

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
I23.0	HAEMOPERICARDIUM AS CURRENT COMPLICATION FOLLOWING ACUTE MYOCARDIAL INFARCTION	12,285.00	4,914.00	7,371.00
I23.1	ATRIAL SEPTAL DEFECT AS CURRENT COMPLICATION FOLLOWING ACUTE MYOCARDIAL INFARCTION	12,285.00	4,914.00	7,371.00
I23.2	VENTRICULAR SEPTAL DEFECT AS CURRENT COMPLICATION FOLLOWING ACUTE MYOCARDIAL INFARCTION	12,285.00	4,914.00	7,371.00
I23.3	RUPTURE OF CARDIAC WALL WITHOUT HAEMOPERICARDIUM AS CURRENT COMPLICATION FOLLOWING ACUTE MYOCARDIAL INFARCTION	12,285.00	4,914.00	7,371.00
I23.4	RUPTURE OF CHORDAE TENDINEAE AS CURRENT COMPLICATION FOLLOWING ACUTE MYOCARDIAL INFARCTION	12,285.00	4,914.00	7,371.00
I23.5	RUPTURE OF PAPILLARY MUSCLE AS CURRENT COMPLICATION FOLLOWING ACUTE MYOCARDIAL INFARCTION	12,285.00	4,914.00	7,371.00
I23.8	OTHER CURRENT COMPLICATIONS FOLLOWING ACUTE MYOCARDIAL INFARCTION	12,285.00	4,914.00	7,371.00
I24.1	DRESSLER'S SYNDROME; POSTMYOCARDIAL INFARCTION SYNDROME	12,285.00	4,914.00	7,371.00
Oo8.2	EMBOLISM FOLLOWING ABORTION AND ECTOPIC AND MOLAR PREGNANCY; EMBOLISM NOS; AIR EMBOLISM; AMNIOTIC FLUID EMBOLISM; BLOOD-CLOT EMBOLISM; PULMONARY EMBOLISM; PYAEMIC EMBOLISM; SEPTIC OR SEPTICOPYAEMIC EMBOLISM; SOAP EMBOLISM	6,045.00	2,418.00	3,627.00
Oo8.5	METABOLIC DISORDERS FOLLOWING ABORTION AND ECTOPIC AND MOLAR PREGNANCY	6,045.00	2,418.00	3,627.00
Oo8.9	COMPLICATION FOLLOWING ABORTION AND ECTOPIC AND MOLAR PREGNANCY, UNSPECIFIED	6,045.00	2,418.00	3,627.00
O67.8	OTHER INTRAPARTUM HAEMORRHAGE; EXCESSIVE INTRAPARTUM HAEMORRHAGE	6,045.00	2,418.00	3,627.00
O71.0	RUPTURE OF UTERUS BEFORE ONSET OF LABOUR	6,045.00	2,418.00	3,627.00
O71.1	RUPTURE OF UTERUS DURING LABOUR; RUPTURE OF UTERUS NOT STATED AS OCCURRING BEFORE ONSET OF LABOUR	6,045.00	2,418.00	3,627.00
O71.2	POST PARTUM INVERSION OF UTERUS	6,045.00	2,418.00	3,627.00
O71.3	OBSTETRIC LACERATION OF CERVIX; ANNULAR DETACHMENT OF CERVIX	6,045.00	2,418.00	3,627.00
O71.5	OTHER OBSTETRIC INJURY TO PELVIC ORGANS; OBSTETRIC INJURY TO BLADDER; OBSTETRIC INJURY TO URETHRA	6,045.00	2,418.00	3,627.00
O71.7	OBSTETRIC HAEMATOMA OF PELVIS; OBSTETRIC HAEMATOMA OF PERINEUM; OBSTETRIC HAEMATOMA OF VAGINA; OBSTETRIC HAEMATOMA OF VULVA	6,045.00	2,418.00	3,627.00
O71.8	OTHER SPECIFIED OBSTETRIC TRAUMA	6,045.00	2,418.00	3,627.00
O71.9	OBSTETRIC TRAUMA, UNSPECIFIED	6,045.00	2,418.00	3,627.00
O74.0	ASPIRATION PNEUMONITIS DUE TO ANAESTHESIA DURING LABOUR AND DELIVERY; INHALATION OF STOMACH CONTENTS OR SECRETIONS NOS DUE TO ANAESTHESIA DURING LABOUR AND DELIVERY; MENDELSON'S SYNDROME DUE TO ANAESTHESIA DURING LABOUR AND DELIVERY	6,045.00	2,418.00	3,627.00
O74.2	CARDIAC COMPLICATIONS OF ANAESTHESIA DURING LABOUR AND DELIVERY; CARDIAC ARREST DUE TO ANAESTHESIA DURING LABOUR AND DELIVERY; CARDIAC FAILURE DUE TO ANAESTHESIA DURING LABOUR AND DELIVERY	6,045.00	2,418.00	3,627.00
O74.8	OTHER COMPLICATIONS OF ANAESTHESIA DURING LABOUR AND DELIVERY	6,045.00	2,418.00	3,627.00
O75.1	SHOCK DURING OR FOLLOWING LABOUR AND DELIVERY; OBSTETRIC SHOCK	6,045.00	2,418.00	3,627.00
O75.8	OTHER SPECIFIED COMPLICATIONS OF LABOUR AND DELIVERY	6,045.00	2,418.00	3,627.00
O75.9	COMPLICATION OF LABOUR AND DELIVERY, UNSPECIFIED	6,045.00	2,418.00	3,627.00
O87.9	VENOUS COMPLICATION IN THE PUERPERIUM, UNSPECIFIED; PUERPERAL PHLEBITIS NOS; PUERPERAL PHLEBOPATHY NOS; PUERPERAL THROMBOSIS NOS	6,045.00	2,418.00	3,627.00
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN	13,702.00	7,150.00	6,552.00
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED W/ OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN AND SUBCUTANEOUS TISSUES	13,702.00	7,150.00	6,552.00
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED W/ OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE	15,574.00	7,930.00	7,644.00
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED W/ OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE, AND BONE	15,756.00	7,020.00	8,736.00
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	4,732.00	3,640.00	1,092.00
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	4,732.00	3,640.00	1,092.00
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	7,384.00	5,200.00	2,184.00
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	10,426.00	7,150.00	3,276.00
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	10,426.00	7,150.00	3,276.00
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	4,732.00	3,640.00	1,092.00

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		Case Rate	Health Facility Fee	Professional Fee
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	7,228.00	5,590.00	1,638.00
15820	BLEPHAROPLASTY, LOWER EYELID	6,578.00	1,315.60	5,262.40
15822	BLEPHAROPLASTY, UPPER EYELID;	6,578.00	1,315.60	5,262.40
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	7,787.00	1,557.40	6,229.60
16010	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	10,738.00	6,370.00	4,368.00
19160	MASTECTOMY, PARTIAL;	14,300.00	2,860.00	11,440.00
19162	MASTECTOMY, PARTIAL; WITH AXILLARY LYMPHADENECTOMY	14,300.00	2,860.00	11,440.00
19180	MASTECTOMY, SIMPLE, COMPLETE	14,300.00	2,860.00	11,440.00
19182	MASTECTOMY, SUBCUTANEOUS	14,300.00	2,860.00	11,440.00
