tumor, forearm and/or wrist area deep, subfascial or intramuscular	8,020	2,520	5,500
25077	Radical resection of tumor (e.g. malignant neoplasm), soft tissue of forearm and/or wrist area	23,300	12,600	10,700
25085	Capsulotomy, wrist (e.g., for contracture)	15,380	7,980	7,400
25100	Arthrotomy, wrist joint w/ biopsy	11,044	5,544	5,500
25101	Arthrotomy, wrist joint w/ joint exploration, w/ or w/o biopsy, w/ or w/o removal of loose or foreign body	12,540	7,140	5,400
25105	Arthrotomy, wrist joint w/ synovectomy	20,980	10,080	10,900
25107	Arthrotomy, distal radioulnar joint for repair of triangle cartilage complex	20,980	10,080	10,900
25110	Excision, lesion of tendon sheath, forearm and/or wrist	8,020	2,520	5,500
25111	Excision of ganglion, wrist (dorsal or volar)	8,260	3,360	4,900
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (e.g., tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	21,820	10,920	10,900
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (e.g., tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, w/ or w/o transposition of dorsal retinaculum	18,420	8,820	9,600
25118	Synovectomy, extensor tendon sheath, wrist, single compartment	9,952	4,452	5,500
25119	Synovectomy, extensor tendon sheath, wrist, single compartment w/ resection of distal ulna	21,940	9,240	12,700
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process)	20,980	10,080	10,900
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process) w/ autograft (includes obtaining graft)	21,820	10,920	10,900
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process) w/ allograft	21,820	10,920	10,900
25130	Excision or curettage of bone cyst or benign tumor of carpal bones	9,952	4,452	5,500
25135	Excision or curettage of bone cyst or benign tumor of carpal bones w/ autograft (includes obtaining graft)	12,900	6,300	6,600
25136	Excision or curettage of bone cyst or benign tumor of carpal bones w/ allograft	12,900	6,300	6,600
25145	Sequestrectomy (e.g., for osteomyelitis or bone abscess), forearm and/or wrist	21,940	9,240	12,700
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis); ulna	21,940	9,240	12,700
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis); radius	21,940	9,240	12,700
25170	Radical resection for tumor, radius or ulna	27,120	15,120	12,000
25210	Carpectomy one bone	5,932	1,932	4,000
25215	Carpectomy all bones of proximal row	22,360	9,660	12,700
25230	Radial styloidectomy	10,540	5,040	5,500
25240	Excision distal ulna partial or complete (e.g., Darrach type or matched resection)	10,540	5,040	5,500
	Introduction or Removal			
25248	Exploration w/ removal of deep foreign body, forearm or wrist	8,260	3,360	4,900
25250	Removal of wrist prosthesis	21,940	9,240	12,700
25251	Removal of wrist prosthesis complicated, including "total wrist"	30,740	13,440	17,300
	Repair, Revision, and/or Reconstruction			
25260	Repair, tendon or muscle, flexor, forearm and/or wrist primary, single, each tendon or muscle	10,540	5,040	5,500
25263	Repair, tendon or muscle, flexor, forearm and/or wrist secondary, single, each tendon or muscle	8,260	3,360	4,900
25265	Repair, tendon or muscle, flexor, forearm and/or wrist secondary, w/ free graft (includes obtaining graft), each tendon or muscle	10,120	4,620	5,500
25270	Repair, tendon or muscle, extensor, forearm and/or wrist primary, single, each tendon or muscle	10,540	5,040	5,500
25272	Repair, tendon or muscle, extensor, forearm and/or wrist secondary, single, each tendon or muscle	8,260	3,360	4,900
25274	Repair, tendon or muscle, extensor, secondary, w/ tendon graft (includes obtaining graft), forearm and/or wrist, each tendon or muscle	10,540	5,040	5,500
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	10,880	3,780	7,100
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	10,880	3,780	7,100

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single each tendon	8,260	3,360	4,900
25300	Tenodesis at wrist flexors of fingers	10,960	5,460	5,500
25301	Tenodesis at wrist extensors of fingers	10,540	5,040	5,500
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single each tendon	20,980	10,080	10,900
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single w/ tendon graft(s) (includes obtaining graft), each tendon	21,820	10,920	10,900
25315	Flexor origin slide (e.g. for cerebral palsy, Volkmann contracture), forearm and/or wrist	30,300	16,800	13,500
25316	Flexor origin slide (e.g. for cerebral palsy, Volkmann contracture), forearm and/or wrist w/ tendon(s) transfer	37,180	18,480	18,700
25320	Capsulorrhaphy or reconstruction, wrist, any method (e.g., capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	27,120	15,120	12,000
25332	Arthroplasty, wrist, w/ or w/o interposition, w/ or w/o external or internal fixation	30,300	16,800	13,500
25335	Centralization of wrist on ulna (e.g., radial club hand)	31,140	17,640	13,500
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (e.g., tendon transfer, tendon graft or weave, or tenodesis) w/ or w/o open reduction of distal radioulnar joint	27,960	15,960	12,000
25350	Osteotomy, radius distal third	18,000	8,400	9,600
25355	Osteotomy, radius middle or proximal third	21,940	9,240	12,700
25360	Osteotomy ulna	18,420	8,820	9,600
25365	Osteotomy radius and ulna	23,300	12,600	10,700
25370	Multiple osteotomies, w/ realignment on intramedullary rod (Sofield type procedure) radius or ulna	30,740	13,440	17,300
25375	Multiple osteotomies, w/ realignment on intramedullary rod (Sofield type procedure) radius and ulna	27,960	15,960	12,000
25390	Osteoplasty, radius or ulna shortening	27,120	15,120	12,000
25391	Osteoplasty, radius or ulna lengthening w/ autograft	27,960	15,960	12,000
25392	Osteoplasty, radius and ulna shortening	27,120	15,120	12,000
25393	Osteoplasty, radius and ulna lengthening w/ autograft	27,960	15,960	12,000
25400	Repair of nonunion or malunion, radius or ulna w/o graft (compression technique)	20,980	10,080	10,900
25405	Repair of nonunion or malunion, radius or ulna w/ iliac or other autograft (includes obtaining graft)	23,300	12,600	10,700
25415	Repair of nonunion or malunion, radius and ulna w/o graft (e.g. compression technique)	30,740	13,440	17,300
25420	Repair of nonunion or malunion, radius and ulna w/ iliac or other autograft (includes obtaining graft)	27,960	15,960	12,000
25425	Repair of defect w/ autograft radius or ulna	21,940	9,240	12,700
25426	Repair of defect w/ autograft radius and ulna	30,740	13,440	17,300
25440	Repair of nonunion, scaphoid (navicular) bone, w/ or w/o radial styloidectomy (includes obtaining graft and necessary fixation)	23,720	13,020	10,700
25441	Arthroplasty w/ prosthetic replacement distal radius	30,300	16,800	13,500
25442	Arthroplasty w/ prosthetic replacement distal ulna	27,120	15,120	12,000
25443	Arthroplasty w/ prosthetic replacement scaphoid (navicular)	27,120	15,120	12,000
25444	Arthroplasty w/ prosthetic replacement lunate	27,120	15,120	12,000
25445	Arthroplasty w/ prosthetic replacement trapezium	31,580	14,280	17,300
25446	Arthroplasty w/ prosthetic replacement distal radius and partial or entire carpus ("total wrist")	37,800	21,000	16,800
25447	Arthroplasty w/ prosthetic replacement Interposition arthroplasty, intercarpal or carpometacarpal joints	27,960	15,960	12,000
25449	Revision of arthroplasty, including removal of implant, wrist joint	40,320	23,520	16,800
25450	Epiphyseal arrest by epiphysiodesis or stapling distal radius or ulna	20,980	10,080	10,900
25455	Epiphyseal arrest by epiphysiodesis or stapling distal radius and ulna	30,740	13,440	17,300
25490	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate radius	21,940	9,240	12,700
25491	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate ulna	21,940	9,240	12,700
25492	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate radius and ulna	37,180	18,480	18,700
	Fracture and/or Dislocation			
25500	Closed treatment of radial shaft fracture	9,700	4,200	5,500
25515	Open treatment of radial shaft fracture, w/ or w/o internal or external fixation	21,940	9,240	12,700
25520	Closed treatment of radial shaft fracture, w/ dislocation of distal radio-ulnar joint (Galeazzi fracture/dislocation)	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
25525	Open treatment of radial shaft fracture, w/ internal and/or external fixation and closed treatment of dislocation of distal radio-ulnar joint (Galeazzi fracture/dislocation), w/ or w/o percutaneous skeletal fixation	20,980	10,080	10,900
25526	Open treatment of radial shaft fracture, w/ internal and/or external fixation and open treatment, w/ or w/o internal or external fixation of distal radio-ulnar joint (Galleazi fracture/dislocation), includes repair of triangular cartilage	22,660	11,760	10,900
25530	Closed treatment of ulnar shaft fracture	8,260	3,360	4,900
25545	Open treatment of ulnar shaft fracture, w/ or w/o internal or external fixation	18,000	8,400	9,600
25560	Closed treatment of radial and ulnar shaft fractures	9,700	4,200	5,500
25574	Open treatment of radial and ulnar shaft fractures, w/ internal or external fixation of radius or ulna	27,960	15,960	12,000
25575	Open treatment of radial and ulnar shaft fractures, w/ internal or external fixation of radius and ulna	27,120	15,120	12,000
25600	Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, w/ or w/o fracture of ulnar styloid	8,260	3,360	4,900
25611	Percutaneous skeletal fixation of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, w/ or w/o fracture of ulnar styloid , requiring manipulation, w/ or w/o external fixation	23,300	12,600	10,700
25620	Open treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, w/ or w/o fracture of ulnar styloid, w/ or w/o internal or external fixation	23,300	12,600	10,700
25622	Closed treatment of carpal scaphoid (navicular) fracture	8,260	3,360	4,900
25628	Open treatment of carpal scaphoid (navicular) fracture, w/ or w/o internal or external fixation	21,820	10,920	10,900
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular))	8,260	3,360	4,900
25645	Open treatment of carpal bone fracture (excluding carpal scaphoid (navicular)), each bone	21,904	11,004	10,900
25650	Closed treatment of ulnar styloid fracture	8,440	2,940	5,500
25660	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones	8,260	3,360	4,900
25670	Open treatment of radiocarpal or intercarpal dislocation, one or more bones	18,000	8,400	9,600
25675	Closed treatment of distal radioulnar dislocation	8,260	3,360	4,900
25676	Open treatment of distal radioulnar dislocation, acute or chronic	21,820	10,920	10,900
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation	8,260	3,360	4,900
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	20,980	10,080	10,900
25690	Closed treatment of lunate dislocation	8,260	3,360	4,900
25695	Open treatment of lunate dislocation	21,940	9,240	12,700
	Arthrodesis			
25800	Arthrodesis, wrist joint (including radiocarpal and/or ulnocarpal fusion) w/o bone graft	18,000	8,400	9,600
25805	Arthrodesis, wrist joint (including radiocarpal and/or ulnocarpal fusion) w/ sliding graft	21,820	10,920	10,900
25810	Arthrodesis, wrist joint (including radiocarpal and/or ulnocarpal fusion) w/ iliac or other autograft (includes obtaining graft)	21,820	10,920	10,900
25820	Intercarpal fusion w/o bone graft	12,900	6,300	6,600
25825	Intercarpal fusion w/ autograft (includes obtaining graft)	14,960	7,560	7,400
25830	Distal radioulnar joint arthrodesis and segmental resection of ulna (e.g. Sauve-Kapandji procedure), w/ or w/o bone graft	21,820	10,920	10,900
	Amputation			
25900	Amputation, forearm, through, radius and ulna	18,000	8,400	9,600
25905	Amputation, forearm, through, radius and ulna open, circular (guillotine)	12,120	6,720	5,400
25907	Amputation, forearm, through, radius and ulna secondary closure or scar revision	10,960	5,460	5,500
25909	Amputation, forearm, through, radius and ulna re-amputation	14,960	7,560	7,400
25915	Krukenberg procedure	37,800	21,000	16,800
25920	Disarticulation through wrist	14,960	7,560	7,400
25922	Disarticulation through wrist secondary closure or scar revision	8,440	2,940	5,500
25924	Disarticulation through wrist re-amputation	14,960	7,560	7,400
25927	Transmetacarpal amputation	14,960	7,560	7,400
25929	Transmetacarpal amputation secondary closure or scar revision	8,440	2,940	5,500
25931	Transmetacarpal amputation re-amputation	14,960	7,560	7,400
	Hands and Fingers			
	Incision			
26010	Drainage of finger abscess simple	3,504	504	3,000
26011	Drainage of finger abscess; complicated (e.g., felon)	4,108	1,008	3,100
26020	Drainage of tendon sheath, one digit and/or palm	8,020	2,520	5,500
26025	Drainage of palmar bursa single, ulnar or radial	10,880	3,780	7,100

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
26030	Drainage of palmar bursa single, multiple or complicated	10,540	5,040	5,500
26034	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), hand or finger	21,940	9,240	12,700
26035	Decompression fingers and/or hand, injection injury (e.g., grease gun)	14,960	7,560	7,400
26037	Decompressive fasciotomy, hand (excludes 26035)	21,940	9,240	12,700
26040	Fasciotomy, palmar, for Dupuytren's contracture percutaneous	12,120	6,720	5,400
26045	Fasciotomy, palmar, for Dupuytren's contracture open, partial	12,120	6,720	5,400
26055	Tendon sheath incision (e.g., for trigger finger)	10,540	5,040	5,500
26060	Tenotomy, percutaneous, single, each digit	9,700	4,200	5,500
26070	Arthrotomy, w/ exploration, drainage, or removal of foreign body carpometacarpal joint	10,880	3,780	7,100
26075	Arthrotomy, w/ exploration, drainage, or removal of foreign body metacarpophalangeal joint	10,880	3,780	7,100
26080	Arthrotomy, w/ exploration, drainage, or removal of foreign body interphalangeal joint, each	8,260	3,360	4,900
	Excision			
26100	Arthrotomy w/ synovial biopsy carpometacarpal joint	12,120	6,720	5,400
26105	Arthrotomy w/ synovial biopsy metacarpophalangeal joint	12,900	6,300	6,600
26110	Arthrotomy w/ synovial biopsy interphalangeal joint, each	11,980	5,880	6,100
26115	Excision, tumor or vascular malformation, hand or finger subcutaneous	20,980	10,080	10,900
26116	Excision, tumor or vascular malformation, hand or finger deep, subfascial, intramuscular	23,300	12,600	10,700
26117	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of hand or finger	27,120	15,120	12,000
26121	Fasciectomy, palm only, w/ or w/o Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	27,120	15,120	12,000
26123	Fasciectomy, partial palmar w/ release of single digit including proximal interphalangeal joint, w/ or w/o Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	22,660	11,760	10,900
26125	Fasciectomy, partial palmar w/ release of single digit including proximal interphalangeal joint, w/ or w/o Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft) each additional digit (List separately in addition to code for primary procedure)	8,260	3,360	4,900
26130	Synovectomy, capometacarpal joint	22,660	11,760	10,900
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	12,984	6,384	6,600
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	12,984	6,384	6,600
26145	Synovectomy tendon sheath, radical (tenosynovectomy), flexor, palm or finger, single, each digit	15,380	7,980	7,400
26160	Excision of lesion of tendon sheath or capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger	11,980	5,880	6,100
26170	Excision of tendon, palm, flexor, single, each	8,440	2,940	5,500
26180	Excision of tendon, finger, flexor	8,260	3,360	4,900
26185	Sesamoidectomy, thumb or finger	15,380	7,980	7,400
26200	Excision or curettage of bone cyst or benign tumor of metacarpal	12,624	7,224	5,400
26205	Excision or curettage of bone cyst or benign tumor of metacarpal w/ autograft (includes obtaining graft)	21,940	9,240	12,700
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle or distal phalanx of finger	12,120	6,720	5,400
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle or distal phalanx of finger w/ autograft (includes obtaining graft)	15,380	7,980	7,400
26230	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g. for osteomyelitis) metacarpal	21,940	9,240	12,700
26235	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g. for osteomyelitis) proximal or middle phalanx of finger	15,380	7,980	7,400
26236	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g. for osteomyelitis) distal phalanx of finger	12,120	6,720	5,400
26250	Radical resection (ostectomy) for tumor, metacarpal;	23,636	12,936	10,700
26255	Radical resection (ostectomy) for tumor, metacarpal; w/ autograft (includes obtaining graft)	32,000	14,700	17,300
26260	Radical resection (ostectomy) for tumor, proximal or middle phalanx of finger;	30,740	13,440	17,300
26261	Radical resection (ostectomy) for tumor, proximal or middle phalanx of finger; w/ autograft (includes obtaining graft)	31,580	14,280	17,300
26262	Radical resection (ostectomy) for tumor, distal phalanx of finger	23,080	12,180	10,900
	Repair, Revision, and/or Reconstruction			
26350	Flexor tendon repair or advancement, single, not in "no mans land" primary or secondary w/o free graft, each tendon	12,120	6,720	5,400
26352	Flexor tendon repair or advancement, single, not in "no mans land" secondary w/ free graft (includes obtaining graft), each tendon	10,540	5,040	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
26356	Flexor tendon repair or advancement, single, in "no mans land" primary, each tendon	10,880	3,780	7,100
26357	Flexor tendon repair or advancement, single, in "no mans land" secondary, each tendon	10,880	3,780	7,100
26358	Flexor tendon repair or advancement, single, in "no mans land" secondary w/ free graft (includes obtaining graft), each tendon	10,880	3,780	7,100
26370	Profundus tendon repair or advancement, w/ intact sublimis primary	10,880	3,780	7,100
26372	Profundus tendon repair or advancement, w/ intact sublimis secondary w/ free graft (includes obtaining graft)	10,540	5,040	5,500
26373	Profundus tendon repair or advancement, w/ intact sublimis secondary w/o free graft	11,132	4,032	7,100
26390	Flexor tendon excision, implantation of plastic tube or rod for delayed tendon graft, hand or finger	10,880	3,780	7,100
26392	Removal of tube or rod and insertion of flexor tendon graft (includes obtaining graft), hand or finger	10,880	3,780	7,100
26410	Extensor tendon repair, dorsum of hand, single, primary or secondary w/o free graft, each tendon	8,260	3,360	4,900
26412	Extensor tendon repair, dorsum of hand, single, primary or secondary w/ free graft (includes obtaining graft), each tendon	8,260	3,360	4,900
26415	Extensor tendon excision, implantation of plastic tube or rod for delayed extensor tendon graft, hand or finger	10,880	3,780	7,100
26416	Removal of tube or rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger	8,692	3,192	5,500
26418	Extensor tendon repair, dorsum of finger, single, primary or secondary w/o free graft, each tendon	8,260	3,360	4,900
26420	Extensor tendon repair, dorsum of finger, single, primary or secondary w/ free graft (includes obtaining graft), each tendon	8,260	3,360	4,900
26426	Extensor tendon repair, central slip repair, secondary (boutonniere deformity) using local tissues	8,260	3,360	4,900
26428	Extensor tendon repair, central slip repair, secondary (boutonniere deformity) w/ free graft (includes obtaining graft)	8,260	3,360	4,900
26432	Extensor tendon repair, distal insertion ("mallet finger"), closed splinting w/ or w/o percutaneous pinning	8,260	3,360	4,900
26433	Extensor tendon repair, distal insertion ("mallet finger"), open, primary or secondary repair w/o graft	8,260	3,360	4,900
26434	Extensor tendon repair, distal insertion ("mallet finger"), open, primary or secondary repair w/ free graft (includes obtaining graft)	10,880	3,780	7,100
26437	Extensor tendon realignment, hand	10,540	5,040	5,500
26440	Tenolysis, simple, flexor tendon palm or finger, single, each tendon	8,020	2,520	5,500
26442	Tenolysis, simple, flexor tendon palm and finger, each tendon	8,440	2,940	5,500
26445	Tenolysis, extensor tendon, dorsum of hand or finger, each tendon	8,020	2,520	5,500
26449	Tenolysis, complex, extensor tendon, dorsum of hand or finger, including hand and forearm	8,440	2,940	5,500
26450	Tenotomy, flexor, single, palm, open, each	8,440	2,940	5,500
26455	Tenotomy, flexor, single, finger, open, each	8,440	2,940	5,500
26460	Tenotomy, extensor, hand or finger, single, open, each	8,440	2,940	5,500
26471	Tenodesis for proximal interphalangeal joint stabilization	8,260	3,360	4,900
26474	Tenodesis for distal joint stabilizatn	10,880	3,780	7,100
26476	Tendon lengthening, extensor, hand or finger, single, each	8,440	2,940	5,500
26477	Tendon shortening, extensor, hand or finger, single, each	8,440	2,940	5,500
26478	Tendon lengthening, flexor, hand or finger, single, each	8,440	2,940	5,500
26479	Tendon lengthening, flexor, hand or finger, single, each tendon shortening, flexor, hand or finger, single, each	8,440	2,940	5,500
26480	Tendon lengthening, flexor, hand or finger, single, each tendon transfer or transplant, carpometacarpal area or dorsum of hand, single w/o free graft, each	8,440	2,940	5,500
26483	Tendon lengthening, flexor, hand or finger, single, each w/ free tendon graft (includes obtaining graft), each tendon	10,880	3,780	7,100
26485	Tendon transfer or transplant, palmar, single, each tendon w/o free tendon graft	8,260	3,360	4,900
26489	Tendon transfer or transplant, palmar, single, each tendon w/ free tendon graft (includes obtaining graft), each tendon	8,260	3,360	4,900
26490	Opponensplasty sublimis tendon transfer type	10,540	5,040	5,500
26492	Opponensplasty tendon transfer w/ graft (includes obtaining graft)	10,960	5,460	5,500
26494	Opponensplasty hypothenar muscle transfer	10,540	5,040	5,500
26496	Opponensplasty other methods	10,540	5,040	5,500
26497	Tendon trasfer to restore intrinsic function ring and small finger	8,428	3,528	4,900
26498	Tendon trasfer to restore intrinsic function all four fingers	18,000	8,400	9,600
26499	Correction claw finger, other methods	21,940	9,240	12,700
26500	Tendon pulley reconstruction w/ local tissues	10,880	3,780	7,100
26502	Tendon pulley reconstruction w/ tendon or fascial graft (includes obtaining graft)	10,120	4,620	5,500
26504	Tendon pulley reconstruction w/ tendon prosthesis	12,900	6,300	6,600
26508	Thenar muscle release for thumb contracture	8,428	3,528	4,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
26510	Cross intrinsic transfer	10,960	5,460	5,500
26516	Capsulodesis for M-P joint stabilization single digit	10,540	5,040	5,500
26517	Capsulodesis for M-P joint stabilization two digits	12,120	6,720	5,400
26518	Capsulodesis for M-P joint stabilization three or four digits	18,000	8,400	9,600
26520	Capsulectomy or capsulotomy for contracture metacarpophalangeal joint, single, each	10,880	3,780	7,100
26525	Capsulectomy or capsulotomy for contracture interphalangeal joint, single, each	5,628	3,752	1,876
26530	Arthroplasty, metacarpophalangeal joint single, each joint	4,788	3,192	1,596
26531	Arthroplasty, metacarpophalangeal joint w/ prosthetic implant, single, each joint	8,020	2,520	5,500
26535	Arthroplasty interphalangeal joint, single, each joint	18,000	8,400	9,600
26536	Arthroplasty interphalangeal joint, single, each joint w/ prosthetic implant, single, each joint	20,980	10,080	10,900
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	8,428	3,528	4,900
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; w/ tendon or fascial graft (includes obtaining graft)	8,428	3,528	4,900
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single, w/ local tissue (e.g., adductor advancement)	8,428	3,528	4,900
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	10,880	3,780	7,100
26546	Repair non-union, metacarpal or phalanx, (includes obtaining bone graft w/ or w/o external or internal fixation)	10,540	5,040	5,500
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	8,428	3,528	4,900
26550	Pollicization of a digit	20,980	10,080	10,900
26551	Toe-to-hand transfer w/ microvascular anastomosis great toe "wrap-around" w/ bone graft	30,300	16,800	13,500
26553	Toe-to-hand transfer w/ microvascular anastomosis other than great toe, single	30,740	13,440	17,300
26554	Toe-to-hand transfer w/ microvascular anastomosis other than great toe, double	27,120	15,120	12,000
26555	Positional change of other finger	14,960	7,560	7,400
26556	Free toe joint transfer w/ microvascular anastomosis	27,120	15,120	12,000
26560	Repair of syndactyly (web finger) each web space w/ skin flaps	18,000	8,400	9,600
26561	Repair of syndactyly (web finger) each web space w/ skin flaps and grafts	20,980	10,080	10,900
26562	Repair of syndactyly (web finger) each web space complex (e.g., involving bone, nails)	30,740	13,440	17,300
26565	Osteotomy for correction of deformity metacarpal	23,300	12,600	10,700
26567	Osteotomy for correction of deformity phalanx of finger	23,300	12,600	10,700
26568	Osteoplasty for lengthening of metacarpal or phalanx	23,300	12,600	10,700
26580	Repair cleft hand	20,980	10,080	10,900
26585	Repair bifid digit	20,980	10,080	10,900
26587	Reconstruction of supernumerary digit, soft tissue and bone	23,300	12,600	10,700
26590	Repair macrodactylia	30,740	13,440	17,300
26591	Repair, intrinsic muscles of hand (specify)	30,740	13,440	17,300
26593	Release, intrinsic muscles of hand (specify)	20,980	10,080	10,900
26596	Excision of constricting ring of finger, w/ multiple Z-plasties	21,820	10,920	10,900
26597	Release of scar contracture, flexor or extensor, w/ skin grafts, rearrangement flaps, or Z-plasties, hand and/or finger	21,820	10,920	10,900
	Fracture and/or Dislocation			
26600	Closed treatment of metacarpal fracture, single	10,120	4,620	5,500
26607	Closed treatment of metacarpal fracture, w/ internal or external fixation	12,900	6,300	6,600
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	12,120	6,720	5,400
26615	Open treatment of metacarpal fracture, single, w/ or w/o internal or external fixation, each bone	12,120	6,720	5,400
26641	Closed treatment of carpometacarpal dislocation, thumb	10,540	5,040	5,500
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture)	12,120	6,720	5,400
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), w/ manipulation, w/ or w/o external fixation	14,960	7,560	7,400
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), w/ or w/o internal or external fixation	14,960	7,560	7,400
26670	Closed treatment of carpometacarpal dislocation, other than thumb (Bennett fracture); single	10,540	5,040	5,500
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb (Bennett fracture), single, w/ manipulation	14,960	7,560	7,400
26685	Open treatment of carpometacarpal dislocation, other than thumb (Bennett fracture) single, w/ or w/o internal or external fixation	10,540	5,040	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
26686	Open treatment of carpometacarpal dislocation, other than thumb (Bennett fracture) single, complex, multiple or delayed reduction	11,980	5,880	6,100
26700	Closed treatment of metacarpophalangeal dislocation, single	10,540	5,040	5,500
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, w/ manipulation	14,960	7,560	7,400
26715	Open treatment of metacarpophalangeal dislocation, single, w/ or w/o internal or external fixation	12,540	7,140	5,400
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb	10,120	4,620	5,500
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, w/ manipulation, each	14,960	7,560	7,400
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, w/ or w/o internal or external fixation, each	14,960	7,560	7,400
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint	10,120	4,620	5,500
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, w/ or w/o internal or external fixation, each	12,540	7,140	5,400
26750	Closed treatment of distal phalangeal fracture, finger or thumb	10,120	4,620	5,500
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	14,960	7,560	7,400
26765	Open treatment of distal phalangeal fracture, finger or thumb, w/ or w/o internal or external fixation, each	12,120	6,720	5,400
26770	Closed treatment of interphalangeal joint dislocation, single	10,880	3,780	7,100
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, w/ manipulation	12,540	7,140	5,400
26785	Open treatment of interphalangeal joint dislocation, w/ or w/o internal or external fixation, single	12,540	7,140	5,400
	Arthrodesis			
26820	Fusion in opposition, thumb, w/ autogenous graft (includes obtaining graft)	21,820	10,920	10,900
26841	Arthrodesis, carpometacarpal joint, thumb, w/ or w/o internal fixation	20,980	10,080	10,900
26842	Arthrodesis, carpometacarpal joint, thumb, w/ or w/o internal fixation w/ autograft (includes obtaining graft)	20,980	10,080	10,900
26843	Arthrodesis, carpometacarpal joint, digits, other than thumb	21,940	9,240	12,700
26844	Arthrodesis, carpometacarpal joint, digits, other than thumb;w/ autograft (includes obtaining graft)	20,980	10,080	10,900
26850	Arthrodesis, metacarpophalangeal joint, w/ or w/o internal fixation	20,980	10,080	10,900
26852	Arthrodesis, metacarpophalangeal joint, w/ or w/o internal fixation w/ autograft (includes obtaining graft)	21,820	10,920	10,900
26860	Arthrodesis, interphalangeal joint, w/ or w/o internal fixation	20,980	10,080	10,900
26862	Arthrodesis, interphalangeal joint, w/ or w/o internal fixation w/ autograft (includes obtaining graft)	21,820	10,920	10,900
	Amputation			
26910	Amputation, metacarpal, w/ finger or thumb (ray amputation), single, w/ or w/o interosseous transfer	12,120	6,720	5,400
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies w/ direct closure	11,980	5,880	6,100
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies w/ local advancement flaps (V-Y, hood)	21,940	9,240	12,700
	Incision			
26990	Incision and drainage, pelvis or hip joint area deep abscess or hematoma	12,120	6,720	5,400
26991	Incision and drainage, pelvis or hip joint area infected bursa	12,120	6,720	5,400
26992	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), pelvis and/or hip joint	23,300	12,600	10,700
27000	Tenotomy, adductor of hip, subcutaneous, closed	12,120	6,720	5,400
27001	Tenotomy, adductor of hip, subcutaneous, open	14,960	7,560	7,400
27003	Tenotomy, adductor, subcutaneous, open, w/ obturator neurectomy	30,740	13,440	17,300
27005	Tenotomy, iliopsoas, open	23,300	12,600	10,700
27006	Tenotomy, abductors of hip, open	23,300	12,600	10,700
27025	Fasciotomy, hip or thigh, any type	21,820	10,920	10,900
27030	Arthrotomy, hip, for infection, w/ drainage	30,740	13,440	17,300
27033	Arthrotomy, hip, w/ exploration or removal of loose or foreign body	30,740	13,440	17,300
27035	Hip joint denervation, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	30,300	16,800	13,500
27036	Capsulectomy or capsulotomy of hip, w/ or w/o excision of heterotopic bone, w/ release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	37,800	21,000	16,800
	Excision			
27040	Biopsy, soft tissue of pelvis and hip area	3,504	504	3,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
27047	Excision, tumor, pelvis and hip area subcutaneous	5,680	1,680	4,000
27048	Excision, tumor, pelvis and hip area deep, subfascial, intramuscular	8,260	3,360	4,900
27049	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of pelvis and hip area	37,800	21,000	16,800
27050	Arthrotomy w/ biopsy sacroiliac joint	27,960	15,960	12,000
27052	Arthrotomy w/ biopsy hip joint	37,180	18,480	18,700
27054	Arthrotomy w/ synovectomy, hip joint	31,140	17,640	13,500
27060	Excision; ischial bursa	27,120	15,120	12,000
27062	Excision; trochanteric bursa or calcification	27,120	15,120	12,000
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) w/ or w/o autograft	27,960	15,960	12,000
27066	Excision of bone cyst or benign tumor; deep, w/ or w/o autograft	30,300	16,800	13,500
27067	Excision of bone cyst or benign tumor; w/ autograft requiring separate incision	31,140	17,640	13,500
27070	Partial excision (craterization, saucerization) (e.g., for osteomyelitis); superficial (e.g., wing of ilium, symphysis pubis or greater trochanter of femur)	46,500	25,200	21,300
27071	Partial excision (craterization, saucerization) (e.g., for osteomyelitis); deep	46,500	25,200	21,300
27075	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis	38,860	20,160	18,700
27076	Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	38,860	20,160	18,700
27077	Radical resection of tumor or infection; innominate bone, total	37,180	18,480	18,700
27078	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur	31,140	17,640	13,500
27079	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, w/ skin flaps	31,560	18,060	13,500
27080	Coccygectomy, primary	15,380	7,980	7,400
	Introduction or Removal			
27086	Removal of foreign body, pelvis or hip	14,960	7,560	7,400
27090	Removal of hip prosthesis	30,300	16,800	13,500
27091	Removal of hip prosthesis complicated, including "total hip" and methlmetacrylate, when applicable	38,020	19,320	18,700
	Repair, Revision, and/or Reconstruction			
27097	Hamstring recession, proximal	22,660	11,760	10,900
27098	Adductor transfer to ischium	23,300	12,600	10,700
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	30,740	13,440	17,300
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	30,740	13,440	17,300
27110	Transfer iliopsoas; to greater trochanter	30,740	13,440	17,300
27111	Transfer iliopsoas; to femoral neck	30,740	13,440	17,300
27120	Acetabuloplasty; (e.g., Whitman, Colonna, Haygroves, or cup type)	37,180	18,480	18,700
27122	Acetabuloplasty; resection femoral head (Girdlestone procedure)	37,180	18,480	18,700
27125	Partial hip replacement, prosthesis (e.g., femoral stem prosthesis, bipolar arthroplasty)	37,180	18,480	18,700
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip replacement), w/ or w/o autograft or allograft	53,400	29,400	24,000
27132	Conversion of previous hip surgery to total hip replacement, w/ or w/o autograft or allograft	55,080	31,080	24,000
27134	Revision of total hip arthroplasty; both components, w/ or w/o autograft or allograft	55,000	33,600	21,400
27137	Revision of total hip arthroplasty; acetabular component only, w/ or w/o autograft or allograft	38,640	21,840	16,800
27138	Revision of total hip arthroplasty; femoral component only, w/ or w/o allograft	38,640	21,840	16,800
27140	Osteotomy and transfer of greater trochanter	27,960	15,960	12,000
27146	Osteotomy , iliac, acetabular or innominate bone	30,300	16,800	13,500
27147	Osteotomy , iliac, acetabular or innominate bone w/ open reduction of hip	31,140	17,640	13,500
27151	Osteotomy , iliac, acetabular or innominate bone w/ femoral osteotomy	37,180	18,480	18,700
27156	Osteotomy , iliac, acetabular or innominate bone w/ femoral osteotomy and w/ open reduction of hip	38,020	19,320	18,700
27158	Osteotomy, pelvis, bilateral (e.g., for congenital malformation)	37,800	21,000	16,800
27161	Osteotomy, femoral neck	31,140	17,640	13,500
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	37,180	18,480	18,700
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	31,140	17,640	13,500
27175	Treatment of slipped femoral epiphysis; by traction, w/o reduction	23,300	12,600	10,700
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	30,300	16,800	13,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
27177	Open treatment of slipped femoral epiphysis; single of multiple pinning or bone graft (includes obtaining graft)	31,140	17,640	13,500
27178	Open treatment of slipped femoral epiphysis; closed manipulation w/ single or multiple pinning	31,140	17,640	13,500
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	31,140	17,640	13,500
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	37,180	18,480	18,700
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter	27,960	15,960	12,000
27187	Prophylactic treatment (nailing, pinning, plating, or wiring) w/ or w/o methylmethacrylate, femoral neck and proximal femur	31,140	17,640	13,500
	Fracture and/or Dislocation			
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation	27,960	15,960	12,000
27200	Closed treatment of coccygeal fracture	14,960	7,560	7,400
27202	Open treatment of coccygeal fracture	22,660	11,760	10,900
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s) (e.g., pelvic fracture(s) w/c do not disrupt the pelvic ring), w/ internal fixation	37,800	21,000	16,800
27216	Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)	40,320	23,520	16,800
27217	Open treatment of anterior ring fracture and/or dislocation w/ internal fixation (includes pubic symphysis and/or rami)	46,500	25,200	21,300
27218	Open treatment of posterior ring fracture and/or dislocation w/ internal fixation (includes ilium, sacroiliac joint and/or sacrum)	46,500	25,200	21,300
27220	Closed treatment of acetabulum (hip socket) fracture(s)	30,740	13,440	17,300
27226	Open treatment of posterior or anterior acetabular wall fracture, w/ internal fixation	38,640	21,840	16,800
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, w/ internal fixation	40,320	23,520	16,800
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture w/ complete articular detachment, or single column or transverse fracture w/ associated acetabular wall fracture, w/ inte	46,500	25,200	21,300
27230	Closed treatment of femoral fracture, proximal end, neck	23,300	12,600	10,700
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck, undisplaced, mildly displaced, or impacted fracture	46,500	25,200	21,300
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement (direct fracture exposure)	46,500	25,200	21,300
27238	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture	23,300	12,600	10,700
27244	Open treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture w/ plate/screw type implant, w/ or w/o cerclage	46,500	25,200	21,300
27245	Open treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture w/ intramedullary implant, w/ or w/o interlocking screws and/or cerclage	31,140	17,640	13,500
27246	Closed treatment of greater trochanteric fracture	23,300	12,600	10,700
27248	Open treatment of greater trochanteric fracture, w/ or w/o internal or external fixation	27,120	15,120	12,000
27250	Closed treatment of hip dislocation, traumatic	23,300	12,600	10,700
27253	Open treatment of hip dislocation, traumatic, w/o internal fixation	37,180	18,480	18,700
27254	Open treatment of hip dislocation, traumatic w/ acetabular wall and femoral head fracture, w/ or w/o internal or external fixation	40,320	23,520	16,800
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc)	30,300	16,800	13,500
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc) w/ femoral shaft shortening	37,180	18,480	18,700
27265	Closed treatment of post hip arthroplasty dislocation	18,000	8,400	9,600
	Arthrodesis			
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	37,800	21,000	16,800
27282	Arthrodesis, symphysis pubis (including obtaining graft)	27,960	15,960	12,000
27284	Arthrodesis, hip joint (includes obtaining graft)	37,800	21,000	16,800
27286	Arthrodesis, hip joint (includes obtaining graft) w/ subtrochanteric osteotomy	40,320	23,520	16,800
	Amputation			
27290	Interpelviabdominal amputation (hindquarter amputation)	46,500	25,200	21,300
27295	Disarticulation of hip	30,300	16,800	13,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	Femur (Thigh Region) and Knee Joint			
	Incision			
27301	Incision and drainage of deep abscess, infected bursa, or hematoma, thigh or knee region	8,260	3,360	4,900
27303	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), femur or knee	23,300	12,600	10,700
27305	Fasciotomy, iliotibial (tenotomy), open	18,000	8,400	9,600
27306	Tenotomy, subcutaneous, closed, adductor or hamstring; single	18,000	8,400	9,600
27307	Tenotomy, subcutaneous, closed, adductor or hamstring; multiple	21,820	10,920	10,900
27310	Arthrotomy, knee, for infection, w/ exploration, drainage or removal of foreign body	27,120	15,120	12,000
27315	Neurectomy, hamstring muscle	23,300	12,600	10,700
27320	Neurectomy, popliteal (gastrocnemius)	23,300	12,600	10,700
	Excision			
27323	Biopsy, soft tissue of thigh or knee area	3,504	504	3,000
27327	Excision, tumor, thigh or knee area; subcutaneous	5,680	1,680	4,000
27328	Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular	8,020	2,520	5,500
27329	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of thigh or knee area	27,120	15,120	12,000
27330	Arthrotomy, knee; w/ synovial biopsy only	20,980	10,080	10,900
27331	Arthrotomy, knee; w/ joint exploration, w/ or w/o biopsy, w/ or w/o removal of loose or foreign bodies	23,300	12,600	10,700
27332	Arthrotomy, knee, w/ excision of semilunar cartilage (meniscectomy); medial or lateral	31,580	14,280	17,300
27333	Arthrotomy, knee, w/ excision of semilunar cartilage (meniscectomy); medial and lateral	27,960	15,960	12,000
27334	Arthrotomy, knee, w/ synovectomy; anterior or posterior	13,152	6,552	6,600
27335	Arthrotomy, knee, w/ synovectomy; anterior and posterior including popliteal area	23,300	12,600	10,700
27340	Excision, prepatellar bursa	14,960	7,560	7,400
27345	Excision of synovial cyst of popliteal space (Bakers cyst)	20,980	10,080	10,900
27350	Patellectomy or hemipatellectomy	30,740	13,440	17,300
27355	Excision or curettage of bone cyst or benign tumor of femur	22,240	11,340	10,900
27356	Excision or curettage of bone cyst or benign tumor of femur w/ allograft	23,720	13,020	10,700
27357	Excision or curettage of bone cyst or benign tumor of femur w/ autograft (includes obtaining graft)	23,720	13,020	10,700
27358	Excision or curettage of bone cyst or benign tumor of femur w/ internal fixation	27,120	15,120	12,000
27360	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), femur, proximal tibia and/or fibula	23,720	13,020	10,700
27365	Radical resection of tumor, bone, femur or knee	27,120	15,120	12,000
	Introduction or Removal			
27372	Removal of foreign body, deep, thigh region or knee area	18,000	8,400	9,600
	Repair, Revision, and/or Reconstruction			
27380	Suture of infrapatellar tendon; primary	23,300	12,600	10,700
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	27,120	15,120	12,000
27385	Suture of quadriceps or hamstring muscle rupture; primary	32,000	14,700	17,300
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	27,120	15,120	12,000
27390	Tenotomy, open, hamstring, knee to hip; single	18,000	8,400	9,600
27391	Tenotomy, open, hamstring, knee to hip; multiple, one leg	21,940	9,240	12,700
27392	Tenotomy, open, hamstring, knee to hip; multiple, bilateral	20,980	10,080	10,900
27393	Lengthening of hamstring tendon; single	23,300	12,600	10,700
27394	Lengthening of hamstring tendon; multiple, one leg	21,940	9,240	12,700
27395	Lengthening of hamstring tendon; multiple, bilateral	20,980	10,080	10,900
27396	Transplant, hamstring tendon to patella; single	23,300	12,600	10,700
27397	Transplant, hamstring tendon to patella; multiple	22,360	9,660	12,700
27400	Tendon or muscle transfer, hamstrings to femur (e.g. Eggers type procedure)	23,300	12,600	10,700
27403	Arthrotomy w/ open meniscus repair	27,960	15,960	12,000
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	27,120	15,120	12,000
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	30,300	16,800	13,500
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	37,800	21,000	16,800
27418	Anterior tibial tubercleplasty (e.g., for chondromalacia patellae)	22,660	11,760	10,900
27420	Reconstruction for recurrent dislocating patella; (e.g. Hauser type procedure)	23,080	12,180	10,900
27422	Reconstruction for recurrent dislocating patella; w/ extensor realignment and/or muscle advancement or release (e.g. Campbell, Goldwaite type procedure)	30,740	13,440	17,300
27424	Reconstruction for recurrent dislocating patella; w/ patellectomy	30,740	13,440	17,300