19200	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	14,300.00	2,860.00	11,440.00
19220	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY LYMPH NODES (URBAN TYPE OPERATION)	14,300.00	2,860.00	11,440.00
19240	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, W/ OR W/O PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE	14,300.00	2,860.00	11,440.00
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	24,570.00	4,914.00	19,656.00
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	24,570.00	4,914.00	19,656.00
19350	NIPPLE/AREOLA RECONSTRUCTION	19,695.00	3,939.00	15,756.00
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	24,570.00	4,914.00	19,656.00
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WITHOUT PROSTHETIC IMPLANT	35,750.00	7,150.00	28,600.00
19364	BREAST RECONSTRUCTION WITH FREE FLAP	35,750.00	7,150.00	28,600.00
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	35,750.00	7,150.00	28,600.00
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE;	35,750.00	7,150.00	28,600.00
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), DOUBLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE	35,750.00	7,150.00	28,600.00
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	19,695.00	3,939.00	15,756.00
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	24,570.00	4,914.00	19,656.00
21627	STERNAL DEBRIDEMENT	15,974.40	7,020.00	8,954.40
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	8,096.40	1,619.28	6,477.12
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION	7,072.00	1,414.40	5,657.60
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	13,637.00	2,727.40	10,909.60
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, W/ FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	17,628.00	3,525.60	14,102.40
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION	5,213.00	1,042.60	4,170.40
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	14,261.00	2,852.20	11,408.80
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; W/ FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	13,637.00	2,727.40	10,909.60
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE	5,213.00	1,042.60	4,170.40
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) W/ OR W/O INTERNAL FIXATION	13,637.00	2,727.40	10,909.60
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE	6,851.00	1,370.20	5,480.80
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);	15,145.00	3,029.00	12,116.00
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	30,771.00	6,154.20	24,616.80
23620	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE	6,305.00	1,261.00	5,044.00
23630	OPEN TREATMENT OF GREATER TUBEROSITY FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	15,145.00	3,029.00	12,116.00
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION	6,851.00	1,370.20	5,480.80
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	17,628.00	3,525.60	14,102.40
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, / FRACTURE OF GREATER TUBEROSITY	7,787.00	1,557.40	6,229.60
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, W/ FRACTURE OF GREATER TUBEROSITY, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	17,628.00	3,525.60	14,102.40
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, W/ SURGICAL OR ANATOMICAL NECK FRACTURE	7,878.00	1,575.60	6,302.40
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, W/ SURGICAL OR ANATOMICAL NECK FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	17,628.00	3,525.60	14,102.40

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		Case Rate	Health Facility Fee	Professional Fee
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	6,305.00	1,261.00	5,044.00
23900	INTERTHORACOSCOPULAR AMPUTATION (FOREQUARTER)	19,695.00	3,939.00	15,756.00
23920	DISARTICULATION OF SHOULDER;	17,628.00	3,525.60	14,102.40
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE	6,578.00	1,315.60	5,262.40
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE W/ PLATE/SCREWS, W/ OR W/O CERCLAGE	19,981.00	3,996.20	15,984.80
24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, W/ INSERTION OF INTRAMEDULLARY IMPLANT, W/ OR W/O CERCLAGE AND/OR LOCKING SCREWS	19,981.00	3,996.20	15,984.80
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, W/ OR W/O INTERCONDYLAR EXTENSION	6,578.00	1,315.60	5,262.40
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION; W/O INTERCONDYLAR EXTENSION	8,096.40	1,619.28	6,477.12
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION; W/ INTERCONDYLAR EXTENSION	20,800.00	4,160.00	16,640.00
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL;	7,072.00	1,414.40	5,657.60
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	11,700.00	2,340.00	9,360.00
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL	7,072.00	1,414.40	5,657.60
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	11,700.00	2,340.00	9,360.00
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR PROXIMAL RADIUS);	14,729.00	2,945.80	11,783.20
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	24,570.00	4,914.00	19,656.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION	6,851.00	1,370.20	5,480.80
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	15,145.00	3,029.00	12,116.00
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA W/ DISLOCATION OF RADIAL HEAD)	7,072.00	1,414.40	5,657.60
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	14,261.00	2,852.20	11,408.80
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW"	3,692.00	738.40	2,953.60
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE	7,072.00	1,414.40	5,657.60
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, W/ OR W/O INTERNAL FIXATION OR RADIAL HEAD EXCISION;	13,637.00	2,727.40	10,909.60
24666	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR PROXIMAL RADIUS); W/ RADIAL HEAD PROSTHETIC REPLACEMENT	17,628.00	3,525.60	14,102.40
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS)	7,072.00	1,414.40	5,657.60
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), W/ OR W/O INTERNAL OR EXTERNAL FIXATION	14,261.00	2,852.20	11,408.80
24900	AMPUTATION, ARM THROUGH HUMERUS; W/ PRIMARY CLOSURE	11,700.00	2,340.00	9,360.00
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	7,878.00	1,575.60	6,302.40
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	7,124.00	1,424.80	5,699.20
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	9,724.00	1,944.80	7,779.20
24931	AMPUTATION, ARM THROUGH HUMERUS; W/ IMPLANT	9,724.00	1,944.80	7,779.20
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE	6,305.00	1,261.00	5,044.00
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	14,261.00	2,852.20	11,408.80
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, W/ DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION)	6,305.00	1,261.00	5,044.00
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	13,637.00	2,727.40	10,909.60

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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	14,729.00	2,945.80	11,783.20
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE	5,369.00	1,073.80	4,295.20
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	11,700.00	2,340.00	9,360.00
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES	6,305.00	1,261.00	5,044.00
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, W/ INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA	18,174.00	3,634.80	14,539.20
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, W/ INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA	17,628.00	3,525.60	14,102.40
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (E.G., COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, W/ OR W/O FRACTURE OF ULNAR STYLOID	5,369.00	1,073.80	4,295.20
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	15,145.00	3,029.00	12,116.00
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE	5,369.00	1,073.80	4,295.20
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	14,183.00	2,836.60	11,346.40
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	5,369.00	1,073.80	4,295.20
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE	14,237.60	2,847.52	11,390.08
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	5,486.00	1,097.20	4,388.80
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	5,369.00	1,073.80	4,295.20
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	11,700.00	2,340.00	9,360.00
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION	5,369.00	1,073.80	4,295.20
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	14,183.00	2,836.60	11,346.40
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	5,369.00	1,073.80	4,295.20
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	13,637.00	2,727.40	10,909.60
25690	CLOSED TREATMENT OF LUNATE DISLOCATION	5,369.00	1,073.80	4,295.20
25695	OPEN TREATMENT OF LUNATE DISLOCATION	14,261.00	2,852.20	11,408.80
25900	AMPUTATION, FOREARM, THROUGH, RADIUS AND ULNA;	11,700.00	2,340.00	9,360.00
25905	AMPUTATION, FOREARM, THROUGH, OPEN, CIRCULAR (GUILLOTINE)	7,878.00	1,575.60	6,302.40
25907	AMPUTATION, FOREARM, THROUGH, SECONDARY CLOSURE OR SCAR REVISION	7,124.00	1,424.80	5,699.20
25909	AMPUTATION, FOREARM, THROUGH, RE-AMPUTATION	9,724.00	1,944.80	7,779.20
25920	DISARTICULATION THROUGH WRIST;	9,724.00	1,944.80	7,779.20
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	5,486.00	1,097.20	4,388.80
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	9,724.00	1,944.80	7,779.20
25927	TRANSMETACARPAL AMPUTATION;	9,724.00	1,944.80	7,779.20
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	5,486.00	1,097.20	4,388.80
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	9,724.00	1,944.80	7,779.20
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE	6,578.00	1,315.60	5,262.40
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, W/ INTERNAL OR EXTERNAL FIXATION	8,385.00	1,677.00	6,708.00
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, EACH BONE	7,878.00	1,575.60	6,302.40
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB	6,851.00	1,370.20	5,480.80
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	7,878.00	1,575.60	6,302.40
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), W/ OR W/O INTERNAL OR EXTERNAL FIXATION	9,724.00	1,944.80	7,779.20
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE	6,851.00	1,370.20	5,480.80