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
27425	Lateral retinacular release (any method)	21,820	10,920	10,900
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	30,300	16,800	13,500
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	31,140	17,640	13,500
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	37,180	18,480	18,700
27430	Quadricepsplasty (e.g. Bennett or Thompson type)	27,120	15,120	12,000
27435	Capsulotomy, knee, posterior capsular release	30,740	13,440	17,300
27437	Arthroplasty, patella; w/o prosthesis	30,740	13,440	17,300
27438	Arthroplasty, patella; w/ prosthesis	31,140	17,640	13,500
27440	Arthroplasty, knee, tibial plateau	37,800	21,000	16,800
27441	Arthroplasty, knee, tibial plateau w/ debridement and partial synovectomy	38,640	21,840	16,800
27442	Arthroplasty, knee, femoral condyles or tibial plateaus	38,640	21,840	16,800
27443	Arthroplasty, knee, femoral condyles or tibial plateaus w/ debridement and partial synovectomy	39,480	22,680	16,800
27445	Arthroplasty, knee, constrained prosthesis (e.g., Walldius type)	46,500	25,200	21,300
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	39,480	22,680	16,800
27447	Arthroplasty, knee, condyle and plateau; medial and lateral compartments w/ or w/o patella resurfacing ("total knee replacement")	40,320	23,520	16,800
27448	Osteotomy, femur, shaft or supracondylar; w/o fixation	18,420	8,820	9,600
27450	Osteotomy, femur, shaft or supracondylar; w/ fixation	23,300	12,600	10,700
27454	Osteotomy, multiple, femoral shaft, w/ realignment on intramedullary rod (Sofield type procedure)	27,120	15,120	12,000
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	27,120	15,120	12,000
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal closure	27,120	15,120	12,000
27465	Osteoplasty, femur; shortening (excluding 64876)	27,120	15,120	12,000
27466	Osteoplasty, femur; lengthening	27,120	15,120	12,000
27468	Osteoplasty, femur; combined, lengthening and shortening w/ femoral segment transfer	37,180	18,480	18,700
27470	Repair, nonunion or malunion, femur, distal to head and neck; w/o graft (e.g., compression technique)	31,580	14,280	17,300
27472	Repair, nonunion or malunion, femur, distal to head and neck; w/ iliac or other autogenous bone graft (includes obtaining graft)	27,960	15,960	12,000
27475	Epiphyseal arrest by epiphysiodesis or stapling; distal femur	30,740	13,440	17,300
27477	Epiphyseal arrest by epiphysiodesis or stapling; tibia and fibula, proximal	23,300	12,600	10,700
27479	Epiphyseal arrest by epiphysiodesis or stapling; combined distal femur, proximal tibia and fibula	27,120	15,120	12,000
27485	Arrest, hemiepiphyseal, distal femur or proximal leg (e.g., for genu varus or valgus)	30,740	13,440	17,300
27486	Revision of total knee arthroplasty, w/ or w/o allograft; one component	53,400	29,400	24,000
27487	Revision of total knee arthroplasty, w/ or w/o allograft; all components	55,000	33,600	21,400
27488	Removal of knee prosthesis, including "total knee" methylmethacrylate and insertion of spacer, when applicable	37,180	18,480	18,700
27495	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate, femur	30,740	13,440	17,300
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor)	20,980	10,080	10,900
27497	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor) w/ debridement of nonviable muscle and/or nerve	21,820	10,920	10,900
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments	21,820	10,920	10,900
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments w/ debridement of nonviable muscle and/or nerve	23,300	12,600	10,700
	Fracture and/or Dislocation			
27501	Closed treatment of supracondylar or transcondylar femoral fracture w/ or w/o intercondylar extension	14,960	7,560	7,400
27502	Closed treatment of femoral shaft fracture, w/ or w/o skin or skeletal traction	18,420	8,820	9,600
27503	Closed treatment of supracondylar or transcondylar femoral fracture w/ or w/o intercondylar extension, w/ or w/o skin or skeletal traction	18,420	8,820	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
27506	Open treatment of femoral shaft fracture, w/ or w/o external fixation, w/ insertion of intramedullary implant, w/ or w/o cerclage and/or locking screws	30,740	13,440	17,300
27507	Open treatment of femoral shaft fracture w/ plate/screws, w/ or w/o cerclage	30,740	13,440	17,300
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, w/ or w/o intercondylar extension, or distal femoral epiphyseal separation	37,180	18,480	18,700
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle	18,420	8,820	9,600
27511	Open treatment of femoral supracondylar or transcondylar fracture w/o intercondylar extension, w/ or w/o internal or external fixation	37,180	18,480	18,700
27513	Open treatment of femoral supracondylar or transcondylar fracture w/ intercondylar extension, w/ or w/o internal or external fixation	37,800	21,000	16,800
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, w/ or w/o internal or external fixation	30,740	13,440	17,300
27516	Closed treatment of distal femoral epiphyseal separation	23,300	12,600	10,700
27519	Open treatment of distal femoral epiphyseal separation, w/ or w/o internal or external fixation	22,660	11,760	10,900
27520	Closed treatment of patellar fracture	20,980	10,080	10,900
27524	Open treatment of patellar fracture, w/ internal fixation and/or partial or complete patellectomy and soft tissue repair	20,980	10,080	10,900
27530	Closed treatment of tibial fracture, proximal (plateau)	18,420	8,820	9,600
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, w/ or w/o internal or external fixation	30,740	13,440	17,300
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, w/ or w/o internal fixation	27,120	15,120	12,000
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee	10,540	5,040	5,500
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, w/ or w/o internal or external fixation	21,820	10,920	10,900
27550	Closed treatment of knee dislocation	10,540	5,040	5,500
27556	Open treatment of knee dislocation, w/ or w/o internal or external fixation; w/o primary ligamentous repair or augmentation/reconstruction	27,120	15,120	12,000
27557	Open treatment of knee dislocation, w/ or w/o internal or external fixation; w/ primary ligamentous repair	27,960	15,960	12,000
27558	Open treatment of knee dislocation, w/ or w/o internal or external fixation; w/ primary ligamentous repair, w/ augmentation/reconstruction	37,800	21,000	16,800
27560	Closed treatment of patellar dislocation	20,980	10,080	10,900
27566	Open treatment of patellar dislocation, w/ or w/o partial or total patellectomy	27,120	15,120	12,000
	Arthrodesis			
27580	Fusion of knee, any technique	30,740	13,440	17,300
	Amputation			
27590	Amputation, thigh, through femur, any level;	30,300	16,800	13,500
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	23,300	12,600	10,700
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	23,300	12,600	10,700
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	11,980	5,880	6,100
27596	Amputation, thigh, through femur, any level; re-amputaion	22,660	11,760	10,900
27598	Disarticulation at knee	27,120	15,120	12,000
	Leg (Tibia and Fibula) and Ankle Joint			
	Incision			
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	8,020	2,520	5,500
27601	Decompression fasciotomy, leg; posterior compartments(s) only	8,020	2,520	5,500
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	8,260	3,360	4,900
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	4,108	1,008	3,100
27604	Incision and drainage, leg or ankle; infected bursa	5,680	1,680	4,000
27605	Tenotomy, Achilles tendon, subcutaneous ; local anesthesia	12,540	7,140	5,400
27606	Tenotomy, Achilles tendon, subcutaneous ; general anesthesia	18,420	8,820	9,600
27607	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), leg or ankle	20,980	10,080	10,900
27610	Arthrotomy, ankle, for infection, w/ exploration, drainage, or removal of foreign body	21,940	9,240	12,700
27612	Arthrotomy, ankle, posterior capsular release, w/ or w/o Achilles tendon lengthening	22,660	11,760	10,900
	Excision			
27613	Biopsy, soft tissue of leg or ankle area	3,504	504	3,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
27615	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of leg or ankle area	20,980	10,080	10,900
27618	Excision, tumor, leg or ankle area; subcutaneous	5,680	1,680	4,000
27619	Excision, tumor, leg or ankle area; deep, subfascial or intramuscular	8,020	2,520	5,500
27620	Arthrotomy, ankle, w/ joint exploration, w/ or w/o biopsy, w/ or w/o removal of loose or foreign body	12,900	6,300	6,600
27625	Arthrotomy, ankle, w/ synovectomy	18,420	8,820	9,600
27626	Arthrotomy, ankle, w/ synovectomy including tenosynovectomy	21,940	9,240	12,700
27630	Excision of lesion of tendon sheath or capsule (e.g., cyst or ganglion), leg and/or ankle	5,680	1,680	4,000
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula	14,960	7,560	7,400
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula w/ autograft(includes obtaining graft)	21,940	9,240	12,700
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula w/ allograft	21,940	9,240	12,700
27640	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or exostosis); tibia	18,420	8,820	9,600
27641	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or exostosis); fibula	18,000	8,400	9,600
27645	Radical resection of tumor, bone; tibia	23,300	12,600	10,700
27646	Radical resection of tumor, bone; fibula	22,660	11,760	10,900
27647	Radical resection of tumor, bone; talus or calcaneus	23,300	12,600	10,700
	Repair, Revision, and/or Reconstruction			
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon	21,940	9,240	12,700
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon w/ graft (includes obtaining graft)	23,300	12,600	10,700
27654	Repair, secondary, ruptured Achilles tendon, w/ or w/o graft	21,820	10,920	10,900
27656	Repair, fascial defect of leg	5,680	1,680	4,000
27658	Repair or suture of flexor tendon of leg; primary, w/o graft, single, each	15,380	7,980	7,400
27659	Repair or suture of flexor tendon of leg; secondary w/ or w/o graft, single tendon, each	18,000	8,400	9,600
27664	Repair or suture of extensor tendon of leg; primary, w/o graft, single, each	15,380	7,980	7,400
27665	Repair or suture of extensor tendon of leg; secondary w/ or w/o graft, single tendon, each	18,000	8,400	9,600
27675	Repair for dislocating peroneal tendons; w/o fibular osteotomy	18,000	8,400	9,600
27676	Repair for dislocating peroneal tendons; w/ fibular osteotomy	22,360	9,660	12,700
27680	Tenolysis, including tibia, fibula, and ankle flexor; single	18,000	8,400	9,600
27681	Tenolysis, including tibia, fibula, and ankle flexor; multiple (through same incision), each	21,940	9,240	12,700
27685	Lengthening or shortening of tendon, leg or ankle; single	18,000	8,400	9,600
27686	Lengthening or shortening of tendon, leg or ankle; multiple (through same incision), each	18,000	8,400	9,600
27687	Gastrocnemius recession (e.g., Strayer procedure)	14,960	7,560	7,400
27690	Transfer or transplant of single tendon (w/ muscle redirection or rerouting); superficial (e.g., anterior tibial extensors into midfoot)	18,420	8,820	9,600
27692	Transfer or transplant of single tendon (w/ muscle redirection or rerouting); each additional tendon	15,380	7,980	7,400
27695	Suture, primary, torn, ruptured or severed ligament, ankle; collateral	18,000	8,400	9,600
27696	Suture, primary, torn, ruptured or severed ligament, ankle; both collateral ligaments	23,300	12,600	10,700
27698	Suture, secondary repair, torn, ruptured or severed ligament, ankle, collateral (e.g. Watson-Jones procedure)	18,000	8,400	9,600
27700	Arthroplasty, ankle;	27,120	15,120	12,000
27702	Arthroplasty, ankle; w/ implant ("total ankle")	31,140	17,640	13,500
27703	Arthroplasty, ankle; secondary reconstruction, total ankle	37,180	18,480	18,700
27704	Removal of ankle implant	21,820	10,920	10,900
27705	Osteotomy; tibia	21,940	9,240	12,700
27707	Osteotomy; fibula	18,000	8,400	9,600
27709	Osteotomy; tibia and fibula	22,660	11,760	10,900
27712	Osteotomy; multiple, w/ realignment on intramedullary rod (e.g. Sofield type procedure)	23,720	13,020	10,700
27715	Osteoplasty, tibia and fibula, lengthening	27,960	15,960	12,000
27720	Repair of nonunion or malunion, tibia; w/o graft, (e.g., compression technique)	18,000	8,400	9,600
27722	Repair of nonunion or malunion, tibia; w/o graft, (e.g., compression technique) w/ sliding graft	20,980	10,080	10,900
27724	Repair of nonunion or malunion, tibia; w/o graft, (e.g., compression technique) w/ iliac or other autograft (includes obtaining graft)	21,820	10,920	10,900
27725	Repair of nonunion or malunion, tibia; w/o graft, (e.g., compression technique) by synostosis, w/ fibula, any method	22,660	11,760	10,900
27727	Repair of congenital pseudarthrosis, tibia	23,300	12,600	10,700
27730	Epiphyseal arrest by epiphysiodesis or stapling; distal tibia	21,820	10,920	10,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
27732	Epiphyseal arrest by epiphysiodesis or stapling; distal fibula	20,980	10,080	10,900
27734	Epiphyseal arrest by epiphysiodesis or stapling; distal tibia and fibula	23,300	12,600	10,700
27740	Epiphyseal arrest by epiphysiodesis or stapling, combined, proximal and distal tibia and fibula	23,300	12,600	10,700
27742	Epiphyseal arrest by epiphysiodesis or stapling, combined, proximal and distal tibia and fibula and distal femur	22,660	11,760	10,900
27745	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate, tibia	31,160	13,860	17,300
	Fracture and/or Dislocation			
27750	Closed treatment of tibial shaft fracture (w/ or w/o fibular fracture)	12,120	6,720	5,400
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	12,120	6,720	5,400
27756	Percutaneous skeletal fixation of tibial shaft fracture (w/ or w/o fibular fracture) (e.g., pins or screws)	21,820	10,920	10,900
27758	Open treatment of tibial shaft fracture (w/ or w/o fibular fracture) w/ plate/screws, w/ or w/o cerclage	22,660	11,760	10,900
27759	Open treatment of tibial shaft fracture (w/ or w/o fibular fracture) by intramedullary implant, w/ or w/o interlocking screws and/or cerclage	27,120	15,120	12,000
27760	Closed treatment of medial malleolus fracture	10,960	5,460	5,500
27766	Open treatment of medial malleolus fracture, w/ or w/o internal or external fixation	12,120	6,720	5,400
27780	Closed treatment of proximal fibula or shaft fracture	10,960	5,460	5,500
27784	Open treatment of proximal fibula or shaft fracture, w/ or w/o internal or external fixation	22,660	11,760	10,900
27786	Closed treatment of distal fibular fracture (lateral malleolus)	10,540	5,040	5,500
27792	Open treatment of distal fibular fracture (lateral malleolus), w/ or w/o internal or external fixation w/o manipulation	20,980	10,080	10,900
27808	Closed treatment of bimalleolar ankle fracture, (including Potts)	12,900	6,300	6,600
27814	Open treatment of bimalleolar ankle fracture, w/ or w/o internal or external fixation	23,300	12,600	10,700
27816	Closed treatment of trimalleolar ankle fracture	23,300	12,600	10,700
27822	Open treatment of trimalleolar ankle fracture, w/ or w/o internal or external fixation, medial and/or lateral malleolus; w/o fixation of posterior lip	23,300	12,600	10,700
27823	Open treatment of trimalleolar ankle fracture, w/ or w/o internal or external fixation, medial and/or lateral malleolus; w/ fixation of posterior lip	23,300	12,600	10,700
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (e.g., pilon or tibial plafond)	10,540	5,040	5,500
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), w/ internal or external fixation; of fibula only	20,980	10,080	10,900
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), w/ internal or external fixation; of tibia only	21,940	9,240	12,700
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), w/ internal or external fixation; of both tibia and fibula	21,820	10,920	10,900
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, w/ or w/o internal or external fixation	20,980	10,080	10,900
27830	Closed treatment of proximal tibiofibular joint dislocation	10,960	5,460	5,500
27832	Open treatment of proximal tibiofibular joint dislocation, w/ or w/o internal or external fixation, or w/ excision of proximal fibula	11,980	5,880	6,100
27840	Closed treatment of ankle dislocation	10,960	5,460	5,500
27846	Open treatment of ankle dislocation, w/ or w/o percutaneous skeletal fixation; w/o repair or internal fixation	22,660	11,760	10,900
27848	Open treatment of ankle dislocation, w/ or w/o percutaneous skeletal fixation; w/ repair or internal or external fixation	23,720	13,020	10,700
	Arthrodesis			
27870	Arthrodesis, ankle, any method	18,000	8,400	9,600
27871	Arthrodesis, tibiofibular joint, proximal or distal	21,400	10,500	10,900
	Amputation			
27880	Amputation, leg, through tibia and fibula;	30,300	16,800	13,500
27881	Amputation, leg, through tibia and fibula; w/ immediate fitting technique including application of first cast	30,740	13,440	17,300
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	18,000	8,400	9,600
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	12,120	6,720	5,400
27886	Amputation, leg, through tibia and fibula; re-amputation	23,300	12,600	10,700
27888	Amputation, ankle, through malleoli of tibia and fibula (Syme, Pirogoff type procedures), w/ plastic closure and resection of nerves	23,300	12,600	10,700

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
27889	Ankle disarticulation	21,940	9,240	12,700
	Other Procedures			
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, w/ debridement of nonviable muscle and/or nerve	18,000	8,400	9,600
27893	Decompression fasciotomy, leg; posterior compartment(s) only, w/ debridement of nonviable muscle and/or nerve	18,000	8,400	9,600
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), w/ debridement of nonviable muscle and/or nerve	18,420	8,820	9,600
	Foot and Toes			
	Incision			
28001	Incision and drainage, infected bursa, foot	5,680	1,680	4,000
28002	Incision and drainage, infected bursa, foot deep dissection below fascia, for deep infection of foot, w/ or w/o tendon sheath involvement; single bursal space, specify	8,260	3,360	4,900
28003	Incision and drainage, infected bursa, foot multiple areas	9,700	4,200	5,500
28005	Incision, deep, w/ opening of bone cortex (e.g. for osteomyelitis or bone abscess), foot	10,540	5,040	5,500
28008	Fasciotomy, foot and/or toe	12,120	6,720	5,400
28010	Tenotomy, subcutaneous, toe; single	8,260	3,360	4,900
28011	Tenotomy, subcutaneous, toe; multiple	10,540	5,040	5,500
28020	Arthrotomy, w/ exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	12,900	6,300	6,600
28022	Arthrotomy, w/ exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	8,260	3,360	4,900
28024	Arthrotomy, w/ exploration, drainage, or removal of loose or foreign body; interphalangeal joint	8,260	3,360	4,900
28030	Neurectomy of intrinsic musculature of foot	11,132	4,032	7,100
28035	Tarsal tunnel release (posterior tibial nerve decompression)	18,000	8,400	9,600
	Excision			
28043	Excision, tumor, foot subcutaneous	5,680	1,680	4,000
28045	Excision, tumor, foot deep, subfascial, intramuscular	8,020	2,520	5,500
28046	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of foot	37,800	21,000	16,800
28050	Arthrotomy for synovial biopsy; intertarsal or tarsometatarsal joint	10,120	4,620	5,500
28052	Arthrotomy for synovial biopsy; metatarsophalangeal joint	10,120	4,620	5,500
28054	Arthrotomy for synovial biopsy; interphalangeal joint	9,700	4,200	5,500
28060	Fasciectomy, excision of plantar fascia; partial	9,700	4,200	5,500
28062	Fasciectomy, excision of plantar fascia; radical	10,960	5,460	5,500
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	11,980	5,880	6,100
28072	Synovectomy; metatarsophalangeal joint, each	10,960	5,460	5,500
28080	Excision of interdigital (Morton) neuroma, single, each	5,680	1,680	4,000
28086	Synovectomy, tendon sheath, foot flexor	10,960	5,460	5,500
28088	Synovectomy, tendon sheath, foot extensor	10,960	5,460	5,500
28090	Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion) foot	8,440	2,940	5,500
28092	Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion) toes	8,260	3,360	4,900
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus	15,380	7,980	7,400
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus w/ iliac or other autograft (includes obtaining graft)	21,940	9,240	12,700
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus w/ allograft	21,940	9,240	12,700
28104	Excision or curettage of bone cyst or benign tumor, talus or metatarsal bones, except tarsal or calcaneus;	15,380	7,980	7,400
28106	Excision or curettage of bone cyst or benign tumor, talus or metatarsal bones, except tarsal or calcaneus; w/ iliac or other autograft (includes obtaining graft)	21,940	9,240	12,700
28107	Excision or curettage of bone cyst or benign tumor, talus or metatarsal bones, except tarsal or calcaneus; w/ allograft	21,940	9,240	12,700
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	14,960	7,560	7,400
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette)	21,940	9,240	12,700
28111	Ostectomy, complete excision; first metatarsal head	18,420	8,820	9,600
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	18,420	8,820	9,600
28113	Ostectomy, complete excision; fifth metatarsal head	18,000	8,400	9,600
28114	Ostectomy, complete excision; all metatarsal heads, w/ partial proximal phalangetomy, excluding first metatarsal (e.g. Clayton type procedure)	20,980	10,080	10,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
28116	Ostectomy, excision of tarsal coalition	15,380	7,980	7,400
28118	Ostectomy, calcaneus;	15,380	7,980	7,400
28119	Ostectomy, calcaneus; for spur, w/ or w/o plantar fascial release	14,960	7,560	7,400
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) of bone (e.g., for osteomyelitis or talar bossing); talus or calcaneus	21,940	9,240	12,700
28122	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or tarsal bossing), tarsal or metatarsal bone, except talus or calcaneus	18,000	8,400	9,600
28124	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or dorsal bossing), phalanx of toe	18,000	8,400	9,600
28126	Resection, partial or complete, phalangeal base, single toe, each	12,540	7,140	5,400
28130	Talectomy (astragalectomy)	22,660	11,760	10,900
28140	Metatarsectomy	18,000	8,400	9,600
28150	Phalangectomy of toe, single, each	12,120	6,720	5,400
28153	Resection, head of phalanx, toe	12,120	6,720	5,400
28160	Hemiphalangectomy or interphalangeal joint excision, toe, single, each	10,540	5,040	5,500
28171	Radical resection of tumor, bone; tarsal (except talus or calcaneus)	30,740	13,440	17,300
28173	Radical resection of tumor, bone; metatarsal	22,660	11,760	10,900
28175	Radical resection of tumor, bone; phalanx of toe	21,940	9,240	12,700
	Repair, Revision, and/or Reconstruction			
28200	Repair or suture of tendon, foot, flexor, single; primary or secondary, w/o free graft, each tendon	18,000	8,400	9,600
28202	Repair or suture of tendon, foot, flexor, single; secondary w/ free graft, each tendon (includes obtaining graft)	18,000	8,400	9,600
28208	Repair or suture of tendon, foot, extensor, single; primary or secondary, each tendon	12,540	7,140	5,400
28210	Repair or suture of tendon, foot, extensor, single; secondary w/ free graft, each tendon (includes obtaining graft)	12,540	7,140	5,400
28220	Tenolysis, flexor, foot; single	10,880	3,780	7,100
28222	Tenolysis, flexor, foot; multiple (through same incision)	10,960	5,460	5,500
28225	Tenolysis, extensor, foot; single	10,880	3,780	7,100
28226	Tenolysis, extensor, foot; multiple (through same incision)	10,960	5,460	5,500
28230	Tenotomy, open, flexor; foot, single or multiple;	10,960	5,460	5,500
28232	Tenotomy, open, flexor; foot, single or multiple; toe, single	10,880	3,780	7,100
28234	Tenotomy, open, extensor, foot or toe	11,132	4,032	7,100
28238	Advancement of posterior tibial tendon w/ excision of accessory navicular bone (e.g. Kidner type procedure)	18,420	8,820	9,600
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	12,540	7,140	5,400
28250	Division of plantar fascia and muscle (e.g. Steindler stripping)	12,540	7,140	5,400
28260	Capsulotomy, midfoot; medial release only	12,540	7,140	5,400
28261	Capsulotomy, midfoot; w/ tendon lengthening	18,000	8,400	9,600
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening as for resistant clubfoot deformity	20,980	10,080	10,900
28264	Capsulotomy, midtarsal (e.g. Heyman type procedure)	12,120	6,720	5,400
28270	Capsulotomy; metatarsophalangeal joint, w/ or w/o tenorrhaphy, single, each joint	12,120	6,720	5,400
28272	Capsulotomy; interphalangeal joint, single each joint	12,900	6,300	6,600
28280	Webbing operation (create syndactylism of toes) (e.g. Kelikian type procedure)	20,980	10,080	10,900
28285	Hammertoe operation, one toe (e.g., interphalangeal fusion, filleting, phalangectomy)	15,380	7,980	7,400
28286	Cock-up fifth toe operation w/ plastic skin closure (e.g. Ruiz-Mora type procedure)	21,940	9,240	12,700
28288	Ostectomy, partial, exostectomy or condylectomy, single, metatarsal head, first through fifth, each metatarsal head	15,380	7,980	7,400
28290	Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; simple exostectomy (e.g. Silver type procedure)	20,980	10,080	10,900
28292	Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; Keller, McBride, or Mayo type procedure	21,820	10,920	10,900
28293	Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; resection of joint w/ implant	21,820	10,920	10,900
28294	Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; w/ tendon transplants (Joplin type procedure)	22,660	11,760	10,900
28296	Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; w/ metatarsal osteotomy (e.g., Mitchell, Chevron, or concentric type procedures)	22,660	11,760	10,900
28297	Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; Lapidus type procedure	22,660	11,760	10,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
28298	Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; by phalanx osteotomy	23,080	12,180	10,900
28299	Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; by other methods (e.g., double osteotomy)	23,080	12,180	10,900
28300	Osteotomy; calcaneus (e.g. Dwyer or Chambers type procedure), w/ or w/o internal fixation	21,400	10,500	10,900
28302	Osteotomy; talus	20,980	10,080	10,900
28304	Osteotomy, midtarsal bones, other than calcaneus or talus;	15,380	7,980	7,400
28305	Osteotomy, midtarsal bones, other than calcaneus or talus; w/ autograft (includes obtaining graft)(e.g. Fowler type)	18,420	8,820	9,600
28306	Osteotomy, metatarsal, base or shaft, single, w/ or w/o lengthening, for shortening or angular correction; first metatarsal	22,360	9,660	12,700
28307	Osteotomy, metatarsal, base or shaft, single, w/ or w/o lengthening, for shortening or angular correction; first metatarsal w/ autograft	22,360	9,660	12,700
28308	Osteotomy, metatarsal, base or shaft, single, w/ or w/o lengthening, for shortening or angular correction; other than first metatarsal	22,360	9,660	12,700
28309	Osteotomy, metatarsals, multiple, for cavus foot (e.g. Swanson type procedure)	21,940	9,240	12,700
28310	Osteotomy for shortening, angular or rotational correction; proximal phalanx, first toe	18,420	8,820	9,600
28312	Osteotomy for shortening, angular or rotational correction; other phalanges, any toe	14,960	7,560	7,400
28313	Reconstruction, angular deformity of toe (overlapping second toe, fifth toe, curly toes), soft tissue procedures only	22,360	9,660	12,700
28315	Sesamoidectomy, first toe	12,540	7,140	5,400
28320	Repair of nonunion or malunion; tarsal bones (e.g., calcaneus, talus)	21,940	9,240	12,700
28322	Repair of nonunion or malunion; metatarsal, w/ or w/o bone graft (includes obtaining graft)	14,960	7,560	7,400
28340	Reconstruction, toe, macrodactyly; soft tissue resection	12,120	6,720	5,400
28341	Reconstruction, toe, macrodactyly; requiring bone resection	12,540	7,140	5,400
28344	Reconstruction, toe(s); polydactyly	21,940	9,240	12,700
28345	Reconstruction, toe(s); syndactyly, w/ or w/o skin graft(s)	22,360	9,660	12,700
28360	Reconstruction, cleft foot	15,380	7,980	7,400
	Fracture and/or Dislocation			
28400	Closed treatment of calcaneal fracture	10,960	5,460	5,500
28406	Percutaneous skeletal fixation of calcaneal fracture, w/ manipulation	11,980	5,880	6,100
28415	Open treatment of calcaneal fracture, w/ or w/o internal or external fixation;	18,000	8,400	9,600
28420	Open treatment of calcaneal fracture, w/ or w/o internal or external fixation; w/ primary iliac or other autogenous bone graft (includes obtaining graft)	22,360	9,660	12,700
28430	Closed treatment of talus fracture	10,960	5,460	5,500
28436	Percutaneous skeletal fixation of talus fracture, w/ manipulation	9,700	4,200	5,500
28445	Open treatment of talus fracture, w/ or w/o internal or external fixation	15,380	7,980	7,400
28450	Treatment of tarsal bone fracture (except talus and calcaneus)	11,132	4,032	7,100
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), w/ manipulation	11,980	5,880	6,100
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), w/ or w/o internal or external fixation	10,120	4,620	5,500
28470	Closed treatment of metatarsal fracture	10,880	3,780	7,100
28476	Percutaneous skeletal fixation of metatarsal fracture, w/ manipulation	8,260	3,360	4,900
28485	Open treatment of metatarsal fracture, w/ or w/o internal or external fixation	10,880	3,780	7,100
28490	Closed treatment of fracture great toe, phalanx or phalanges	10,120	4,620	5,500
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, w/ manipulation	10,540	5,040	5,500
28505	Open treatment of fracture great toe, phalanx or phalanges, w/ or w/o internal or external fixation	12,120	6,720	5,400
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe	10,120	4,620	5,500
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, w/ or w/o internal or external fixation	12,120	6,720	5,400
28530	Closed treatment of sesamoid fracture	8,260	3,360	4,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
28531	Open treatment of sesamoid fracture, w/ or w/o internal fixation	10,120	4,620	5,500
28540	Closed treatment of tarsal bone dislocation, other than talotarsal	8,260	3,360	4,900
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, w/ manipulation	12,540	7,140	5,400
28555	Open treatment of tarsal bone dislocation, w/ or w/o internal or external fixation	12,540	7,140	5,400
28570	Closed treatment of talotarsal joint dislocation	10,880	3,780	7,100
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, w/ manipulation	12,540	7,140	5,400
28585	Open treatment of talotarsal joint dislocation, w/ or w/o internal or external fixation	18,000	8,400	9,600
28600	Closed treatment of tarsometatarsal joint dislocation	10,960	5,460	5,500
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, w/ manipulation	12,540	7,140	5,400
28615	Open treatment of tarsometatarsal joint dislocation, w/ or w/o internal or external fixation	18,000	8,400	9,600
28630	Closed treatment of metatarsophalangeal joint dislocation	8,260	3,360	4,900
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, w/ manipulation	12,540	7,140	5,400
28645	Open treatment of metatarsophalangeal joint dislocation, w/ or w/o internal or external fixation	18,000	8,400	9,600
28660	Closed treatment of interphalangeal joint dislocation	10,880	3,780	7,100
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, w/ manipulation	12,540	7,140	5,400
28675	Open treatment of interphalangeal joint dislocation, w/ or w/o internal or external fixation	18,000	8,400	9,600
	Arthrodesis			
28705	Pantalar arthrodesis	27,120	15,120	12,000
28715	Triple arthrodesis	27,960	15,960	12,000
28725	Subtalar arthrodesis	27,120	15,120	12,000
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	23,300	12,600	10,700
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; w/ osteotomy as for flatfoot correction	23,080	12,180	10,900
28737	Arthrodesis, midtarsal navicular-cuneiform, w/ tendon lengthening and advancement (e.g. Miller type procedure)	21,940	9,240	12,700
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	18,420	8,820	9,600
28750	Arthrodesis, great toe; metatarsophalangeal joint	18,420	8,820	9,600
28755	Arthrodesis, great toe; interphalangeal joint	15,380	7,980	7,400
28760	Arthrodesis, great toe, interphalangeal joint, w/ extensor hallucis longus transfer to first metatarsal neck (e.g. Jones type procedure)	22,240	11,340	10,900
	Amputation			
28800	Amputation, foot; midtarsal (e.g. Chopart type procedure)	23,300	12,600	10,700
28802	Deep dissection below fascia, for deep infection of foot, w/ or w/o tendon sheath involvement; single bursal space specify	8,260	3,360	4,900
28805	Deep dissection below fascia, for deep infection of foot, w/ or w/o tendon sheath involvement; transmetatarsal	21,820	10,920	10,900
28810	Amputation, metatarsal, w/ toe, single	12,120	6,720	5,400
28820	Amputation, toe; metatarsophalangeal joint	18,000	8,400	9,600
28825	Amputation, toe; interphalangeal joint	12,120	6,720	5,400
	Body and Upper Extremity			
	Casts			
29000	Application of halo type body cast (see 20661-20663 for insertion)	10,540	5,040	5,500
29010	Application of Risser jacket, localizer, body; only	10,540	5,040	5,500
29015	Application of Risser jacket, localizer, body; including head	10,540	5,040	5,500
29020	Application of turnbuckle jacket, body; only	10,540	5,040	5,500
29025	Application of turnbuckle jacket, body; including head	10,540	5,040	5,500
29035	Application of body cast, shoulder to hips;	10,540	5,040	5,500
29040	Application of body cast, shoulder to hips; including head, Minerva type	10,540	5,040	5,500
29044	Application of body cast, shoulder to hips; including one thigh	12,120	6,720	5,400
29046	Application of body cast, shoulder to hips; including both thighs	12,120	6,720	5,400
29055	Application of body cast, shoulder to hips; shoulder spica	9,300	2,100	7,200
29058	Application of body cast, shoulder to hips; plaster Velpeau	5,560	1,260	4,300
29065	Application of body cast, shoulder to hips; shoulder to hand (long arm)	5,680	1,680	4,000
29075	Application of body cast, shoulder to hips; elbow to finger (short arm)	5,560	1,260	4,300

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
29085	Application of body cast, shoulder to hips; hand and lower forearm (gauntlet)	5,560	1,260	4,300
	Lower Extremity			
	Casts			
29305	Application of hip spica cast; one leg	8,020	2,520	5,500
29325	Application of hip spica cast; one and one-half spica or both legs	8,440	2,940	5,500
29345	Application of long leg cast (thigh to toes);	8,020	2,520	5,500
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	8,440	2,940	5,500
29358	Application of long leg cast brace	8,440	2,940	5,500
29365	Application of cylinder cast (thigh to ankle)	8,020	2,520	5,500
29405	Application of short leg cast (below knee to toes);	8,020	2,520	5,500
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	8,020	2,520	5,500
29435	Application of patellar tendon bearing (PTB) cast	8,020	2,520	5,500
29445	Application of rigid total contact leg cast	5,680	1,680	4,000
29450	Application of clubfoot cast w/ molding or manipulation, long or short leg	5,680	1,680	4,000
	Arthroscopy			
29800	Arthroscopy, temporomandibular joint, diagnostic, w/ or w/o synovial biopsy	18,000	8,400	9,600
29804	Arthroscopy, temporomandibular joint, surgical	20,980	10,080	10,900
29815	Arthroscopy, shoulder, diagnostic, w/ or w/o synovial biopsy	18,000	8,400	9,600
29819	Arthroscopy, shoulder, surgical; w/ removal of loose body or foreign body	21,940	9,240	12,700
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	20,980	10,080	10,900
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	21,820	10,920	10,900
29822	Arthroscopy, shoulder, surgical; debridement, limited	20,980	10,080	10,900
29823	Arthroscopy, shoulder, surgical; debridement, extensive	23,300	12,600	10,700
29825	Arthroscopy, shoulder, surgical; w/ lysis and resection of adhesions, w/ or w/o manipulation	30,740	13,440	17,300
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space w/ partial acromioplasty, w/ or w/o coracoacromial release	27,120	15,120	12,000
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy	18,000	8,400	9,600
29834	Arthroscopy, elbow, surgical; w/ removal of loose body or foreign body	21,940	9,240	12,700
29835	Arthroscopy, elbow, surgical; synovectomy, partial	20,980	10,080	10,900
29836	Arthroscopy, elbow, surgical; synovectomy, complete	21,820	10,920	10,900
29837	Arthroscopy, elbow, surgical; debridement, limited	20,980	10,080	10,900
29838	Arthroscopy, elbow, surgical; debridement, extensive	23,300	12,600	10,700
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy	12,120	6,720	5,400
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	21,940	9,240	12,700
29844	Arthroscopy, wrist, surgical; synovectomy, partial	20,980	10,080	10,900
29845	Arthroscopy, wrist, surgical; synovectomy, complete	21,820	10,920	10,900
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	23,300	12,600	10,700
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	23,300	12,600	10,700
29848	Arthroscopy, wrist, surgical; w/ release of transverse carpal ligament	23,300	12,600	10,700
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, w/ or w/o manipulation; w/o internal or external fixation (includes arthroscopy)	27,120	15,120	12,000
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, w/ or w/o manipulation; w/ internal or external fixation (includes arthroscopy)	27,120	15,120	12,000
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, w/ or w/o internal or external fixation (includes arthroscopy)	27,120	15,120	12,000
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, w/ or w/o internal or external fixation (includes arthroscopy)	27,960	15,960	12,000
29870	Arthroscopy, knee, diagnostic, w/ or w/o synovial biopsy	18,000	8,400	9,600
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	20,980	10,080	10,900
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)	21,940	9,240	12,700
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection)	30,740	13,440	17,300
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)	31,580	14,280	17,300