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, W/ OR W/O OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, INTERNAL OR EXTERNAL FIXATION	6,851.00	1,370.20	5,480.80
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, COMPLEX, MULTIPLE OR DELAYED REDUCTION	7,787.00	1,557.40	6,229.60

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE	6,851.00	1,370.20	5,480.80
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	8,151.00	1,630.20	6,520.80
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB	6,578.00	1,315.60	5,262.40
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, EACH	9,724.00	1,944.80	7,779.20
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	6,578.00	1,315.60	5,262.40
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, EACH	8,151.00	1,630.20	6,520.80
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB	6,578.00	1,315.60	5,262.40
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, EACH	7,878.00	1,575.60	6,302.40
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE	7,072.00	1,414.40	5,657.60
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, SINGLE	8,151.00	1,630.20	6,520.80
26910	AMPUTATION, METACARPAL, W/ FINGER OR THUMB (RAY AMPUTATION), SINGLE, W/ OR W/O INTEROSSEOUS TRANSFER	7,878.00	1,575.60	6,302.40
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; W/ DIRECT CLOSURE	7,787.00	1,557.40	6,229.60
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; W/ LOCAL ADVANCEMENT FLAPS (V-Y, HOOD)	14,261.00	2,852.20	11,408.80
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, W/O REDUCTION	15,145.00	3,029.00	12,116.00
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	19,695.00	3,939.00	15,756.00
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OF MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAFT)	20,241.00	4,048.20	16,192.80
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION W/ SINGLE OR MULTIPLE PINNING	20,241.00	4,048.20	16,192.80
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	20,241.00	4,048.20	16,192.80
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	24,167.00	4,833.40	19,333.60
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	24,570.00	4,914.00	19,656.00
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION W/ INTERNAL FIXATION (INCLUDES PUBIC SYMPHYSIS AND/OR RAMI)	30,225.00	6,045.00	24,180.00
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION W/ INTERNAL FIXATION (INCLUDES ILIUM, SACROILIAC JOINT AND/OR SACRUM)	30,225.00	6,045.00	24,180.00
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S)	19,981.00	3,996.20	15,984.80
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, W/ INTERNAL FIXATION	25,116.00	5,023.20	20,092.80
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN, OR A FRACTURE RUNNING TRANSVERSELY ACROSS THE ACETABULUM, W/ INTERNAL FIXATION	26,208.00	5,241.60	20,966.40
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	30,225.00	6,045.00	24,180.00
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK	15,145.00	3,029.00	12,116.00
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT (DIRECT FRACTURE EXPOSURE)	30,225.00	6,045.00	24,180.00
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE	15,145.00	3,029.00	12,116.00

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
27244	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; W/ PLATE/SCREW TYPE IMPLANT, W/ OR W/O CERCLAGE	30,225.00	6,045.00	24,180.00
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; W/ INTRAMEDULLARY IMPLANT; W/ OR W/O INTERLOCKING SCREWS AND/OR CERCLAGE	20,241.00	4,048.20	16,192.80
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE	15,145.00	3,029.00	12,116.00
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	17,628.00	3,525.60	14,102.40
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC	15,145.00	3,029.00	12,116.00
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, W/O INTERNAL FIXATION	24,167.00	4,833.40	19,333.60
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC W/ ACETABULAR WALL AND FEMORAL HEAD FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	26,208.00	5,241.60	20,966.40
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT OF FEMORAL HEAD IN ACETABULUM (INCLUDING TENOTOMY, ETC);	19,695.00	3,939.00	15,756.00
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	24,167.00	4,833.40	19,333.60
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION	11,700.00	2,340.00	9,360.00
27290	INTERPELVIC ABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	30,225.00	6,045.00	24,180.00
27295	DISARTICULATION OF HIP	19,695.00	3,939.00	15,756.00
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE W/ OR W/O INTERCONDYLAR EXTENSION	9,724.00	1,944.80	7,779.20
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, W/ OR W/O SKIN OR SKELETAL TRACTION	11,973.00	2,394.60	9,578.40
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE W/ OR W/O INTERCONDYLAR EXTENSION, W/ OR W/O SKIN OR SKELETAL TRACTION	11,973.00	2,394.60	9,578.40
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	19,981.00	3,996.20	15,984.80
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE W/ PLATE/SCREWS, W/ OR W/O CERCLAGE	19,981.00	3,996.20	15,984.80
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE	11,973.00	2,394.60	9,578.40
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE W/O INTERCONDYLAR EXTENSION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	24,167.00	4,833.40	19,333.60
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE W/ INTERCONDYLAR EXTENSION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	24,570.00	4,914.00	19,656.00
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	19,981.00	3,996.20	15,984.80
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION	15,145.00	3,029.00	12,116.00
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	14,729.00	2,945.80	11,783.20
27520	CLOSED TREATMENT OF PATELLAR FRACTURE	13,637.00	2,727.40	10,909.60
27524	OPEN TREATMENT OF PATELLAR FRACTURE, W/ INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR	13,637.00	2,727.40	10,909.60
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU)	11,973.00	2,394.60	9,578.40
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	19,981.00	3,996.20	15,984.80
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, W/ OR W/O INTERNAL FIXATION	17,628.00	3,525.60	14,102.40
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE	6,851.00	1,370.20	5,480.80
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	14,183.00	2,836.60	11,346.40
27550	CLOSED TREATMENT OF KNEE DISLOCATION	6,851.00	1,370.20	5,480.80

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
27556	OPEN TREATMENT OF KNEE DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION; W/O PRIMARY LIGAMENOUS REPAIR OR AUGMENTATION/RECONSTRUCTION	17,628.00	3,525.60	14,102.40
27557	OPEN TREATMENT OF KNEE DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION; W/ PRIMARY LIGAMENOUS REPAIR	18,174.00	3,634.80	14,539.20
27558	OPEN TREATMENT OF KNEE DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION; W/ PRIMARY LIGAMENOUS REPAIR, W/ AUGMENTATION/RECONSTRUCTION	24,570.00	4,914.00	19,656.00
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION	13,637.00	2,727.40	10,909.60
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, W/ OR W/O PARTIAL OR TOTAL PATELLECTOMY	17,628.00	3,525.60	14,102.40
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	19,695.00	3,939.00	15,756.00
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST	15,145.00	3,029.00	12,116.00
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)	15,145.00	3,029.00	12,116.00
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	7,787.00	1,557.40	6,229.60
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTAION	14,729.00	2,945.80	11,783.20
27598	DISARTICULATION AT KNEE	17,628.00	3,525.60	14,102.40
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (W/ OR W/O FIBULAR FRACTURE)	7,878.00	1,575.60	6,302.40
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	7,878.00	1,575.60	6,302.40
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (W/ OR W/O FIBULAR FRACTURE) W/ PLATE/SCREWS, W/ OR W/O CERCLAGE	14,729.00	2,945.80	11,783.20
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	17,628.00	3,525.60	14,102.40
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE	7,124.00	1,424.80	5,699.20
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	7,878.00	1,575.60	6,302.40
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE	7,124.00	1,424.80	5,699.20
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	14,729.00	2,945.80	11,783.20
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS)	6,851.00	1,370.20	5,480.80
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), W/ OR W/O INTERNAL OR EXTERNAL FIXATION W/O MANIPULATION	13,637.00	2,727.40	10,909.60
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS)	8,385.00	1,677.00	6,708.00
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	15,145.00	3,029.00	12,116.00
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE	15,145.00	3,029.00	12,116.00
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	15,145.00	3,029.00	12,116.00
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	15,145.00	3,029.00	12,116.00
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (E.G., PILON OR TIBIAL PLAFOND)	6,851.00	1,370.20	5,480.80
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA (E.G., PILON OR TIBIAL PLAFOND), W/ INTERNAL OR EXTERNAL FIXATION; OF FIBULA ONLY	13,637.00	2,727.40	10,909.60
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA (E.G., PILON OR TIBIAL PLAFOND), W/ INTERNAL OR EXTERNAL FIXATION; OF TIBIA ONLY	14,261.00	2,852.20	11,408.80
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA (E.G., PILON OR TIBIAL PLAFOND), W/ INTERNAL OR EXTERNAL FIXATION; OF BOTH TIBIA AND FIBULA	14,183.00	2,836.60	11,346.40
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	13,637.00	2,727.40	10,909.60
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION	7,124.00	1,424.80	5,699.20
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, OR W/ EXCISION OF PROXIMAL FIBULA	7,787.00	1,557.40	6,229.60
27840	CLOSED TREATMENT OF ANKLE DISLOCATION	7,124.00	1,424.80	5,699.20

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
27846	OPEN TREATMENT OF ANKLE DISLOCATION, W/ OR W/O PERCUTANEOUS SKELETAL FIXATION; W/O REPAIR OR INTERNAL FIXATION	14,729.00	2,945.80	11,783.20