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	23,300	12,600	10,700
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling	23,300	12,600	10,700
29880	Arthroscopy, knee, surgical; w/ meniscectomy (medial AND lateral, including any meniscal shaving)	30,740	13,440	17,300
29881	Arthroscopy, knee, surgical; w/ meniscectomy (medial OR lateral, including any meniscal shaving)	30,740	13,440	17,300
29882	Arthroscopy, knee, surgical; w/ meniscus repair (medial OR lateral)	27,120	15,120	12,000
29883	Arthroscopy, knee, surgical; w/ meniscus repair (medial AND lateral)	30,300	16,800	13,500
29884	Arthroscopy, knee, surgical; w/ lysis of adhesions, w/ or w/o manipulation	23,300	12,600	10,700
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans w/ bone grafting, w/ or w/o internal fixation (including debridement of base of lesion)	23,300	12,600	10,700
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	27,120	15,120	12,000
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion w/ internal fixation	23,300	12,600	10,700
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	37,180	18,480	18,700
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	38,860	20,160	18,700
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; w/ removal of loose body or foreign body	21,940	9,240	12,700
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	20,980	10,080	10,900
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	20,980	10,080	10,900
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	21,820	10,920	10,900
	Respiratory System			
	Nose			
	Incision			
30000	Drainage abscess or hematoma, nasal, internal approach	5,560	1,260	4,300
30020	Drainage abscess or hematoma, nasal septum	5,560	1,260	4,300
	Excision			
30100	Biopsy, intranasal	5,680	1,680	4,000
30110	Excision, nasal polyp(s), simple	8,020	2,520	5,500
30115	Excision, nasal polyp(s), extensive	9,700	4,200	5,500
30117	Excision or destruction, any method (including laser), intranasal lesion; internal approach	9,700	4,200	5,500
30118	Excision or destruction, any method (including laser), intranasal lesion; external approach (lateral rhinotomy)	9,700	4,200	5,500
30130	Excision turbinate, partial or complete	12,900	6,300	6,600
30140	Submucous resection turbinate, partial or complete	12,900	6,300	6,600
	Removal of Foreign Body			
30310	Removal foreign body, intranasal; requiring general anesthesia	8,020	2,520	5,500
30320	Removal foreign body, intranasal; by lateral rhinotomy	8,020	2,520	5,500
30460	Rhinoplasty for nasal deformity secondary to congenital cleft tip and/or palate, including columellar lengthening; tip only	30,300	16,800	13,500
30462	Rhinoplasty for nasal deformity secondary to congenital cleft tip and/or palate, including columellar lengthening; tip, septum, osteotomies	30,300	16,800	13,500
30465	Rhinoplasty for nasal vestibular stenosis	37,800	21,000	16,800
	Repair			
30520	Septoplasty or submucous resection, w/ or w/o cartilage scoring, contouring or replacement w/ graft	12,900	6,300	6,600
30540	Repair choanal atresia; intranasal	12,900	6,300	6,600
30545	Repair choanal atresia; transpalatine	18,000	8,400	9,600
30560	Lysis intranasal synechia	8,260	3,360	4,900
30580	Repair fistula; oromaxillary (combine w/ 31030 if antrotomy is included)	12,120	6,720	5,400
30600	Repair fistula; oronasal	12,120	6,720	5,400
30630	Repair nasal septal perforations	12,120	6,720	5,400
	Destruction			
30801	Cauterization and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, ; superficial	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
30802	Cauterization and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, ; intramural	9,700	4,200	5,500
	Other Procedures			
30905	Control nasal hemorrhage, posterior, w/ posterior nasal packs and/or cauterization, any method; initial	8,020	2,520	5,500
30915	Ligation arteries; ethmoidal	12,120	6,720	5,400
30920	Ligation arteries; internal maxillary artery, transantral	12,120	6,720	5,400
30930	Fracture nasal turbinate(s), therapeutic	9,700	4,200	5,500
	Accessory Sinuses			
	Incision			
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	9,300	2,100	7,200
31002	Lavage by cannulation; sphenoid sinus	8,020	2,520	5,500
31020	Sinusotomy, maxillary (antrotomy); intranasal	9,700	4,200	5,500
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) w/o removal of antrochoanal polyps	12,120	6,720	5,400
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) w/ removal of antrochoanal polyps	12,120	6,720	5,400
31040	Pterygomaxillary fossa surgery, any approach	23,300	12,600	10,700
31050	Sinusotomy, sphenoid, w/ or w/o biopsy;	23,300	12,600	10,700
31051	Sinusotomy, sphenoid, w/ or w/o biopsy; w/ mucosal stripping or removal of polyp(s)	23,300	12,600	10,700
31070	Sinusotomy frontal; external, simple (trephine operation)	12,120	6,720	5,400
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	12,120	6,720	5,400
31080	Sinusotomy frontal; obliterative w/o osteoplastic flap, brow incision (includes ablation)	12,120	6,720	5,400
31081	Sinusotomy frontal; obliterative, w/o osteoplastic flap, coronal incision (includes ablation)	12,120	6,720	5,400
31084	Sinusotomy frontal; obliterative, w/ osteoplastic flap, brow incision	12,120	6,720	5,400
31085	Sinusotomy frontal; obliterative, w/ osteoplastic flap, coronal incision	23,300	12,600	10,700
31086	Sinusotomy frontal; nonobliterative, w/ osteoplastic flap, brow incision	23,300	12,600	10,700
31087	Sinusotomy frontal; nonobliterative, w/ osteoplastic flap, coronal incision	23,300	12,600	10,700
31090	Sinusotomy combined, three or more sinuses	23,300	12,600	10,700
	Excision			
31200	Ethmoidectomy; intranasal, anterior	12,120	6,720	5,400
31201	Ethmoidectomy; intranasal, total	12,120	6,720	5,400
31205	Ethmoidectomy; extranasal, total	12,120	6,720	5,400
31225	Maxillectomy; w/o orbital exenteration	46,500	25,200	21,300
31230	Maxillectomy; w/ orbital exenteration (en bloc)	53,400	29,400	24,000
	Endoscopy			
31231	Nasal endoscopy, diagnostic, unilateral or bilateral	10,540	5,040	5,500
31233	Nasal/sinus endoscopy, diagnostic w/ maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	10,540	5,040	5,500
31235	Nasal/sinus endoscopy, diagnostic w/ sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	10,540	5,040	5,500
31237	Nasal/sinus endoscopy, surgical; w/ biopsy, polypectomy or debridement	12,120	6,720	5,400
31238	Nasal/sinus endoscopy, surgical; w/ control of epistaxis	12,120	6,720	5,400
31239	Nasal/sinus endoscopy, surgical; w/ dacrylocystorhinostomy	12,120	6,720	5,400
31240	Nasal/sinus endoscopy, surgical; w/ concha bullosa resection	18,000	8,400	9,600
31254	Nasal/sinus endoscopy, surgical; w/ ethmoidectomy, partial (anterior)	18,000	8,400	9,600
31255	Nasal/sinus endoscopy, surgical; w/ ethmoidectomy, total (anterior and posterior)	18,000	8,400	9,600
31256	Nasal/sinus endoscopy, surgical, w/ maxillary antrostomy	18,000	8,400	9,600
31267	Nasal/sinus endoscopy, surgical, w/ maxillary antrostomy w/ removal of tissue from maxillary sinus	18,000	8,400	9,600
31276	Nasal/sinus endoscopy, surgical w/ frontal sinus exploration, w/ or w/o removal of tissue from frontal sinus	18,000	8,400	9,600
31287	Nasal/sinus endoscopy, surgical, w/ sphenoidotomy	18,000	8,400	9,600
31288	Nasal/sinus endoscopy, surgical, w/ removal of tissue from the sphenoid sinus	18,000	8,400	9,600
31290	Nasal/sinus endoscopy, surgical, w/ repair of cerebrospinal fluid leak; ethmoid region	18,000	8,400	9,600
31291	Nasal/sinus endoscopy, surgical, sphenoid region	18,000	8,400	9,600
31292	Nasal/sinus endoscopy, surgical; w/ medial or inferior orbital wall decompression	18,000	8,400	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
31293	Nasal/sinus endoscopy, surgical; w/ medial orbital wall and inferior orbital wall decompression	18,000	8,400	9,600
31294	Nasal/sinus endoscopy, surgical; w/ optic nerve decompression	23,300	12,600	10,700
	Larynx			
	Excision			
31300	Laryngotomy (thyrotomy, laryngofissure); w/ removal of tumor or laryngocele, cordectomy	18,000	8,400	9,600
31360	Laryngectomy; total, w/o radical neck dissection	31,140	17,640	13,500
31365	Laryngectomy; total, w/ radical neck dissection	37,800	21,000	16,800
31367	Laryngectomy; subtotal supraglottic, w/o radical neck dissection	37,180	18,480	18,700
31368	Laryngectomy; subtotal supraglottic, w/ radical neck dissection	38,860	20,160	18,700
31370	Partial laryngectomy (hemilaryngectomy); horizontal	31,140	17,640	13,500
31375	Partial laryngectomy (hemilaryngectomy); laterovertical	31,140	17,640	13,500
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	31,140	17,640	13,500
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	31,140	17,640	13,500
31390	Pharyngolaryngectomy, w/ radical neck dissection; w/o reconstruction	37,800	21,000	16,800
31395	Pharyngolaryngectomy, w/ radical neck dissection; w/ reconstruction	46,500	25,200	21,300
31400	Arytenoidectomy or arytenoidopexy, external approach	30,300	16,800	13,500
31420	Epiglottidectomy	23,300	12,600	10,700
	Endoscopy			
31515	Laryngoscopy direct, w/ or w/o tracheoscopy; for aspiration	8,020	2,520	5,500
31520	Laryngoscopy direct, w/ or w/o tracheoscopy; diagnostic, newborn	9,700	4,200	5,500
31525	Laryngoscopy direct, w/ or w/o tracheoscopy; diagnostic, except newborn	8,020	2,520	5,500
31526	Laryngoscopy direct, w/ or w/o tracheoscopy; diagnostic, w/ operating microscope	9,700	4,200	5,500
31527	Laryngoscopy direct, w/ or w/o tracheoscopy; w/ insertion of obturator	8,020	2,520	5,500
31528	Laryngoscopy direct, w/ or w/o tracheoscopy; w/ dilatation, initial	8,020	2,520	5,500
31529	Laryngoscopy direct, w/ or w/o tracheoscopy; w/ dilatation, subsequent	8,020	2,520	5,500
31530	Laryngoscopy, direct, operative, w/ foreign body removal;	12,120	6,720	5,400
31531	Laryngoscopy, direct, operative, w/ foreign body removal; w/ operating microscope	12,120	6,720	5,400
31535	Laryngoscopy, direct, operative, w/ biopsy;	12,120	6,720	5,400
31536	Laryngoscopy, direct, operative, w/ biopsy; w/ operating microscope	12,120	6,720	5,400
31540	Laryngoscopy, direct, operative, w/ excision of tumor and/or stripping of vocal cords or epiglottis;	12,120	6,720	5,400
31541	Laryngoscopy, direct, operative, w/ excision of tumor and/or stripping of vocal cords or epiglottis; w/ operating microscope	12,120	6,720	5,400
31560	Laryngoscopy, direct, operative, w/ arytenoidectomy;	30,300	16,800	13,500
31561	Laryngoscopy, direct, operative, w/ arytenoidectomy; w/ operating microscope	30,300	16,800	13,500
31570	Laryngoscopy, direct, w/ injection into vocal cord(s), therapeutic;	12,120	6,720	5,400
31571	Laryngoscopy, direct, w/ injection into vocal cord(s), therapeutic; w/ operating microscope	12,120	6,720	5,400
31575	Laryngoscopy, flexible fiberoptic; diagnostic	12,120	6,720	5,400
31576	Laryngoscopy, flexible fiberoptic; w/ biopsy	12,120	6,720	5,400
31577	Laryngoscopy, flexible fiberoptic; w/ removal of foreign body	12,120	6,720	5,400
31578	Laryngoscopy, flexible fiberoptic; w/ removal of lesion	12,120	6,720	5,400
31579	Laryngoscopy, flexible or rigid fiberoptic, w/ stroboscopy	12,120	6,720	5,400
	Repair			
31580	Laryngoplasty; for laryngeal web, two stage, w/ keel insertion and removal	30,300	16,800	13,500
31582	Laryngoplasty; for laryngeal stenosis, w/ graft or core mold, including tracheotomy	30,300	16,800	13,500
31584	Laryngoplasty; w/ open reduction of fracture	30,300	16,800	13,500
31586	Laryngoplasty; w/ closed manipulative reduction	30,300	16,800	13,500
31587	Laryngoplasty, cricoid split	30,300	16,800	13,500
31588	Laryngoplasty, not otherwise specified (e.g., for burns, reconstruction after partial laryngectomy)	30,300	16,800	13,500
31590	Laryngeal reinnervation by neuromuscular pedicle	30,300	16,800	13,500
	Destruction			
31595	Section recurrent laryngeal nerve, therapeutic, unilateral	23,300	12,600	10,700
	Trachea and Bronchi			
	Incision			
31600	Tracheostomy, planned ;	12,120	6,720	5,400
31601	Tracheostomy, planned ; under two years	12,540	7,140	5,400
31603	Tracheostomy, emergency procedure; transtracheal	7,140	4,760	2,380
31605	Tracheostomy, emergency procedure; cricothyroid membrane	12,540	7,140	5,400

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
31610	Tracheostomy, fenestration procedure with skin flaps	12,540	7,140	5,400
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (e.g., voice button, Blom-Singer prosthesis)	14,960	7,560	7,400
31612	Tracheal puncture, percutaneous w/ transtracheal aspiration and/or injection	12,900	6,300	6,600
31613	Tracheostoma revision; simple, w/o flap rotation	12,120	6,720	5,400
31614	Tracheostoma revision; complex, w/ flap rotation	14,960	7,560	7,400
	Endoscopy			
31615	Tracheobronchoscopy through established tracheostomy incision	12,120	6,720	5,400
31622	Bronchoscopy; diagnostic, (flexible or rigid), w/ or w/o cell washing or brushing	10,960	5,460	5,500
31625	Bronchoscopy; w/ biopsy	10,960	5,460	5,500
31628	Bronchoscopy; w/ transbronchial lung biopsy, w/ or w/o fluoroscopic guidance	10,960	5,460	5,500
31629	Bronchoscopy; w/ transbronchial needle aspiration biopsy	10,960	5,460	5,500
31630	Bronchoscopy; w/ tracheal or bronchial dilation or closed reduction of fracture	18,000	8,400	9,600
31631	Bronchoscopy; w/ tracheal dilation and placement of tracheal stent	18,000	8,400	9,600
31635	Bronchoscopy; w/ removal of foreign body	18,000	8,400	9,600
31636	Bronchoscopy; diagnostic, (flexible or rigid), w/ placement of bronchial stents	18,000	8,400	9,600
31640	Bronchoscopy; w/ excision of tumor	30,300	16,800	13,500
31641	Bronchoscopy; w/ destruction of tumor or relief of stenosis by any method other than excision (e.g., laser)	30,300	16,800	13,500
31643	Bronchoscopy; w/ placement of catheters for intracavitary radioelement application	18,000	8,400	9,600
31645	Bronchoscopy; w/ therapeutic aspiration of tracheobronchial tree, (e.g., drainage of lung abscess)	23,300	12,600	10,700
	Introduction			
31710	Catheterization for bronchography, w/ or w/o instillation of contrast material	5,560	1,260	4,300
31717	Catheterization w/ bronchial brush biopsy	23,300	12,600	10,700
	Repair			
31750	Tracheoplasty; cervical	37,800	21,000	16,800
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	37,800	21,000	16,800
31760	Tracheoplasty; intrathoracic	53,400	29,400	24,000
31766	Carinal reconstruction	55,000	33,600	21,400
31770	Bronchoplasty; graft repair	55,000	33,600	21,400
31775	Bronchoplasty; excision stenosis and anastomosis	55,000	33,600	21,400
31780	Excision tracheal stenosis and anastomosis; cervical	46,500	25,200	21,300
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	53,400	29,400	24,000
31785	Excision of tracheal tumor or carcinoma; cervical	37,800	21,000	16,800
31786	Excision of tracheal tumor or carcinoma; thoracic	55,000	33,600	21,400
31800	Suture of tracheal wound or injury; cervical	23,300	12,600	10,700
31805	Suture of tracheal wound or injury; intrathoracic	37,800	21,000	16,800
31820	Surgical closure tracheostomy or fistula w/o plastic repair	8,440	2,940	5,500
31825	Surgical closure tracheostomy or fistula with plastic repair	9,700	4,200	5,500
	Lungs and Pleura			
	Incision			
32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	1,260	840	420
32002	Thoracentesis w/ insertion of tube w/ or w/o water seal (e.g., for pneumothorax)	10,540	5,040	5,500
32005	Chemical pleurodesis (e.g., for recurrent or persistent pneumothorax)	10,540	5,040	5,500
32020	Tube thoracostomy w/ or w/o water seal (e.g., for abscess, hemothorax, empyema)	7,980	5,320	2,660
32035	Thoracostomy; w/ rib resection for empyema	12,120	6,720	5,400
32036	Thoracostomy; w/ open flap drainage for empyema	18,420	8,820	9,600
32095	Thoracotomy, limited, for biopsy of lung or pleura	31,140	17,640	13,500
32100	Thoracotomy, major; w/ exploration and biopsy	37,800	21,000	16,800
32110	Thoracotomy, major; w/ control of traumatic hemorrhage and/or repair of lung tear	37,800	21,000	16,800
32120	Thoracotomy, major; for postoperative complications	37,800	21,000	16,800
32124	Thoracotomy, major; w/ open intrapleural pneumonolysis	37,800	21,000	16,800
32140	Thoracotomy, major; w/ cyst(s) removal, w/ or w/o a pleural procedure	37,800	21,000	16,800
32141	Thoracotomy, major; w/ excision-plication of bullae, w/ or w/o a pleural procedure	41,160	24,360	16,800

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
32150	Thoracotomy, major; w/ removal of intrapleural foreign body or fibrin deposit	38,440	19,740	18,700
32151	Thoracotomy, major; w/ removal of intrapulmonary foreign body	38,440	19,740	18,700
32160	Thoracotomy major; w/ cardiac massage	38,440	19,740	18,700
32200	Pneumonostomy, w/ open drainage of abscess or cyst	10,120	4,620	5,500
32215	Pleural scarification for repeat pneumothorax	38,640	21,840	16,800
32220	Decortication, pulmonary ; total	38,440	19,740	18,700
32225	Decortication, pulmonary ; partial	30,300	16,800	13,500
	Excision			
32310	Pleurectomy, parietal	37,800	21,000	16,800
32320	Decortication and parietal pleurectomy	37,800	21,000	16,800
32400	Biopsy, pleura; percutaneous needle	5,560	1,260	4,300
32402	Biopsy, pleura; open	37,180	18,480	18,700
32405	Biopsy, lung or mediastinum, percutaneous needle	8,440	2,940	5,500
32420	Pneumonocentesis, puncture of lung for aspiration	5,560	1,260	4,300
32440	Removal of lung, total pneumonectomy	46,500	25,200	21,300
32442	Removal of lung, total pneumonectomy w/ resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	55,080	31,080	24,000
32445	Removal of lung, total pneumonectomy extrapleural	55,080	31,080	24,000
32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	41,160	24,360	16,800
32482	Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)	46,500	25,200	21,300
32484	Removal of lung, other than total pneumonectomy; single segment (segmentectomy)	46,500	25,200	21,300
32486	Removal of lung, other than total pneumonectomy; w/ circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	55,080	31,080	24,000
32488	Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	53,400	29,400	24,000
32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, w/ or w/o any pleural procedure	41,160	24,360	16,800
32500	Removal of lung, other than total pneumonectomy; wedge resection, single or multiple	40,320	23,520	16,800
32520	Resection of lung; w/ resection of chest wall	53,400	29,400	24,000
32522	Resection of lung; w/ reconstruction of chest wall, w/o prosthesis	53,400	29,400	24,000
32525	Resection of lung; w/ major reconstruction of chest wall, w/ prosthesis	53,400	29,400	24,000
32540	Extrapleural enucleation of empyema (empyemectomy)	38,440	19,740	18,700
	Endoscopy			
32601	Thoracoscopy, diagnostic ; lungs and pleural space, w/o biopsy	11,980	5,880	6,100
32602	Thoracoscopy, diagnostic ; lungs and pleural space, w/ biopsy	12,900	6,300	6,600
32603	Thoracoscopy, diagnostic ; pericardial sac, w/o biopsy	12,120	6,720	5,400
32604	Thoracoscopy, diagnostic ; pericardial sac, w/ biopsy	12,120	6,720	5,400
32605	Thoracoscopy, diagnostic ; mediastinal space, w/o biopsy	12,120	6,720	5,400
32606	Thoracoscopy, diagnostic ; mediastinal space, w/ biopsy	12,120	6,720	5,400
32650	Thoracoscopy, surgical; w/ pleurodesis, any method	12,120	6,720	5,400
32651	Thoracoscopy, surgical; w/ partial pulmonary decortication	12,120	6,720	5,400
32652	Thoracoscopy, surgical; w/ total pulmonary decortication, including intrapleural pneumolysis	12,120	6,720	5,400
32653	Thoracoscopy, surgical; w/ removal of intrapleural foreign body or firbin deposit	12,120	6,720	5,400
32654	Thoracoscopy, surgical; w/ control of traumatic hemorrhage	30,300	16,800	13,500
32655	Thoracoscopy, surgical; w/ excision-plication of bullae, including any pleural procedure	41,160	24,360	16,800
32656	Thoracoscopy, surgical; w/ parietal pleurectomy	38,640	21,840	16,800
32658	Thoracoscopy, surgical; w/ removal of clot or foreign body from pericardial sac	38,640	21,840	16,800
32659	Thoracoscopy, surgical; w/ creation of percardial window or partial resection of pericardial sac for drainage	38,640	21,840	16,800
32660	Thoracoscopy, surgical; w/ total pericardiectomy	41,160	24,360	16,800
32661	Thoracoscopy, surgical; w/ excision of pericardial cyst, tumor, or mass	41,160	24,360	16,800
32662	Thoracoscopy, surgical; w/ excision of mediastinal cyst, tumor, or mass	41,160	24,360	16,800
32663	Thoracoscopy, surgical; w/ lobectomy, total or segmental	46,500	25,200	21,300
32664	Thoracoscopy, surgical; w/ thoracic sympathectomy	41,160	24,360	16,800
32665	Thoracoscopy, surgical; w/ esophagomyotomy (Heller type)	41,160	24,360	16,800
	Repair			
32800	Repair lung hernia through chest wall	23,300	12,600	10,700

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	23,300	12,600	10,700
32815	Open closure of major bronchial fistula	46,500	25,200	21,300
32820	Major reconstruction, chest wall (posttraumatic)	46,500	25,200	21,300
	Lung Transplant			
32850	Donor pneumonectomy(ies) w/ preparation and maintenance of allograft (cadaver)	55,000	33,600	21,400
32851	Lung transplant, single; w/o cardiopulmonary bypass	63,000	42,000	21,000
32852	Lung transplant, single; w/ cardiopulmonary bypass	64,680	43,680	21,000
32853	Lung transplant, double (bilateral sequential or en bloc); w/o cardiopulmonary bypass	65,520	44,520	21,000
32854	Lung transplant, double (bilateral sequential or en bloc); w/ cardiopulmonary bypass	65,520	44,520	21,000
	Surgical Relapse Therapy; Thoracoplasty			
32900	Resection of ribs, extrapleural, all stages	46,500	25,200	21,300
32905	Thoracoplasty, Schede type or extrapleural (all stages);	46,500	25,200	21,300
32906	Thoracoplasty, Schede type or extrapleural (all stages); w/ closure of bronchial fistula	46,500	25,200	21,300
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	30,300	16,800	13,500
32960	Pneumothorax, therapeutic, intrapleural injection of air	5,560	1,260	4,300
	Cardiovascular System			
	Heart and Pericardium			
	Pericardium			
33010	Pericardiocentesis	8,020	2,520	5,500
33015	Tube pericardiostomy	9,700	4,200	5,500
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	18,000	8,400	9,600
33025	Creation of pericardial window or partial resection for drainage	32,000	14,700	17,300
33030	Pericardiectomy, subtotal or complete; w/o cardiopulmonary bypass	46,500	25,200	21,300
33031	Pericardiectomy, subtotal or complete; w/ cardiopulmonary bypass	58,800	37,800	21,000
33050	Excision of pericardial cyst or tumor	37,800	21,000	16,800
	Cardiac Tumor			
33120	Excision of intracardiac tumor, resection w/ cardiopulmonary bypass	60,900	39,900	21,000
33130	Resection of external cardiac tumor	39,900	23,100	16,800
	Pacemaker or Defibrillator			
33200	Insertion of permanent pacemaker w/ epicardial electrode(s); by thoracotomy	21,400	10,500	10,900
33201	Insertion of permanent pacemaker w/ epicardial electrode(s); by xiphoid approach	21,400	10,500	10,900
33206	Insertion or replacement of permanent pacemaker w/ transvenous electrode(s); atrial	18,000	8,400	9,600
33207	Insertion or replacement of permanent pacemaker w/ transvenous electrode(s); ventricular	18,000	8,400	9,600
33208	Insertion or replacement of permanent pacemaker w/ transvenous electrode(s); atrial and ventricular	21,400	10,500	10,900
33210	Insertion or placement of temporary transvenous single chamber cardiac electrodes	9,700	4,200	5,500
33211	Insertion or replacement of temporary transvenous dual chamber cardiac electrodes	9,700	4,200	5,500
33212	Insertion or replacement of pacemaker pulse generator only; single chamber	9,700	4,200	5,500
33213	Insertion or replacement of pacemaker pulse generator only; dual chamber	12,900	6,300	6,600
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	32,000	14,700	17,300
33216	Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); single chamber, atrial or ventricular	12,900	6,300	6,600
33217	Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); dual chamber	18,000	8,400	9,600
33218	Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator	23,300	12,600	10,700
33220	Repair of two transvenous electrode for a dual chamber, permanent pacemaker or dual chamber pacing cardioverter-defibrillator	23,300	12,600	10,700
33222	Revision or relocation of skin pocket for pacemaker	18,000	8,400	9,600
33223	Revision or relocation of skin pocket for single or dual chamber pacing cardioverter-defibrillator	18,000	8,400	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
33233	Removal of transvenous pacemaker pulse generator	12,900	6,300	6,600
33234	Removal of permanent of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	23,300	12,600	10,700
33235	Removal of permanent of transvenous pacemaker electrode(s); dual lead chamber	32,000	14,700	17,300
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	30,300	16,800	13,500
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead chamber	37,600	18,900	18,700
33238	Removal of permanent transvenous electrode(s) by thoracotomy	30,300	16,800	13,500
33240	Insertion or replacement of implantable cardioverter-defibrillator pulse generator	18,000	8,400	9,600
33241	Removal of implantable cardioverter-defibrillator pulse generator	18,000	8,400	9,600
33243	Removal of implantable cardioverter-defibrillator pulse generator and/or lead system; by thoracotomy	30,300	16,800	13,500
33244	Removal of implantable cardioverter-defibrillator pulse generator and/or lead system; by transvenous extraction	30,300	16,800	13,500
33245	Implantation or replacement of implantable cardioverter-defibrillator pads by thoracotomy, w/ or w/o sensing electrodes;	12,900	6,300	6,600
33246	Implantation or replacement of implantable cardioverter-defibrillator pads by thoracotomy, w/ or w/o sensing electrodes; w/ insertion of implantable cardioverter-defibrillator pulse generator	21,400	10,500	10,900
33249	Implantation or replacement of implantable cardioverter-defibrillator pads by thoracotomy, w/ or w/o sensing electrodes; w/ insertion of cardio-defibrillator pulse generator	18,000	8,400	9,600
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (e.g., Wolff-Parkinson-White, A-V node reentry), tract(s) and/or focus (foci); w/o cardiopulmonary bypass	37,600	18,900	18,700
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (e.g., Wolff-Parkinson-White, A-V node reentry), tract(s) and/or focus (foci); w/ cardiopulmonary bypass	53,400	29,400	24,000
33253	Operative incisions and reconstruction of atria for treatment of atrial fibrillation or atrial flutter (e.g., maze procedure)	58,800	37,800	21,000
33261	Operative ablation of ventricular arrhythmogenic focus w/ cardiopulmonary bypass	58,800	37,800	21,000
	Wounds of the Heart and Great Vessels			
33300	Repair of cardiac wound; w/o bypass	46,500	25,200	21,300
33305	Repair of cardiac wound; w/ cardiopulmonary bypass	58,800	37,800	21,000
33310	Cardiotomy, exploratory (includes removal of foreign body); w/o bypass	46,500	25,200	21,300
33315	Cardiotomy, exploratory (includes removal of foreign body); w/ cardiopulmonary bypass	58,800	37,800	21,000
33320	Suture repair of aorta or great vessels; w/o shunt or cardiopulmonary bypass	30,300	16,800	13,500
33321	Suture repair of aorta or great vessels; w/ shunt bypass	58,800	37,800	21,000
33322	Suture repair of aorta or great vessels; w/ cardiopulmonary bypass	58,800	37,800	21,000
33330	Insertion of graft, aorta or great vessels; w/o shunt, or cardiopulmonary bypass	46,500	25,200	21,300
33332	Insertion of graft, aorta or great vessels; w/ shunt bypass	63,000	42,000	21,000
33335	Insertion of graft, aorta or great vessels; w/ cardiopulmonary bypass	63,000	42,000	21,000
	Aortic Valve			
33400	Valvuloplasty, aortic valve; open, w/ cardiopulmonary bypass	53,400	29,400	24,000
33401	Valvuloplasty, aortic valve; open, w/ inflow occlusion	53,400	29,400	24,000
33403	Valvuloplasty, aortic valve; using transventricular dilation, w/ cardiopulmonary bypass	55,000	33,600	21,400
33404	Construction of apica-aortic conduit	58,800	37,800	21,000
33405	Replacement, aortic valve, w/ cardiopulmonary bypass; w/ prosthetic valve other than homograft	53,400	29,400	24,000
33406	Replacement, aortic valve, w/ cardiopulmonary bypass; w/ homograft valve (freehand)	58,800	37,800	21,000
33411	Replacement, aortic valve; w/ aortic annulus enlargement, noncoronary cusp	55,000	33,600	21,400
33412	Replacement, aortic valve; w/ transventricular aortic annulus enlargement (Konno procedure)	58,800	37,800	21,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
33413	Replacement, aortic valve; w/ translocation of autologous pulmonary valve w/ hemograft replacement of pulmonary valve (Ross procedure)	71,400	50,400	21,000
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	46,500	25,200	21,300
33415	Resection or incision of subvalvular tissue for discrete subaortic stenosis (e.g., asymmetric septal hypertrophy)	46,500	25,200	21,300
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (e.g., asymmetric septal hypertrophy)	55,000	33,600	21,400
33417	Aortoplasty (gusset) for supra-ventricular stenosis	46,500	25,200	21,300
	Mitral Valve			
33420	Valvotomy, mitral valve; closed heart	37,800	21,000	16,800
33422	Valvotomy, mitral valve; open heart, w/ cardiopulmonary bypass	53,400	29,400	24,000
33425	Valvuloplasty, mitral valve, w/ cardiopulmonary bypass;	55,000	33,600	21,400
33426	Valvuloplasty, mitral valve, w/ cardiopulmonary bypass; w/ prosthetic ring	57,100	35,700	21,400
33427	Valvuloplasty, mitral valve, w/ cardiopulmonary bypass; radical reconstruction, w/ or w/o ring	58,800	37,800	21,000
33430	Replacement, mitral valve, w/ cardiopulmonary bypass	46,500	25,200	21,300
	Tricuspid Valve			
33460	Valvectomy, tricuspid valve, w/ cardiopulmonary bypass	46,500	25,200	21,300
33463	Valvuloplasty, tricuspid valve; w/o ring insertion	53,400	29,400	24,000
33464	Valvuloplasty, tricuspid valve; w/ ring insertion	55,000	33,600	21,400
33465	Replacement, tricuspid valve, w/ cardiopulmonary bypass	53,400	29,400	24,000
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	58,800	37,800	21,000
	Pulmonary Valve			
33470	Valvotomy, pulmonary valve, closed heart; transventricular	30,300	16,800	13,500
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	23,300	12,600	10,700
33472	Valvotomy, pulmonary valve, open heart; w/ inflow occlusion	46,500	25,200	21,300
33474	Valvotomy, pulmonary valve, open heart; w/ cardiopulmonary bypass	46,500	25,200	21,300
33475	Replacement, pulmonary valve	53,400	29,400	24,000
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	46,500	25,200	21,300
33478	Outflow tract augmentation (gusset), w/ or w/o commissurotomy or infundibular resection	53,400	29,400	24,000
	Coronary Artery Anomalies			
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; w/ cardiopulmonary bypass	46,500	25,200	21,300
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; w/o cardiopulmonary bypass	30,300	16,800	13,500
33502	Repair of anomalous coronary artery; by ligation	30,300	16,800	13,500
33503	Repair of anomalous coronary artery; by graft, w/o cardiopulmonary bypass	46,500	25,200	21,300
33504	Repair of anomalous coronary artery; by graft, w/ cardiopulmonary bypass	53,400	29,400	24,000
33505	Repair of anomalous coronary artery; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	53,400	29,400	24,000
33506	Repair of anomalous coronary artery; by translocation from pulmonary artery to aorta	53,400	29,400	24,000
	Venous Grafting Only for Coronary Artery Bypass			
33510	Coronary artery bypass, vein only; single coronary venous graft	53,400	29,400	24,000
33511	Coronary artery bypass, vein only; two coronary venous grafts	53,400	29,400	24,000
33512	Coronary artery bypass, vein only; three coronary venous grafts	55,000	33,600	21,400
33513	Coronary artery bypass, vein only; four coronary venous grafts	58,800	37,800	21,000
33514	Coronary artery bypass, vein only; five coronary venous grafts	58,800	37,800	21,000
33516	Coronary artery bypass, vein only; six or more coronary venous grafts	58,800	37,800	21,000
	Combined Arterial-Venous Grafting for Coronary Bypass			
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for arterial graft)	53,400	29,400	24,000
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (list separately in addition to code for arterial graft)	53,400	29,400	24,000
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (list separately in addition to code for arterial graft)	55,000	33,600	21,400
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (list separately in addition to code for arterial graft)	58,800	37,800	21,000
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (list separately in addition to code for arterial graft)	58,800	37,800	21,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (list separately in addition to code for arterial graft)	58,800	37,800	21,000
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (list separately in addition to code for primary procedure)	63,000	42,000	21,000
	Arterial Grafting for Coronary Artery Bypass			
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	53,400	29,400	24,000
33534	Coronary artery bypass, using arterial graft(s); two coronary arterial grafts	53,400	29,400	24,000
33535	Coronary artery bypass, using arterial graft(s); three coronary arterial grafts	55,000	33,600	21,400
33536	Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts	58,800	37,800	21,000
33542	Myocardial resection (e.g., ventricular aneurysmectomy)	63,000	42,000	21,000
33545	Repair of postinfarction ventricular septal defect, w/ or w/o myocardial resection	63,000	42,000	21,000
	Coronary Endarterectomy			
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction w/ coronary artery bypass graft procedure, each vessel (list separately in addition to primary procedure)	9,700	4,200	5,500
	Single Ventricle and Other Complex Cardiac Anomalies			
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	46,500	25,200	21,300
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	46,500	25,200	21,300
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	53,400	29,400	24,000
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	55,000	33,600	21,400
33610	Repair of complex cardiac anomalies (e.g., single ventricle with subaortic obstruction) by surgical enlargement of interventricular septal defect	55,000	33,600	21,400
33611	Repair of double outlet right ventricle with intraventricular tunnel repair	55,000	33,600	21,400
33612	Repair of double outlet right ventricle with intraventricular tunnel repair with repair of right ventricular outflow tract obstruction	55,000	33,600	21,400
33615	Repair of complex cardiac anomalies (e.g., tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	55,000	33,600	21,400
33617	Repair of complex cardiac anomalies (e.g., single ventricle) by modified Fontan procedure	55,000	33,600	21,400
33619	Repair of single ventricle w/ aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (e.g., Norwood procedure)	63,000	42,000	21,000
	Septal Defect			
33641	Repair atrial septal defect, secundum, w/ cardiopulmonary bypass, w/ or w/o patch	46,500	25,200	21,300
33645	Direct or patch closure, sinus venosus, w/ or w/o anomalous pulmonary venous drainage	53,400	29,400	24,000
33647	Repair of atrial septal defect and ventricular septal defect, w/ direct or patch closure	55,000	33,600	21,400
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), w/ or w/o atrioventricular valve repair	55,000	33,600	21,400
33665	Repair of intermediate or transitional atrioventricular canal, w/ or w/o atrioventricular valve repair	55,000	33,600	21,400
33670	Repair of complete atrioventricular canal, w/ or w/o prosthetic valve	58,800	37,800	21,000
33681	Closure of ventricular septal defect, w/ or w/o patch;	46,500	25,200	21,300
33684	Closure of ventricular septal defect, w/ or w/o patch; with pulmonary valvotomy or infundibular resection (acyanotic)	55,000	33,600	21,400
33688	Closure of ventricular septal defect, w/ or w/o patch; with removal of pulmonary artery band, w/ or w/o gusset	55,000	33,600	21,400
33690	Banding of pulmonary artery	21,400	10,500	10,900
33692	Complete repair of tetralogy of Fallot w/o pulmonary atresia;	55,000	33,600	21,400

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
33694	Complete repair of tetralogy of Fallot w/o pulmonary atresia; with transannular patch	55,000	33,600	21,400
33697	Complete repair of tetralogy of Fallot w/ pulmonary atresia including construction of conduit right ventricle to pulmonary artery and closure of ventricular septal defect	55,000	33,600	21,400
	Sinus of Valsalva			
33702	Repair sinus of Valsalva fistula, w/ cardiopulmonary bypass	46,500	25,200	21,300
33710	Repair sinus of Valsalva fistula, w/ cardiopulmonary bypass with repair of ventricular septal defect	55,000	33,600	21,400
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	53,400	29,400	24,000
33722	Closure of aortico-left ventricular tunnel	53,400	29,400	24,000
	Total Anomalous Pulmonary Venous Drainage			
33730	Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)	55,000	33,600	21,400
33732	Repair of cor triatum or supra-valvular mitral ring by resection of left atrial membrane	55,000	33,600	21,400
	Shunting Procedures			
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	21,400	10,500	10,900
33736	Atrial septectomy or septostomy; open heart w/ cardiopulmonary bypass	46,500	25,200	21,300
33737	Atrial septectomy or septostomy; open heart w/ inflow occlusion	46,500	25,200	21,300
33750	Shunt; subclavian to pulmonary artery (Blalock- Taussig type operation)	30,300	16,800	13,500
33764	Shunt; central, w/ prosthetic graft	23,300	12,600	10,700
33766	Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)	30,300	16,800	13,500
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	46,500	25,200	21,300
	Transposition of Great Vessels			
33770	Repair of transposition of great arteries w/ ventricular septal defect and subpulmonary stenosis; w/o surgical enlargement of ventricular septal defect	58,800	37,800	21,000
33771	Repair of transposition of great arteries w/ ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	58,800	37,800	21,000
33774	Repair of transposition of the great arteries, atrial baffle procedure (e.g., Mustard or Senning type) w/ cardiopulmonary bypass	58,800	37,800	21,000
33775	Repair of transposition of the great arteries, atrial baffle procedure (e.g., Mustard or Senning type) w/ removal of pulmonary band	60,900	39,900	21,000
33776	Repair of transposition of the great arteries, atrial baffle procedure (e.g., Mustard or Senning type) w/ closure of ventricular septal defect	60,900	39,900	21,000
33777	Repair of transposition of the great arteries, atrial baffle procedure (e.g., Mustard or Senning type) w/ repair of subpulmonic obstruction	60,900	39,900	21,000
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (e.g., Jatene type)	63,000	42,000	21,000
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (e.g., Jatene type) w/ removal of pulmonary band	65,100	44,100	21,000
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (e.g., Jatene type) w/ closure of ventricular septal defect	71,400	50,400	21,000
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (e.g., Jatene type) w/ repair of subpulmonic obstruction	71,400	50,400	21,000
	Truncus Arteriosus			
33786	Total repair, truncus arteriosus (Rastelli type operation)	58,800	37,800	21,000
33788	Reimplantation of an anomalous pulmonary artery	55,000	33,600	21,400
	Aortic Anomalies			
33800	Aortic suspension (aortopexy) for tracheal decompression (e.g., for tracheomalacia)	21,400	10,500	10,900
33802	Division of aberrant vessel (vascular ring)	21,400	10,500	10,900
33803	Division of aberrant vessel (vascular ring) w/ reanastomosis	23,300	12,600	10,700
33814	Division of aberrant vessel (vascular ring) w/ cardiopulmonary bypass	46,500	25,200	21,300
33820	Repair of patent ductus arteriosus; by ligation	32,000	14,700	17,300
33822	Repair of patent ductus arteriosus; by division, under 18 years	30,300	16,800	13,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
33824	Repair of patent ductus arteriosus; by division, 18 years and older	30,300	16,800	13,500
33840	Excision of coarctation of aorta, w/ or w/o associated patent ductus arteriosus; w/ direct anastomosis	30,300	16,800	13,500
33845	Excision of coarctation of aorta, w/ or w/o associated patent ductus arteriosus; with graft	30,300	16,800	13,500
33851	Excision of coarctation of aorta, w/ or w/o associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	30,300	16,800	13,500
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; w/o cardiopulmonary bypass	30,300	16,800	13,500
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; w/ cardiopulmonary bypass	46,500	25,200	21,300
	Thoracic Aortic Aneurysm			
33860	Ascending aorta graft, w/ cardiopulmonary bypass, w/ or w/o valve suspension;	55,000	33,600	21,400
33861	Ascending aorta graft, w/ cardiopulmonary bypass, w/ or w/o valve suspension; w/ coronary reconstruction	58,800	37,800	21,000
33863	Ascending aorta graft, w/ cardiopulmonary bypass, w/ or w/o valve suspension; w/ aortic root replacement using composite prosthesis and coronary reconstruction	71,400	50,400	21,000
33870	Transverse arch graft, w/ cardiopulmonary bypass	71,400	50,400	21,000
33875	Descending thoracic aorta graft, w/ or w/o bypass	63,000	42,000	21,000
33877	Repair of thoracoabdominal aortic aneurysm w/ graft, w/ or w/o cardiopulmonary bypass	71,400	50,400	21,000
	Pulmonary Artery			
33910	Pulmonary artery embolectomy; w/ cardiopulmonary bypass	46,500	25,200	21,300
33915	Pulmonary artery embolectomy; w/o cardiopulmonary bypass	30,300	16,800	13,500
33916	Pulmonary endarterectomy, w/ or w/o embolectomy, w/ cardiopulmonary bypass	53,400	29,400	24,000
33917	Repair of pulmonary artery stenosis by reconstruction w/ patch or graft	53,400	29,400	24,000
33918	Repair of pulmonary atresia w/ ventricular septal defect, by unifocalization of pulmonary arteries; w/o cardiopulmonary bypass	30,300	16,800	13,500
33919	Repair of pulmonary atresia w/ ventricular septal defect, by unifocalization of pulmonary arteries; w/ cardiopulmonary bypass	46,500	25,200	21,300
33920	Repair of pulmonary atresia w/ ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	58,800	37,800	21,000
33922	Transection of pulmonary artery w/ cardiopulmonary bypass	46,500	25,200	21,300
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction w/ a congenital heart procedure (List separately in addition to code for primary procedure)	18,000	8,400	9,600
	Heart/Lung Transplantation			
33930	Donor cardiectomy-pneumonectomy, w/ preparation and maintenance of allograft	46,500	25,200	21,300
33935	Heart-lung transplant w/ recipient cardiectomy-pneumonectomy	75,600	54,600	21,000
33940	Donor cardiectomy, w/ preparation and maintenance of allograft	46,500	25,200	21,300
33945	Heart transplant, w/ or w/o recipient cardiectomy	75,600	54,600	21,000
	Cardiac Assist			
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	12,900	6,300	6,600
33971	Removal of intra-aortic balloon assist device including repair of femoral artery w/ or w/o graft	9,700	4,200	5,500
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	21,400	10,500	10,900
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, w/ or w/o graft	30,300	16,800	13,500
33975	Implantation of ventricular assist device; single ventricle support	46,500	25,200	21,300
33976	Implantation of ventricular assist device; biventricular support	55,000	33,600	21,400
33977	Removal of ventricular assist device; single ventricle support	37,800	21,000	16,800
33978	Removal of ventricular assist device; biventricular support	46,500	25,200	21,300
	Arteries and Veins			
	Embolectomy/Thrombectomy, Arterial, with or Without Catheter			
34001	Embolectomy or thrombectomy, w/ or w/o catheter; carotid, subclavian or innominate artery, by neck incision	32,000	14,700	17,300
34051	Embolectomy or thrombectomy, w/ or w/o catheter; innominate, subclavian artery, by thoracic incision	32,000	14,700	17,300