27848	OPEN TREATMENT OF ANKLE DISLOCATION, W/ OR W/O PERCUTANEOUS SKELETAL FIXATION; W/ REPAIR OR INTERNAL OR EXTERNAL FIXATION	15,418.00	3,083.60	12,334.40
27880	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA;	19,695.00	3,939.00	15,756.00
27881	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; W/ IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST	19,981.00	3,996.20	15,984.80
27882	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE)	11,700.00	2,340.00	9,360.00
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	7,878.00	1,575.60	6,302.40
27886	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	15,145.00	3,029.00	12,116.00
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), W/ PLASTIC CLOSURE AND RESECTION OF NERVES	15,145.00	3,029.00	12,116.00
27889	ANKLE DISARTICULATION	14,261.00	2,852.20	11,408.80
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE	7,124.00	1,424.80	5,699.20
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION;	11,700.00	2,340.00	9,360.00
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)	14,534.00	2,906.80	11,627.20
28430	CLOSED TREATMENT OF TALUS FRACTURE	7,124.00	1,424.80	5,699.20
28445	OPEN TREATMENT OF TALUS FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	9,997.00	1,999.40	7,997.60
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS)	7,235.80	1,447.16	5,788.64
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), W/ OR W/O INTERNAL OR EXTERNAL FIXATION	6,578.00	1,315.60	5,262.40
28470	CLOSED TREATMENT OF METATARSAL FRACTURE	7,072.00	1,414.40	5,657.60
28485	OPEN TREATMENT OF METATARSAL FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	7,072.00	1,414.40	5,657.60
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES	6,578.00	1,315.60	5,262.40
28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	7,878.00	1,575.60	6,302.40
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE	6,578.00	1,315.60	5,262.40
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	7,878.00	1,575.60	6,302.40
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	5,369.00	1,073.80	4,295.20
28531	OPEN TREATMENT OF SESAMOID FRACTURE, W/ OR W/O INTERNAL FIXATION	6,578.00	1,315.60	5,262.40
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL	5,369.00	1,073.80	4,295.20
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	8,151.00	1,630.20	6,520.80
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION	7,072.00	1,414.40	5,657.60
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	11,700.00	2,340.00	9,360.00
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION	7,124.00	1,424.80	5,699.20
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	11,700.00	2,340.00	9,360.00
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION	5,369.00	1,073.80	4,295.20
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	11,700.00	2,340.00	9,360.00
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION	7,072.00	1,414.40	5,657.60
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	11,700.00	2,340.00	9,360.00
28800	AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	15,145.00	3,029.00	12,116.00
28810	AMPUTATION, METATARSAL, W/ TOE, SINGLE	7,878.00	1,575.60	6,302.40
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	11,700.00	2,340.00	9,360.00
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	7,878.00	1,575.60	6,302.40
29058	APPLICATION OF BODY CAST, SHOULDER TO HIPS; PLASTER VELPEAU	3,614.00	722.80	2,891.20
29065	APPLICATION OF BODY CAST, SHOULDER TO HIPS; SHOULDER TO HAND (LONG ARM)	3,692.00	738.40	2,953.60
29075	APPLICATION OF BODY CAST, SHOULDER TO HIPS; ELBOW TO FINGER (SHORT ARM)	3,614.00	722.80	2,891.20

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
29085	APPLICATION OF BODY CAST, SHOULDER TO HIPS; HAND AND LOWER FOREARM (GAUNTLET)	3,614.00	722.80	2,891.20
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	5,213.00	1,042.60	4,170.40
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	5,486.00	1,097.20	4,388.80
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	5,213.00	1,042.60	4,170.40
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	5,486.00	1,097.20	4,388.80
29358	APPLICATION OF LONG LEG CAST BRACE	5,486.00	1,097.20	4,388.80
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	5,213.00	1,042.60	4,170.40
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	5,213.00	1,042.60	4,170.40
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	5,213.00	1,042.60	4,170.40
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	5,213.00	1,042.60	4,170.40
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	3,692.00	738.40	2,953.60
29450	APPLICATION OF CLUBFOOT CAST W/ MOLDING OR MANIPULATION, LONG OR SHORT LEG	3,692.00	738.40	2,953.60
36430	OUTPATIENT TRANSFUSION OF BLOOD OR BLOOD PRODUCTS; ONE OR MORE UNITS	4,732.00	3,640.00	1,092.00
49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC)	10,426.00	7,150.00	3,276.00
49495	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, W/ OR W/O HYDROCELECTOMY; REDUCIBLE	13,650.00	2,730.00	10,920.00
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, W/ OR W/O HYDROCELECTOMY; INCARCERATED	13,650.00	2,730.00	10,920.00
49497	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, W/ OR W/O HYDROCELECTOMY; STRANGULATED	13,650.00	2,730.00	10,920.00
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, W/ OR W/O HYDROCELECTOMY; REDUCIBLE	13,650.00	2,730.00	10,920.00
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, W/ OR W/O HYDROCELECTOMY; INCARCERATED	13,650.00	2,730.00	10,920.00
49502	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, W/ OR W/O HYDROCELECTOMY; STRANGULATED	13,650.00	2,730.00	10,920.00
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	13,650.00	2,730.00	10,920.00
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED	13,650.00	2,730.00	10,920.00
49509	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; STRANGULATED	13,650.00	2,730.00	10,920.00
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	13,650.00	2,730.00	10,920.00
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED	13,650.00	2,730.00	10,920.00
49522	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; STRANGULATED	13,650.00	2,730.00	10,920.00
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	13,650.00	2,730.00	10,920.00
49540	REPAIR LUMBAR HERNIA	13,650.00	2,730.00	10,920.00
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	13,650.00	2,730.00	10,920.00
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED	13,650.00	2,730.00	10,920.00
49554	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; STRANGULATED	13,650.00	2,730.00	10,920.00
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	13,650.00	2,730.00	10,920.00
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED	13,650.00	2,730.00	10,920.00
49558	REPAIR RECURRENT FEMORAL HERNIA; STRANGULATED	13,650.00	2,730.00	10,920.00
49560	REPAIR INITIAL INCISIONAL HERNIA; REDUCIBLE	13,650.00	2,730.00	10,920.00
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED	13,650.00	2,730.00	10,920.00
49562	REPAIR INITIAL INCISIONAL HERNIA; STRANGULATED	13,650.00	2,730.00	10,920.00
49565	REPAIR RECURRENT INCISIONAL HERNIA; REDUCIBLE	13,650.00	2,730.00	10,920.00
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED	13,650.00	2,730.00	10,920.00
49567	REPAIR RECURRENT INCISIONAL HERNIA; STRANGULATED	13,650.00	2,730.00	10,920.00
49570	REPAIR EPIGASTRIC HERNIA (E.G., PREPERITONEAL FAT); REDUCIBLE	13,650.00	2,730.00	10,920.00
49572	REPAIR EPIGASTRIC HERNIA (E.G., PREPERITONEAL FAT); INCARCERATED	13,650.00	2,730.00	10,920.00
49573	REPAIR EPIGASTRIC HERNIA (E.G., PREPERITONEAL FAT); STRANGULATED	13,650.00	2,730.00	10,920.00
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	13,650.00	2,730.00	10,920.00
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED	13,650.00	2,730.00	10,920.00
49583	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; STRANGULATED	13,650.00	2,730.00	10,920.00
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	13,650.00	2,730.00	10,920.00
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED	13,650.00	2,730.00	10,920.00
49588	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; STRANGULATED	13,650.00	2,730.00	10,920.00
49590	REPAIR SPIGELIAN HERNIA	13,650.00	2,730.00	10,920.00
49650	LAPAROSCOPY, SURGICAL; REPAIR OF INITIAL INGUINAL HERNIA	13,650.00	2,730.00	10,920.00

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
49651	LAPAROSCOPY, SURGICAL; REPAIR OF RECURRENT INGUINAL HERNIA	13,650.00	2,730.00	10,920.00
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), W/ OR W/O TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH	6,851.00	1,370.20	5,480.80
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	7,124.00	1,424.80	5,699.20
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; W/ ABDOMINAL EXPLORATION	8,151.00	1,630.20	6,520.80
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	6,851.00	1,370.20	5,480.80
54560	EXPLORATION FOR UNDESCENDED TESTIS W/ ABDOMINAL EXPLORATION	8,151.00	1,630.20	6,520.80
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, W/ OR W/O FIXATION OF CONTRALATERAL TESTIS	7,124.00	1,424.80	5,699.20
54620	FIXATION OF CONTRALATERAL TESTIS	6,045.00	1,209.00	4,836.00
54640	ORCHIOPEXY, INGUINAL APPROACH, W/ OR W/O HERNIA REPAIR	6,851.00	1,370.20	5,480.80
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (E.G., FOWLER-STEPHENS)	8,151.00	1,630.20	6,520.80
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	6,305.00	1,261.00	5,044.00
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	5,369.00	1,073.80	4,295.20
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	6,305.00	1,261.00	5,044.00
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	7,787.00	1,557.40	6,229.60
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	2,600.00	1,560.00	1,040.00
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	5,200.00	3,900.00	1,300.00
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	30,225.00	6,045.00	24,180.00
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); W/ BIOPSY	34,710.00	6,942.00	27,768.00
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); W/ REMOVAL OF LESION	34,710.00	6,942.00	27,768.00
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); W/ REMOVAL OF FOREIGN BODY	34,710.00	6,942.00	27,768.00