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
34101	Embolectomy or thrombectomy, w/ or w/o catheter; axillary, brachial, innominate, subclavian artery, by arm incision	23,300	12,600	10,700
34111	Embolectomy or thrombectomy, w/ or w/o catheter; radial or ulnar artery, by arm incision	23,300	12,600	10,700
34151	Embolectomy or thrombectomy, w/ or w/o catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	30,300	16,800	13,500
34201	Embolectomy or thrombectomy, w/ or w/o catheter; femoropopliteal, aortoiliac artery, by leg incision	23,300	12,600	10,700
34203	Embolectomy or thrombectomy, w/ or w/o catheter; popliteal-tibio-peroneal artery, by leg incision	23,300	12,600	10,700
	Venous, Direct or With Catheter			
34401	Thrombectomy, direct or w/ catheter; vena cava, iliac vein, by abdominal incision	30,300	16,800	13,500
34421	Thrombectomy, direct or w/ catheter; vena cava, iliac, femoropopliteal vein, by leg incision	32,000	14,700	17,300
34451	Thrombectomy, direct or w/ catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	37,600	18,900	18,700
34471	Thrombectomy, direct or w/ catheter; subclavian vein, by neck incision	32,000	14,700	17,300
34490	Thrombectomy, direct or w/ catheter; axillary and subclavian vein, by arm incision	23,300	12,600	10,700
	Venous Reconstruction			
34501	Valvuloplasty, femoral vein	30,300	16,800	13,500
34502	Reconstruction of vena cava, any method	30,300	16,800	13,500
34510	Venous valve transposition, any vein donor	30,300	16,800	13,500
34520	Cross-over vein graft to venous system	30,300	16,800	13,500
34530	Saphenopopliteal vein anastomosis	30,300	16,800	13,500
	Direct Repair of Aneurysm or Excision (Partial or Total) and Graft Insertion for Aneurysm, False Aneurysm, Ruptured Aneurysm, and Associated Occlusive Disease			
35001	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	23,300	12,600	10,700
35002	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	30,300	16,800	13,500
35005	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, vertebral artery	30,300	16,800	13,500
35011	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	18,000	8,400	9,600
35013	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	23,300	12,600	10,700
35021	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	23,300	12,600	10,700
35022	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	30,300	16,800	13,500
35045	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, radial or ulnar artery	18,000	8,400	9,600
35081	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta	46,500	25,200	21,300
35082	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, abdominal aorta	53,400	29,400	24,000
35091	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	53,400	29,400	24,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
35092	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	55,000	33,600	21,400
35102	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	46,500	25,200	21,300
35103	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	53,400	29,400	24,000
35111	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, splenic artery	46,500	25,200	21,300
35112	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, splenic artery	53,400	29,400	24,000
35121	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	46,500	25,200	21,300
35122	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	53,400	29,400	24,000
35131	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	23,300	12,600	10,700
35132	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	30,300	16,800	13,500
35141	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	23,300	12,600	10,700
35142	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	30,300	16,800	13,500
35151	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, popliteal artery	30,300	16,800	13,500
35152	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, popliteal artery	37,800	21,000	16,800
35161	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, other arteries	30,300	16,800	13,500
35162	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, other arteries	37,800	21,000	16,800
	Repair Arteriovenous Fistula			
35180	Repair, congenital arteriovenous fistula; head and neck	23,300	12,600	10,700
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	30,300	16,800	13,500
35184	Repair, congenital arteriovenous fistula; extremities	23,300	12,600	10,700
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	23,300	12,600	10,700
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	30,300	16,800	13,500
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	23,300	12,600	10,700
	Repair Blood Vessel Other Than for Fistula, With or Without Patch Angioplasty			
35201	Repair blood vessel, direct; neck	18,000	8,400	9,600
35206	Repair blood vessel, direct; upper extremity	18,000	8,400	9,600
35207	Repair blood vessel, direct; hand, finger	18,000	8,400	9,600
35211	Repair blood vessel, direct; intrathoracic, w/ bypass	46,500	25,200	21,300
35216	Repair blood vessel, direct; intrathoracic, w/o bypass	30,300	16,800	13,500
35221	Repair blood vessel, direct; intra-abdominal	18,000	8,400	9,600
35226	Repair blood vessel, direct; lower extremity	18,000	8,400	9,600
35231	Repair blood vessel w/ vein graft; neck	23,300	12,600	10,700
35236	Repair blood vessel w/ vein graft; upper extremity	18,000	8,400	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
35241	Repair blood vessel w/ vein graft; intrathoracic, w/ bypass	46,500	25,200	21,300
35246	Repair blood vessel w/ vein graft; intrathoracic, w/o bypass	30,300	16,800	13,500
35251	Repair blood vessel w/ vein graft; intra-abdominal	23,300	12,600	10,700
35256	Repair blood vessel w/ vein graft; lower extremity	18,000	8,400	9,600
35261	Repair blood vessel w/ graft other than vein; neck	23,300	12,600	10,700
35266	Repair blood vessel w/ graft other than vein; upper extremity	18,000	8,400	9,600
35271	Repair blood vessel w/ graft other than vein; intrathoracic, w/ bypass	46,500	25,200	21,300
35276	Repair blood vessel w/ graft other than vein; intrathoracic, w/o bypass	30,300	16,800	13,500
35281	Repair blood vessel w/ graft other than vein; intra-abdominal	23,300	12,600	10,700
35286	Repair blood vessel w/ graft other than vein; lower extremity	18,000	8,400	9,600
	Thromboendarterectomy			
35301	Thromboendarterectomy, w/ or w/o patch graft; carotid, vertebral, subclavian, by neck incision	37,600	18,900	18,700
35311	Thromboendarterectomy, w/ or w/o patch graft; subclavian, innominate, by thoracic incision	37,600	18,900	18,700
35321	Thromboendarterectomy, w/ or w/o patch graft; axillary-brachial	37,600	18,900	18,700
35331	Thromboendarterectomy, w/ or w/o patch graft; abdominal aorta	37,600	18,900	18,700
35341	Thromboendarterectomy, w/ or w/o patch graft; mesenteric, celiac, or renal	37,600	18,900	18,700
35351	Thromboendarterectomy, w/ or w/o patch graft; iliac	30,300	16,800	13,500
35355	Thromboendarterectomy, w/ or w/o patch graft; iliofemoral	30,300	16,800	13,500
35361	Thromboendarterectomy, w/ or w/o patch graft; combined aortoiliac	46,500	25,200	21,300
35363	Thromboendarterectomy, w/ or w/o patch graft; combined aortoiliofemoral	23,300	12,600	10,700
35371	Thromboendarterectomy, w/ or w/o patch graft; common femoral	23,300	12,600	10,700
35372	Thromboendarterectomy, w/ or w/o patch graft; deep (profunda) femoral	23,300	12,600	10,700
35381	Thromboendarterectomy, w/ or w/o patch graft; femoral and/or popliteal, and/or tibioperoneal	30,300	16,800	13,500
	Transluminal Angioplasty Open			
35450	Transluminal balloon angioplasty, open; renal or other visceral artery	21,400	10,500	10,900
35452	Transluminal balloon angioplasty, open; aortic	21,400	10,500	10,900
35454	Transluminal balloon angioplasty, open; iliac	21,400	10,500	10,900
35456	Transluminal balloon angioplasty, open; femoral-popliteal	21,400	10,500	10,900
35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	21,400	10,500	10,900
35459	Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	21,400	10,500	10,900
35460	Transluminal balloon angioplasty, open; venous	21,400	10,500	10,900
	Percutaneous			
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	12,900	6,300	6,600
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	12,900	6,300	6,600
35472	Transluminal balloon angioplasty, percutaneous; aortic	12,900	6,300	6,600
35473	Transluminal balloon angioplasty, percutaneous; iliac	12,900	6,300	6,600
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal	12,900	6,300	6,600
35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	12,900	6,300	6,600
35476	Transluminal balloon angioplasty, percutaneous; venous	12,900	6,300	6,600
	Transluminal Atherectomy Open			
35480	Transluminal peripheral atherectomy, open; renal or other visceral artery	23,300	12,600	10,700
35481	Transluminal peripheral atherectomy, open; aortic	23,300	12,600	10,700
35482	Transluminal peripheral atherectomy, open; iliac	23,300	12,600	10,700
35483	Transluminal peripheral atherectomy, open; femoral-popliteal	23,300	12,600	10,700
35484	Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel	23,300	12,600	10,700
35485	Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches	23,300	12,600	10,700
	Percutaneous			
35490	Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery	21,400	10,500	10,900
35491	Transluminal peripheral atherectomy, percutaneous; aortic	21,400	10,500	10,900
35492	Transluminal peripheral atherectomy, percutaneous; iliac	21,400	10,500	10,900
35493	Transluminal peripheral atherectomy, percutaneous; femoral-popliteal	21,400	10,500	10,900
35494	Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel	21,400	10,500	10,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches	21,400	10,500	10,900
	Vein			
35501	Bypass graft, w/ vein; carotid	37,600	18,900	18,700
35506	Bypass graft, w/ vein; carotid-subclavian	37,600	18,900	18,700
35507	Bypass graft, w/ vein; subclavian-carotid	37,600	18,900	18,700
35508	Bypass graft, w/ vein; carotid-vertebral	37,600	18,900	18,700
35509	Bypass graft, w/ vein; carotid-carotid	37,600	18,900	18,700
35511	Bypass graft, w/ vein; subclavian-subclavian	37,600	18,900	18,700
35515	Bypass graft, w/ vein; subclavian-vertebral	37,600	18,900	18,700
35516	Bypass graft, w/ vein; subclavian-axillary	37,600	18,900	18,700
35518	Bypass graft, w/ vein; axillary-axillary	37,600	18,900	18,700
35521	Bypass graft, w/ vein; axillary-femoral	37,600	18,900	18,700
35526	Bypass graft, w/ vein; aortosubclavian or carotid	46,500	25,200	21,300
35531	Bypass graft, w/ vein; aortoceliac or aortomesenteric	46,500	25,200	21,300
35533	Bypass graft, w/ vein; axillary-femoral-femoral	46,500	25,200	21,300
35536	Bypass graft, w/ vein; splenorenal	46,500	25,200	21,300
35541	Bypass graft, w/ vein; aortoiliac or bi-iliac	46,500	25,200	21,300
35546	Bypass graft, w/ vein; aortofemoral or bifemoral	46,500	25,200	21,300
35548	Bypass graft, w/ vein; aortoiliiofemoral, unilateral	46,500	25,200	21,300
35549	Bypass graft, w/ vein; aortoiliiofemoral, bilateral	46,500	25,200	21,300
35551	Bypass graft, w/ vein; aortofemoral - popliteal	46,500	25,200	21,300
35556	Bypass graft, w/ vein; femoral - popliteal	30,300	16,800	13,500
35558	Bypass graft, w/ vein; femoral-femoral	23,300	12,600	10,700
35560	Bypass graft, w/ vein; aortorenal	37,800	21,000	16,800
35563	Bypass graft, w/ vein; ilioiliac	30,300	16,800	13,500
35565	Bypass graft, w/ vein; iliofemoral	30,300	16,800	13,500
35566	Bypass graft, w/ vein; femoral - anterior tibial, posterior tibial, peroneal artery or other distal vessels	30,300	16,800	13,500
35571	Bypass graft, w/ vein; popliteal-tibial, peroneal artery or other distal vessels	23,300	12,600	10,700
	In - Situ Vein			
35582	In-situ vein bypass; aortofemoral-popliteal (only femoral-popliteal portion in-situ)	46,500	25,200	21,300
35583	In-situ vein bypass; femoral-popliteal	37,800	21,000	16,800
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	37,800	21,000	16,800
35587	In-situ vein bypass; popliteal -tibial, peroneal	37,800	21,000	16,800
	Other Than Vein			
35601	Bypass graft, with other than vein; carotid	37,600	18,900	18,700
35606	Bypass graft, with other than vein; carotid-subclavian	37,600	18,900	18,700
35612	Bypass graft, with other than vein; subclavian-subclavian	37,600	18,900	18,700
35616	Bypass graft, with other than vein; subclavian-axillary	37,600	18,900	18,700
35621	Bypass graft, with other than vein; axillary-femoral	37,600	18,900	18,700
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	37,600	18,900	18,700
35626	Bypass graft, with other than vein; aortosubclavian or carotid	46,500	25,200	21,300
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	46,500	25,200	21,300
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	46,500	25,200	21,300
35641	Bypass graft, with other than vein; aortoiliac or bi-iliac	46,500	25,200	21,300
35642	Bypass graft, with other than vein; carotid-vertebral	37,600	18,900	18,700
35645	Bypass graft, with other than vein; subclavian-vertebral	37,600	18,900	18,700
35646	Bypass graft, with other than vein; aortofemoral or bifemoral	46,500	25,200	21,300
35650	Bypass graft, with other than vein; axillary-axillary	37,600	18,900	18,700
35651	Bypass graft, with other than vein; aortofemoral-popliteal	46,500	25,200	21,300
35654	Bypass graft, with other than vein; axillary-femoral-femoral	37,600	18,900	18,700
35656	Bypass graft, with other than vein; femoral-popliteal	30,300	16,800	13,500
35661	Bypass graft, with other than vein; femoral-femoral	23,300	12,600	10,700
35663	Bypass graft, with other than vein; ilioiliac	30,300	16,800	13,500
35665	Bypass graft, with other than vein; iliofemoral	30,300	16,800	13,500
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	30,300	16,800	13,500
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	23,300	12,600	10,700
35681	Bypass graft; composite	46,500	25,200	21,300
	Arterial Transposition			
35691	Transposition and/or reimplantation; vertebral to carotid artery	37,600	18,900	18,700
35693	Transposition and/or reimplantation; vertebral to subclavian artery	37,600	18,900	18,700
35694	Transposition and/or reimplantation; subclavian to carotid artery	37,600	18,900	18,700
35695	Transposition and/or reimplantation; carotid to subclavian artery	37,600	18,900	18,700

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	Exploration			
35700	Reoperation, femoral-popliteal or femoral (popliteal) -anterior tibial,posterior tibial, peroneal artery or other distal vessels, more than one month after original operation (List separately in addition to code for primary procedure)	18,000	8,400	9,600
35701	Exploration (not followed by surgical repair), w/ or w/o lysis of artery; carotid artery	18,000	8,400	9,600
35721	Exploration (not followed by surgical repair), w/ or w/o lysis of artery; femoral artery	18,000	8,400	9,600
35741	Exploration (not followed by surgical repair), w/ or w/o lysis of artery; popliteal artery	18,000	8,400	9,600
35761	Exploration (not followed by surgical repair), w/ or w/o lysis of artery; other vessels	18,000	8,400	9,600
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	9,700	4,200	5,500
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	18,000	8,400	9,600
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	18,000	8,400	9,600
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	9,700	4,200	5,500
35870	Repair of graft-enteric fistula	23,300	12,600	10,700
35875	Thrombectomy of arterial or venous graft;	23,300	12,600	10,700
35876	Thrombectomy of arterial or venous graft; w/ revision of arterial or venous graft	23,300	12,600	10,700
35901	Excision of infected graft; neck	30,300	16,800	13,500
35903	Excision of infected graft; extremity	30,300	16,800	13,500
35905	Excision of infected graft; thorax	37,800	21,000	16,800
35907	Excision of infected graft; abdomen	30,300	16,800	13,500
	Vascular Injection Procedures Intravenous			
36010	Introduction of catheter, superior or inferior vena cava	3,640	840	2,800
36011	Selective catheter placement, venous system; first order branch (e.g., renal vein, jugular vein)	9,300	2,100	7,200
36012	Selective catheter placement, venous system; second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)	8,020	2,520	5,500
36013	Introduction of catheter, right heart or main pulmonary artery	8,020	2,520	5,500
36014	Selective catheter placement, left or right pulmonary artery	8,020	2,520	5,500
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	8,440	2,940	5,500
	Intra-Arterial-Intra-Aortic			
36100	Introduction of needle or intracatheter, carotid or vertebral artery	8,440	2,940	5,500
36120	Introduction of needle or intracatheter; retrograde brachial artery	9,300	2,100	7,200
36140	Introduction of needle or intracatheter; extremity artery	9,300	2,100	7,200
36145	Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)	8,260	3,360	4,900
36200	Introduction of catheter, aorta	9,300	2,100	7,200
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, w/in a vascular family	9,300	2,100	7,200
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, w/in a vascular family	9,300	2,100	7,200
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, w/in a vascular family	8,020	2,520	5,500
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, w/in a vascular family	9,300	2,100	7,200
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic or lower extremity artery branch, w/in a vascular family	9,300	2,100	7,200
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic or lower extremity artery branch, w/in a vascular family	8,020	2,520	5,500
36260	Insertion of implantable intra-arterial infusion pump (e.g., for chemotherapy of liver)	23,300	12,600	10,700
36261	Revision of implanted intra-arterial infusion pump	9,700	4,200	5,500
36262	Removal of implanted intra-arterial infusion pump	9,700	4,200	5,500
	Venous			
36430	Outpatient Transfusion of Blood or Blood Products; one or more units	3,640	840	2,800
36450	Exchange transfusion, blood	5,680	1,680	4,000
36481	Percutaneous portal vein catheterization by any method	9,300	2,100	7,200
36488	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous or cutdown	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	3,640	840	2,800
36511	Therapeutic apheresis	3,640	840	2,800
36568	Insertion of peripherally inserted central venous catheter (PICC)	9,700	4,200	5,500
	Arterial			
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	3,640	840	2,800
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	5,680	1,680	4,000
	Intervascular Cannulization or Shunt			
36781	Percutaneous portal vein catheterization by any method	9,300	2,100	7,200
36800	Insertion of cannula for hemodialysis, other purpose ; vein to vein	9,300	2,100	7,200
36810	Insertion of cannula for hemodialysis, other purpose ; arteriovenous, external (e.g. Scribner type)	9,700	4,200	5,500
36815	Insertion of cannula for hemodialysis, other purpose ; arteriovenous, external revision, or closure	9,700	4,200	5,500
36821	Arteriovenous anastomosis, direct, any site (e.g., Cimino type)	9,700	4,200	5,500
36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO)	18,000	8,400	9,600
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis ; autogenous graft	12,900	6,300	6,600
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis ; nonautogenous graft	12,900	6,300	6,600
36832	Revision of an arteriovenous fistula, w/ or w/o thrombectomy, autogenous or nonautogenous graft	9,700	4,200	5,500
36834	Plastic repair of arteriovenous aneurysm	8,260	3,360	4,900
36835	Insertion of Thomas shunt	9,300	2,100	7,200
	Portal Decompression Procedures			
37140	Venous anastomosis; portocaval	30,300	16,800	13,500
37145	Venous anastomosis; renoportal	37,800	21,000	16,800
37160	Venous anastomosis; caval-mesenteric	30,300	16,800	13,500
37180	Venous anastomosis; splenorenal, proximal	37,600	18,900	18,700
37181	Venous anastomosis; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	37,800	21,000	16,800
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) includes venous access, hepatic and portal vein catheterization, portography, hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	53,400	29,400	24,000
37184	Primary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial or arterial bypass graft including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections; one or more vessels	46,500	25,200	21,300
37187	Percutaneous transluminal mechanical thrombectomy, veins, including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance; one or more vessels	46,500	25,200	21,300
	Transcatheter Procedures			
37200	Transcatheter biopsy	8,260	3,360	4,900
37201	Transcatheter therapy, infusion for thrombolysis other than coronary	8,020	2,520	5,500
37202	Transcatheter therapy, infusion other than for thrombolysis, any type (e.g., spasmolytic, vasoconstrictive)	8,020	2,520	5,500
37203	Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter)	9,700	4,200	5,500
37204	Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	46,500	25,200	21,300
37205	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; initial vessel	46,500	25,200	21,300
37207	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; initial vessel	23,300	12,600	10,700
	Ligation and Other Procedures			
37565	Ligation, internal jugular vein	5,680	1,680	4,000
37600	Ligation; external carotid artery	5,680	1,680	4,000
37605	Ligation; internal or common carotid artery	18,000	8,400	9,600
37606	Ligation; internal or common carotid artery, w/ gradual occlusion, as w/ Selverstone or Crutchfield clamp	21,940	9,240	12,700
37607	Ligation or banding of angioaccess arteriovenous fistula	9,300	2,100	7,200
37609	Ligation or biopsy, temporal artery	9,300	2,100	7,200
37615	Ligation, major artery (e.g., post-traumatic, rupture); neck	18,000	8,400	9,600
37616	Ligation, major artery (e.g., post-traumatic, rupture); chest	21,400	10,500	10,900
37617	Ligation, major artery (e.g., post-traumatic, rupture); abdomen	18,000	8,400	9,600
37618	Ligation, major artery (e.g., post-traumatic, rupture); extremity	12,900	6,300	6,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)	23,300	12,600	10,700
37650	Ligation of femoral vein	9,300	2,100	7,200
37660	Ligation of common iliac vein	12,900	6,300	6,600
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	9,300	2,100	7,200
37720	Ligation and division and complete stripping of long or short saphenous veins	12,900	6,300	6,600
37730	Ligation and division and complete stripping of long and short saphenous veins	18,000	8,400	9,600
37735	Ligation and division and complete stripping of long or short saphenous veins w/ radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, w/ excision of deep fascia	21,400	10,500	10,900
37760	Ligation of perforators, subfascial, radical (Linton type), w/ or w/o skin graft	21,400	10,500	10,900
37780	Ligation and division of short saphenous vein at saphenopopliteal junction	9,700	4,200	5,500
37788	Penile revascularization, artery, w/ or w/o vein graft	46,500	25,200	21,300
37790	Penile venous occlusive procedure	23,300	12,600	10,700
	Hemic and Lymphatic System			
	Spleen			
	Excision			
38100	Splenectomy; total	30,740	13,440	17,300
38101	Splenectomy; partial	23,300	12,600	10,700
38102	Splenectomy; total, en bloc for extensive disease, in conjunction w/ other procedure	32,000	14,700	17,300
	Repair			
38115	Repair of ruptured spleen (splenorrhaphy) w/ or w/o partial splenectomy	30,300	16,800	13,500
	Laparoscopy			
38120	Laparoscopy, surgical; splenectomy	30,740	13,440	17,300
	Bone Marrow or Stem Cell Services and Procedures			
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation	10,880	3,780	7,100
38220	Bone marrow aspiration or biopsy	10,880	3,780	7,100
38230	Bone marrow harvesting for transplantation	18,000	8,400	9,600
38240	Bone marrow or peripheral blood derived peripheral stem cell transplantation	37,800	21,000	16,800
	Lymph Nodes and Lymphatic Channels			
	Incision			
38300	Drainage of lymph node abscess or lymphadenitis	8,260	3,360	4,900
38380	Suture and/or ligation of thoracic duct; cervical approach	30,300	16,800	13,500
38381	Suture and/or ligation of thoracic duct; thoracic approach	30,300	16,800	13,500
38382	Suture and/or ligation of thoracic duct; abdominal approach	30,300	16,800	13,500
	Excision			
38500	Biopsy or excision or lymph node(s); superficial	5,680	1,680	4,000
38505	Biopsy or excision or lymph node(s); by needle, superficial (e.g., cervical, inguinal, axillary)	5,680	1,680	4,000
38510	Biopsy or excision or lymph node(s); deep cervical node(s)	8,260	3,360	4,900
38520	Biopsy or excision or lymph node(s); deep cervical node(s) w/ excision scalene fat pad	9,300	2,100	7,200
38525	Biopsy or excision or lymph node(s); deep axillary node(s)	9,300	2,100	7,200
38530	Biopsy or excision or lymph node(s); internal mammary node(s)	9,300	2,100	7,200
38542	Dissection, deep jugular node(s)	21,940	9,240	12,700
38550	Excision of cystic hygroma, axillary or cervical; w/o deep neurovascular dissection	37,800	21,000	16,800
38555	Excision of cystic hygroma, axillary or cervical; w/ deep neurovascular dissection	46,500	25,200	21,300
	Laparoscopy			
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	27,120	15,120	12,000
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	30,300	16,800	13,500
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	58,800	37,800	21,000
	Radical Lymphadenectomy (Radical Resection of Lymph Nodes)			
38700	Suprahyoid lymphadenectomy	27,120	15,120	12,000
38720	Cervical lymphadenectomy (complete)	30,300	16,800	13,500
38724	Cervical lymphadenectomy (modified radical neck dissection)	30,300	16,800	13,500
38740	Axillary lymphadenectomy; superficial	23,300	12,600	10,700

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
38745	Axillary lymphadenectomy; complete	30,300	16,800	13,500
38746	Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes	37,800	21,000	16,800
38747	Abdominal lymphadenectomy, regional, including celiac, para-aortic and venal caval nodes	23,300	12,600	10,700
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node	23,300	12,600	10,700
38765	Inguinofemoral lymphadenectomy, superficial, in continuity w/ pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	23,300	12,600	10,700
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	37,800	21,000	16,800
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes	37,800	21,000	16,800
	Mediastinum and Diaphragm			
	Mediastinum			
	Incision			
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	18,000	8,400	9,600
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	23,300	12,600	10,700
	Excision			
39200	Excision of mediastinal cyst	37,800	21,000	16,800
39220	Excision of mediastinal tumor	41,160	24,360	16,800
	Endoscopy			
39400	Mediastinoscopy, with or without biopsy	14,960	7,560	7,400
	Diaphragm Repair			
39501	Repair, laceration of diaphragm, any approach	37,800	21,000	16,800
39502	Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal	40,320	23,520	16,800
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	40,320	23,520	16,800
39520	Repair, diaphragmatic hernia (esophageal hiatal); transthoracic	40,320	23,520	16,800
39530	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal	40,320	23,520	16,800
39531	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)	40,320	23,520	16,800
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	40,320	23,520	16,800
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	46,500	25,200	21,300
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	40,320	23,520	16,800
	Digestive System			
	Lips			
	Excision			
40490	Biopsy of lip	5,560	1,260	4,300
40500	Vermilionectomy (lip shave), w/ mucosal advancement	8,020	2,520	5,500
40510	Excision of lip; transverse wedge excision w/ primary closure	8,020	2,520	5,500
40520	V-excision w/ primary defect linear closure;	8,020	2,520	5,500
40525	V-excision w/ primary defect linear closure; full thickness, reconstruction w/ local flap (e.g., Estlander or fan)	23,300	12,600	10,700
40527	V-excision w/ primary defect linear closure; full thickness, reconstruction w/ cross lip flap (e.g. Abbe-Estlander)	30,740	13,440	17,300
40530	Resection of lip, more than one-fourth, w/o reconstruction	8,260	3,360	4,900
	Repair (Cheiloplasty)			
40650	Repair lip, full thickness; vermilion only	9,700	4,200	5,500
40652	Repair lip, full thickness; up to half vertical height	9,700	4,200	5,500
40654	Repair lip, full thickness; over one-half vertical height, or complex	9,700	4,200	5,500
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	37,800	21,000	16,800
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure	37,800	21,000	16,800
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages	30,300	16,800	13,500
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	30,300	16,800	13,500
40761	Plastic repair of cleft lip/nasal deformity; w/ cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	37,800	21,000	16,800

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	Vestibule of Mouth			
	Incision			
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth	5,680	1,680	4,000
	Excision, Destruction			
40808	Biopsy, vestibule of mouth	5,680	1,680	4,000
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth	5,680	1,680	4,000
40818	Excision of mucosa of vestibule of mouth as donor graft	8,440	2,940	5,500
40819	Excision of frenum, labial or buccal (frenulectomy, frenectomy, frenectomy)	9,300	2,100	7,200
	Repair			
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	5,680	1,680	4,000
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	5,680	1,680	4,000
40840	Vestibuloplasty; anterior	12,120	6,720	5,400
40842	Vestibuloplasty; posterior, unilateral	12,120	6,720	5,400
40843	Vestibuloplasty; posterior, bilateral	12,120	6,720	5,400
40844	Vestibuloplasty; entire arch	18,000	8,400	9,600
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	18,000	8,400	9,600
	Tongue and Floor of Mouth			
	Incision			
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	5,680	1,680	4,000
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	5,680	1,680	4,000
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	5,680	1,680	4,000
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	5,680	1,680	4,000
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	5,680	1,680	4,000
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	5,680	1,680	4,000
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	5,680	1,680	4,000
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	5,680	1,680	4,000
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	5,680	1,680	4,000
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	5,680	1,680	4,000
	Excision			
41100	Biopsy of tongue; anterior two-thirds	5,560	1,260	4,300
41105	Biopsy of tongue; posterior one-third	5,560	1,260	4,300
41108	Biopsy of floor of mouth	5,560	1,260	4,300
41110	Excision of lesion of tongue w/o closure	9,300	2,100	7,200
41112	Excision of lesion of tongue w/ closure; anterior two-thirds	9,300	2,100	7,200
41113	Excision of lesion of tongue w/ closure; posterior one-third	9,300	2,100	7,200
41114	Excision of lesion of tongue w/ closure; w/ local tongue flap	9,300	2,100	7,200
41115	Excision of lingual frenum (frenectomy)	9,300	2,100	7,200
41116	Excision, lesion of floor of mouth	9,300	2,100	7,200
41120	Glossectomy; less than one-half tongue	8,260	3,360	4,900
41130	Glossectomy; hemiglossectomy	10,880	3,780	7,100
41135	Glossectomy; partial, w/ unilateral radical neck dissection	37,800	21,000	16,800
41140	Glossectomy; complete or total, w/ or w/o tracheostomy, w/o radical neck dissection	37,800	21,000	16,800
41145	Glossectomy; complete or total, w/ or w/o tracheostomy, w/ unilateral radical neck dissection	37,800	21,000	16,800
41150	Glossectomy; composite procedure w/ resection floor of mouth and mandibular resection, w/o radical neck dissection	40,320	23,520	16,800
41153	Glossectomy; composite procedure w/ resection floor of mouth, w/ suprahyoid neck dissection	46,500	25,200	21,300
41155	Glossectomy; composite procedure w/ resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	53,400	29,400	24,000
	Repair			
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	9,700	4,200	5,500
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	9,700	4,200	5,500
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	9,700	4,200	5,500
	Other Procedures			
41500	Frenoplasty (surgical revision of frenum, eg, w/ Z-plasty)	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	9,700	4,200	5,500
41520	Frenoplasty (surgical revision of frenum, eg, w/ Z-plasty)	9,700	4,200	5,500
	Dentoalveolar Structures			
	Incision			
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	5,680	1,680	4,000
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	3,640	840	2,800
41806	Removal of embedded foreign body from dentoalveolar structures; bone	3,640	840	2,800
	Excision, Destruction			
41820	Gingivectomy, excision gingiva	8,020	2,520	5,500
41821	Operculectomy, excision pericoronal tissues	8,020	2,520	5,500
41822	Excision of fibrous tuberosities, dentoalveolar structures	8,020	2,520	5,500
41823	Excision of osseous tuberosities, dentoalveolar structures	8,020	2,520	5,500
41825	Excision of lesion or or tumor (except listed above), dentoalveolar structures	8,020	2,520	5,500
41828	Excision of hyperplastic alveolar mucosa	8,020	2,520	5,500
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	8,260	3,360	4,900
41850	Destruction of lesion (except excision), dentoalveolar structures	8,260	3,360	4,900
	Other Procedures			
41870	Periodontal mucosal grafting	8,260	3,360	4,900
41872	Gingivoplasty	18,000	8,400	9,600
41874	Alveoloplasty	18,000	8,400	9,600
	Palate and Uvula			
	Incision			
42000	Drainage of abscess of palate, uvula	8,020	2,520	5,500
	Excision, Destruction			
42100	Biopsy of palate, uvula	5,560	1,260	4,300
42104	Excision, lesion of palate, uvula; w/o closure	5,680	1,680	4,000
42106	Excision, lesion of palate, uvula; w/ simple primary closure	9,300	2,100	7,200
42107	Excision, lesion of palate, uvula; w/ local flap closure	9,300	2,100	7,200
42120	Resection of palate or extensive resection of lesion	20,980	10,080	10,900
42140	Uvulectomy, excision of uvula	12,120	6,720	5,400
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)	23,300	12,600	10,700
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	10,540	5,040	5,500
	Repair			
42180	Repair, laceration of palate; up to 2 cm	12,120	6,720	5,400
42182	Repair, laceration of palate; over 2 cm or complex	18,000	8,400	9,600
42200	Palatoplasty for cleft palate, soft and/or hard palate only	20,980	10,080	10,900
42205	Palatoplasty for cleft palate, w/ closure of alveolar ridge; soft tissue only	21,820	10,920	10,900
42210	Palatoplasty for cleft palate, w/ closure of alveolar ridge; w/ bone graft to alveolar ridge (includes obtaining graft)	22,660	11,760	10,900
42215	Palatoplasty for cleft palate; major revision	23,300	12,600	10,700
42220	Palatoplasty for cleft palate; secondary lengthening procedure	23,300	12,600	10,700
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	30,740	13,440	17,300
42226	Lengthening of palate, and pharyngeal flap	23,300	12,600	10,700
42227	Lengthening of palate, w/ island flap	23,300	12,600	10,700
42235	Repair of anterior palate, including vomer flap	23,300	12,600	10,700
42260	Repair of nasolabial fistula	12,120	6,720	5,400
	Salivary Gland and Ducts			
	Incision			
42300	Drainage of abscess; parotid	5,680	1,680	4,000
42310	Drainage of abscess; submaxillary or sublingual, intraoral	5,680	1,680	4,000
42320	Drainage of abscess; submaxillary, external	5,680	1,680	4,000
42325	Fistulization of sublingual salivary cyst (ranula);	5,680	1,680	4,000
42326	Fistulization of sublingual salivary cyst (ranula); w/ prosthesis	9,300	2,100	7,200
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, intraoral	9,300	2,100	7,200
	Excision			
42400	Biopsy of salivary gland; needle	5,560	1,260	4,300
42405	Biopsy of salivary gland; incisional	5,560	1,260	4,300
42408	Excision of sublingual salivary cyst (ranula)	9,300	2,100	7,200
42409	Marsupialization of sublingual salivary cyst (ranula)	9,300	2,100	7,200
42410	Excision of parotid tumor or parotid gland; lateral lobe, w/o nerve dissection	23,300	12,600	10,700
42415	Excision of parotid tumor or parotid gland; lateral lobe, w/ dissection and preservation of facial nerve	30,300	16,800	13,500
42420	Excision of parotid tumor or parotid gland; total, w/ dissection and preservation of facial nerve	30,300	16,800	13,500
42425	Excision of parotid tumor or parotid gland; total, en bloc removal w/ sacrifice of facial nerve	30,300	16,800	13,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
42426	Excision of parotid tumor or parotid gland; total, w/ unilateral radical neck dissection	37,800	21,000	16,800
42440	Excision of submandibular (submaxillary) gland	18,000	8,400	9,600
42450	Excision of sublingual gland	18,000	8,400	9,600
	Repair			
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	18,000	8,400	9,600
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	18,000	8,400	9,600
42507	Parotid duct diversion, bilateral (Wilke type procedure);	18,000	8,400	9,600
42508	Parotid duct diversion, bilateral (Wilke type procedure); w/ excision of one submandibular gland	18,000	8,400	9,600
42509	Parotid duct diversion, bilateral (Wilke type procedure); w/ excision of both submandibular glands	18,000	8,400	9,600
42510	Parotid duct diversion, bilateral (Wilke type procedure); w/ ligation of both submandibular (Whartons) ducts	18,000	8,400	9,600
	Other Procedures			
42600	Closure salivary fistula	8,260	3,360	4,900
42665	Ligation salivary duct, intraoral	8,260	3,360	4,900
	Pharynx, Adenoids, and Tonsils			
	Incision			
42700	Incision and drainage abscess; peritonsillar	8,260	3,360	4,900
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	8,260	3,360	4,900
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	8,260	3,360	4,900
	Excision, Destruction			
42800	Biopsy; oropharynx	8,020	2,520	5,500
42802	Biopsy; hypopharynx	8,020	2,520	5,500
42804	Biopsy; nasopharynx, visible lesion, simple	8,020	2,520	5,500
42806	Biopsy; nasopharynx, survey for unknown primary lesion	8,020	2,520	5,500
42808	Excision or destruction of lesion of pharynx, any method	8,020	2,520	5,500
42809	Removal of foreign body from pharynx	8,020	2,520	5,500
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	18,000	8,400	9,600
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	18,000	8,400	9,600
42820	Tonsillectomy and adenoidectomy	18,000	8,400	9,600
42825	Tonsillectomy, primary or secondary	18,000	8,400	9,600
42830	Adenoidectomy, primary	18,000	8,400	9,600
42835	Adenoidectomy, secondary	18,000	8,400	9,600
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; w/o closure	10,540	5,040	5,500
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure w/ local flap (e.g., tongue, buccal)	12,120	6,720	5,400
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure w/ other flap	12,120	6,720	5,400
42860	Excision of tonsil tags	8,020	2,520	5,500
42870	Excision or destruction lingual tonsil, any method	8,020	2,520	5,500
42890	Limited pharyngectomy	37,800	21,000	16,800
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	46,500	25,200	21,300
42894	Resection of pharyngeal wall requiring closure w/ myocutaneous flap	53,400	29,400	24,000
	Repair			
42900	Suture pharynx for wound or injury	20,980	10,080	10,900
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	20,980	10,080	10,900
42953	Pharyngoesophageal repair	23,300	12,600	10,700
	Other Procedures			
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	8,020	2,520	5,500
	Esophagus			
	Incision			
43020	Esophagotomy, cervical approach, w/ removal of foreign body	12,120	6,720	5,400
43030	Cricopharyngeal myotomy	18,000	8,400	9,600
43045	Esophagotomy, thoracic approach, w/ removal of foreign body	37,800	21,000	16,800
	Excision			
43100	Excision of lesion, esophagus, w/ primary repair; cervical approach	23,300	12,600	10,700
43101	Excision of lesion, esophagus, w/ primary repair; thoracic or abdominal approach	37,800	21,000	16,800
43107	Total or near esophagectomy, w/o thoracotomy; w/ pharyngogastrostomy or cervical esophagogastronomy, w/ or w/o pyloroplasty (transhiatal)	55,000	33,600	21,400

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
43108	Total or near esophagectomy, w/o thoracotomy; w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es)	58,800	37,800	21,000
43112	Total or near total esophagectomy, w/ thoracotomy; w/ pharyngogastrostomy, or cervical esophagogastrotomy, w/ or w/o pyloroplasty	59,640	38,640	21,000
43113	Total or near total esophagectomy, w/ thoracotomy; w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es)	63,000	42,000	21,000
43116	Partial esophagectomy, cervical, w/ free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	55,000	33,600	21,400
43117	Partial esophagectomy, distal two-thirds, w/ thoracotomy and separate abdominal incision, w/ or w/o proximal gastrectomy; w/ thoracic esophagogastrotomy, w/ or w/o pyloroplasty (Ivor Lewis)	55,000	33,600	21,400
43118	Partial esophagectomy, distal two-thirds, w/ thoracotomy and separate abdominal incision, w/ or w/o proximal gastrectomy; w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(ses)	58,800	37,800	21,000
43121	Partial esophagectomy, distal two-thirds, w/ thoracotomy only, w/ or w/o proximal gastrectomy, w/ thoracic esophagogastrotomy, w/ or w/o pyloroplasty	55,000	33,600	21,400
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, w/ or w/o proximal gastrectomy; w/ esophagogastrotomy, w/ or w/o pyloroplasty	55,000	33,600	21,400
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, w/ or w/o proximal gastrectomy; w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(ses)	58,800	37,800	21,000
43124	Total or partial esophagectomy, w/o reconstruction (any approach), w/ cervical esophagostomy	46,500	25,200	21,300
43130	Diverticulectomy of hypopharynx, or esophagus, w/ or w/o myotomy; cervical approach	23,300	12,600	10,700
43135	Diverticulectomy of hypopharynx, or esophagus, w/ or w/o myotomy; thoracic approach	37,800	21,000	16,800
	Endoscopy			
43200	Esophagoscopy, rigid or flexible; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	10,540	5,040	5,500
43202	Esophagoscopy, rigid or flexible; w/ biopsy, single or multiple	10,540	5,040	5,500
43204	Esophagoscopy, rigid or flexible; w/ injection sclerosis of esophageal varices	14,960	7,560	7,400
43205	Esophagoscopy, rigid or flexible; w/ band ligation of esophageal varices	14,960	7,560	7,400
43215	Esophagoscopy, rigid or flexible; w/ removal of foreign body	14,960	7,560	7,400
43216	Esophagoscopy, rigid or flexible; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	11,980	5,880	6,100
43217	Esophagoscopy, rigid or flexible; w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique	12,120	6,720	5,400
43219	Esophagoscopy, rigid or flexible; w/ insertion of plastic tube or stent	18,000	8,400	9,600
43220	Esophagoscopy, rigid or flexible; w/ balloon dilation (less than 30 mm diameter)	18,000	8,400	9,600
43226	Esophagoscopy, rigid or flexible; w/ insertion of guide wire followed by dilation over guide wire	18,000	8,400	9,600
43227	Esophagoscopy, rigid or flexible; w/ control of bleeding, any method	14,960	7,560	7,400
43228	Esophagoscopy, rigid or flexible; w/ ablation of tumor(s) polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	18,000	8,400	9,600
43234	Upper gastrointestinal endoscopy, simple primary examination (e.g. w/ small diameter flexible endoscope)	10,540	5,040	5,500
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	10,540	5,040	5,500
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ biopsy, single or multiple	10,540	5,040	5,500
43241	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ transendoscopic tube or catheter placement	12,120	6,720	5,400

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
43243	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ injection sclerosis of esophageal and/or gastric varices	14,960	7,560	7,400
43244	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ band ligation of esophageal and/or gastric varices	14,960	7,560	7,400
43245	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ dilation of gastric outlet for obstruction, any method	18,000	8,400	9,600
43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ directed placement of percutaneous gastrostomy tube	18,000	8,400	9,600
43247	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ removal of foreign body	14,960	7,560	7,400
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ insertion of guide wire followed by dilation of esophagus over guide wire	18,000	8,400	9,600
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ balloon dilation of esophagus (less than 30 mm diameter)	18,000	8,400	9,600
43250	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	11,980	5,880	6,100
43251	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique	12,120	6,720	5,400
43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ control of bleeding, any method	14,960	7,560	7,400
43258	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	18,000	8,400	9,600
43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ endoscopic ultrasound examination	14,960	7,560	7,400
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	20,980	10,080	10,900
43261	Endoscopic retrograde cholangiopancreatography (ERCP); w/ biopsy, single or multiple	20,980	10,080	10,900
43262	Endoscopic retrograde cholangiopancreatography (ERCP); w/ sphincterotomy/papillotomy	21,820	10,920	10,900
43263	Endoscopic retrograde cholangiopancreatography (ERCP); w/ pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)	21,820	10,920	10,900
43264	Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde removal of stone(s) from biliary and/or pancreatic ducts	23,300	12,600	10,700
43265	Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde destruction, lithotripsy of stone(s), any method	30,740	13,440	17,300
43267	Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	22,660	11,760	10,900
43268	Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	22,660	11,760	10,900
43269	Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde removal of foreign body and/or change of tube or stent	22,660	11,760	10,900
43271	Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	23,300	12,600	10,700

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
43272	Endoscopic retrograde cholangiopancreatography (ERCP); w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	23,300	12,600	10,700
	Laparoscopy			
43280	Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures)	46,500	25,200	21,300
	Repair			
43300	Esophagoplasty, (plastic repair or reconstruction), cervical approach; w/o repair of tracheoesophageal fistula	30,300	16,800	13,500
43305	Esophagoplasty, (plastic repair or reconstruction), cervical approach; w/ repair of tracheoesophageal fistula	30,300	16,800	13,500
43310	Esophagoplasty, (plastic repair or reconstruction), thoracic approach; w/o repair of tracheoesophageal fistula	46,500	25,200	21,300
43312	Esophagoplasty, (plastic repair or reconstruction), thoracic approach; w/ repair of tracheoesophageal fistula	53,400	29,400	24,000
43320	Esophagogastrostomy (cardioplasty), w/ or w/o vagotomy and pyloroplasty, transabdominal or transthoracic approach	46,500	25,200	21,300
43324	Esophagogastric fundoplasty (e.g., Nissen, Belsey IV, Hill procedures)	46,500	25,200	21,300
43325	Esophagogastric fundoplasty; w/ fundic patch (Thal-Nissen procedure)	46,500	25,200	21,300
43326	Esophagogastric fundoplasty; w/ gastroplasty (e.g., Collis)	48,600	27,300	21,300
43330	Esophagomyotomy (Heller type); abdominal approach	37,800	21,000	16,800
43331	Esophagomyotomy (Heller type); thoracic approach	46,500	25,200	21,300
43340	Esophagojejunostomy (w/o total gastrectomy); abdominal approach	37,800	21,000	16,800
43341	Esophagojejunostomy (w/o total gastrectomy); thoracic approach	46,500	25,200	21,300
43350	Esophagostomy, fistulization of esophagus, external; abdominal approach	23,300	12,600	10,700
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	30,300	16,800	13,500
43352	Esophagostomy, fistulization of esophagus, external; cervical approach	12,120	6,720	5,400
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; w/ stomach, w/ or w/o pyloroplasty	58,800	37,800	21,000
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(es)	63,000	42,000	21,000
43400	Ligation, direct, esophageal varices	37,800	21,000	16,800
43401	Transection of esophagus w/ repair, for esophageal varices	37,800	21,000	16,800
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	37,800	21,000	16,800
43410	Suture of esophageal wound or injury; cervical approach	12,120	6,720	5,400
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	37,800	21,000	16,800
43420	Closure of esophagostomy or fistula; cervical approach	12,120	6,720	5,400
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	37,800	21,000	16,800
	Manipulation			
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	8,260	3,360	4,900
43453	Dilation of esophagus, over guide wire	8,260	3,360	4,900
43456	Dilation of esophagus, by balloon or dilator, retrograde	8,260	3,360	4,900
43458	Dilation of esophagus w/ balloon (30 mm diameter or larger) for achalasia	8,260	3,360	4,900
43460	Esophagogastric tamponade, w/ balloon (Sengstaaken type)	9,700	4,200	5,500
43496	Free jejunum transfer w/ microvascular anastomosis	58,800	37,800	21,000
	Stomach			
	Incision			
43500	Gastrotomy; w/ exploration or foreign body removal	30,300	16,800	13,500
43501	Gastrotomy; w/ suture repair of bleeding ulcer	38,020	19,320	18,700
43502	Gastrotomy; w/ suture repair of pre-existing esophagogastric laceration (e.g., Mallory-Weiss)	38,020	19,320	18,700
43510	Gastrotomy; w/ esophageal dilation and insertion of permanent intraluminal tube (e.g., Celestin or Mousseaux-Barbin)	38,020	19,320	18,700
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	38,020	19,320	18,700
	Excision			
43600	Biopsy of stomach; by capsule, tube, peroral (one or more specimens)	8,260	3,360	4,900
43605	Biopsy of stomach; by laparotomy	30,300	16,800	13,500
43610	Excision, local; ulcer or benign tumor of stomach	38,020	19,320	18,700

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
43611	Excision, local; malignant tumor of stomach	38,020	19,320	18,700
43620	Gastrectomy, total; w/ esophagoenterostomy	63,000	42,000	21,000
43621	Gastrectomy, total; w/ Roux-en-Y reconstruction	67,200	46,200	21,000
43622	Gastrectomy, total; w/ formation of intestinal pouch, any type	67,200	46,200	21,000
43631	Gastrectomy, partial, distal; w/ gastroduodenostomy	55,000	33,600	21,400
43632	Gastrectomy, partial, distal; w/ gastrojejunostomy	55,000	33,600	21,400
43633	Gastrectomy, partial, distal; w/ Roux-en-Y reconstruction	63,000	42,000	21,000
43634	Gastrectomy, partial, distal; w/ formation of intestinal pouch	63,000	42,000	21,000
43638	Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, w/ vagotomy;	63,000	42,000	21,000
43639	Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, w/ vagotomy; w/ pyloroplasty or pyloromyotomy	67,200	46,200	21,000
43640	Vagotomy including pyloroplasty, w/ or w/o gastrostomy; truncal or selective	37,800	21,000	16,800
43641	Vagotomy including pyloroplasty, w/ or w/o gastrostomy; parietal cell (highly selective)	46,500	25,200	21,300
	Laparoscopy			
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	18,000	8,400	9,600
43652	Laparoscopy, surgical; transection of vagus nerve, selective or highly selective	21,940	9,240	12,700
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (e.g., Stamm Procedure)	18,000	8,400	9,600
43750	Percutaneous placement of gastrostomy tube	8,020	2,520	5,500
43760	Change of gastrostomy tube	5,560	1,260	4,300
	Other Procedures			
43800	Pyloroplasty	37,800	21,000	16,800
43810	Gastroduodenostomy	63,000	42,000	21,000
43820	Gastrojejunostomy; w/o vagotomy	46,500	25,200	21,300
43825	Gastrojejunostomy; w/ vagotomy, any type	53,400	29,400	24,000
43830	Gastrostomy, temporary (tube, rubber or plastic) ;	37,800	21,000	16,800
43831	Gastrostomy, temporary (tube, rubber or plastic) ; neonatal, for feeding	37,800	21,000	16,800
43832	Gastrostomy, permanent, w/ construction of gastric tube	37,800	21,000	16,800
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	46,500	25,200	21,300
43842	Gastric restrictive procedure, w/o gastric bypass, for morbid obesity; vertical-banded gastroplasty	55,000	33,600	21,400
43843	Gastric restrictive procedure, w/o gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	58,800	37,800	21,000
43846	Gastric restrictive procedure, w/ gastric bypass for morbid obesity; w/ short limb (less than 100 cm) Roux-en-Y gastroenterostomy	58,800	37,800	21,000
43847	Gastric restrictive procedure, w/ gastric bypass for morbid obesity; w/ small bowel reconstruction to limit absorption	58,800	37,800	21,000
43848	Revision of gastric restrictive procedure for morbid obesity	58,800	37,800	21,000
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) w/ reconstruction; w/o vagotomy	58,800	37,800	21,000
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) w/ reconstruction; w/ vagotomy	63,000	42,000	21,000
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) w/ reconstruction, w/ or w/o partial gastrectomy or bowel resection; w/o vagotomy	58,800	37,800	21,000
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) w/ reconstruction, w/ or w/o partial gastrectomy or bowel resection; w/ vagotomy	63,000	42,000	21,000
43870	Closure of gastrostomy, surgical	46,500	25,200	21,300
43880	Closure of gastrocolic fistula	58,800	37,800	21,000
	Intestines (Except Rectum)			
	Incision			
44005	Enterolysis (freeing of intestinal adhesion)	58,800	37,800	21,000
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	53,400	29,400	24,000
44020	Enterotomy, small bowel, other than duodenum; for exploration, biopsy(s), or foreign body removal;	37,800	21,000	16,800
44021	Enterotomy, small bowel, other than duodenum; for exploration, biopsy(s), or foreign body removal; for decompression (e.g., Baker tube)	37,800	21,000	16,800
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	37,800	21,000	16,800
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	53,400	29,400	24,000
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (e.g., Ladd procedure)	55,000	33,600	21,400

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	Excision			
44100	Biopsy of intestine by capsule, tube, peroral (one or more specimens)	18,000	8,400	9,600
44110	Excision of one or more lesions of small or large bowel not requiring anastomosis, exteriorization, or fistulization; single enterotomy	37,800	21,000	16,800
44111	Excision of one or more lesions of small or large bowel not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	46,500	25,200	21,300
44120	Enterectomy, resection of small intestine; single resection and anastomosis	46,500	25,200	21,300
44125	Enterectomy, resection of small intestine; w/ enterostomy	46,500	25,200	21,300
44130	Enteroenterostomy, anastomosis of intestine, w/ or w/o cutaneous enterostomy	53,400	29,400	24,000
44140	Colectomy, partial; w/ anastomosis	58,800	37,800	21,000
44141	Colectomy, partial; w/ skin level cecostomy or colostomy	58,800	37,800	21,000
44143	Colectomy, partial; w/ end colostomy and closure of distal segment (Hartmann type procedure)	58,800	37,800	21,000
44144	Colectomy, partial; w/ resection, w/ colostomy or ileostomy and creation of mucofistula	58,800	37,800	21,000
44145	Colectomy, partial; w/ coloproctostomy (low pelvic anastomosis)	56,680	35,280	21,400
44146	Colectomy, partial; w/ coloproctostomy (low pelvic anastomosis), w/ colostomy	58,800	37,800	21,000
44147	Colectomy, partial; abdominal and transanal approach	63,000	42,000	21,000
44150	Colectomy, total, abdominal, w/o proctectomy; w/ ileostomy or ileoproctostomy	63,000	42,000	21,000
44151	Colectomy, total, abdominal, w/o proctectomy; w/ continent ileostomy	63,000	42,000	21,000
44152	Colectomy, total, abdominal, w/o proctectomy; w/ rectal mucosectomy, ileoanal anastomosis, w/ or w/o loop ileostomy	67,200	46,200	21,000
44153	Colectomy, total, abdominal, w/o proctectomy; w/ rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), w/ or w/o loop ileostomy	67,200	46,200	21,000
44155	Colectomy, total, abdominal, w/ proctectomy; w/ ileostomy	67,200	46,200	21,000
44156	Colectomy, total, abdominal, w/ proctectomy; w/ continent ileostomy	67,200	46,200	21,000
44160	Colectomy w/ removal of terminal ileum and ileocolostomy	67,200	46,200	21,000
	Laparoscopy			
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion)	18,000	8,400	9,600
44186	Laparoscopy, surgical; jejunostomy (e.g., for decompression or feeding;	12,120	6,720	5,400
44187	Laparoscopy, surgical; jejunostomy (e.g., for decompression or feeding); ileostomy or jejunostomy, non-tube	12,120	6,720	5,400
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	18,000	8,400	9,600
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	23,300	12,600	10,700
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	37,800	21,000	16,800
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	58,800	37,800	21,000
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	37,800	21,000	16,800
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	55,000	33,600	21,400
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	58,800	37,800	21,000
44210	Laparoscopy, surgical; colectomy, total, abdominal, without protectomy, with ileostomy or ileoproctostomy	55,000	33,600	21,400
44211	Laparoscopy, surgical; colectomy, total, abdominal, with protectomy, with ileo-anal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy	58,800	37,800	21,000
44212	Laparoscopy, surgical; colectomy, total, abdominal, with protectomy, with ileostomy	55,000	33,600	21,400
44227	Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection and anastomosis	23,300	12,600	10,700
	Enterostomy - External Fistulization of Intestines			
44300	Enterostomy or cecostomy, tube (e.g., for decompression or feeding)	18,000	8,400	9,600
44310	Ileostomy or jejunostomy, non- tube	21,820	10,920	10,900
44312	Revision of ileostomy; simple (release of superficial scar)	23,300	12,600	10,700
44314	Revision of ileostomy; complicated (reconstruction in-depth)	21,820	10,920	10,900
44316	Continent ileostomy (Koch procedure)	30,300	16,800	13,500
44320	Colostomy or skin level cecostomy;	23,300	12,600	10,700

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
44322	Colostomy or skin level cecostomy; w/ multiple biopsies (e.g., for Hirschsprung disease)	30,300	16,800	13,500
44340	Revision of colostomy; simple (release of superficial scar)	23,300	12,600	10,700
44345	Revision of colostomy; complicated (reconstruction in - depth)	30,300	16,800	13,500
44346	Revision of colostomy; w/ repair of paracolostomy hernia	30,300	16,800	13,500
	Endoscopy, Small Bowel and Stomal			
44360	Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	14,960	7,560	7,400
44361	Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ biopsy, single or multiple	14,960	7,560	7,400
44363	Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ removal of foreign body	18,000	8,400	9,600
44364	Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ removal of tumor(s), polyp(s), or other lesions(s) by snare technique	18,000	8,400	9,600
44365	Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	18,000	8,400	9,600
44366	Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ control of bleeding, any method	18,000	8,400	9,600
44369	Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	21,940	9,240	12,700
44372	Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ placement of percutaneous jejunostomy tube	21,940	9,240	12,700
44373	Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	21,940	9,240	12,700
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	18,000	8,400	9,600
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum;w/ biopsy, single or multiple	18,000	8,400	9,600
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum;w/ control of bleeding, any method	21,940	9,240	12,700
44380	Ileoscopy, through stoma; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	14,960	7,560	7,400
44382	Ileoscopy, through stoma; w/ biopsy, single or multiple	14,960	7,560	7,400
44385	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	14,960	7,560	7,400
44386	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; w/ biopsy, single or multiple	14,960	7,560	7,400
44388	Colonoscopy through stoma; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	14,960	7,560	7,400
44389	Colonoscopy through stoma; w/ biopsy, single or multiple	14,960	7,560	7,400
44390	Colonoscopy through stoma; w/ removal of foreign body	18,000	8,400	9,600
44391	Colonoscopy through stoma; w/ control of bleeding, any method	18,000	8,400	9,600
44392	Colonoscopy through stoma; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	18,000	8,400	9,600
44393	Colonoscopy through stoma; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	21,940	9,240	12,700
44394	Colonoscopy through stoma; w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique	21,940	9,240	12,700
	Introduction			
44500	Introduction of long gastrointestinal tube (e.g., Miller-Abbott)	8,020	2,520	5,500
	Repair			
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	37,800	21,000	16,800
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforation	37,800	21,000	16,800

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); w/o colostomy	37,800	21,000	16,800
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); w/ colostomy	37,800	21,000	16,800
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) w/ or w/o dilation, for intestinal obstruction	37,800	21,000	16,800
44620	Closure of enterostomy, large or small intestine;	30,300	16,800	13,500
44625	Closure of enterostomy, large or small intestine; w/ resection and anastomosis	30,300	16,800	13,500
44640	Closure of intestinal cutaneous fistula	30,300	16,800	13,500
44650	Closure of enteroenteric or enterocolic fistula	30,300	16,800	13,500
44660	Closure of enterovesical fistula; w/o intestinal or bladder resection	37,800	21,000	16,800
44661	Closure of enterovesical fistula; w/ bowel and/or bladder resection	37,800	21,000	16,800
	Meckel's Diverticulum and the Mesentery			
	Excision			
44800	Excision of Meckels diverticulum (diverticulectomy) or omphalomesenteric duct	18,000	8,400	9,600
44820	Excision of lesion of mesentery	18,000	8,400	9,600
	Suture			
44850	Suture of mesentery	12,120	6,720	5,400
	Appendix			
	Incision			
44900	Incision and drainage of appendiceal abscess, transabdominal	10,540	5,040	5,500
	Excision			
44950	Appendectomy;	24,000	9,600	14,400
44960	Appendectomy; for ruptured appendix w/ abscess or generalized peritonitis	24,000	9,600	14,400
	Laparoscopy			
44970	Laparoscopy, surgical; appendectomy	24,000	9,600	14,400
	Rectum			
	Incision			
45000	Transrectal drainage of pelvic abscess	30,300	16,800	13,500
45005	Incision and drainage of submucosal abscess, rectum	18,000	8,400	9,600
45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	30,300	16,800	13,500
	Excision			
45100	Biopsy of anorectal wall, anal approach (e.g., congenital megacolon)	23,300	12,600	10,700
45108	Anorectal myomectomy	30,300	16,800	13,500
45110	Proctectomy; complete, combined abdominoperineal, w/ colostomy	55,000	33,600	21,400
45111	Proctectomy; partial resection of rectum, transabdominal approach	55,000	33,600	21,400
45112	Proctectomy, combined abdominoperineal, pull-through procedure (e.g., colo-anal anastomosis)	55,000	33,600	21,400
45113	Proctectomy, partial, w/ rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), w/ or w/o loop ileostomy	58,800	37,800	21,000
45114	Proctectomy, partial, w/ anastomosis; abdominal and transsacral approach	58,800	37,800	21,000
45116	Proctectomy, partial, w/ anastomosis; transsacral approach only (Kraske type)	55,000	33,600	21,400
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; w/ pull-through procedure and anastomosis (e.g., Swenson, Duhamel, or Soave type operation)	58,800	37,800	21,000
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; w/ subtotal or total colectomy, w/ multiple biopsies	58,800	37,800	21,000
45123	Proctectomy, partial, w/o anastomosis, perineal approach	55,000	33,600	21,400
45130	Excision of rectal procidentia, w/ anatomosis; perineal approach	53,400	29,400	24,000
45135	Excision of rectal procidentia, w/ anatomosis; abdominal and perineal approach	55,000	33,600	21,400
45150	Division of stricture of rectum	12,120	6,720	5,400
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	55,000	33,600	21,400
45170	Excision of rectal tumor, transanal approach	18,000	8,400	9,600
	Destruction			
45190	Destruction of rectal tumor, any method (e.g., electrodesiccation) transanal approach	18,000	8,400	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	Endoscopy			
45300	Proctosigmoidoscopy, rigid; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	8,020	2,520	5,500
45303	Proctosigmoidoscopy, rigid; w/ dilation, any method	9,700	4,200	5,500
45305	Proctosigmoidoscopy, rigid; w/ biopsy, single or multiple	8,020	2,520	5,500
45307	Proctosigmoidoscopy, rigid; w/ removal of foreign body	8,260	3,360	4,900
45308	Proctosigmoidoscopy, rigid; w/ removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	9,700	4,200	5,500
45309	Proctosigmoidoscopy, rigid; w/ removal of single tumor, polyp, or other lesion by snare technique	9,700	4,200	5,500
45315	Proctosigmoidoscopy, rigid; w/ removal of multiple tumors, polyps or other lesions by hot biopsy forceps, bipolar cautery or snare technique	10,540	5,040	5,500
45317	Proctosigmoidoscopy, rigid; w/ control of bleeding, any method	10,540	5,040	5,500
45320	Proctosigmoidoscopy, rigid; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (e.g., laser)	10,540	5,040	5,500
45321	Proctosigmoidoscopy, rigid; w/ decompression of volvulus	10,540	5,040	5,500
45330	Sigmoidoscopy, flexible; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	8,260	3,360	4,900
45331	Sigmoidoscopy, flexible; w/ biopsy, single or multiple	8,260	3,360	4,900
45332	Sigmoidoscopy, flexible; w/ removal of foreign body	9,700	4,200	5,500
45333	Sigmoidoscopy, flexible; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	9,700	4,200	5,500
45334	Sigmoidoscopy, flexible; w/ control of bleeding, any method	10,540	5,040	5,500
45337	Sigmoidoscopy, flexible; w/ decompression of volvulus, any method	12,120	6,720	5,400
45338	Sigmoidoscopy, flexible; w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique	10,540	5,040	5,500
45339	Sigmoidoscopy, flexible; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	11,980	5,880	6,100
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	10,540	5,040	5,500
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing, w/ or w/o colon decompression	12,120	6,720	5,400
45379	Colonoscopy, flexible, proximal to splenic flexure; w/ removal of foreign body	12,120	6,720	5,400
45380	Colonoscopy, flexible, proximal to splenic flexure; w/ biopsy, single or multiple	12,120	6,720	5,400
45382	Colonoscopy, flexible, proximal to splenic flexure; w/ control of bleeding, any method	18,000	8,400	9,600
45383	Colonoscopy, flexible, proximal to splenic flexure; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	14,960	7,560	7,400
45384	Colonoscopy, flexible, proximal to splenic flexure; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	14,960	7,560	7,400
45385	Colonoscopy, flexible, proximal to splenic flexure; w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique	18,000	8,400	9,600
	Laparoscopy			
45395	Laparoscopy, surgical; proctectomy, complete combined abdominoperineal, with colostomy	55,000	33,600	21,400
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull through procedure (e.g., colo-anal anastomosis), with creation of colonic reservoir (e.g., J-pouch), with diverting enterostomy, when performed	55,000	33,600	21,400
45400	Laparoscopy, surgical; proctopexy (for prolapse)	27,120	15,120	12,000
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	30,300	16,800	13,500
	Repair			
45500	Proctoplasty; for stenosis	18,000	8,400	9,600
45505	Proctoplasty; for prolapse of mucous membrane	18,000	8,400	9,600
45540	Proctopexy for prolapse; abdominal approach	27,120	15,120	12,000
45541	Proctopexy for prolapse; perineal approach	27,120	15,120	12,000
45550	Proctopexy combined w/ sigmoid resection, abdominal approach	30,300	16,800	13,500
45560	Repair of rectocele	18,000	8,400	9,600
45562	Exploration, repair and presacral drainage for rectal injury;	23,300	12,600	10,700
45563	Exploration, repair and presacral drainage for rectal injury; w/ colostomy	27,120	15,120	12,000
45800	Closure of rectovesical fistula;	30,300	16,800	13,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
45805	Closure of rectovesical fistula; w/ colostomy	37,800	21,000	16,800
45820	Closure of rectourethral fistula;	30,300	16,800	13,500
45825	Closure of rectourethral fistula; w/ colostomy	37,800	21,000	16,800
	Manipulation			
45905	Dilation of anal sphincter under anesthesia other than local	8,260	3,360	4,900
45910	Dilation of rectal stricture under anesthesia other than local	8,260	3,360	4,900
45915	Removal of fecal impaction or foreign body under anesthesia	8,260	3,360	4,900
	Anus			
	Incision			
46040	Incision and drainage of ischiorectal and/or perirectal abscess	8,260	3,360	4,900
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	9,700	4,200	5,500
46050	Incision and drainage, perianal abscess, superficial	8,260	3,360	4,900
46060	Incision and drainage of ischiorectal or intramural abscess, w/ fistulectomy or fistulotomy, submuscular, w/ or w/o placement of seton	9,700	4,200	5,500
46070	Incision, anal septum (infant)	9,700	4,200	5,500
46080	Sphincterotomy, anal, division of sphincter	9,700	4,200	5,500
46083	Incision of thrombosed hemorrhoid, external	8,020	2,520	5,500
	Excision			
46200	Fissurectomy, w/ or w/o sphincterotomy	8,260	3,360	4,900
46210	Cryptectomy; single	8,260	3,360	4,900
46211	Cryptectomy; multiple	9,700	4,200	5,500
46220	Papillectomy or excision of single tag, anus	8,260	3,360	4,900
46221	Hemorrhoidectomy, by simple ligature (e.g., rubber band)	12,120	6,720	5,400
46230	Excision of external hemorrhoid tags and/or multiple papillae	12,120	6,720	5,400
46250	Hemorrhoidectomy, external, complete	12,120	6,720	5,400
46255	Hemorrhoidectomy, internal and external, simple;	12,120	6,720	5,400
46257	Hemorrhoidectomy, internal and external, simple; w/ fissurectomy	12,120	6,720	5,400
46258	Hemorrhoidectomy, internal and external, simple; w/ fistulectomy, w/ or w/o fissurectomy	12,120	6,720	5,400
46260	Hemorrhoidectomy, internal and external, complex or extensive;	12,120	6,720	5,400
46261	Hemorrhoidectomy, internal and external, complex or extensive; w/ fissurectomy	12,120	6,720	5,400
46262	Hemorrhoidectomy, internal and external, complex or extensive; w/ fistulectomy, w/ or w/o fissurectomy	12,120	6,720	5,400
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	12,120	6,720	5,400
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular	12,120	6,720	5,400
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, w/ or w/o placement of seton	12,120	6,720	5,400
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	12,120	6,720	5,400
46288	Closure of anal fistula w/ rectal advancement flap	18,000	8,400	9,600
46320	Enucleation or excision of external thrombotic hemorrhoid	12,120	6,720	5,400
	Endoscopy			
46600	Anoscopy; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	5,680	1,680	4,000
46604	Anoscopy; w/ dilation, any method	5,680	1,680	4,000
46606	Anoscopy; w/ biopsy, single or multiple	5,680	1,680	4,000
46608	Anoscopy; w/ removal of foreign body	5,680	1,680	4,000
46610	Anoscopy; w/ removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	8,020	2,520	5,500
46611	Anoscopy; w/ removal of single tumor, polyp or other lesion by snare technique	8,260	3,360	4,900
46612	Anoscopy; w/ removal of multiple tumor, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	8,260	3,360	4,900
46614	Anoscopy; w/ control of bleeding, any method	8,020	2,520	5,500
46615	Anoscopy; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	9,700	4,200	5,500
	Repair			
46700	Anoplasty, plastic operation for stricture; adult	12,900	6,300	6,600
46705	Anoplasty, plastic operation for stricture; infant	23,300	12,600	10,700
46715	Repair of low imperforate anus; w/ anoperineal fistula ("cut-back" procedure)	23,300	12,600	10,700
46716	Repair of low imperforate anus; w/ transportation of anoperineal or anovestibular fistula	37,800	21,000	16,800
46730	Repair of high imperforate anus w/o fistula; perineal or sacroperineal approach	37,800	21,000	16,800
46735	Repair of high imperforate anus w/o fistula; combined transabdominal and sacroperineal approaches	46,500	25,200	21,300

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
46740	Repair of high imperforate anus w/ rectourethral or rectovaginal fistula; perineal or sacroperineal approach	30,300	16,800	13,500
46742	Repair of high imperforate anus w/ rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	53,400	29,400	24,000
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	58,800	37,800	21,000
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	63,000	42,000	21,000
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; w/ vaginal lengthening by intestinal graft or pedicle flaps	63,000	42,000	21,000
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	14,960	7,560	7,400
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	23,300	12,600	10,700
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	9,700	4,200	5,500
46754	Removal of Thiersch wire or suture, anal canal	8,260	3,360	4,900
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	40,320	23,520	16,800
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	20,980	10,080	10,900
46762	Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter	40,320	23,520	16,800
	Destruction			
46900	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	8,260	3,360	4,900
46910	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	8,260	3,360	4,900
46916	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	8,260	3,360	4,900
46917	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	8,260	3,360	4,900
46922	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	8,260	3,360	4,900
46924	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive, any method	9,700	4,200	5,500
46934	Destruction of hemorrhoids, any method; internal	9,700	4,200	5,500
46935	Destruction of hemorrhoids, any method; external	9,700	4,200	5,500
46936	Destruction of hemorrhoids, any method; internal and external	9,700	4,200	5,500
46937	Cryosurgery of rectal tumor; benign	9,700	4,200	5,500
46938	Cryosurgery of rectal tumor; malignant	9,700	4,200	5,500
46940	Curettage or cauterization of anal fissure, including dilation of anal sphincter	9,700	4,200	5,500
	Suture			
46945	Ligation of internal hemorrhoids	8,260	3,360	4,900
	Liver			
	Incision			
47000	Biopsy of liver, needle; percutaneous	8,020	2,520	5,500
47010	Hepatotomy for drainage of abscess or cyst, one or two stages	18,000	8,400	9,600
47015	Laparotomy, w/ aspiration and/or injection of hepatic parasitic (e.g., amoebic or echinococcal) cyst(s) or abscess(es)	18,000	8,400	9,600
	Excision			
47100	Biopsy of liver, wedge	18,000	8,400	9,600
47120	Hepatectomy, resection of liver; partial lobectomy	53,400	29,400	24,000
47122	Hepatectomy, resection of liver; trisegmentectomy	55,000	33,600	21,400
47125	Hepatectomy, resection of liver; total left lobectomy	46,500	25,200	21,300
47130	Hepatectomy, resection of liver; total right lobectomy	53,400	29,400	24,000
47134	Donor hepatectomy, w/ preparation and maintenance of allograft; partial, from living donor	46,500	25,200	21,300
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	55,000	33,600	21,400
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	55,000	33,600	21,400
	Repair			
47300	Marsupialization of cyst or abscess of liver	18,000	8,400	9,600
47350	Management of liver hemorrhage; simple suture of liver wound or injury	23,300	12,600	10,700
47360	Management of liver hemorrhage; complex suture of liver wound or injury, w/ or w/o hepatic artery ligation	46,500	25,200	21,300
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, w/ or w/o packing of liver	37,800	21,000	16,800

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	37,800	21,000	16,800
	Laparoscopy			
47370	Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency	18,000	8,400	9,600
47371	Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical	18,000	8,400	9,600
	Other Procedures			
47380	Ablation, open, of or more liver tumor(s); radiofrequency	9,700	4,200	5,500
47381	Ablation, open, of or more liver tumor(s); cryosurgical	9,700	4,200	5,500
47382	Ablation, one or more liver tumor(s), percutaneous radiofrequency	9,700	4,200	5,500
	Biliary Tract			
	Incision			
47400	Hepaticotomy or hepaticostomy w/ exploration, drainage, or removal of calculus	53,400	29,400	24,000
47420	Choledochotomy or choledochostomy w/ exploration, drainage, or removal of calculus, w/ or w/o cholecystotomy; w/o transduodenal sphincterotomy or sphincteroplasty	37,800	21,000	16,800
47425	Choledochotomy or choledochostomy w/ exploration, drainage, or removal of calculus, w/ or w/o cholecystotomy; w/ transduodenal sphincterotomy or sphincteroplasty	46,500	25,200	21,300
47460	Transduodenal sphincterotomy or sphincteroplasty, w/ or w/o transduodenal extraction of calculus	46,500	25,200	21,300
47480	Cholecystotomy or cholecystostomy w/ exploration, drainage, or removal of calculus	30,300	16,800	13,500
47490	Percutaneous cholecystostomy	30,300	16,800	13,500
	Introduction			
47510	Introduction of percutaneous transhepatic catheter for biliary drainage	30,300	16,800	13,500
47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	30,300	16,800	13,500
47525	Change of percutaneous biliary drainage catheter	8,020	2,520	5,500
47530	Revision and/or reinsertion of transhepatic tube	8,260	3,360	4,900
	Endoscopy			
47552	Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing	23,300	12,600	10,700
47553	Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing w/ biopsy, single or multiple	23,300	12,600	10,700
47554	Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing w/ removal of stone(s)	23,300	12,600	10,700
47555	Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing w/ dilation of biliary duct stricture(s) w/o stent	23,300	12,600	10,700
47556	Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing w/ dilation of biliary duct stricture(s) w/ stent	23,300	12,600	10,700
	Laparoscopy			
47560	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	31,000	12,400	18,600
47561	Laparoscopy, surgical; with guided transhepatic cholangiography, with biopsy	31,000	12,400	18,600
47562	Laparoscopy, surgical; cholecystectomy (any method)	31,000	12,400	18,600
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	31,000	12,400	18,600
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	46,500	25,200	21,300
47570	Laparoscopy, surgical; cholecystoenterostomy	31,000	12,400	18,600
	Excision			
47600	Cholecystectomy;	31,000	12,400	18,600
47605	Cholecystectomy; w/ cholangiography	31,000	12,400	18,600
47610	Cholecystectomy w/ exploration of common duct;	46,500	25,200	21,300
47612	Cholecystectomy w/ exploration of common duct; w/ choledochenterostomy	53,400	29,400	24,000
47620	Cholecystectomy w/ exploration of common duct; w/ transduodenal sphincterotomy or sphincteroplasty, w/ or w/o cholangiography	46,500	25,200	21,300

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
47630	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (e.g., Burhenne technique)	23,300	12,600	10,700
47700	Exploration for congenital atresia of bile ducts, w/o repair, w/ or w/o liver biopsy, w/ or w/o cholangiography	53,400	29,400	24,000
47701	Portoenterostomy (e.g., Kasai procedure)	55,000	33,600	21,400
47711	Excision of bile duct tumor, w/ or w/o primary repair of bile duct; extrahepatic	55,000	33,600	21,400
47712	Excision of bile duct tumor, w/ or w/o primary repair of bile duct; intrahepatic	58,800	37,800	21,000
47715	Excision of choledochal cyst	55,000	33,600	21,400
47716	Anastomosis, choledochal cyst, w/o excision	46,500	25,200	21,300
	Repair			
47720	Cholecystoenterostomy; direct	37,800	21,000	16,800
47721	Cholecystoenterostomy; w/ gastroenterostomy	46,500	25,200	21,300
47740	Roux-en-Y	53,400	29,400	24,000
47741	Roux-en-Y w/ gastroenterostomy	53,400	29,400	24,000
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	46,500	25,200	21,300
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	53,400	29,400	24,000
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	46,500	25,200	21,300
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	53,400	29,400	24,000
47800	Reconstruction, plastic, of extrahepatic biliary ducts w/ end-to-end anastomosis	46,500	25,200	21,300
47801	Placement of choledochal stent	37,800	21,000	16,800
47802	U-tube hepaticoenterostomy	37,800	21,000	16,800
47900	Suture of extrahepatic biliary duct for pre-existing injury	46,500	25,200	21,300
	Pancreas			
	Incision			
48000	Placement of drains, peripancreatic, for acute pancreatitis;	23,300	12,600	10,700
48001	Placement of drains, peripancreatic, for acute pancreatitis; w/ cholecystostomy, gastrostomy, and jejunostomy	46,500	25,200	21,300
48005	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	46,500	25,200	21,300
48020	Removal of pancreatic calculus	37,800	21,000	16,800
	Excision			
48100	Biopsy of pancreas, open, any method (e.g., fine needle aspiration, needle core biopsy, wedge biopsy)	12,120	6,720	5,400
48102	Biopsy of pancreas, percutaneous needle	9,700	4,200	5,500
48120	Excision of lesion of pancreas (e.g., cyst, adenoma)	30,300	16,800	13,500
48140	Pancreatectomy, distal subtotal, w/ or w/o splenectomy; w/o pancreaticojejunostomy	46,500	25,200	21,300
48145	Pancreatectomy, distal subtotal, w/ or w/o splenectomy; w/ pancreaticojejunostomy	53,400	29,400	24,000
48146	Pancreatectomy, distal, near-total w/ preservation of duodenum (Child-type procedure)	53,400	29,400	24,000
48148	Excision of ampulla of Vater	46,500	25,200	21,300
48150	Pancreatectomy, proximal subtotal w/ total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); w/ pancreaticojejunostomy	58,800	37,800	21,000
48152	Pancreatectomy, proximal subtotal w/ total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); w/o pancreaticojejunostomy	55,000	33,600	21,400
48153	Pancreatectomy, proximal subtotal w/ near total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); w/ pancreaticojejunostomy	63,000	42,000	21,000
48154	Pancreatectomy, proximal subtotal w/ near total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); w/o pancreaticojejunostomy	58,800	37,800	21,000
48155	Pancreatectomy, total	63,000	42,000	21,000
48160	Pancreatectomy, total or subtotal, w/ autologous transplantation of pancreas or pancreatic islets	63,000	42,000	21,000
48180	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	55,000	33,600	21,400
	Repair			
48500	Marsupialization of cyst of pancreas	30,300	16,800	13,500
48510	External drainage, pseudocyst of pancreas	23,300	12,600	10,700
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	46,500	25,200	21,300
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	46,500	25,200	21,300

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
48545	Pancreatorrhaphy for trauma	53,400	29,400	24,000
48547	Duodenal exclusion w/ gastrojejunostomy for pancreatic trauma	53,400	29,400	24,000
	Pancreas Transplantation			
48550	Donor pancreatectomy, w/ preparation and maintenance of allograft from cadaver donor, w/ or w/o duodenal segment for transplantation	30,300	16,800	13,500
48554	Transplantation of pancreatic allograft	30,300	16,800	13,500
48556	Removal of transplanted pancreatic allograft	23,300	12,600	10,700
	Abdomen, Peritoneum, and Omentum			
	Incision			
49000	Exploratory laparotomy, exploratory celiotomy w/ or w/o biopsy(s)	23,300	12,600	10,700
49010	Exploration, retroperitoneal area w/ or w/o biopsy(s)	23,300	12,600	10,700
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open	23,300	12,600	10,700
49021	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous	8,260	3,360	4,900
49040	Drainage of subdiaphragmatic or subphrenic abscess	23,300	12,600	10,700
49060	Drainage of retroperitoneal abscess	23,300	12,600	10,700
49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic)	8,020	2,520	5,500
49085	Removal of peritoneal foreign body from peritoneal cavity	23,300	12,600	10,700
	Excision, Destruction			
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	8,260	3,360	4,900
49200	Excision or destruction by any method of intra-abdominal or retroperitoneal tumors or cysts or endometriomas;	37,800	21,000	16,800
49201	Excision or destruction by any method of intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive	53,400	29,400	24,000
49215	Excision of presacral or sacrococcygeal tumor	46,500	25,200	21,300
49220	Staging celiotomy (laparotomy) for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)	23,300	12,600	10,700
49250	Umbilectomy, omphalectomy, excision of umbilicus	9,700	4,200	5,500
49255	Omentectomy, epiploectomy, resection of omentum	9,700	4,200	5,500
	Laparoscopy			
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing	5,680	1,680	4,000
49321	Laparoscopy, surgical; with biopsy (single or multiple)	9,700	4,200	5,500
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (single or multiple)	12,120	6,720	5,400
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	8,260	3,360	4,900
	Introduction, Revision, and/or Removal			
49420	Insertion of intraperitoneal cannula or catheter for drainage or dialysis	8,260	3,360	4,900
49425	Insertion of peritoneal-venous shunt	18,000	8,400	9,600
	Repair Hernioplasty, Herniorrhaphy, Herniotomy			
49495	Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; reducible	21,000	8,400	12,600
49496	Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; incarcerated	21,000	8,400	12,600
49497	Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; strangulated	21,000	8,400	12,600
49500	Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; reducible	21,000	8,400	12,600
49501	Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; incarcerated	21,000	8,400	12,600
49502	Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; strangulated	21,000	8,400	12,600
49505	Repair initial inguinal hernia, age 5 years or over; reducible	21,000	8,400	12,600
49507	Repair initial inguinal hernia, age 5 years or over; incarcerated	21,000	8,400	12,600
49509	Repair initial inguinal hernia, age 5 years or over; strangulated	21,000	8,400	12,600
49520	Repair recurrent inguinal hernia, any age; reducible	21,000	8,400	12,600
49521	Repair recurrent inguinal hernia, any age; incarcerated	21,000	8,400	12,600
49522	Repair recurrent inguinal hernia, any age; strangulated	21,000	8,400	12,600
49525	Repair inguinal hernia, sliding, any age	21,000	8,400	12,600
49540	Repair lumbar hernia	21,000	8,400	12,600
49550	Repair initial femoral hernia, any age; reducible	21,000	8,400	12,600
49553	Repair initial femoral hernia, any age; incarcerated	21,000	8,400	12,600
49554	Repair initial femoral hernia, any age; strangulated	21,000	8,400	12,600
49555	Repair recurrent femoral hernia; reducible	21,000	8,400	12,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
49557	Repair recurrent femoral hernia; incarcerated	21,000	8,400	12,600
49558	Repair recurrent femoral hernia; strangulated	21,000	8,400	12,600
49560	Repair initial incisional hernia; reducible	21,000	8,400	12,600
49561	Repair initial incisional hernia; incarcerated	21,000	8,400	12,600
49562	Repair initial incisional hernia; strangulated	21,000	8,400	12,600
49565	Repair recurrent incisional hernia; reducible	21,000	8,400	12,600
49566	Repair recurrent incisional hernia; incarcerated	21,000	8,400	12,600
49567	Repair recurrent incisional hernia; strangulated	21,000	8,400	12,600
49570	Repair epigastric hernia (e.g., preperitoneal fat); reducible	21,000	8,400	12,600
49572	Repair epigastric hernia (e.g., preperitoneal fat); incarcerated	21,000	8,400	12,600
49573	Repair epigastric hernia (e.g., preperitoneal fat); strangulated	21,000	8,400	12,600
49580	Repair umbilical hernia, under age 5 years; reducible	21,000	8,400	12,600
49582	Repair umbilical hernia, under age 5 years; incarcerated	21,000	8,400	12,600
49583	Repair umbilical hernia, under age 5 years; strangulated	21,000	8,400	12,600
49585	Repair umbilical hernia, age 5 years or over; reducible	21,000	8,400	12,600
49587	Repair umbilical hernia, age 5 years or over; incarcerated	21,000	8,400	12,600
49588	Repair umbilical hernia, age 5 years or over; strangulated	21,000	8,400	12,600
49590	Repair spigelian hernia	21,000	8,400	12,600
49600	Repair of small omphalocele, w/ primary closure	23,300	12,600	10,700
49605	Repair large omphalocele or gastroschisis; w/ or w/o prosthesis	37,800	21,000	16,800
49606	Repair large omphalocele or gastroschisis; w/ removal of prosthesis, final reduction and closure, in operating room	30,300	16,800	13,500
49610	Repair of omphalocele (Gross type operation); first stage	23,300	12,600	10,700
49611	Repair of omphalocele (Gross type operation); second stage	30,300	16,800	13,500
	Laparoscopy			
49650	Laparoscopy, surgical; repair of initial inguinal hernia	21,000	8,400	12,600
49651	Laparoscopy, surgical; repair of recurrent inguinal hernia	21,000	8,400	12,600
	Other Procedures			
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	18,000	8,400	9,600
49905	Omental flap (e.g., for reconstruction of sternal and chest wall defects) (list separately in addition to code for primary procedure)	23,300	12,600	10,700
49906	Free omental flap w/ microvascular anastomosis	30,300	16,800	13,500
	Urinary System			
	Kidney			
	Incision			
50010	Renal exploration, not necessitating other specific procedures	20,980	10,080	10,900
50020	Drainage of perirenal or renal abscess	18,000	8,400	9,600
50040	Nephrostomy, nephrotomy w/ drainage	18,000	8,400	9,600
50045	Nephrotomy, w/ exploration	18,000	8,400	9,600
50060	Nephrolithotomy; removal of calculus	27,120	15,120	12,000
50065	Nephrolithotomy; secondary surgical operation for calculus	30,300	16,800	13,500
50070	Nephrolithotomy; complicated by congenital kidney abnormality	27,120	15,120	12,000
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)	37,800	21,000	16,800
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, w/ or w/o dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	30,300	16,800	13,500
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, w/ or w/o dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	30,300	16,800	13,500
50100	Transection or repositioning of aberrant renal vessels	30,300	16,800	13,500
50120	Pyelotomy; w/ exploration	18,000	8,400	9,600
50125	Pyelotomy; w/ drainage, pyelostomy	18,000	8,400	9,600
50130	Pyelotomy; w/ removal of calculus (pyelolithotomy, pelvolithotomy, including coagulum pyelolithotomy)	23,300	12,600	10,700
50135	Pyelotomy; complicated (e.g., secondary operation, congenital kidney abnormality)	31,580	14,280	17,300
	Excision			
50200	Renal biopsy; percutaneous, by trocar or needle	8,020	2,520	5,500
50205	Renal biopsy; by surgical exposure of kidney	18,000	8,400	9,600
50220	Nephrectomy, including partial ureterectomy, any approach including rib resection;	27,120	15,120	12,000
50225	Nephrectomy, including partial ureterectomy, any approach including rib resection; complicated because of previous surgery on same kidney	30,300	16,800	13,500
50230	Nephrectomy, including partial ureterectomy, any approach including rib resection; radical, w/ regional lymphadenectomy and/or vena caval thrombectomy	30,300	16,800	13,500
50234	Nephrectomy w/ total ureterectomy and bladder cuff; through same incision	30,300	16,800	13,500
50236	Nephrectomy w/ total ureterectomy and bladder cuff; through separate incision	30,300	16,800	13,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
50240	Nephrectomy, partial	27,120	15,120	12,000
50250	Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed	9,700	4,200	5,500
50280	Excision or unroofing of cyst(s) of kidney	20,980	10,080	10,900
50290	Excision of perinephric cyst	20,980	10,080	10,900
	Renal Transplantation			
50320	Donor nephrectomy, w/ preparation and maintenance of allograft; from living donor	27,120	15,120	12,000
50340	Recipient nephrectomy	23,300	12,600	10,700
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	46,500	25,200	21,300
50365	Renal allotransplantation, implantation of graft; w/ recipient nephrectomy	61,320	40,320	21,000
50370	Removal of transplanted renal allograft	30,300	16,800	13,500
50380	Renal autotransplantation, reimplantation of kidney	53,400	29,400	24,000
	Introduction			
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	5,680	1,680	4,000
50391	Instillation of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube	9,700	4,200	5,500
50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	9,700	4,200	5,500
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	9,700	4,200	5,500
50395	Introduction of guide into renal pelvis and/or ureter w/ dilation to establish nephrostomy tract, percutaneous	8,260	3,360	4,900
	Repair			
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, w/ or w/o plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	30,300	16,800	13,500
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, w/ or w/o plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calyocoplasty)	37,180	18,480	18,700
50500	Nephrorrhaphy, suture of kidney wound or injury	23,300	12,600	10,700
50520	Closure of nephrocutaneous or pyelocutaneous fistula	18,000	8,400	9,600
50525	Closure of nephrovisceral fistula (e.g., renocolic), including visceral repair; abdominal approach	23,300	12,600	10,700
50526	Closure of nephrovisceral fistula (e.g., renocolic), including visceral repair; thoracic approach	30,300	16,800	13,500
50540	Symphysiotomy for horseshoe kidney w/ or w/o pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)	30,300	16,800	13,500
	Laparoscopy			
50541	Laparoscopy, surgical; ablation of renal cysts	10,540	5,040	5,500
50542	Laparoscopy, surgical; ablation of renal mass lesion(s)	9,700	4,200	5,500
50543	Laparoscopy, surgical; partial nephrectomy	30,300	16,800	13,500
50544	Laparoscopy, surgical; pyeloplasty	27,120	15,120	12,000
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerotas fascia and surrounding fatty tissue, removal of regional lymph nodes and adrenalectomy)	27,120	15,120	12,000
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	23,300	12,600	10,700
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	23,300	12,600	10,700
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	30,300	16,800	13,500
	Endoscopy			
50551	Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	8,692	3,192	5,500
50553	Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ ureteral catheterization, w/ or w/o dilation of ureter	8,260	3,360	4,900
50555	Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ biopsy	10,880	3,780	7,100
50557	Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ fulguration and/or incision, w/ or w/o biopsy	8,104	2,604	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
50559	Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ insertion of radioactive substance w/ or w/out biopsy and/or fulguration	8,356	2,856	5,500
50561	Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ removal of foreign body or calculus	9,700	4,200	5,500
50570	Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	8,260	3,360	4,900
50572	Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ ureteral catheterization, w/ or w/o dilation of ureter	8,260	3,360	4,900
50574	Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ biopsy	8,260	3,360	4,900
50575	Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	9,700	4,200	5,500
50576	Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ fulguration and/or incision, w/ or w/o biopsy	9,700	4,200	5,500
50578	Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ insertion of radioactive substance, w/ or w/o biopsy and/or fulguration	9,700	4,200	5,500
50580	Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ removal of foreign body or calculus	9,700	4,200	5,500
	Other Procedures			
50590	Lithotripsy, extracorporeal shock wave	18,000	8,400	9,600
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral frequency	9,700	4,200	5,500
	Ureter			
50600	Ureterotomy w/ exploration or drainage	12,120	6,720	5,400
50605	Ureterotomy for insertion of indwelling stent, all types	12,120	6,720	5,400
50610	Ureterolithotomy; upper one-third of ureter	21,820	10,920	10,900
50620	Ureterolithotomy; middle one-third of ureter	20,980	10,080	10,900
50630	Ureterolithotomy; lower one-third of ureter	21,820	10,920	10,900
	Excision			
50650	Ureterectomy, w/ bladder cuff	21,820	10,920	10,900
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	20,980	10,080	10,900
	Repair			
50700	Ureteroplasty, plastic operation on ureter (e.g., stricture)	21,820	10,920	10,900
50715	Ureterolysis, w/ or w/o repositioning of ureter for retroperitoneal fibrosis	21,820	10,920	10,900
50722	Ureterolysis for ovarian vein syndrome	20,980	10,080	10,900
50725	Ureterolysis for retrocaval ureter, w/ reanastomosis of upper urinary tract or vena cava	23,300	12,600	10,700
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	22,660	11,760	10,900
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); w/ repair of fascial defect and hernia	22,660	11,760	10,900
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	23,300	12,600	10,700
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	27,120	15,120	12,000
50760	Ureteroureterostomy	21,820	10,920	10,900
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	27,120	15,120	12,000
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	27,120	15,120	12,000
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	30,300	16,800	13,500
50783	Ureteroneocystostomy; w/ extensive ureteral tailoring	37,800	21,000	16,800
50785	Ureteroneocystostomy; w/ vesico-psoas hitch or bladder flap	30,300	16,800	13,500
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	30,740	13,440	17,300
50810	Ureterosigmoidostomy, w/ creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including bowel anastomosis	37,800	21,000	16,800
50815	Ureterocolon conduit, including bowel anastomosis	37,800	21,000	16,800

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
50820	Ureteroileal conduit (ileal bladder), including bowel anastomosis (Bricker operation)	40,320	23,520	16,800
50825	Continent diversion, including bowel anastomosis using any segment of small and/or large bowel (Kock pouch or Camey enterocystoplasty)	46,500	25,200	21,300
50830	Urinary undiversion (e.g., taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy w/ ureteroureterostomy or ureteroneocystostomy)	37,800	21,000	16,800
50840	Replacement of all or part of ureter by bowel segment, including bowel anastomosis	37,800	21,000	16,800
50845	Cutaneous appendico-vesicostomy	30,300	16,800	13,500
50860	Ureterostomy, transplantation of ureter to skin	20,980	10,080	10,900
50900	Ureterorrhaphy, suture of ureter	18,000	8,400	9,600
50920	Closure of ureterocutaneous fistula	20,980	10,080	10,900
50930	Closure of ureterovisceral fistula (including visceral repair)	23,300	12,600	10,700
50940	Deligation of ureter	21,820	10,920	10,900
	Laparoscopy			
50945	Laparoscopy, surgical; ureterolithotomy	21,940	9,240	12,700
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	23,300	12,600	10,700
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	23,300	12,600	10,700
	Endoscopy			
50951	Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	8,260	3,360	4,900
50953	Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ ureteral catheterization, w/ or w/o dilation of ureter	8,260	3,360	4,900
50955	Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ biopsy	8,260	3,360	4,900
50957	Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ fulguration and/or incision, w/ or w/o biopsy	10,880	3,780	7,100
50959	Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ insertion of radioactive substance, w/ or w/o biopsy and/or fulguration (not including provision of material)	9,700	4,200	5,500
50961	Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ removal of foreign body or calculus	11,980	5,880	6,100
50970	Ureteral endoscopy through ureterotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	8,260	3,360	4,900
50972	Ureteral endoscopy through ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ ureteral catheterization, w/ or w/o dilation of ureter	8,260	3,360	4,900
50974	Ureteral endoscopy through ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ biopsy	8,260	3,360	4,900
50976	Ureteral endoscopy through ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ fulguration and/or incision, w/ or w/o biopsy	10,880	3,780	7,100
50978	Ureteral endoscopy through ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ insertion of radioactive substance, w/ or w/o biopsy and/or fulguration (not including provision of material)	9,700	4,200	5,500
50980	Ureteral endoscopy through ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ removal of foreign body or calculus	11,980	5,880	6,100
	Bladder			
	Incision			
51010	Aspiration of bladder; by trocar or intracatheter w/ insertion of suprapubic catheter	5,680	1,680	4,000
51020	Cystotomy or cystostomy; w/ fulguration and/or insertion of radioactive material	9,700	4,200	5,500
51030	Cystotomy or cystostomy; w/ cryosurgical destruction of intravesical lesion	9,700	4,200	5,500
51040	Cystostomy, cystotomy w/ drainage	9,700	4,200	5,500
51045	Cystotomy, w/ insertion of ureteral catheter or stent	10,540	5,040	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
51050	Cystolithotomy, cystotomy w/ removal of calculus, w/o vesical neck resection	12,540	7,140	5,400
51060	Transvesical ureterolithotomy	21,820	10,920	10,900
51065	Cystotomy, w/ stone basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	21,820	10,920	10,900
51080	Drainage of perivesical or prevesical space abscess	10,540	5,040	5,500
	Excision			
51500	Excision of urachal cyst or sinus, w/ or w/o umbilical hernia repair	30,300	16,800	13,500
51520	Cystotomy; for simple excision of vesical neck	20,980	10,080	10,900
51525	Cystotomy; for excision of bladder diverticulum, single or multiple	27,120	15,120	12,000
51530	Cystotomy; for excision of bladder tumor	27,120	15,120	12,000
51535	Cystotomy for excision, incision, or repair of ureterocele	23,300	12,600	10,700
51550	Cystectomy, partial	30,740	13,440	17,300
51555	Cystectomy, complicated (e.g., postradiation, previous surgery, difficult location)	37,800	21,000	16,800
51565	Cystectomy, partial, w/ reimplantation of ureter(s) into bladder (ureteroneocystostomy)	30,300	16,800	13,500
51570	Cystectomy, complete;	37,800	21,000	16,800
51575	Cystectomy, complete; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	46,500	25,200	21,300
51580	Cystectomy, complete, w/ ureterosigmoidostomy or ureterocutaneous transplantations;	40,320	23,520	16,800
51585	Cystectomy, complete, w/ ureterosigmoidostomy or ureterocutaneous transplantations; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	53,400	29,400	24,000
51590	Cystectomy, complete, w/ ureteroileal conduit or sigmoid bladder, including bowel anastomosis;	55,920	31,920	24,000
51595	Cystectomy, complete, w/ ureteroileal conduit or sigmoid bladder, including bowel anastomosis; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	55,840	34,440	21,400
51596	Cystectomy, complete, w/ continent diversion, any technique, using any segment of small and/or large bowel to construct neobladder	58,800	37,800	21,000
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, w/ removal of bladder and ureteral transplantations, w/ or w/o hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	71,400	50,400	21,000
	Introduction			
51600	Injection procedure for cystography or voiding urethrocytography	8,020	2,520	5,500
51720	Bladder instillation of anticarcinogenic agent	8,020	2,520	5,500
	Repair			
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, w/ or w/o wedge resection of posterior vesical neck	20,980	10,080	10,900
51820	Cystourethroplasty w/ unilateral or bilateral ureteroneocystostomy	27,120	15,120	12,000
51840	Anterior vesicourethropexy, or urethropexy (Marshall-Marchetti-Krantz type)	20,980	10,080	10,900
51841	Anterior vesicourethropexy, or urethropexy (Marshall-Marchetti-Krantz type) complicated (e.g., secondary repair)	30,740	13,440	17,300
51845	Abdomino-vaginal vesical neck suspension, w/ or w/o endoscopic control (e.g., Stamey, Raz, modified Pereyra)	20,980	10,080	10,900
51860	Cystorrhaphy, suture of bladder wound, injury or rupture	12,120	6,720	5,400
51880	Closure of cystostomy	10,880	3,780	7,100
51900	Closure of vesicovaginal fistula, abdominal approach	23,300	12,600	10,700
51920	Closure of vesicouterine fistula;	23,300	12,600	10,700
51925	Closure of vesicouterine fistula; w/ hysterectomy	30,300	16,800	13,500
51940	Closure of bladder exstrophy	30,300	16,800	13,500
51960	Enterocystoplasty, including bowel anastomosis	30,740	13,440	17,300
51980	Cutaneous vesicostomy	12,120	6,720	5,400
	Laparoscopy			
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	30,300	16,800	13,500
51992	Laparoscopy, surgical; sling operation for stress incontinence (e.g., fascia or synthetic)	30,300	16,800	13,500
	Endoscopy - Cystoscopy, Urethroscopy, Cystourethroscopy			
52000	Cystourethroscopy	8,260	3,360	4,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
52005	Cystourethroscopy, w/ ureteral catheterization, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	9,700	4,200	5,500
52007	Cystourethroscopy, w/ ureteral catheterization, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ brush biopsy of ureter and/or renal pelvis	8,260	3,360	4,900
52010	Cystourethroscopy, w/ ejaculatory duct catheterization, w/ or w/o irrigation, instillation, or duct radiography, exclusive of radiologic service	8,260	3,360	4,900
	Transurethral Surgery			
	Urethra and Bladder			
	Transurethral Surgery, Urethra and Bladder			
52204	Cystourethroscopy, w/ biopsy	10,540	5,040	5,500
52214	Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	11,980	5,880	6,100
52224	Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) w/ or w/o biopsy	11,980	5,880	6,100
52234	Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 cm to 2.0 cm)	20,980	10,080	10,900
52235	Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	22,240	11,340	10,900
52240	Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s)	23,300	12,600	10,700
52250	Cystourethroscopy w/ insertion of radioactive substance, w/ or w/o biopsy or fulguration	30,740	13,440	17,300
52260	Cystourethroscopy, w/ dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	11,980	5,880	6,100
52265	Cystourethroscopy, w/ dilation of bladder for interstitial cystitis; local anesthesia	8,020	2,520	5,500
52270	Cystourethroscopy, w/ internal urethrotomy; female	12,900	6,300	6,600
52275	Cystourethroscopy, w/ internal urethrotomy; male	12,900	6,300	6,600
52276	Cystourethroscopy w/ direct vision internal urethrotomy	12,540	7,140	5,400
52277	Cystourethroscopy, w/ resection of external sphincter (sphincterotomy)	12,120	6,720	5,400
52281	Cystourethroscopy, w/ calibration and/or dilation of urethral stricture or stenosis, w/ or w/o meatotomy and injection procedure for cystography, male or female	8,020	2,520	5,500
52283	Cystourethroscopy, w/ steroid injection into stricture	8,020	2,520	5,500
52285	Cystourethroscopy, for treatment of the female urethral syndrome w/ any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	10,540	5,040	5,500
52290	Cystourethroscopy; w/ ureteral meatotomy, unilateral or bilateral	11,980	5,880	6,100
52300	Cystourethroscopy; w/ resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	21,940	9,240	12,700
52301	Cystourethroscopy; w/ resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	21,940	9,240	12,700
52305	Cystourethroscopy; w/ incision or resection of orifice of bladder diverticulum, single or multiple	12,120	6,720	5,400
52310	Cystourethroscopy, w/ removal of foreign body, calculus, or ureteral stent from urethra or bladder	10,540	5,040	5,500
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	18,000	8,400	9,600
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	21,940	9,240	12,700
	Ureter and Pelvis			
	Ureter and Pelvis			
52320	Cystourethroscopy (including ureteral catheterization); w/ removal of ureteral calculus	11,980	5,880	6,100
52325	Cystourethroscopy (including ureteral catheterization); w/ fragmentation of ureteral calculus (e.g., ultrasonic or electro-hydraulic technique)	18,000	8,400	9,600
52327	Cystourethroscopy (including ureteral catheterization); w/ subureteric injection of implant material	9,700	4,200	5,500
52330	Cystourethroscopy (including ureteral catheterization); w/ manipulation, w/o removal of ureteral calculus	10,540	5,040	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
52332	Cystourethroscopy, w/ insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)	10,540	5,040	5,500
52334	Cystourethroscopy w/ insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	9,700	4,200	5,500
52335	Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method);	12,120	6,720	5,400
52336	Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); w/ removal or manipulation of calculus (ureteral catheterization is included)	12,120	6,720	5,400
52337	Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); w/ lithotripsy (ureteral catheterization is included)	21,940	9,240	12,700
52338	Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); w/ biopsy and/or fulguration of lesion	21,940	9,240	12,700
52339	Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); w/ resection of tumor	12,120	6,720	5,400
	Vesical Neck and Prostate			
	Vesical Neck and Prostate			
52340	Cystourethroscopy w/ incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	21,940	9,240	12,700
52450	Transurethral incision of prostate	23,300	12,600	10,700
52500	Transurethral resection of bladder neck	23,300	12,600	10,700
52510	Transurethral balloon dilation of the prostatic urethra, any method	12,120	6,720	5,400
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	37,800	21,000	16,800
52606	Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time	18,000	8,400	9,600
52612	Transurethral resection of prostate; first stage of two-stage resection (partial resection)	21,940	9,240	12,700
52614	Transurethral resection of prostate; second stage of two-stage resection (resection completed)	21,940	9,240	12,700
52620	Transurethral resection; of residual obstructive tissue after 90 days postoperative	20,980	10,080	10,900
52630	Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative	37,800	21,000	16,800
52640	Transurethral resection; of postoperative bladder neck contracture	20,980	10,080	10,900
52647	Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	27,120	15,120	12,000
52648	Contact laser vaporization w/ or w/o transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	27,120	15,120	12,000
52649	High intensity focused ultrasound (HIFU) of the prostate including transurethral resection of the prostate (TURP)	37,800	21,000	16,800
52700	Transurethral drainage of prostatic abscess	18,000	8,400	9,600
	Urethra			
	Incision			
53000	Urethrotomy or urethrostomy, external ; pendulous urethra	5,680	1,680	4,000
53010	Urethrotomy or urethrostomy, external ; perineal urethra, external	8,260	3,360	4,900
53020	Meatotomy, cutting of meatus ; except infant	5,560	1,260	4,300
53025	Meatotomy, cutting of meatus ; infant	8,260	3,360	4,900
53040	Drainage of deep periurethral abscess	9,300	2,100	7,200
53060	Drainage of Skenes gland abscess or cyst	5,560	1,260	4,300
53080	Drainage of perineal urinary extravasation	8,020	2,520	5,500
	Excision			
53200	Biopsy of urethra	5,560	1,260	4,300
53210	Urethrectomy, total, including cystostomy; female	21,940	9,240	12,700
53215	Urethrectomy, total, including cystostomy; male	21,820	10,920	10,900
53220	Excision of fulguration of carcinoma of urethra	9,700	4,200	5,500
53230	Excision of urethral diverticulum ; female	18,000	8,400	9,600
53235	Excision of urethral diverticulum ; male	14,960	7,560	7,400

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
53240	Marsupialization of urethral diverticulum, male or female	9,300	2,100	7,200
53250	Excision of bulbourethral gland (Cowpers gland)	12,120	6,720	5,400
53260	Excision or fulguration; urethral polyp(s), distal urethra	5,560	1,260	4,300
53265	Excision or fulguration; urethral caruncle	5,560	1,260	4,300
53270	Skene's glands	5,560	1,260	4,300
53275	Skene's glands urethral prolapse	9,300	2,100	7,200
	Repair			
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (e.g., Johanssen type)	30,300	16,800	13,500
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	27,120	15,120	12,000
53410	Urethroplasty, one-stage reconstruction of male anterior urethra	14,960	7,560	7,400
53415	Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra	40,320	23,520	16,800
53420	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage	37,800	21,000	16,800
53425	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage	27,120	15,120	12,000
53430	Urethroplasty, reconstruction of female urethra	18,000	8,400	9,600
53440	Operation for correction of male urinary incontinence, w/ or w/o introduction of prosthesis	18,000	8,400	9,600
53442	Removal of perineal prosthesis introduced for continence	18,000	8,400	9,600
53443	Urethroplasty w/ tubularization of posterior urethra and/or lower bladder for incontinence (e.g., Tenago, Leadbetter procedure)	31,140	17,640	13,500
53445	Operation for correction of urinary incontinence w/ placement of inflatable urethral or bladder neck sphincter, including placement of pump and/or reservoir	37,180	18,480	18,700
53447	Removal, repair, or replacement of inflatable sphincter including pump and/or reservoir and/or cuff	40,320	23,520	16,800
53449	Surgical correction of hydraulic abnormality of inflatable sphincter device	18,000	8,400	9,600
53450	Urethromeatoplasty, w/ mucosal advancement	8,260	3,360	4,900
53460	Urethromeatoplasty, w/ partial excision of distal urethral segment (Richardson type procedure)	8,260	3,360	4,900
53502	Urethrorrhaphy, suture of urethral wound or injury, female	9,700	4,200	5,500
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	9,700	4,200	5,500
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	10,540	5,040	5,500
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	10,540	5,040	5,500
53520	Closure of urethrostomy or urethrocuteaneous fistula, male	8,020	2,520	5,500
	Manipulation			
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male	5,680	1,680	4,000
53605	Dilation of urethral stricture or vesical neck, male, general or conduction (spinal) anesthesia	5,680	1,680	4,000
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	5,680	1,680	4,000
	Other Procedures			
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy i.e. Transurethral Microwave Thermotherapy (TUMT)	37,800	21,000	16,800
53852	Transurethral destruction of prostate tissue; by radiofrequency ablation i.e., Transurethral Needle Ablation (TUNA), transurethral laser incision of the prostate (TULIP)	37,800	21,000	16,800
	Male Genital System			
	Penis			
	Incision			
54015	Incision and drainage of penis	3,640	840	2,800
	Destruction			
54050	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), any method	3,640	840	2,800
	Excision			
54100	Biopsy of penis	3,504	504	3,000
54110	Excision of penile plaque (Peyronie disease);	9,300	2,100	7,200
54111	Excision of penile plaque (Peyronie disease); w/ graft to 5 cm in length	10,540	5,040	5,500
54112	Excision of penile plaque (Peyronie disease); w/ graft greater than 5 cm in length	11,980	5,880	6,100
54115	Removal of foreign body from deep penile tissue (e.g., plastic implant)	8,260	3,360	4,900
54120	Amputation of penis; partial	10,540	5,040	5,500
54125	Amputation of penis; complete	21,400	10,500	10,900
54130	Amputation of penis, radical; w/ bilateral inguinofemoral lymphadenectomy	37,800	21,000	16,800

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
54135	Amputation of penis, radical; in continuity w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	46,500	25,200	21,300
54150	Circumcision, using clamp or other device; newborn	1,260	840	420
54152	Circumcision, using clamp or other device; except newborn	1,260	840	420
54160	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn	1,260	840	420
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn	1,260	840	420
	Introduction			
54200	Injection procedure for Peyronie disease;	5,560	1,260	4,300
54205	Injection procedure for Peyronie disease;w/ surgical exposure of plaque	5,680	1,680	4,000
54220	Irrigation of corpora cavernosa for priapism	8,020	2,520	5,500
	Repair			
54300	Plastic operation of penis for straightening of chordee (e.g., hypospadias), w/ or w/o mobilization of urethra	9,700	4,200	5,500
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair w/ or w/o transplantation of prepuce and/or skin flaps	14,960	7,560	7,400
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	23,300	12,600	10,700
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	23,300	12,600	10,700
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) w/ free skin graft obtained from site other than genitalia	23,300	12,600	10,700
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (e.g., third stage Cecil repair)	12,120	6,720	5,400
54322	One stage distal hypospadias repair (w/ or w/o chordee or circumcision); w/ simple meatal advancement (e.g., Magpi, V-flap)	27,120	15,120	12,000
54324	One stage distal hypospadias repair (w/ or w/o chordee or circumcision); w/ urethroplasty by local skin flaps (e.g., flip-flap, prepuce flap)	27,120	15,120	12,000
54326	One stage distal hypospadias repair (w/ or w/o chordee or circumcision); w/ urethroplasty by local skin flaps and mobilization of urethra	27,120	15,120	12,000
54328	One stage distal hypospadias repair (w/ or w/o chordee or circumcision); w/ extensive dissection to correct chordee and urethroplasty w/ local skin flaps, skin graft patch, and/or island flap	30,300	16,800	13,500
54332	One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	37,180	18,480	18,700
54336	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	37,180	18,480	18,700
54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	37,180	18,480	18,700
54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty w/ flap or patch graft	18,000	8,400	9,600
54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty w/ flap, patch or tubed graft (includes urinary diversion)	20,980	10,080	10,900
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	37,800	21,000	16,800
54380	Plastic operation on penis for epispadias distal to external sphincter;	30,300	16,800	13,500
54385	Plastic operation on penis for epispadias distal to external sphincter;w/ incontinence	37,180	18,480	18,700
54390	Plastic operation on penis for epispadias distal to external sphincter;w/ exstrophy of bladder	37,800	21,000	16,800
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	12,120	6,720	5,400
54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral	12,120	6,720	5,400
54435	Corpora cavernosa-glans penis fistulization (e.g., biopsy needle, Winter procedure, rongeur, or punch) for priapism	8,260	3,360	4,900
54440	Plastic operation of penis for injury	12,120	6,720	5,400
	Testis			
	Excision			
54500	Biopsy of testis, needle	3,504	504	3,000
54505	Biopsy of testis, incisional	5,680	1,680	4,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
54510	Excision of local lesion of testis	5,680	1,680	4,000
54520	Orchiectomy, simple (including subcapsular), w/ or w/o testicular prosthesis, scrotal or inguinal approach	10,540	5,040	5,500
54530	Orchiectomy, radical, for tumor; inguinal approach	10,960	5,460	5,500
54535	Orchiectomy, radical, for tumor; w/ abdominal exploration	12,540	7,140	5,400
54550	Exploration for undescended testis (inguinal or scrotal area)	10,540	5,040	5,500
54560	Exploration for undescended testis w/ abdominal exploration	12,540	7,140	5,400
	Repair			
54600	Reduction of torsion of testis, surgical, w/ or w/o fixation of contralateral testis	10,960	5,460	5,500
54620	Fixation of contralateral testis	9,300	2,100	7,200
54640	Orchiopexy, inguinal approach, w/ or w/o hernia repair	10,540	5,040	5,500
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (e.g., Fowler-Stephens)	12,540	7,140	5,400
54670	Suture or repair of testicular injury	9,700	4,200	5,500
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	8,260	3,360	4,900
	Laparoscopy			
54690	Laparoscopy, surgical; orchiectomy	9,700	4,200	5,500
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	11,980	5,880	6,100
	Epididymis			
	Incision			
54700	Incision and drainage of epididymis, testis and/or scrotal space (e.g., abscess or hematoma)	4,108	1,008	3,100
	Excision			
54800	Biopsy of epididymis, needle	3,504	504	3,000
54820	Exploration of epididymis, w/ or w/o biopsy	9,300	2,100	7,200
54830	Excision of local lesion of epididymis	5,680	1,680	4,000
54840	Excision of spermatocele, w/ or w/o epididymectomy	8,020	2,520	5,500
54860	Epididymectomy; unilateral	9,300	2,100	7,200
54861	Epididymectomy; bilateral	8,440	2,940	5,500
	Repair			
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	10,540	5,040	5,500
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	18,000	8,400	9,600
	Tunica Vaginalis			
	Incision			
55000	Puncture aspiration of hydrocele, tunica vaginalis, w/ or w/o injection of medication	3,504	504	3,000
	Excision			
55040	Excision of hydrocele; unilateral	9,700	4,200	5,500
55041	Excision of hydrocele; bilateral	18,000	8,400	9,600
	Repair			
55060	Repair of tunica vaginalis hydrocele (Bottle type)	9,700	4,200	5,500
	Scrotum			
	Incision			
55100	Drainage of scrotal wall abscess	3,504	504	3,000
55101	Drainage and debridement of Fourniers gangrene of the scrotum	9,300	2,100	7,200
55110	Scrotal exploration	9,300	2,100	7,200
55120	Removal of foreign body in scrotum	4,108	1,008	3,100
	Excision			
55150	Resection of scrotum	5,560	1,260	4,300
	Repair			
55175	Scrotoplasty	5,680	1,680	4,000
	Vas Deferens			
	Incision			
55200	Vasotomy, cannulization w/ or w/o incision of vas, unilateral or bilateral	5,680	1,680	4,000
55250	Vasectomy, unilateral or bilateral	4,000	1,000	3,000
	Repair			
55400	Vasovasostomy, vasovasorrhaphy	10,540	5,040	5,500
	Spermatic Cord			
	Excision			
55500	Excision of hydrocele of spermatic cord, unilateral	9,700	4,200	5,500
55520	Excision of lesion of spermatic cord	8,260	3,360	4,900
55530	Excision of varicocele or ligation of spermatic veins for varicocele;	12,900	6,300	6,600
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	14,960	7,560	7,400
55540	Excision of varicocele or ligation of spermatic veins for varicocele; w/ hernia repair	14,960	7,560	7,400
	Laparoscopy			
55550	Laparoscopy, surgical; with ligation of spermatic veins for varicocele	14,960	7,560	7,400
	Seminal Vesicles			
	Incision			

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
55600	Vesiculotomy;	10,120	4,620	5,500
	Excision			
55650	Vesiculectomy, any approach	18,000	8,400	9,600
55680	Excision of Mullerian duct cyst	18,000	8,400	9,600
	Prostate			
	Incision			
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	9,300	2,100	7,200
55720	Prostatotomy, external drainage of prostatic abscess, any approach	5,680	1,680	4,000
	Excision			
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	38,860	20,160	18,700
55810	Prostatectomy, perineal radical;	46,500	25,200	21,300
55812	Prostatectomy, perineal radical; w/ lymph node biopsy(s) (limited pelvic lymphadenectomy)	48,180	26,880	21,300
55815	Prostatectomy, perineal radical; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	48,180	26,880	21,300
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); <u>suprapubic, subtotal, one or two stages</u>	38,860	20,160	18,700
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); <u>retropubic, subtotal</u>	30,300	16,800	13,500
55840	Prostatectomy, retropubic radical, w/ or w/o nerve sparing;	46,500	25,200	21,300
55842	Prostatectomy, retropubic radical, w/ or w/o nerve sparing; w/ lymph node biopsy(s) (limited pelvic lymphadenectomy)	48,180	26,880	21,300
55845	Prostatectomy, retropubic radical, w/ or w/o nerve sparing; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	48,180	26,880	21,300
55859	Transperineal placement of needles, catheters or pellets into prostate for interstitial radioelement application, with or without cystoscopy, ultrasound or CT scan guidance	18,000	8,400	9,600
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	9,700	4,200	5,500
55862	Exposure of prostate, any approach, for insertion of radioactive substance; w/ lymph node biopsy(s) (limited pelvic lymphadenectomy)	18,000	8,400	9,600
55865	Exposure of prostate, any approach, for insertion of radioactive substance; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	23,300	12,600	10,700
	Laparoscopy			
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	46,500	25,200	21,300
	Other Procedures			
55873	Cryosurgical ablation of the prostate (cryotherapy of the prostate)	55,000	33,600	21,400
	Female Genital System			
	Vulva, Perineum and Introitus			
	Incision			
56405	Incision and drainage of vulva or perineal abscess	5,560	1,260	4,300
56420	Incision and drainage of Bartholins gland abscess	9,300	2,100	7,200
56440	Marsupialization of Bartholins gland cyst	9,700	4,200	5,500
56441	Lysis of labial adhesions	9,300	2,100	7,200
	Destruction			
56501	Destruction of lesion(s), vulva; any method	9,300	2,100	7,200
	Excision			
56605	Biopsy of vulva or perineum ; one lesion	9,300	2,100	7,200
56620	Vulvectomy simple; partial	12,120	6,720	5,400
56625	Vulvectomy simple; complete	23,300	12,600	10,700
56630	Vulvectomy, radical, partial;	27,120	15,120	12,000
56631	Vulvectomy, radical, partial; w/ unilateral inguinofemoral lymphadenectomy	30,300	16,800	13,500
56632	Vulvectomy, radical, partial; w/ bilateral inguinofemoral lymphadenectomy	37,800	21,000	16,800
56633	Vulvectomy, radical, complete;	46,500	25,200	21,300
56634	Vulvectomy, radical, complete; w/ unilateral inguinofemoral lymphadenectomy	53,400	29,400	24,000
56637	Vulvectomy, radical, complete; w/ bilateral inguinofemoral lymphadenectomy	55,000	33,600	21,400
56640	Vulvectomy, radical, complete, w/ inguinofemoral, iliac, and pelvic lymphadenectomy	58,800	37,800	21,000
56700	Partial hymenectomy or revision of hymenal ring	9,700	4,200	5,500
56720	Hymenotomy, simple incision	9,300	2,100	7,200
56740	Excision of Bartholins gland or cyst	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	Vagina			
	Incision			
57000	Colpotomy; w/ exploration	12,120	6,720	5,400
57020	Colpocentesis	5,680	1,680	4,000
57061	Destruction of vaginal lesion(s)	5,680	1,680	4,000
57100	Biopsy of vaginal mucosa	5,680	1,680	4,000
57108	Colpectomy, obliteration of vagina; partial	23,300	12,600	10,700
57110	Colpectomy, obliteration of vagina; complete	30,300	16,800	13,500
57120	Colpocleisis (Le Fort type)	27,120	15,120	12,000
57130	Excision of vaginal septum	9,300	2,100	7,200
57135	Excision of vaginal cyst or tumor	9,700	4,200	5,500
	Introduction			
57155	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	9,700	4,200	5,500
	Repair			
57200	Colporrhaphy, suture of injury of vagina (nonobsterical)	8,020	2,520	5,500
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobsterical)	10,540	5,040	5,500
57220	Plastic operation on urethral sphincter, vaginal approach (e.g., Kelly urethral plication)	12,120	6,720	5,400
57230	Plastic repair of urethrocele	12,120	6,720	5,400
57240	Anterior colporrhaphy, repair of cystocele w/ or w/o repair of urethrocele	20,980	10,080	10,900
57250	Posterior colporrhaphy, repair of rectocele w/ or w/o perineorrhaphy	20,980	10,080	10,900
57260	Combined anteroposterior colporrhaphy;	23,300	12,600	10,700
57265	Combined anteroposterior colporrhaphy; w/ enterocele repair	30,300	16,800	13,500
57268	Repair of enterocele, vaginal approach	23,300	12,600	10,700
57270	Repair of enterocele, abdominal approach	27,120	15,120	12,000
57280	Colpopexy, abdominal approach	27,120	15,120	12,000
57282	Sacrospinous ligament fixation for prolapse of vagina	27,120	15,120	12,000
57284	Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse)	27,120	15,120	12,000
57288	Sling operation for stress incontinence (e.g., fascia or synthetic)	30,300	16,800	13,500
57289	Pereyra procedure, including anterior colporrhaphy	30,300	16,800	13,500
57300	Closure of rectovaginal fistula; vaginal or transanal approach	20,980	10,080	10,900
57305	Closure of rectovaginal fistula; abdominal approach	23,300	12,600	10,700
57307	Closure of rectovaginal fistula; abdominal approach, w/ concomitant colostomy	30,300	16,800	13,500
57310	Closure of urethrovaginal fistula;	20,980	10,080	10,900
57311	Closure of urethrovaginal fistula; w/ bulbo cavernosus transplant	30,300	16,800	13,500
57320	Closure of vesicovaginal fistula; vaginal approach	23,300	12,600	10,700
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	30,300	16,800	13,500
	Manipulation			
57415	Removal of impacted vaginal foreign body under anesthesia	8,260	3,360	4,900
	Laparoscopy			
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	27,120	15,120	12,000
	Endoscopy			
57452	Colposcopy (Vaginoscopy)	8,020	2,520	5,500
57454	Colposcopy; w/ biopsy(s) of the cervix and/or endocervical curettage	8,260	3,360	4,900
57460	Colposcopy; w/ loop electrode excision procedure of the cervix	9,700	4,200	5,500
	Cervix Uteri			
	Excision			
57500	Biopsy, single or multiple, or local excision of lesion, w/ or w/o fulguration	5,680	1,680	4,000
57510	Cauterization of cervix; any method	5,680	1,680	4,000
57520	Conization of cervix, w/ or w/o fulguration, w/ or w/o dilation and curettage, w/ or w/o repair; cold knife or laser	9,700	4,200	5,500
57522	Conization of cervix, w/ or w/o fulguration, w/ or w/o dilation and curettage, w/ or w/o repair; loop electrode excision	12,900	6,300	6,600
57530	Trachelectomy (cervicectomy), amputation of cervix	18,000	8,400	9,600
57540	Excision of cervical stump, abdominal approach;	30,300	16,800	13,500
57545	Excision of cervical stump, abdominal approach; w/ pelvic floor repair	37,800	21,000	16,800
57550	Excision of cervical stump, vaginal approach;	23,300	12,600	10,700
57555	Excision of cervical stump, vaginal approach; w/ anterior and/or posterior repair	37,800	21,000	16,800
57556	Excision of cervical stump, vaginal approach; w/ repair of enterocele	39,900	23,100	16,800
	Repair			
57700	Cerclage of uterine cervix, nonobsterical	9,700	4,200	5,500
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	18,000	8,400	9,600
	Corpus Uteri			
	Excision			
58100	Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy), w/o cervical dilation, any method	11,000	4,400	6,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
58120	Dilation and curettage	11,000	4,400	6,600
58140	Myomectomy, excision of fibroid tumor of uterus, single or multiple ; abdominal approach	23,300	12,600	10,700
58145	Myomectomy, excision of fibroid tumor of uterus, single or multiple ; vaginal approach	18,000	8,400	9,600
58150	Total abdominal hysterectomy (corpus and cervix), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s);	30,000	12,000	18,000
58152	Total abdominal hysterectomy (corpus and cervix), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s); w/ colpo-urethrocystopexy (Marshall-Marchetti-Krantz type)	30,000	12,000	18,000
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	30,000	12,000	18,000
58200	Total abdominal hysterectomy, including partial vaginectomy, w/ para-aortic and pelvic lymph node sampling, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	30,000	12,000	18,000
58210	Radical abdominal hysterectomy, w/ bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	55,000	33,600	21,400
58240	Pelvic exenteration for gynecologic malignancy, w/ total abdominal hysterectomy or cervicectomy, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s), w/ removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	71,400	50,400	21,000
58260	Vaginal hysterectomy;	30,300	16,800	13,500
58262	Vaginal hysterectomy; w/ removal of tube(s), and/or ovary(s)	30,300	16,800	13,500
58263	Vaginal hysterectomy; w/ removal of tube(s), and/or ovary(s), w/ repair of enterocele	37,800	21,000	16,800
58267	Vaginal hysterectomy; w/ colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type, w/ or w/o endoscopic control)	46,500	25,200	21,300
58270	Vaginal hysterectomy; w/ repair of enterocele	46,500	25,200	21,300
58275	Vaginal hysterectomy, w/ total or partial colpectomy;	37,800	21,000	16,800
58280	Vaginal hysterectomy, w/ total or partial colpectomy; w/ repair of enterocele	46,500	25,200	21,300
58285	Vaginal hysterectomy, radical (Schauta type operation)	46,500	25,200	21,300
	Introduction			
58300	Insertion of intrauterine device (IUD)	2,000	800	1,200
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), w/ or w/o hysterosalpingography	18,000	8,400	9,600
58346	Insertion of heyman capsules for brachytherapy	9,700	4,200	5,500
	Repair			
58400	Uterine suspension, w/ or w/o shortening of round ligaments, w/ or w/o shortening of sacrouterine ligaments;	23,300	12,600	10,700
58410	Uterine suspension, w/ or w/o shortening of round ligaments, w/ or w/o shortening of sacrouterine ligaments; w/ presacral sympathectomy	27,120	15,120	12,000
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	23,300	12,600	10,700
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	37,800	21,000	16,800
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	4,000	1,000	3,000
	Laparoscopy			
58545	Laparoscopy, surgical, myomectomy, excision; intramural myomas and/or removal of surface myomas	23,300	12,600	10,700
58550	Laparoscopy surgical, with vaginal hysterectomy;	30,300	16,800	13,500
58552	Laparoscopy surgical, with vaginal hysterectomy; with removal of tube(s) and/or ovary(s)	30,300	16,800	13,500
58555	Hysteroscopy, diagnostic	9,700	4,200	5,500
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C	12,900	6,300	6,600
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	18,000	8,400	9,600
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	18,000	8,400	9,600
58561	Hysteroscopy, surgical; with removal of leiomyomata	23,300	12,600	10,700
58562	Hysteroscopy, surgical; with removal of impacted foreign body	12,900	6,300	6,600
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation thermoablation)	12,120	6,720	5,400
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	5,680	1,680	4,000
	Oviduct			
	Laparoscopy			
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis)	21,400	10,500	10,900

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	53,400	29,400	24,000
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	14,960	7,560	7,400
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	14,960	7,560	7,400
58671	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)	12,900	6,300	6,600
58672	Laparoscopy, surgical; with fimbrioplasty	21,400	10,500	10,900
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	23,300	12,600	10,700
	Excision			
58700	Salpingectomy, complete or partial, unilateral or bilateral	20,980	10,080	10,900
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral	23,300	12,600	10,700
	Repair			
58740	Lysis of adhesions (salpingolysis, ovariolysis)	23,300	12,600	10,700
58750	Tubotubal anastomosis	18,000	8,400	9,600
58760	Fimbrioplasty	23,300	12,600	10,700
58770	Salpingostomy (salpingoneostomy)	23,300	12,600	10,700
	Ovary			
	Incision			
58800	Drainage of ovarian cyst(s), unilateral or bilateral ; vaginal approach	20,980	10,080	10,900
58805	Drainage of ovarian cyst(s), unilateral or bilateral ; abdominal approach	20,980	10,080	10,900
58820	Drainage of ovarian abscess; vaginal approach	20,980	10,080	10,900
58822	Drainage of ovarian abscess; abdominal approach	20,980	10,080	10,900
58825	Transposition, ovary(s)	20,980	10,080	10,900
	Excision			
58900	Biopsy of ovary, unilateral or bilateral	18,000	8,400	9,600
58920	Wedge resection or bisection of ovary, unilateral or bilateral	18,000	8,400	9,600
58925	Ovarian cystectomy, unilateral or bilateral	23,300	12,600	10,700
58940	Oophorectomy, partial or total, unilateral or bilateral;	18,000	8,400	9,600
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian malignancy, w/ para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, w/ or w/o salpingectomy(s), w/ or w/o omentectomy	30,300	16,800	13,500
58950	Resection of ovarian malignancy w/ bilateral salpingo-oophorectomy and omentectomy;	53,400	29,400	24,000
58951	Resection of ovarian malignancy w/ bilateral salpingo-oophorectomy and omentectomy; w/ total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	55,000	33,600	21,400
58952	Resection of ovarian malignancy w/ bilateral salpingo-oophorectomy and omentectomy; w/ radical dissection for debulking	58,800	37,800	21,000
58960	Laparotomy, for staging or restaging of ovarian malignancy ("second look"), w/ or w/o omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment w/ pelvic and limited para-aortic lymphadenectomy	27,120	15,120	12,000
	Maternity Care and Delivery			
	Excision			
59100	Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion)	23,300	12,600	10,700
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	27,120	15,120	12,000
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, w/o salpingectomy and/or oophorectomy	27,120	15,120	12,000
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	46,500	25,200	21,300
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	37,800	21,000	16,800
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy w/ partial resection of uterus	37,600	18,900	18,700
59140	Surgical treatment of ectopic pregnancy; cervical, w/ evacuation	30,300	16,800	13,500
	Laparoscopy			
59150	Laparoscopic treatment of ectopic pregnancy; w/o salpingectomy and/or oophorectomy	27,120	15,120	12,000
59151	Laparoscopic treatment of ectopic pregnancy; w/ salpingectomy and/or oophorectomy	27,120	15,120	12,000
	Repair			
59320	Cerclage of cervix, during pregnancy; vaginal	18,000	8,400	9,600
59325	Cerclage of cervix, during pregnancy; abdominal	18,000	8,400	9,600
59350	Hysterorrhaphy of ruptured uterus	30,300	16,800	13,500
	Vaginal Delivery, Antepartum and Postpartum Care			
59409	Vaginal delivery only (w/ episiotomy)	9,700	4,200	5,500
59411	Breech extraction	12,120	6,720	5,400
	Cesarean Delivery			
59513	Cesarean section, primary	19,000	7,600	11,400
59514	Cesarean delivery	19,000	7,600	11,400

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
59525	Subtotal or total hysterectomy after cesarean delivery	30,000	12,000	18,000
	Delivery After Previous Cesarean Delivery			
59612	Vaginal delivery only, after previous cesarean delivery (w/ or w/o episiotomy)	12,120	6,720	5,400
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	19,000	7,600	11,400
	Abortion			
59812	Treatment of incomplete abortion, any trimester, completed surgically	11,000	4,400	6,600
59814	Manual vacuum aspiration for spontaneous abortion	11,000	4,400	6,600
	Other Procedures			
59870	Uterine evacuation and curettage for hydatidiform mole	12,120	6,720	5,400
	Endocrine System			
	Thyroid Gland			
	Incision			
60000	Incision and drainage of thyroglossal cyst, infected	3,504	504	3,000
	Excision			
60001	Aspiration and/or injection, thyroid cyst	8,260	3,360	4,900
60100	Biopsy thyroid, percutaneous core needle	8,260	3,360	4,900
60200	Excision of cyst or adenoma of thyroid , or transection of isthmus	20,980	10,080	10,900
60210	Partial thyroid lobectomy, unilateral; w/ or w/o isthmusectomy	31,000	12,400	18,600
60212	Partial thyroid lobectomy, unilateral; w/ contralateral subtotal lobectomy, including isthmusectomy	31,000	12,400	18,600
60220	Total thyroid lobectomy, unilateral; w/ or w/o isthmusectomy	31,000	12,400	18,600
60225	Total thyroid lobectomy, unilateral; w/ contralateral subtotal lobectomy, including isthmusectomy	31,000	12,400	18,600
60240	Thyroidectomy, total or complete	31,000	12,400	18,600
60252	Thyroidectomy, total or subtotal for malignancy; w/ limited neck dissection	31,000	12,400	18,600
60254	Thyroidectomy, total or subtotal for malignancy; w/ radical neck dissection	46,500	25,200	21,300
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	31,000	12,400	18,600
60270	Thyroidectomy, including substernal thyroid gland; sternal split or transthoracic approach	46,500	25,200	21,300
60271	Thyroidectomy, including substernal thyroid gland; cervical approach	46,500	25,200	21,300
60280	Excision of thyroglossal duct cyst or sinus;	20,980	10,080	10,900
60281	Excision of thyroglossal duct cyst or sinus; recurrent	23,300	12,600	10,700
	Parathyroid, Thymus, Adrenal Glands, and Carotid Body			
	Excision			
60500	Parathyroidectomy or exploration of parathyroid(s);	30,740	13,440	17,300
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	27,120	15,120	12,000
60505	Parathyroidectomy or exploration of parathyroid(s); w/ mediastinal exploration, sternal split or transthoracic approach	39,900	23,100	16,800
60512	Parathyroid autotransplantation	30,300	16,800	13,500
60520	Thymectomy, partial or total; transcervical approach	39,900	23,100	16,800
60521	Thymectomy, partial or total; sternal split or transthoracic approach, w/o radical mediastinal dissection	39,900	23,100	16,800
60522	Thymectomy, partial or total; sternal split or transthoracic approach, w/ radical mediastinal dissection	39,900	23,100	16,800
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland w/ or w/o biopsy, transabdominal, lumbar or dorsal;	30,300	16,800	13,500
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland w/ or w/o biopsy, transabdominal, lumbar or dorsal; w/ excision of adjacent retroperitoneal tumor	37,600	18,900	18,700
60600	Excision of carotid body tumor; w/o excision of carotid artery	30,300	16,800	13,500
60605	Excision of carotid body tumor; w/ excision of carotid artery	37,800	21,000	16,800
	Laparoscopy			
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	30,300	16,800	13,500
	Nervous System			
	Skull, Meninges, and Brain			
	Injection, Drainage, or Aspiration			
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral	5,680	1,680	4,000
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir	5,680	1,680	4,000
61050	Cisternal or lateral cervical (C1-C2) puncture	10,540	5,040	5,500
	Twist Drill, Burr Hole(s), or Trephine			
61105	Twist drill hole for subdural or ventricular puncture; not followed by other surgery	18,000	8,400	9,600
61106	Twist drill hole for subdural or ventricular puncture; followed by other surgery	18,420	8,820	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
61107	Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device	30,300	16,800	13,500
61108	Twist drill hole for subdural or ventricular puncture; for evacuation and/or drainage of subdural hematoma	37,800	21,000	16,800
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material); not followed by other surgery	23,300	12,600	10,700
61130	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material); followed by other surgery	22,240	11,340	10,900
61140	Burr hole(s) or trephine; w/ biopsy of brain or intracranial lesion	37,800	21,000	16,800
61150	Burr hole(s) or trephine; w/ drainage of brain abscess or cyst	37,800	21,000	16,800
61154	Burr hole(s) w/ evacuation and/or drainage of hematoma, extradural or subdural	37,800	21,000	16,800
61156	Burr hole(s); w/ aspiration of hematoma or cyst, intracerebral	37,800	21,000	16,800
61250	Burr hole(s) or trephine, supratentorial	23,300	12,600	10,700
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	30,300	16,800	13,500
	Craniectomy or Craniotomy			
61304	Craniectomy or craniotomy, exploratory; supratentorial	37,800	21,000	16,800
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	46,500	25,200	21,300
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	46,500	25,200	21,300
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	46,500	25,200	21,300
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	53,400	29,400	24,000
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	53,400	29,400	24,000
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	46,500	25,200	21,300
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	53,400	29,400	24,000
61330	Decompression of orbit only, transcranial approach	46,500	25,200	21,300
61332	Exploration of orbit (transcranial approach); w/ biopsy	53,400	29,400	24,000
61333	Exploration of orbit (transcranial approach); w/ removal of lesion	53,400	29,400	24,000
61334	Exploration of orbit (transcranial approach); w/ removal of foreign body	53,400	29,400	24,000
61340	Other cranial decompression (e.g., subtemporal), supratentorial	37,800	21,000	16,800
61343	Craniectomy, suboccipital w/ cervical laminectomy for decompression of medulla and spinal cord, w/ or w/o dural graft (e.g., Arnold-Chiari malformation)	53,400	29,400	24,000
61345	Other cranial decompression, posterior fossa	46,500	25,200	21,300
61440	Craniotomy for section of tentorium cerebelli	46,500	25,200	21,300
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	53,400	29,400	24,000
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	53,400	29,400	24,000
61460	Craniectomy, suboccipital; for section of one or more cranial nerves	55,000	33,600	21,400
61470	Craniectomy, suboccipital; for medullary tractotomy	55,000	33,600	21,400
61480	Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy	55,000	33,600	21,400
61490	Craniotomy for lobotomy, including cingulotomy	46,500	25,200	21,300
	Anterior Cranial Fossa			
61500	Craniectomy; w/ excision of tumor or other bone lesion of skull	55,000	33,600	21,400
61501	Craniectomy; for osteomyelitis	37,800	21,000	16,800
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	55,000	33,600	21,400
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	63,000	42,000	21,000
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	53,400	29,400	24,000
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	53,400	29,400	24,000
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	65,100	44,100	21,000
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	67,200	46,200	21,000
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	71,400	50,400	21,000
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	71,400	50,400	21,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	55,000	33,600	21,400
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst.	55,000	33,600	21,400
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	75,600	54,600	21,000
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined w/ middle/posterior fossa craniotomy/ craniectomy	75,600	54,600	21,000
61531	Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring	53,400	29,400	24,000
61533	Craniotomy w/ elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring	53,400	29,400	24,000
61534	Craniotomy w/ elevation of bone flap; for excision of epileptogenic focus w/o electrocorticography during surgery	53,400	29,400	24,000
61535	Craniotomy w/ elevation of bone flap; for removal of epidural or subdural electrode array, w/o excision of cerebral tissue	53,400	29,400	24,000
61536	Craniotomy w/ elevation of bone flap; for excision of cerebral epileptogenic focus, w/ electrocorticography during surgery (includes removal of electrode array)	55,000	33,600	21,400
61538	Craniotomy w/ elevation of bone flap; for lobectomy w/ electrocorticography during surgery, temporal lobe	53,400	29,400	24,000
61539	Craniotomy w/ elevation of bone flap; for lobectomy w/ electrocorticography during surgery, other than temporal lobe, partial or total	53,400	29,400	24,000
61541	Craniotomy w/ elevation of bone flap; for transection of corpus callosum	53,400	29,400	24,000
61542	Craniotomy w/ elevation of bone flap; for total hemispherectomy	67,200	46,200	21,000
61543	Craniotomy w/ elevation of bone flap; for partial or subtotal hemispherectomy	63,000	42,000	21,000
61544	Craniotomy w/ elevation of bone flap; for excision of coagulation of choroid plexus	53,400	29,400	24,000
61545	Craniotomy w/ elevation of bone flap; for excision of craniopharyngioma	63,000	42,000	21,000
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	63,000	42,000	21,000
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	63,000	42,000	21,000
61550	Craniectomy for craniosynostosis; single cranial suture	37,800	21,000	16,800
61552	Craniectomy for craniosynostosis; multiple cranial sutures	46,500	25,200	21,300
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	46,500	25,200	21,300
61557	Craniotomy for craniosynostosis; bifrontal bone flap	46,500	25,200	21,300
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (e.g., cloverleaf skull); not requiring bone grafts	58,800	37,800	21,000
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (e.g., cloverleaf skull); recontouring w/ multiple osteotomies and bone autografts (e.g., barrel-stave procedure) (includes obtaining grafts)	58,800	37,800	21,000
61563	Excision, intra and extracranial, benign tumor of cranial bone (e.g., fibrous dysplasia); w/o optic nerve decompression	58,800	37,800	21,000
61564	Excision, intra and extracranial, benign tumor of cranial bone (e.g., fibrous dysplasia); w/ optic nerve decompression	58,800	37,800	21,000
61570	Craniectomy or craniotomy; w/ excision of foreign body from brain	53,400	29,400	24,000
61571	Craniectomy or craniotomy; w/ treatment of penetrating wound of brain	55,500	31,500	24,000
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	75,600	54,600	21,000
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	75,600	54,600	21,000
	Surgery of Skull Base Approach Procedures			
	Anterior Cranial Fossa			
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, w/o maxillectomy or orbital exenteration	63,000	42,000	21,000
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	63,000	42,000	21,000
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	63,000	42,000	21,000
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	63,000	42,000	21,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s): w/o orbital exenteration	63,000	42,000	21,000
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s): w/ orbital exenteration	63,000	42,000	21,000
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa w/ or w/o internal fixation, w/o bone graft	63,000	42,000	21,000
	Middle Cranial Fossa			
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), w/ or w/o disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the	71,400	50,400	21,000
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, w/ or w/o decompression and/or mo	71,400	50,400	21,000
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	67,200	46,200	21,000
	Posterior Cranial Fossa			
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, w/ or w/o mobilization	71,400	50,400	21,000
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, w/ or w/o mobilization of facial nerve and/or petrous carotid artery	71,400	50,400	21,000
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, w/ or w/o mobilization	71,400	50,400	21,000
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	71,400	50,400	21,000
	Definite Procedures			
	Base of Anterior Cranial Fossa			
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	67,200	46,200	21,000
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, w/ or w/o graft	67,200	46,200	21,000
	Base of Middle Cranial Fossa			
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	71,400	50,400	21,000
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, w/ or w/o graft	71,400	50,400	21,000
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	71,400	50,400	21,000
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, w/ or w/o graft	71,400	50,400	21,000
61609	Transection or ligation, carotid artery in cavernous sinus; w/o repair	71,400	50,400	21,000
61610	Transection or ligation, carotid artery in cavernous sinus; w/ repair by anastomosis or graft	71,400	50,400	21,000
61611	Transection or ligation, carotid artery in petrous canal; w/o repair	63,000	42,000	21,000
61612	Transection or ligation, carotid artery in petrous canal; w/ repair by anastomosis or graft	71,400	50,400	21,000
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection w/in cavernous sinus	71,400	50,400	21,000
	Base of Posterior Cranial Fossa			
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	71,400	50,400	21,000
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, w/ or w/o graft	71,400	50,400	21,000
	Repair and / or Reconstruction of Surgical Defects of Skull Base			

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
61618	Secondary repair of dura for CSF leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (e.g., pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	67,200	46,200	21,000
61619	Secondary repair of dura for CSF leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)	63,000	42,000	21,000
	Endovascular Therapy			
61624	Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	71,400	50,400	21,000
61626	Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	55,000	33,600	21,400
	Surgery for Aneurysm, Arteriovenous Malformation or Vascular Disease			
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	63,000	42,000	21,000
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	71,400	50,400	21,000
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	63,000	42,000	21,000
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	71,400	50,400	21,000
61690	Surgery of intracranial arteriovenous malformation; dural, simple	55,000	33,600	21,400
61692	Surgery of intracranial arteriovenous malformation; dural, complex	63,000	42,000	21,000
61700	Surgery of intracranial aneurysm, intracranial approach; carotid circulation	71,400	50,400	21,000
61702	Surgery of intracranial aneurysm, intracranial approach; vertebral-basilar circulation	75,600	54,600	21,000
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	23,300	12,600	10,700
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	71,400	50,400	21,000
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	37,800	21,000	16,800
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure or balloon catheter	63,000	42,000	21,000
61711	Anastomosis, arterial, extracranial-intracranial (e.g., middle cerebral/cortical) arteries	67,200	46,200	21,000
61712	Microdissection, intracranial or spinal procedure (list separately in addition to code for primary procedure)	67,200	46,200	21,000
	Stereotaxis			
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	67,200	46,200	21,000
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	63,000	42,000	21,000
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	63,000	42,000	21,000
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; w/ computerized axial tomography	63,000	42,000	21,000
61760	Stereotactic implantation of depth electrodes into the cerebrum for long term seizure monitoring	63,000	42,000	21,000
61770	Stereotactic localization, any method, including burr hole(s), w/ insertion of catheter(s) for brachytherapy	30,300	16,800	13,500
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); gasserian ganglion	37,800	21,000	16,800
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	37,800	21,000	16,800
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator)	63,000	42,000	21,000
61795	Stereotactic computer assisted volumetric intracranial procedure	63,000	42,000	21,000
	Neurostimulators (Intracranial)			

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes; cortical	53,400	29,400	24,000
61855	Twist drill or burr hole(s) for implantation of neurostimulator electrodes; subcortical	67,200	46,200	21,000
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical	58,800	37,800	21,000
61865	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; subcortical	46,500	25,200	21,300
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	58,800	37,800	21,000
61875	Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical	67,200	46,200	21,000
61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling	37,800	21,000	16,800
	Repair			
62000	Elevation of depressed skull fracture; simple, extradural	30,300	16,800	13,500
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	37,800	21,000	16,800
62010	Elevation of depressed skull fracture; w/ repair of dura and /or debridement of brain	46,500	25,200	21,300
62100	Craniotomy for repair of dural /CSF leak, including surgery for rhinorrhea/otorrhea	71,400	50,400	21,000
62115	Reduction of craniomegaly skull (e.g., treated hydrocephalus); not requiring bone grafts or cranioplasty	37,800	21,000	16,800
62116	Reduction of craniomegaly skull (e.g., treated hydrocephalus); w/ simple cranioplasty	46,500	25,200	21,300
62117	Reduction of craniomegaly skull (e.g., treated hydrocephalus); requiring craniotomy and reconstruction w/ or w/o bone graft (includes obtaining grafts)	53,400	29,400	24,000
62120	Repair of encephalocele, skull vault, including cranioplasty	58,800	37,800	21,000
62121	Craniotomy for repair of encephalocele, skull base	55,000	33,600	21,400
62140	Cranioplasty for skull defect; up to 5 cm diameter	30,300	16,800	13,500
62141	Cranioplasty for skull defect; larger than 5 cm diameter	30,300	16,800	13,500
62142	Removal of bone flap or prosthetic plate of skull	30,300	16,800	13,500
62143	Replacement of bone flap or prosthetic plate of skull	30,300	16,800	13,500
62145	Cranioplasty for skull defect w/ reparative brain surgery	53,400	29,400	24,000
62146	Cranioplasty w/ autograft (includes obtaining bone grafts); up to 5 cm diameter	53,400	29,400	24,000
62147	Cranioplasty w/ autograft (includes obtaining bone grafts); larger than 5 cm diameter	55,000	33,600	21,400
	Neuroendoscopy			
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage	37,800	21,000	16,800
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cyst (including placement, replacement or removal of ventricular catheter)	46,500	25,200	21,300
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	46,500	25,200	21,300
62163	Neuroendoscopy, intracranial; with retrieval of foreign body	46,500	25,200	21,300
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or transphenoidal approach	46,500	25,200	21,300
	CSF Shunt			
62180	Ventriculocisternostomy (Torkildsen type operation)	37,800	21,000	16,800
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	23,300	12,600	10,700
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	23,300	12,600	10,700
62200	Ventriculocisternostomy, third ventricle;	37,800	21,000	16,800
62201	Ventriculocisternostomy, third ventricle; stereotactic method	46,500	25,200	21,300
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	30,300	16,800	13,500
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	30,300	16,800	13,500
62230	Replacement or revision of CSF (VP) shunt, obstructed valve, or distal catheter in shunt system	23,300	12,600	10,700
	Spine and Spinal Cord			
	Injection, Drainage or Aspiration			
62268	Percutaneous aspiration, spinal cord cyst or syrinx	12,900	6,300	6,600
62269	Biopsy of spinal cord, percutaneous needle	12,900	6,300	6,600
62270	Spinal puncture, lumbar, diagnostic	5,680	1,680	4,000
62272	Spinal puncture, therapeutic, for drainage of spinal fluid (by needle or catheter)	5,560	1,260	4,300
62287	Aspiration procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar	23,300	12,600	10,700

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	Catheter Implantation			
62350	Implantation, revision or repositioning of intrathecal or epidural catheter, for implantable reservoir or implantable infusion pump; w/o laminectomy	18,000	8,400	9,600
62351	Implantation, revision or repositioning of intrathecal or epidural catheter, for implantable reservoir or implantable infusion pump; w/ laminectomy	37,800	21,000	16,800
	Reservoir/ Pump Implantation			
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	9,700	4,200	5,500
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump	18,000	8,400	9,600
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, w/ or w/o programming	23,300	12,600	10,700
62464	Implantation or replacement of device for intrathecal or epidural drug infusion; with excision of brain tumor, including placement of external ventricular catheter for drainage	46,500	25,200	21,300
	Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Disks			
63001	Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments: cervical	55,000	33,600	21,400
63003	Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments: thoracic	53,400	29,400	24,000
63005	Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis	37,800	21,000	16,800
63011	Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments: sacral	37,800	21,000	16,800
63012	Laminectomy w/ removal of abnormal facets and/or pars inter-articularis w/ decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	53,400	29,400	24,000
63015	Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), more than 2 vertebral segments: cervical	55,000	33,600	21,400
63016	Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), more than 2 vertebral segments: thoracic	53,400	29,400	24,000
63017	Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), more than 2 vertebral segments: lumbar	46,500	25,200	21,300
63020	Laminotomy (hemilaminectomy), w/ decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical	55,000	33,600	21,400
63030	Laminotomy (hemilaminectomy), w/ decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar	46,500	25,200	21,300
63040	Laminotomy (hemilaminectomy), w/ decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision or herniated intervertebral disk; re-exploration: cervical	53,400	29,400	24,000
63042	Laminotomy (hemilaminectomy), w/ decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision or herniated intervertebral disk; re-exploration; lumbar	46,500	25,200	21,300
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral w/ decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis), single vertebral segment; cervical	55,000	33,600	21,400
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral w/ decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis), single vertebral segment; thoracic	53,400	29,400	24,000
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral w/ decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis), single vertebral segment; lumbar	46,500	25,200	21,300
	Transpedicular or Costovertebral Approach for Posterolateral Extradural Exploration/ Decompression			

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
63055	Transpedicular approach w/ decompression of spinal cord, equina and/ or nerve root(s) (e.g., herniated intervertebral disk), single segment; thoracic	53,400	29,400	24,000
63056	Transpedicular approach w/ decompression of spinal cord, equina and/ or nerve root(s) (e.g., herniated intervertebral disk), single segment; lumbar	46,500	25,200	21,300
63064	Costovertebral approach w/ decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disk), thoracic; single segment	53,400	29,400	24,000
	Anterior or Anterolateral Approach for Extradural Exploration/Decompression			
63075	Discectomy, anterior, w/ decompression of spinal cord and/ or nerve root(s), including osteophyctomy; cervical, single interspace	55,000	33,600	21,400
63077	Discectomy, anterior, w/ decompression of spinal cord and/ or nerve root(s), including osteophyctomy; thoracic, single interspace	37,800	21,000	16,800
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach w/ decompression of spinal cord and/ or nerve root(s); cervical, single segment	55,000	33,600	21,400
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach w/ decompression of spinal cord and/ or nerve root(s); thoracic, single segment	53,400	29,400	24,000
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach w/ decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	46,500	25,200	21,300
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach w/ decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	53,400	29,400	24,000
	Incision			
63170	Laminectomy w/ myelotomy (e.g., Bischof or DREZ type), cervical thoracic, or thoracolumbar	58,800	37,800	21,000
63172	Laminectomy w/ drainage of intramedullary cyst/ syrinx; to subarachnoid space	53,400	29,400	24,000
63173	Laminectomy w/ drainage of intramedullary cyst/ syrinx; to peritoneal space	55,000	33,600	21,400
63180	Laminectomy and section of dentate ligaments, w/ or w/o dural graft, cervical; one of two segments	55,000	33,600	21,400
63182	Laminectomy and section of dentate ligaments, w/ or w/o dural graft, cervical; more than two segments	55,000	33,600	21,400
63185	Laminectomy w/ rhizotomy; one or two segments	53,400	29,400	24,000
63190	Laminectomy w/ rhizotomy; more than two segments	53,400	29,400	24,000
63191	Laminectomy w/ section of spinal accessory nerve	57,520	36,120	21,400
63194	Laminectomy w/ cordotomy, w/ section of one spinothalamic tract, one stage; cervical	55,000	33,600	21,400
63195	Laminectomy w/ cordotomy, w/ section of one spinothalamic tract, one stage; thoracic	53,400	29,400	24,000
63196	Laminectomy w/ cordotomy w/ section of both spinothalamic tracts, one stage; cervical	55,000	33,600	21,400
63197	Laminectomy w/ cordotomy w/ section of both spinothalamic tracts, one stage; thoracic	53,400	29,400	24,000
63198	Laminectomy w/ cordotomy w/ section of both spinothalamic tracts, two stages w/in 14 days; cervical	55,000	33,600	21,400
63199	Laminectomy w/ cordotomy w/ section of both spinothalamic tracts, two stages w/in 14 days; thoracic	53,400	29,400	24,000
63200	Laminectomy, w/ release of tethered spinal cord, lumbar	49,020	27,720	21,300
	Excision by Laminectomy of Lesion Other Than Herniated Disk			
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	55,000	33,600	21,400
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	53,400	29,400	24,000
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	46,500	25,200	21,300
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; cervical	55,000	33,600	21,400
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; thoracic	53,400	29,400	24,000
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; lumbar	46,500	25,200	21,300
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; sacral	37,800	21,000	16,800
63270	Laminectomy for excision of intraspinal lesion other than neoplasm; intradural; cervical	55,000	33,600	21,400

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
63271	Laminectomy for excision of intraspinal lesion other than neoplasm; intradural; thoracic	53,400	29,400	24,000
63272	Laminectomy for excision of intraspinal lesion other than neoplasm; intradural; lumbar	46,500	25,200	21,300
63273	Laminectomy for excision of intraspinal lesion other than neoplasm; intradural; sacral	37,800	21,000	16,800
63275	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, cervical	55,000	33,600	21,400
63276	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, extradural, thoracic	53,400	29,400	24,000
63277	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, extradural, lumbar	46,500	25,200	21,300
63278	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, extradural, sacral	37,800	21,000	16,800
63280	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, extramedullary, cervical	58,800	37,800	21,000
63281	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, extramedullary, thoracic	55,000	33,600	21,400
63282	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, extramedullary, lumbar	53,400	29,400	24,000
63283	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, sacral	46,500	25,200	21,300
63285	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, intramedullary, cervical	58,800	37,800	21,000
63286	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, intramedullary, thoracic	55,000	33,600	21,400
63287	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, intramedullary, thoracolumbar	53,400	29,400	24,000
63290	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, combined extradural-intradural lesion, any level	46,500	25,200	21,300
	Excision, Anterior or Anterolateral Approach, Intraspinal Lesion			
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	55,000	33,600	21,400
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	53,400	29,400	24,000
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	53,400	29,400	24,000
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	53,400	29,400	24,000
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	55,000	33,600	21,400
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	53,400	29,400	24,000
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	53,400	29,400	24,000
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	53,400	29,400	24,000
	Stereotaxis			
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/ or recording)	30,300	16,800	13,500
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	30,300	16,800	13,500
63615	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	37,600	18,900	18,700
	Neurostimulators (Spinal)			
63650	Percutaneous implantation of neurostimulator electrodes; epidural	8,020	2,520	5,500
63655	Laminectomy for implantation of neurostimulator electrodes; epidural	46,500	25,200	21,300
63685	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	21,820	10,920	10,900
	Repair			
63700	Repair of meningocele; less than 5 cm diameter	30,300	16,800	13,500
63702	Repair of meningocele; larger than 5 diameter	37,180	18,480	18,700
63704	Repair of myelomeningocele; less than 5 cm diameter	37,800	21,000	16,800
63706	Repair of myelomeningocele; larger than 5 diameter	46,500	25,200	21,300
63707	Repair of dural/ CSF leak, not requiring laminectomy	30,300	16,800	13,500
63709	Repair of dural/ CSF leak or pseudomeningocele, w/ laminectomy	46,500	25,200	21,300
63710	Dural graft, spinal	46,500	25,200	21,300
	Shunt, Spinal CSF			

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	30,300	16,800	13,500
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	23,300	12,600	10,700
	Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System			
	Neuroplasty (Exploration, Neurolysis or Nerve Decompression)			
64702	Neuroplasty; digital, one or both, same digit	12,120	6,720	5,400
64704	Neuroplasty; nerve of hand or foot	12,120	6,720	5,400
64708	Neuroplasty, major peripheral nerve, arm or leg; other than specified	18,000	8,400	9,600
64712	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve	20,980	10,080	10,900
64713	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus	20,980	10,080	10,900
64714	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus	20,980	10,080	10,900
64716	Neuroplasty and/or transposition; cranial nerve (specify)	37,800	21,000	16,800
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	18,000	8,400	9,600
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	18,000	8,400	9,600
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	18,000	8,400	9,600
64722	Decompression; unspecified nerve(s) (specify)	18,000	8,400	9,600
64726	Decompression; plantar digital nerve	18,000	8,400	9,600
64727	Internal neurolysis, requiring use of operating microscope (list separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	30,300	16,800	13,500
	Transection or Avulsion			
64732	Transection or avulsion of; supraorbital nerve	9,700	4,200	5,500
64734	Transection or avulsion of; infraorbital nerve	9,700	4,200	5,500
64736	Transection or avulsion of; mental nerve	9,700	4,200	5,500
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	9,700	4,200	5,500
64740	Transection or avulsion of; lingual nerve	9,700	4,200	5,500
64742	Transection or avulsion of; facial nerve, differential or complete	12,120	6,720	5,400
64744	Transection or avulsion of; greater occipital nerve	9,700	4,200	5,500
64746	Transection or avulsion of; phrenic nerve	12,120	6,720	5,400
64752	Transection or avulsion of; vagus nerve (vagotomy), transthoracic	21,940	9,240	12,700
64755	Transection or avulsion of; vagi limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	21,940	9,240	12,700
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	18,000	8,400	9,600
64761	Transection or avulsion of; pudendal nerve	9,700	4,200	5,500
64763	Transection or avulsion of obturator nerve, extrapelvic, w/ or w/o adductor tenotomy	18,000	8,400	9,600
64766	Transection or avulsion of obturator nerve, intrapelvic, w/ or w/o adductor tenotomy	18,000	8,400	9,600
64771	Transection or avulsion of other cranial nerve, intradural	37,800	21,000	16,800
64772	Transection or avulsion of other spinal nerve, extradural	30,300	16,800	13,500
	Somatic Nerves			
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	8,020	2,520	5,500
64776	Excision of neuroma; digital nerve, one or both, same digit	8,020	2,520	5,500
64782	Excision of neuroma; hand or foot, except digital nerve	8,020	2,520	5,500
64784	Excision of neuroma; major peripheral nerve, except sciatic	8,020	2,520	5,500
64786	Excision of neuroma; sciatic nerve	9,700	4,200	5,500
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	8,020	2,520	5,500
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	8,020	2,520	5,500
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	9,700	4,200	5,500
64795	Biopsy of nerve	8,020	2,520	5,500
	Sympathetic Nerves			
64802	Sympathectomy, cervical	18,000	8,400	9,600
64804	Sympathectomy, cervicothoracic	18,000	8,400	9,600
64809	Sympathectomy, thoracolumbar	18,000	8,400	9,600
64818	Sympathectomy, lumbar	18,000	8,400	9,600
64820	Sympathectomy, digital arteries, w/ magnification, each digit	12,120	6,720	5,400
	Neurorrhaphy			
64830	Microdissection and/or microrepair of nerve (list separately in addition to code for nerve repair)	20,980	10,080	10,900
64831	Suture of digital nerve, hand or foot; one nerve	18,000	8,400	9,600
64832	Suture of digital nerve, hand or foot; each additional digital nerve	8,020	2,520	5,500
64834	Suture of one nerve, hand or foot; common sensory nerve	18,000	8,400	9,600
64835	Suture of one nerve, hand or foot; median motor thenar	18,000	8,400	9,600
64836	Suture of one nerve, hand or foot; ulnar motor	18,000	8,400	9,600
64837	Suture of each additional nerve, hand or foot	8,020	2,520	5,500
64840	Suture of posterior tibial nerve	18,000	8,400	9,600
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	20,980	10,080	10,900
64857	Suture of major peripheral nerve, arm or leg, except sciatic; w/o transposition	18,000	8,400	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
64858	Suture of sciatic nerve	18,000	8,400	9,600
64859	Suture of each additional major peripheral nerve	8,020	2,520	5,500
64861	Suture of; brachial plexus	20,980	10,080	10,900
64862	Suture of; lumbar plexus	20,980	10,080	10,900
64864	Suture of facial nerve; extracranial	20,980	10,080	10,900
64865	Suture of facial nerve; infratemporal, w/ or w/o grafting	20,980	10,080	10,900
64866	Anastomosis; facial-spinal accessory	23,300	12,600	10,700
64868	Anastomosis; facial-hypoglossal	23,300	12,600	10,700
64870	Anastomosis; facial-phrenic	23,300	12,600	10,700
	Neurorrhaphy w/ Nerve Graft			
64885	Nerve graft (includes obtaining graft), head or neck; up to 4cm in length	23,300	12,600	10,700
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	31,580	14,280	17,300
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	30,300	16,800	13,500
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	30,300	16,800	13,500
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	23,300	12,600	10,700
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	31,580	14,280	17,300
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	27,120	15,120	12,000
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	30,300	16,800	13,500
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	23,300	12,600	10,700
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	31,580	14,280	17,300
64901	Nerve graft, each additional nerve; single strand	8,020	2,520	5,500
64902	Nerve graft, each additional nerve; multiple strands (cable)	8,020	2,520	5,500
64905	Nerve pedicle transfer; first stage	20,980	10,080	10,900
64907	Nerve pedicle transfer; second stage	20,980	10,080	10,900
	Eye and Ocular Adnexa			
	Eyeball			
	Removal of Eye			
65091	Evisceration of ocular contents; w/o implant	12,120	6,720	5,400
65093	Evisceration of ocular contents; w/ implant	12,120	6,720	5,400
65101	Enucleation of eye; w/o implant	12,120	6,720	5,400
65103	Enucleation of eye; w/ implant, muscles not attached to implant	12,120	6,720	5,400
65105	Enucleation of eye; w/ implant, muscles attached to implant	12,120	6,720	5,400
65110	Exenteration of orbit without skin graft, removal of orbital contents; only	37,800	21,000	16,800
65112	Exenteration of orbit without skin graft, removal of orbital contents; w/ therapeutic removal of bone	38,640	21,840	16,800
65114	Exenteration of orbit without skin graft, removal of orbital contents; w/ muscle or myocutaneous flap	39,480	22,680	16,800
	Secondary Implant(s) Procedures			
65130	Insertion of ocular implant; after evisceration, in scleral shell	10,960	5,460	5,500
65135	Insertion of ocular implant; after enucleation, muscles not attached to implant	10,960	5,460	5,500
65140	Insertion of ocular implant; after enucleation, muscles attached to implant	11,980	5,880	6,100
65150	Reinsertion of ocular implant; with or without conjunctival graft	11,980	5,880	6,100
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	11,980	5,880	6,100
65175	Removal of ocular implant	9,700	4,200	5,500
	Removal of Foreign Body			
65205	Removal of foreign body, external eye; conjunctival, superficial	3,500	1,000	2,500
65210	Removal of foreign body, external eye; subconjunctival or scleral, with slit lamp	4,500	2,000	2,500
65222	Removal of foreign body, external eye; cornea, with slit lamp	4,180	1,680	2,500
65235	Removal of foreign body, intraocular; from anterior chamber or lens	18,000	8,400	9,600
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	53,400	29,400	24,000
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	55,000	33,600	21,400
	Repair of Laceration			
65270	Repair of laceration; conjunctiva, w/ or w/o nonperforating laceration sclera, direct closure	8,020	2,520	5,500
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement	8,020	2,520	5,500
65275	Repair of laceration; cornea, nonperforating, w/ or w/o removal foreign body	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	20,980	10,080	10,900
65285	Repair of laceration; cornea and/or sclera, perforating, w/ reposition or resection of uveal tissue	23,300	12,600	10,700
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	9,700	4,200	5,500
65290	Repair of wound, extraocular muscle, tendon and/ or Tenons capsule	9,700	4,200	5,500
	Anterior Segment			
	Cornea			
	Excision			
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	8,260	3,360	4,900
65410	Biopsy of cornea	8,020	2,520	5,500
65420	Excision or transposition of pterygium; without graft	8,260	3,360	4,900
65426	Excision or transposition of pterygium; with graft	9,700	4,200	5,500
	Removal or Destruction			
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	8,020	2,520	5,500
65710	Keratoplasty (corneal transplant); lamellar	30,300	16,800	13,500
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia)	30,300	16,800	13,500
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	30,300	16,800	13,500
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	30,300	16,800	13,500
	Other Procedures			
65760	Keratomileusis	N/A	N/A	N/A
65765	Keratophakia	10,540	5,040	5,500
65767	Epikeratoplasty	18,000	8,400	9,600
65770	Keratoprosthesis	30,300	16,800	13,500
65771	Radial keratotomy	14,960	7,560	7,400
65772	Corneal relaxing incision for correction of surgically induced astigmatism	14,960	7,560	7,400
65775	Corneal wedge resection for correction of surgically induced astigmatism	14,960	7,560	7,400
65780	Ocular surface reconstruction; amniotic membrane transplantation	30,300	16,800	13,500
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	30,300	16,800	13,500
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	30,300	16,800	13,500
	Anterior Chamber			
	Incision			
65805	Paracentesis of anterior chamber of eye; w/ therapeutic release of aqueous	8,020	2,520	5,500
65810	Paracentesis of anterior chamber of eye; w/ removal of vitreous and/or discission of anterior hyaloid membrane, w/ or w/o air injection	9,700	4,200	5,500
65815	Paracentesis of anterior chamber of eye; w/ removal of blood, w/ or w/o irrigation and/or air injection	9,700	4,200	5,500
65820	Goniotomy	23,300	12,600	10,700
65850	Trabeculotomy ab externo	23,300	12,600	10,700
65855	Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)	12,120	6,720	5,400
65860	Severing adhesions of anterior segment, laser technique	10,540	5,040	5,500
	Other Procedures			
65865	Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); goniosynechia	10,540	5,040	5,500
65870	Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); anterior synechia, except goniosynechia	10,540	5,040	5,500
65875	Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); posterior synechia	10,540	5,040	5,500
65880	Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); corneovitreal adhesions	10,540	5,040	5,500
65900	Removal of epithelial material, anterior segment eye	10,540	5,040	5,500
65920	Removal of implanted material, anterior segment eye	12,120	6,720	5,400
65930	Removal of blood clot, anterior segment eye	8,020	2,520	5,500
	Anterior Sclera			
	Excision			
66130	Excision of lesion, sclera	8,260	3,360	4,900
66150	Fistulization of sclera for glaucoma; trephination w/ iridectomy	18,000	8,400	9,600
66155	Fistulization of sclera for glaucoma; thermocauterization w/ iridectomy	18,000	8,400	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
66160	Fistulization of sclera for glaucoma; sclerectomy w/ punch or scissors, w/ iridectomy	18,000	8,400	9,600
66165	Fistulization of sclera for glaucoma; iridencleisis or iridotasis	18,000	8,400	9,600
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	18,000	8,400	9,600
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo w/ scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	27,120	15,120	12,000
66180	Aqueous shunt to extraocular reservoir (e.g., Molteno, Schocket, Denver-Krupin)	30,300	16,800	13,500
66185	Revision of aqueous shunt to extraocular reservoir	30,300	16,800	13,500
	Repair or Revision			
66220	Repair of scleral staphyloma; w/o graft	12,120	6,720	5,400
66225	Repair of scleral staphyloma; w/ graft	23,300	12,600	10,700
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	14,960	7,560	7,400
	Iris, Ciliary Body			
	Incision			
66500	Iridotomy by stab incision; except transfixion	10,540	5,040	5,500
66505	Iridotomy by stab incision; w/ transfixion as for iris bombe	10,540	5,040	5,500
	Excision			
66600	Iridectomy, w/ corneoscleral or corneal section; for removal of lesion	12,120	6,720	5,400
66605	Iridectomy, w/ corneoscleral or corneal section; w/ cyclectomy	18,000	8,400	9,600
66625	Iridectomy, w/ corneoscleral or corneal section; peripheral for glaucoma	12,120	6,720	5,400
66630	Iridectomy, w/ corneoscleral or corneal section; sector for glaucoma	12,120	6,720	5,400
	Repair			
66680	Repair of iris, ciliary body (as for iridodialysis)	18,000	8,400	9,600
66682	Suture of iris, ciliary body w/ retrieval of suture through small incision (e.g., McCannel suture)	14,960	7,560	7,400
	Destruction			
66700	Ciliary body destruction; diathermy	11,980	5,880	6,100
66710	Ciliary body destruction; cyclophotocoagulation	11,980	5,880	6,100
66720	Ciliary body destruction; cryotherapy	11,980	5,880	6,100
66740	Ciliary body destruction; cyclodialysis	11,980	5,880	6,100
66761	Iridotomy/iridectomy by laser surgery (e.g., for glaucoma) (one or more sessions)	10,540	5,040	5,500
66762	Iridoplasty by photocoagulation (one or more sessions) (e.g., for improvement of vision, for widening of anterior chamber angle)	12,120	6,720	5,400
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	10,540	5,040	5,500
	Lens			
	Removal Cataract			
66820	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	12,120	6,720	5,400
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	8,260	3,360	4,900
66825	Repositioning of intraocular lens prosthesis, requiring an incision	18,000	8,400	9,600
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) w/ corneo-scleral section, w/ or w/o iridectomy (iridocapsulotomy, iridocapsulectomy)	12,120	6,720	5,400
66840	Removal of lens material; aspiration technique, one or more stages	16,000	6,400	9,600
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (e.g., phacoemulsification), w/ aspiration	16,000	6,400	9,600
66852	Removal of lens material; pars plana approach, with or without vitrectomy	16,000	6,400	9,600
66920	Removal of lens material; intracapsular	16,000	6,400	9,600
66930	Removal of lens material; intracapsular, for dislocated lens	16,000	6,400	9,600
66940	Removal of lens material; extracapsular	16,000	6,400	9,600
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g. iris expansion device, suture support for intraocular lens, or primary posterior capsulorhexis) or performed on patients in the amblyogenic developmental stage	16,000	6,400	9,600
66983	Intracapsular cataract extraction w/ insertion of intraocular lens prosthesis (one stage procedure)	16,000	6,400	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
66984	Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., irrigation and aspiration)	16,000	6,400	9,600
66985	Insertion of intraocular lens prosthesis, not associated with cataract removal	16,000	6,400	9,600
66986	Exchange of intraocular lens	16,000	6,400	9,600
66987	Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., phacoemulsification)	16,000	6,400	9,600
	Other Procedures			
66991	Revision of failed filter; with or without explantation/exchange of shunt	37,800	21,000	16,800
66992	Revision of failed filter; with excision of bleb cyst	37,800	21,000	16,800
66993	Revision of failed filter; with choroidal tap	30,300	16,800	13,500
66994	Revision of failed filter; with posterior sclerotomy	30,300	16,800	13,500
66995	Revision of failed filter; with anterior chamber reformation	30,300	16,800	13,500
66996	Revision of filtering bleb, needling technique; without injection of anti-metabolite	12,120	6,720	5,400
66997	Revision of filtering bleb, needling technique; with injection of anti-metabolite	18,000	8,400	9,600
66998	Release of scleral flap suture by laser suture lysis (new code)	9,700	4,200	5,500
66999	Revision of overfiltering bleb (includes autologous blood injection, cryotherapy, mattress sutures, etc.)	18,000	8,400	9,600
	Posterior Segment			
	Vitreous			
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	37,800	21,000	16,800
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal w/ mechanical vitrectomy	45,000	21,000	24,000
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	9,700	4,200	5,500
67025	Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), w/ or w/o aspiration	12,120	6,720	5,400
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	31,580	14,280	17,300
67030	Dissection of vitreous strands (w/o removal), pars plana approach	12,900	6,300	6,600
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)	10,540	5,040	5,500
67036	Vitrectomy, mechanical, pars plana approach;	46,500	25,200	21,300
67038	Vitrectomy, mechanical, pars plana approach; w/ epiretinal membrane stripping	46,500	25,200	21,300
67039	Vitrectomy, mechanical, pars plana approach; w/ focal endolaser photocoagulation	46,500	25,200	21,300
67040	Vitrectomy, mechanical, pars plana approach; w/ endolaser panretinal photocoagulation	46,500	25,200	21,300
67041	Vitrectomy, mechanical, pars plana approach; with internal limiting membrane (ILM) peeling	46,500	25,200	21,300
67042	Vitrectomy, mechanical, pars plana approach; with radial optic nerve neurotomy (RON)	46,500	25,200	21,300
67043	Vitrectomy, mechanical, pars plana approach; with sheathotomy for branch retinal vein occlusion	46,500	25,200	21,300
67044	Vitrectomy, mechanical, pars plana approach; with macular translocation (limited by retinotomy and/or scleral imbrication)	46,500	25,200	21,300
67045	Vitrectomy, mechanical, pars plana approach; with macular translocation (total)	46,500	25,200	21,300
67046	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membranes	46,500	25,200	21,300
67047	Vitrectomy, mechanical, pars plana approach; with removal of choroidal neovascular membrane	46,500	25,200	21,300
67048	Vitrectomy, mechanical, pars plana approach; with endodrainage of subretinal hemorrhage (with or without tPA injection)	46,500	25,200	21,300
67049	Vitrectomy, mechanical, pars plana approach; with removal of dropped IOL	46,500	25,200	21,300
67050	Vitrectomy, mechanical, pars plana approach; with phacofragmentation for dropped lens material	46,500	25,200	21,300
67051	Vitrectomy, mechanical, pars plana approach; with internal tamponade with air, gas, silicone oil, perfluorocarbon liquid	46,500	25,200	21,300
67052	Vitrectomy, mechanical, pars plana approach; with insertion of scleral fixated intraocular lens, with or without anterior vitrectomy	37,800	21,000	16,800
	Retina or Choroid			
	Repair			
67101	Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, w/ or w/o drainage of subretinal fluid	46,500	25,200	21,300
67105	Repair of retinal detachment, one or more sessions; photocoagulation, w/ or w/o drainage of subretinal fluid	37,180	18,480	18,700

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), w/ or w/o implant, w/ or w/o cryotherapy, photocoagulation, and drainage of subretinal fluid	46,500	25,200	21,300
67108	Repair of retinal detachment; w/ vitrectomy, any method, w/ or w/o air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	46,500	25,200	21,300
67110	Repair of retinal detachment; by injection of air or other gas (e.g., pneumatic retinopexy)	30,300	16,800	13,500
67112	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	46,500	25,200	21,300
67115	Release of encircling material (posterior segment)	12,120	6,720	5,400
67120	Removal of implanted material, posterior segment; extraocular	12,120	6,720	5,400
67121	Removal of implanted material, posterior segment; intraocular	20,980	10,080	10,900
	Destruction			
67208	Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), one or more sessions; cryotherapy, diathermy	12,120	6,720	5,400
67210	Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), one or more sessions; photocoagulation (laser or xenon arc)	12,120	6,720	5,400
67218	Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), one or more sessions; radiation by implantation of source (includes removal of source)	12,120	6,720	5,400
67220	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photocoagulation (e.g., laser), one or more sessions	12,120	6,720	5,400
67221	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy (includes intravenous infusions	12,120	6,720	5,400
67222	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); transpupillary thermotherapy	12,120	6,720	5,400
67227	Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), one or more sessions; cryotherapy, diathermy	12,120	6,720	5,400
67228	Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), one or more sessions; photocoagulation (laser or xenon arc)	12,120	6,720	5,400
	Sclera			
	Repair			
67250	Scleral reinforcement	12,120	6,720	5,400
	Ocular Adnexa			
	Extraocular Muscles			
67311	Strabismus surgery, recession or resection procedure (patient not previously operated on); one horizontal muscle	10,120	4,620	5,500
67312	Strabismus surgery, recession or resection procedure (patient not previously operated on); two horizontal muscles	12,120	6,720	5,400
67314	Strabismus surgery, recession or resection procedure (patient not previously operated on); one vertical muscle (excluding superior oblique)	12,120	6,720	5,400
67316	Strabismus surgery, recession or resection procedure (patient not previously operated on); two or more vertical muscles (excluding superior oblique)	18,000	8,400	9,600
67318	Strabismus surgery, any procedure (patient not previously operated on), superior oblique muscle	18,000	8,400	9,600
67320	Transposition procedure (e.g., for paretic extraocular muscle), any extraocular muscle (specify)	18,000	8,400	9,600
67331	Strabismus surgery on patient w/ previous eye surgery or injury that did not involve the extraocular muscles	18,000	8,400	9,600
67332	Strabismus surgery on patient w/ scarring of extraocular muscles (e.g., prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (e.g., dysthyroid ophthalmopathy)	21,940	9,240	12,700
67334	Strabismus surgery by posterior fixation suture technique, w/ or w/o muscle recession	11,980	5,880	6,100
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s)	22,660	11,760	10,900
67343	Release of extensive scar tissue w/o detaching extraocular muscle	18,000	8,400	9,600
67345	Chemodenerivation of extraocular muscle	9,700	4,200	5,500
	Other Procedures			
67350	Biopsy of extraocular muscle	9,700	4,200	5,500
	Orbit			

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	Exploration, Excision, Decompression			
67400	Orbitotomy w/o bone flap (frontal or transconjunctival approach); for exploration, w/ or w/o biopsy	46,500	25,200	21,300
67405	Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ drainage only	46,500	25,200	21,300
67412	Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ removal of lesion	46,500	25,200	21,300
67413	Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ removal of foreign body	46,500	25,200	21,300
67414	Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ removal of bone for decompression	46,500	25,200	21,300
67415	Fine needle aspiration of orbital contents	46,500	25,200	21,300
67420	Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ removal of lesion	46,500	25,200	21,300
67430	Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ removal of foreign body	46,500	25,200	21,300
67440	Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ drainage	46,500	25,200	21,300
67445	Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ removal of bone for decompression	46,500	25,200	21,300
	Other Procedures			
67550	Orbital implant (implant outside muscle cone); insertion	10,960	5,460	5,500
67560	Orbital implant (implant outside muscle cone); removal or revision	10,960	5,460	5,500
67570	Optic nerve decompression (e.g., incision or fenestration of optic nerve sheath)	53,400	29,400	24,000
67580	Repair of anophthalmic socket; with insertion or removal of orbital implant within muscle cone	12,120	6,720	5,400
67581	Repair of anophthalmic socket; with exchange or orbital implant	20,980	10,080	10,900
67582	Repair of anophthalmic socket; with exchange of orbital implant and reattachment of muscles	20,980	10,080	10,900
67583	Repair of anophthalmic socket; with fornix reconstruction using sutures	20,980	10,080	10,900
67584	Repair of anophthalmic socket; with fornix reconstruction using buccal mucosal graft or amnion graft, including harvesting of graft	20,980	10,080	10,900
67585	Repair of anophthalmic socket; with revision of implant and fornix reconstruction using sutures	20,980	10,080	10,900
67586	Repair of anophthalmic socket; with revision of implant and fornix reconstruction using buccal mucosal graft, or amnion graft (including harvesting of graft)	20,980	10,080	10,900
	Eyelids			
	Incision			
67700	Blepharotomy, drainage of abscess, eyelid	5,680	1,680	4,000
67710	Severing of tarsorrhaphy	5,680	1,680	4,000
67715	Canthotomy	5,680	1,680	4,000
	Excision			
67800	Excision of chalazion	5,680	1,680	4,000
67810	Biopsy of eyelid	5,680	1,680	4,000
67825	Repair of trichiasis; by electroepilation, electrosurgery, cryotherapy or laser surgery	5,680	1,680	4,000
67830	Repair of trichiasis; incision of lid margin	3,640	840	2,800
67835	Repair of trichiasis; incision of lid margin, with free mucous membrane graft	9,300	2,100	7,200
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	5,560	1,260	4,300
	Tarsorrhaphy			
67875	Temporary closure of eyelids suture (e.g., frost suture)	5,680	1,680	4,000
67880	Construction of intermargin adhesions, median tarsorrhaphy, or canthorrhaphy;	5,680	1,680	4,000
67882	Construction of intermargin adhesions, median tarsorrhaphy, or canthorrhaphy; with transportation of tarsal plate	8,020	2,520	5,500
	Repair (Brow Ptosis, Blepharoptosis, Lid retraction, Ectropion, Entropion)			
67900	Repair of brow ptosis (supraciliary, midforehead or coronal approach)	18,000	8,400	9,600
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	18,000	8,400	9,600
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)	20,980	10,080	10,900
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	18,000	8,400	9,600
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	18,000	8,400	9,600
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	18,000	8,400	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
67908	Repair of blepharoptosis; conjunctivo-tarso-Mullers muscle-levator resection (Fasanella-Servat type)	18,000	8,400	9,600
67911	Repair of lid retraction (eyelid recession); without spacer	21,400	10,500	10,900
67912	Correction of lagophthalmos, with implantation of upper eyelid load	32,000	14,700	17,300
67914	Repair of ectropion; suture	8,020	2,520	5,500
67915	Repair of ectropion; thermocauterization	8,020	2,520	5,500
67916	Blepharoplasty, excision tarsal wedge	9,700	4,200	5,500
67917	Blepharoplasty, extensive (e.g., Kuhnt-Szymanowski or tarsal strip operations)	12,900	6,300	6,600
67921	Repair of entropion; suture	5,680	1,680	4,000
67922	Repair of entropion; thermocauterization	5,680	1,680	4,000
67923	Blepharoplasty, excision tarsal wedge	9,700	4,200	5,500
67924	Blepharoplasty, extensive (e.g., Wheeler operation)	12,900	6,300	6,600
	Reconstruction			
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/ or palpebral conjunctiva direct closure; partial thickness	9,700	4,200	5,500
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/ or palpebral conjunctiva direct closure; full thickness	12,120	6,720	5,400
67950	Canthoplasty (reconstruction of canthus)	12,120	6,720	5,400
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	30,740	13,440	17,300
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	27,120	15,120	12,000
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage	30,300	16,800	13,500
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage	37,800	21,000	16,800
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage	37,800	21,000	16,800
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	30,300	16,800	13,500
	Conjunctiva			
	Excision and/or Destruction			
68100	Biopsy of conjunctiva	5,680	1,680	4,000
68110	Excision of lesion, conjunctiva; up to 1 cm	8,020	2,520	5,500
68115	Excision of lesion, conjunctiva; over 1 cm	8,020	2,520	5,500
68130	Excision of lesion, conjunctiva; with adjacent sclera	8,020	2,520	5,500
	Conjunctivoplasty			
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	10,540	5,040	5,500
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	12,120	6,720	5,400
68326	Conjunctivoplasty reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	14,960	7,560	7,400
68328	Conjunctivoplasty reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	18,000	8,400	9,600
68330	Repair of symblepharon; conjunctivoplasty, without graft	14,960	7,560	7,400
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	21,940	9,240	12,700
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	18,000	8,400	9,600
	Other Procedures			
68360	Conjunctival flap; bridge or partial	11,980	5,880	6,100
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	11,980	5,880	6,100
68371	Harvesting conjunctival allograft, living donor	20,980	10,080	10,900
	Lacrimal System			
	Incision			
68400	Incision, drainage of lacrimal gland	5,680	1,680	4,000
68420	Incision, drainage of lacrimal sac (dacryocystostomy)	5,680	1,680	4,000
68440	Snip incision of lacrimal punctum	5,680	1,680	4,000
	Excision			
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor	12,120	6,720	5,400
68510	Biopsy of lacrimal gland	5,680	1,680	4,000
68520	Excision of lacrimal sac (dacryocystectomy)	12,120	6,720	5,400
68525	Biopsy of lacrimal sac	5,680	1,680	4,000
68530	Removal of foreign body or dacryolith, lacrimal passages	N/A	N/A	N/A
68540	Excision of lacrimal gland tumor; frontal approach	18,000	8,400	9,600

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
68550	Excision of lacrimal gland tumor; involving osteotomy	18,000	8,400	9,600
	Repair			
68700	Plastic repair of canaliculi	9,700	4,200	5,500
68705	Correction of everted punctum, cautery	3,640	840	2,800
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	18,000	8,400	9,600
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	18,000	8,400	9,600
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	20,980	10,080	10,900
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	8,020	2,520	5,500
68770	Closure of lacrimal fistula	10,880	3,780	7,100
	Probing and/or Related Procedures			
68811	Probing of nasolacrimal duct; requiring general anesthesia	8,020	2,520	5,500
68815	Probing of nasolacrimal duct; with insertion of tube or stent	9,700	4,200	5,500
	Auditory System			
	External Ear			
	Incision			
69000	Drainage external ear, abscess or hematoma	3,672	672	3,000
69020	Drainage external auditory canal, abscess	3,472	252	3,220
	Excision			
69100	Biopsy external ear	5,680	1,680	4,000
69105	Biopsy external auditory canal	5,680	1,680	4,000
69110	Excision external ear; partial, simple repair	8,260	3,360	4,900
69120	Excision external ear; complete amputation	12,120	6,720	5,400
69140	Excision exostosis(es), external auditory canal	9,700	4,200	5,500
69145	Excision soft tissue lesion, external auditory canal	9,700	4,200	5,500
69150	Radical excision external auditory canal lesion; w/o neck dissection	23,300	12,600	10,700
69155	Radical excision external auditory canal lesion; w/ neck dissection	30,300	16,800	13,500
	Removal of Foreign Body			
69200	Removal foreign body from external auditory canal; w/ general anesthesia	9,300	2,100	7,200
69220	Debridement, mastoidectomy cavity, simple (e.g., routine cleaning)	8,020	2,520	5,500
69222	Debridement, mastoidectomy cavity, complex (e.g., w/ anesthesia or more than routine cleaning)	9,700	4,200	5,500
	Repair			
69310	Reconstruction of external auditory canal (meatoplasty) (e.g., for stenosis due to trauma, infection)	23,300	12,600	10,700
69320	Reconstruction external auditory canal for congenital atresia, single stage	23,300	12,600	10,700
	Middle Ear			
	Introduction			
69400	Eustachian tube inflation, transnasal; w/ catheterization	5,812	1,512	4,300
69405	Eustachian tube catheterization, transtympanic	5,680	1,680	4,000
	Incision			
69420	Myringotomy including aspiration and/or eustachian tube inflation	5,680	1,680	4,000
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	8,020	2,520	5,500
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	8,260	3,360	4,900
69436	Tympanostomy (requiring insertion of ventilating tube), w/ general anesthesia	8,260	3,360	4,900
69440	Middle ear exploration through postauricular or ear canal incision	18,000	8,400	9,600
69450	Tympanolysis, transcanal	9,700	4,200	5,500
	Excision			
69501	Transmastoid antrotomy ("simple" mastoidectomy)	20,980	10,080	10,900
69502	Mastoidectomy; complete	23,300	12,600	10,700
69505	Mastoidectomy; modified radical	23,300	12,600	10,700
69511	Mastoidectomy; radical	23,300	12,600	10,700
69530	Petrous apicectomy including radical mastoidectomy	23,300	12,600	10,700
69535	Resection temporal bone, external approach	46,500	25,200	21,300
69540	Excision aural polyp	8,020	2,520	5,500
69550	Excision aural glomus tumor; transcanal	30,300	16,800	13,500
69552	Excision aural glomus tumor; transmastoid	30,300	16,800	13,500
69554	Excision aural glomus tumor; extended (extratemporal)	30,300	16,800	13,500
	Repair			
69601	Revision mastoidectomy; resulting in complete mastoidectomy	23,300	12,600	10,700
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	31,580	14,280	17,300
69603	Revision mastoidectomy; resulting in radical mastoidectomy	23,300	12,600	10,700
69604	Revision mastoidectomy; resulting in tympanoplasty	23,300	12,600	10,700
69605	Revision mastoidectomy; w/ apicectomy	23,300	12,600	10,700
69610	Tympanic membrane repair, w/ or w/o site preparation or perforation for closure, w/ or w/o patch	12,120	6,720	5,400

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
69620	Myringoplasty (surgery confined to drumhead and donor area)	20,980	10,080	10,900
69631	Tympanoplasty w/o mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; w/o ossicular chain reconstruction	30,740	13,440	17,300
69632	Tympanoplasty w/o mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; w/ ossicular chain reconstruction (e.g., postfenestration)	30,740	13,440	17,300
69633	Tympanoplasty w/o mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; w/ ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis, (PORP), total ossicular replacement prosthesis (TORP)	30,740	13,440	17,300
69635	Tympanoplasty w/ antrotomy or mastoidectomy (including canalplasty, atticotomy, middle ear surgery, and/ or tympanic membrane repair); w/o ossicular chain reconstruction	46,500	25,200	21,300
69636	Tympanoplasty w/ antrotomy or mastoidectomy (including canalplasty, atticotomy, middle ear surgery, and/ or tympanic membrane repair); w/ ossicular chain reconstruction	47,340	26,040	21,300
69637	Tympanoplasty w/ antrotomy or mastoidectomy (including canalplasty, atticotomy, middle ear surgery, and/ or tympanic membrane repair); w/ ossicular chain reconstruction and synthetic prosthesis (e.g. partial ossicular replacement prosthesis, (PORP), total ossicular replacement prosthesis (TORP)	47,340	26,040	21,300
69641	Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); w/o ossicular chain reconstruction	46,500	25,200	21,300
69642	Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); w/ ossicular chain reconstruction	47,340	26,040	21,300
69643	Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); w/ intact or reconstructed wall, w/o ossicular chain reconstruction	48,180	26,880	21,300
69644	Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); w/ intact or reconstructed canal wall, w/ ossicular chain reconstruction	49,020	27,720	21,300
69645	Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, w/o ossicular chain reconstruction	46,500	25,200	21,300
69646	Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, w/ ossicular chain reconstruction	46,500	25,200	21,300
69650	Stapes mobilization	37,800	21,000	16,800
69660	Stapedectomy or stapedotomy w/ reestablishment of ossicular continuity, w/ or w/o use of foreign material;	38,640	21,840	16,800
69661	Stapedectomy or stapedotomy w/ reestablishment of ossicular continuity, w/ or w/o use of foreign material; w/ footplate drill out	38,640	21,840	16,800
69662	Revision of stapedectomy or stapedotomy	38,640	21,840	16,800
69666	Repair oval window fistula	38,640	21,840	16,800
69667	Repair round window fistula	38,640	21,840	16,800
69670	Mastoid obliteration	31,580	14,280	17,300
69676	Tympanic neurectomy	30,300	16,800	13,500
	Other Procedures			
69700	Closure postauricular fistula, mastoid	10,540	5,040	5,500
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	30,300	16,800	13,500
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	30,300	16,800	13,500
69740	Suture facial nerve, intratemporal, w/ or w/o graft or decompression; lateral to geniculate ganglion	37,800	21,000	16,800
69745	Suture facial nerve, intratemporal, w/ or w/o graft or decompression; including medial to geniculate ganglion	37,800	21,000	16,800
	Inner Ear			
	Incision and/or Destruction			
69801	Labyrinthotomy, w/ or w/o cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal	38,640	21,840	16,800
69802	Labyrinthotomy, w/ or w/o cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); w/ mastoidectomy	39,480	22,680	16,800
69805	Endolymphatic sac operation; w/o shunt	46,500	25,200	21,300

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
69806	Endolymphatic sac operation; w/ shunt	53,400	29,400	24,000
69820	Fenestration semicircular canal	46,500	25,200	21,300
69840	Revision fenestration operation	53,400	29,400	24,000
	Excision			
69905	Labyrinthectomy; transcanal	46,500	25,200	21,300
69910	Labyrinthectomy; w/ mastoidectomy	53,400	29,400	24,000
69915	Vestibular nerve section, translabyrinthine approach	53,400	29,400	24,000
	ntroduction			
69930	Cochlear device implantation, w/ or w/o mastoidectomy	55,000	33,600	21,400
	Temporal Bone, Middle Fossa Approach			
69950	Vestibular nerve section, transcranial approach	55,000	33,600	21,400
69955	Total facial nerve decompression and/or repair (may include graft)	55,000	33,600	21,400
69960	Decompression internal auditory canal	53,400	29,400	24,000
69970	Removal of tumor, temporal bone	46,500	25,200	21,300
	Radiology Services			
	Head and Neck			
70010	Myelography, brain, including spinal puncture and radiological supervision and interpretation	8,020	2,520	5,500
70390	Sialography; including duct catheterization and radiological supervision and interpretation	8,020	2,520	5,500
	Chest			
71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation	8,020	2,520	5,500
	Spine and Pelvis			
72240	Myelography, spine, including spinal puncture and radiological supervision and interpretation	8,020	2,520	5,500
	Gastrointestinal Tract			
74300	Cholangiography and/or pancreatography, intraoperative, radiological supervision and interpretation	8,020	2,520	5,500
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	8,020	2,520	5,500
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	8,020	2,520	5,500
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal system, radiological supervision and interpretation	8,020	2,520	5,500
74340	Introduction of long gastrointestinal tube (e.g., Miller-Abbott), radiological supervision and interpretation	9,700	4,200	5,500
74350	Percutaneous placement of gastrostomy tube, radiological supervision and interpretation	9,700	4,200	5,500
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	9,700	4,200	5,500
74360	Intraluminal dilation of strictures and/or obstructions, radiological supervision and interpretation	9,700	4,200	5,500
74363	Percutaneous transhepatic dilation of sbiliary duct stricture, radiological supervision and interpretation	18,000	8,400	9,600
	Urinary Tract			
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	18,000	8,400	9,600
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	18,000	8,400	9,600
	Gynecological and Obstetrical			
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	8,020	2,520	5,500
	Angiography			
75600	Aortography, thoracic, radiological supervision and interpretation	9,700	4,200	5,500
75625	Aortography, abdominal, radiological supervision and interpretation	9,700	4,200	5,500
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, radiological supervision and interpretation	9,700	4,200	5,500
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity, radiological supervision and interpretation	9,700	4,200	5,500
75650	Angiography, cervicocerebral, radiological supervision and interpretation	9,700	4,200	5,500
75658	Angiography, brachial retrograde, radiological supervision and interpretation	9,700	4,200	5,500
75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation	9,700	4,200	5,500
75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation	9,700	4,200	5,500
75665	Angiography, cerebral, radiological supervision and interpretation	9,700	4,200	5,500
75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation	9,700	4,200	5,500
75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	9,700	4,200	5,500
75685	Angiography, vertebral, cervical and/or intracranial, radiological supervision and interpretation	9,700	4,200	5,500
75705	Angiography, spinal, radiological supervision and interpretation	9,700	4,200	5,500
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	9,700	4,200	5,500
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	9,700	4,200	5,500
75722	Angiography, renal, unilateral, radiological supervision and interpretation	9,700	4,200	5,500
75724	Angiography, renal, bilateral, radiological supervision and interpretation	9,700	4,200	5,500
75726	Angiography, visceral, radiological supervision and interpretation	9,700	4,200	5,500
75731	Angiography, adrenal, unilateral, radiological supervision and interpretation	9,700	4,200	5,500
75733	Angiography, adrenal, bilateral, radiological supervision and interpretation	9,700	4,200	5,500
75736	Angiography, pelvis, radiological supervision and interpretation	9,700	4,200	5,500
75741	Angiography, pulmonary, unilateral, radiological supervision and interpretation	9,700	4,200	5,500
75743	Angiography, pulmonary, bilateral, radiological supervision and interpretation	9,700	4,200	5,500
75746	Angiography, pulmonary, nonselective, radiological supervision and interpretation	9,700	4,200	5,500
75756	Angiography, internal mammary, radiological supervision and interpretation	9,700	4,200	5,500
75757	Angiography, fluorescein (eye)	3,500	500	3,000
75790	Angiography, arteriovenous shunt (e.g., dialysis patient), radiological supervision and interpretation	9,700	4,200	5,500
75801	Lymphangiography, extremity, unilateral, radiological supervision and interpretation	9,700	4,200	5,500
75803	Lymphangiography, extremity, bilateral, radiological supervision and interpretation	9,700	4,200	5,500
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	9,700	4,200	5,500
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	9,700	4,200	5,500
75810	Splenoportography, radiological supervision and interpretation	9,700	4,200	5,500
75820	Venography, extremity, unilateral or bilateral, radiological supervision and interpretation	9,700	4,200	5,500
75825	Venography, caval, inferior, radiological supervision and interpretation	9,700	4,200	5,500
75827	Venography, caval, superior, radiological supervision and interpretation	9,700	4,200	5,500
75831	Venography, renal, unilateral, radiological supervision and interpretation	9,700	4,200	5,500
75833	Venography, renal, bilateral, radiological supervision and interpretation	9,700	4,200	5,500
75840	Venography, adrenal, unilateral, radiological supervision and interpretation	9,700	4,200	5,500
75842	Venography, adrenal, bilateral, radiological supervision and interpretation	9,700	4,200	5,500
75860	Venography, venous sinus(e.g., petrosal and inferior sagittal) or jugular, radiological supervision and interpretation	9,700	4,200	5,500
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	9,700	4,200	5,500
75872	Venography, epidural, radiological supervision and interpretation	9,700	4,200	5,500
75880	Venography, orbital, radiological supervision and interpretation	9,700	4,200	5,500
75885	Percutaneous transhepatic portography, radiological supervision and interpretation	12,900	6,300	6,600
75889	Hepatic venography, radiological supervision and interpretation	12,900	6,300	6,600
	Transcatheter Procedures			
75900	Exchanged of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation	30,300	16,800	13,500
75901	Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	9,700	4,200	5,500
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
75940	Percutaneous placement of IVC filter, radiologic supervision and interpretation	23,300	12,600	10,700
75945	Intravascular ultrasound (non-coronary-vessel), radiological supervision and interpretation; initial vessel	9,700	4,200	5,500
75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	53,400	29,400	24,000
75953	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation	55,000	33,600	21,400
75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation	53,400	29,400	24,000
75956	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiologic supervision and interpretation	55,000	33,600	21,400
75957	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiologic supervision and interpretation	53,400	29,400	24,000
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiologic supervision and interpretation	55,000	33,600	21,400
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	55,000	33,600	21,400
75960	Transcatheter induction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/ or open, radiological supervision and interpretation	46,500	25,200	21,300
75961	Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter), radiological supervision and interpretation	46,500	25,200	21,300
75962	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation	23,300	12,600	10,700
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	23,300	12,600	10,700
75970	Transcatheter biopsy, radiological supervision and interpretation	23,300	12,600	10,700
75978	Transluminal balloon angioplasty, venous (e.g., subclavian stenosis) radiological supervision and interpretation	23,300	12,600	10,700
75980	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation	37,800	21,000	16,800
75982	Percutaneous placement of drainage catheter combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiologic supervision and interpretation	46,500	25,200	21,300
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (e.g., gastrointestinal system, genitourinary system, abscess), radiologic supervision and interpretation	8,020	2,520	5,500
75989	Radiological guidance for percutaneous drainage (abscess, cyst, fluid collection), with placement of catheter and radiological supervision and interpretation	8,020	2,520	5,500
	Transluminal Atherectomy			
75992	Transluminal atherectomy, peripheral artery, radiological supervision and interpretation	23,300	12,600	10,700
75994	Transluminal atherectomy, renal, radiological supervision and interpretation	23,300	12,600	10,700
75995	Transluminal atherectomy, visceral, radiological supervision and interpretation	23,300	12,600	10,700
	Other Procedures			
76003	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	8,020	2,520	5,500
76012	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation; under fluoroscopic guidance	30,300	16,800	13,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
76013	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation; under CT guidance	30,300	16,800	13,500
76080	Radiologic examination, abscess, fistula or sinus tract study, including catheterization of lesion and radiological supervision and interpretation	8,020	2,520	5,500
76086	Mammary ductogram or galactogram, 1 or multiple duct, injection and radiological supervision and interpretation	8,020	2,520	5,500
76095	Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), one or more lesion, radiological supervision and interpretation	8,020	2,520	5,500
76096	Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation	8,020	2,520	5,500
76355	Computed tomography guidance for stereotactic localization	8,020	2,520	5,500
76360	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	8,020	2,520	5,500
76362	Computed tomography guidance for visceral tissue ablation	8,020	2,520	5,500
76393	Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	8,020	2,520	5,500
76394	Magnetic resonance guidance for visceral tissue ablation	8,020	2,520	5,500
	Ultrasonic Guidance Procedures			
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	8,020	2,520	5,500
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	8,020	2,520	5,500
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	8,020	2,520	5,500
76940	Ultrasonic guidance for visceral tissue ablation	8,020	2,520	5,500
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	8,020	2,520	5,500
76965	Ultrasonic guidance for interstitial radioelement application	8,020	2,520	5,500
	Other Procedures			
76986	Ultrasonic guidance, intraoperative	8,020	2,520	5,500
	Clinical Treatment Planning (External and Internal Sources)			
77261	Therapeutic radiology treatment planning; simple, intermediate or complex, (Only one may be reported for a given course of therapy)	18,000	8,400	9,600
	Radiation Oncology			
77401	Radiation treatment delivery (Linear Accelerator)	3,000	800	2,200
77401	Radiation treatment delivery (Cobalt)	2,000	800	1,200
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC per session	5,680	1,680	4,000
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	30,300	16,800	13,500
77432	Stereotactic radiation treatment management of cerebral lesion(s)	30,300	16,800	13,500
	Hyperthermia			
77600	Hyperthermia for treatment of malignancy, one or more sessions during the course of therapy including follow-up care for 90 days after procedure	12,120	6,720	5,400
	Clinical Brachytherapy			
77750	Infusion or instillation of radioelement solution	5,680	1,680	4,000
77761	Intracavitary radiation source application, 1 or more sources/ribbons (Brachytherapy), one or more sessions during the course of therapy including follow-up care for 90 days after procedure	18,000	8,400	9,600
77776	Interstitial radiation source application, 1 or more sources/ribbons (Brachytherapy), one or more sessions during the course of therapy including follow-up care for 90 days after procedure	18,000	8,400	9,600
77781	Remote after loading high intensity brachytherapy (RAHIB); 1 or more source position or catheters per session	5,680	1,680	4,000
77789	Surface application of radiation source (Brachytherapy), one or more sessions during the course of therapy including follow-up care for 90 days after procedure	9,700	4,200	5,500
	Nuclear Medicine			
79000	Radiopharmaceutical (radioactive iodine) therapy	3,640	840	2,800

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
79005	Radiopharmaceutical ablation of gland for thyroid carcinoma or metastases of thyroid carcinoma	8,020	2,520	5,500
79200	Radiopharmaceutical therapy, by intracavitary administration	9,700	4,200	5,500
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	9,700	4,200	5,500
79403	Radiopharmaceutical therapy, by radiolabeled monoclonal antibody by intravenous infusion	8,020	2,520	5,500
79440	Radiopharmaceutical therapy, by intra-articular administration	8,020	2,520	5,500
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	8,020	2,520	5,500
	Pathology Services			
	Cytopathology			
88174	Evaluation of aspirate (CT-guided biopsy) with or without preparation of smears; immediate cytologic study to determine adequacy of specimen(s), interpretation and report	5,680	1,680	4,000
	Surgical Pathology			
88331	Pathology consultation during surgery; with frozen section(s), single block	5,680	1,680	4,000
88332	Pathology consultation during surgery; with frozen section(s), two (2) or more blocks	9,700	4,200	5,500
	Medicine Services			
	Dialysis			
90935	Hemodialysis procedure	4,000	500	3,500
90945	Dialysis procedure other than hemodialysis (e.g. peritoneal, hemofiltration)	4,000	500	3,500
	Gastroenterology			
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	8,260	3,360	4,900
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	8,260	3,360	4,900
91100	Intestinal bleeding tube, passage, positioning and monitoring	8,260	3,360	4,900
91105	Gastric intubation, and aspiration or lavage for treatment (e.g., for ingested poisons)	8,260	3,360	4,900
	Cardiovascular Therapeutic Services			
92973	Percutaneous transluminal coronary thrombectomy	30,300	16,800	13,500
92975	Thrombolysis, coronary; by intracoronary infusion, including coronary angiography	23,300	12,600	10,700
92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic interventions, any method; single vessel	30,300	16,800	13,500
92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic interventions, any method; each additional vessel	30,300	16,800	13,500
92982	Percutaneous transluminal coronary balloon angioplasty, one or more vessel	30,300	16,800	13,500
92986	Percutaneous balloon valvuloplasty; aortic	53,400	29,400	24,000
92987	Percutaneous balloon valvuloplasty; mitral	53,400	29,400	24,000
92990	Percutaneous balloon valvuloplasty; pulmonary valve	53,400	29,400	24,000
92992	Atrial septectomy or septostomy; transvenous method, balloon (e.g., Rashkind type) (includes cardiac catheterization)	21,400	10,500	10,900
92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	21,400	10,500	10,900
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty, one or more vessel	30,300	16,800	13,500
92997	Percutaneous transluminal pulmonary balloon angioplasty, one or more vessel	12,900	6,300	6,600
	Cardiac Catheterization			
93501	Right heart catheterization	18,000	8,400	9,600
93503	Insertion and placement of flow directed catheter (e.g., Swan-Ganz) for monitoring purposes	9,700	4,200	5,500
93505	Endomyocardial biopsy	23,300	12,600	10,700
93508	Catheter placement in coronary artery(s), arterial coronary conduits and/or venous coronary bypass grafts for coronary angiography without concomitant left heart catheterization	9,700	4,200	5,500
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous	18,000	8,400	9,600
93511	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown	18,000	8,400	9,600
93514	Left heart catheterization by left ventricular puncture	18,000	8,400	9,600
93524	Combined transseptal and retrograde left heart catheterization	23,300	12,600	10,700

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
93526	Combined right heart catheterization and retrograde left heart catheterization	23,300	12,600	10,700
93527	Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)	23,300	12,600	10,700
93528	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)	23,300	12,600	10,700
93529	Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)	23,300	12,600	10,700
93530	Right heart catheterization, for congenital cardiac anomalies	18,000	8,400	9,600
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	23,300	12,600	10,700
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	9,700	4,200	5,500
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	9,700	4,200	5,500
93539	Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (e.g., internal mammary), whether native or used bypass	9,700	4,200	5,500
93540	Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries	9,700	4,200	5,500
93541	Injection procedure during cardiac catheterization; for pulmonary angiography	9,700	4,200	5,500
93542	Injection procedure during cardiac catheterization; for selective right ventricular or right atrial angiography	9,700	4,200	5,500
93543	Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand)	9,700	4,200	5,500
93544	Injection procedure during cardiac catheterization; for aortography	23,300	12,600	10,700
93545	Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand)	9,700	4,200	5,500
	Imaging supervision			
93555	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography	9,700	4,200	5,500
93556	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)	9,700	4,200	5,500
	Repair of Septal Defect			
93580	Percutaneous transcatheter closure of congenital interatrial communications (i.e., Fontan fenestration, atrial septal defect) with implant	55,000	33,600	21,400
93581	Percutaneous transcatheter closure of congenital ventricular septal defect with implant	55,000	33,600	21,400
	Intracardiac Electrophysiologic Procedures/Studies			
93600	Bundle of His recording	9,700	4,200	5,500
93602	Intra-atrial recording	9,700	4,200	5,500
93603	Right ventricular recording	9,700	4,200	5,500
93610	Intra-atrial pacing	9,700	4,200	5,500
93612	Intraventricular pacing	9,700	4,200	5,500
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	9,700	4,200	5,500
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	9,700	4,200	5,500
93618	Induction of arrhythmia by electrical pacing	9,700	4,200	5,500
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction of arrhythmia	9,700	4,200	5,500
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, His bundle recording	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	9,700	4,200	5,500
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site tachycardia or zone of slow conduction for surgical correction	9,700	4,200	5,500
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	9,700	4,200	5,500

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	9,700	4,200	5,500
93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming	9,700	4,200	5,500
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	9,700	4,200	5,500
93651	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination	9,700	4,200	5,500
93652	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	9,700	4,200	5,500
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	9,700	4,200	5,500
	Chemotherapy			
96408	Chemotherapy administration	7,280	1,680	5,600
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	5,560	1,260	4,300
96445	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis	8,020	2,520	5,500
96450	Chemotherapy administration into CNS, requiring and including spinal puncture	5,560	1,260	4,300
96542	Chemotherapy injection, subarachnoid or interventricular via subcutaneous reservoir	3,640	840	2,800
	Photodynamic Therapy			
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), 1 or more phototherapy exposure session	8,020	2,520	5,500
	Benefit packages			
	Vaginal Delivery, Antepartum and Postpartum Care			
ANC01	Essential services during antenatal period (Antenatal Care Package)	1,500	600	900
ANC02	Antenatal care services with intrapartum monitoring or labor watch (without delivery) (infirmaries/dispensaries, birthing homes/maternity clinics)	2,150	860	1,290
59403	Intrapartum monitoring or labor watch (without delivery) (infirmaries/dispensaries, birthing homes/maternity clinics)	650	260	390
MCP01	Essential health services during antenatal, intrapartum and postpartum period including antenatal care, intrapartum monitoring, normal delivery postpartum care (Maternity Care Package) (hospitals)	6,500	2,600	3,900
	Essential health services during antenatal, intrapartum and postpartum period including antenatal care, intrapartum monitoring, normal delivery postpartum care (Maternity Care Package) (infirmaries/dispensaries, birthing homes/maternity clinics)	8,000	3,200	4,800
NSD01	Essential health services during intrapartum period including intrapartum monitoring, normal delivery and postpartum care (no antenatal care) (Normal Spontaneous Delivery Package) (hospitals)	5,000	2,000	3,000
	Essential health services during intrapartum period including intrapartum monitoring, normal delivery and postpartum care (no antenatal care) (Normal Spontaneous Delivery Package) (infirmaries/dispensaries, birthing homes/maternity clinics)	6,500	2,600	3,900
	Newborn Care			
99432	Newborn Care Package	1,750	500	1,250
	Other packages			
59402	Routine obstetric care including antepartum care, vaginal delivery and/or postpartum care for hospitals; with bilateral tubal ligation	N/A	N/A	N/A
87207	Outpatient Malaria Package	600		600
89221	Directly Observed Treatment Short-course; intensive phase	2,500		2,500
89222	Directly Observed Treatment Short-course; continuation phase	1,500		1,500
90375	Animal bite package	3,000		3,000

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 2.0)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
99246	Outpatient HIV / AIDS Package	7,500 per quarter		7,500 per quarter
P0001	Referral package	4,000	1,200	2,800
P0000	Resuscitation package	4,000	1,200	2,800