65091	EVISCKERATION OF OCULAR CONTENTS; W/O IMPLANT	7,878.00	1,575.60	6,302.40
65093	EVISCKERATION OF OCULAR CONTENTS; W/ IMPLANT	7,878.00	1,575.60	6,302.40
65101	ENUCLEATION OF EYE; W/O IMPLANT	7,878.00	1,575.60	6,302.40
65103	ENUCLEATION OF EYE; W/ IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	7,878.00	1,575.60	6,302.40
65105	ENUCLEATION OF EYE; W/ IMPLANT, MUSCLES ATTACHED TO IMPLANT	7,878.00	1,575.60	6,302.40
65110	EXENTERATION OF ORBIT WITHOUT SKIN GRAFT, REMOVAL OF ORBITAL CONTENTS; ONLY	24,570.00	4,914.00	19,656.00
65112	EXENTERATION OF ORBIT WITHOUT SKIN GRAFT, REMOVAL OF ORBITAL CONTENTS; W/ THERAPEUTIC REMOVAL OF BONE	25,116.00	5,023.20	20,092.80
65114	EXENTERATION OF ORBIT WITHOUT SKIN GRAFT, REMOVAL OF ORBITAL CONTENTS; W/ MUSCLE OR MYOCUTANEOUS FLAP	25,662.00	5,132.40	20,529.60
65130	INSERTION OF OCULAR IMPLANT; AFTER EVISCKERATION, IN SCLERAL SHELL	7,124.00	1,424.80	5,699.20
65135	INSERTION OF OCULAR IMPLANT; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT	7,124.00	1,424.80	5,699.20
65140	INSERTION OF OCULAR IMPLANT; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT	7,787.00	1,557.40	6,229.60
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	7,787.00	1,557.40	6,229.60
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT	7,787.00	1,557.40	6,229.60
65175	REMOVAL OF OCULAR IMPLANT	6,305.00	1,261.00	5,044.00
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL, SUPERFICIAL	325.00	65.00	260.00
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; SUBCONJUNCTIVAL OR SCLERAL, WITH SLIT LAMP	2,925.00	585.00	2,340.00
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEA, WITH SLIT LAMP	2,717.00	543.40	2,173.60
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS	11,700.00	2,340.00	9,360.00
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE	34,710.00	6,942.00	27,768.00
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	35,750.00	7,150.00	28,600.00
65270	REPAIR OF LACERATION; CONJUNCTIVA, W/ OR W/O NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE	5,213.00	1,042.60	4,170.40
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT	5,213.00	1,042.60	4,170.40
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, W/ OR W/O REMOVAL FOREIGN BODY	6,305.00	1,261.00	5,044.00

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE	13,637.00	2,727.40	10,909.60
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, W/ REPOSITION OR RESECTION OF UVEAL TISSUE	15,145.00	3,029.00	12,116.00
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	6,305.00	1,261.00	5,044.00
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/ OR TENONS CAPSULE	6,305.00	1,261.00	5,044.00
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	5,213.00	1,042.60	4,170.40
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	19,695.00	3,939.00	15,756.00
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	19,695.00	3,939.00	15,756.00
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	19,695.00	3,939.00	15,756.00
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	19,695.00	3,939.00	15,756.00
65765	KERATOPHAKIA	6,851.00	1,370.20	5,480.80
65767	EPIKERATOPLASTY	11,700.00	2,340.00	9,360.00
65770	KERATOPROSTHESIS	19,695.00	3,939.00	15,756.00
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	6,500.00	1,300.00	5,200.00
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	9,724.00	1,944.80	7,779.20
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	19,695.00	3,939.00	15,756.00
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR LIVING DONOR)	19,695.00	3,939.00	15,756.00
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING GRAFT)	19,695.00	3,939.00	15,756.00
65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE; W/ THERAPEUTIC RELEASE OF AQUEOUS	5,213.00	1,042.60	4,170.40
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE; W/ REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR HYALOID MEMBRANE, W/ OR W/O AIR INJECTION	6,305.00	1,261.00	5,044.00
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE; W/ REMOVAL OF BLOOD, W/ OR W/O IRRIGATION AND/OR AIR INJECTION	6,305.00	1,261.00	5,044.00
65820	GONIOTOMY	15,145.00	3,029.00	12,116.00
65850	TRABECULOTOMY AB EXTERNO	15,145.00	3,029.00	12,116.00
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)	7,878.00	1,575.60	6,302.40
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE	6,851.00	1,370.20	5,480.80
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W/ OR W/O INJECTION OF AIR OR LIQUID); GONIOSYNECHIAE	6,851.00	1,370.20	5,480.80
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W/ OR W/O INJECTION OF AIR OR LIQUID); ANTERIOR SYNECHIAE, EXCEPT GONIOSYNECHIAE	6,851.00	1,370.20	5,480.80
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W/ OR W/O INJECTION OF AIR OR LIQUID); POSTERIOR SYNECHIAE	6,851.00	1,370.20	5,480.80
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W/ OR W/O INJECTION OF AIR OR LIQUID); CORNEOVITREAL ADHESIONS	6,851.00	1,370.20	5,480.80
65900	REMOVAL OF EPITHELIAL MATERIAL, ANTERIOR SEGMENT EYE	6,851.00	1,370.20	5,480.80
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE	7,878.00	1,575.60	6,302.40
66150	FISTULIZATION OF SCALERA FOR GLAUCOMA; TREPHINATION W/ IRIDECTOMY	11,700.00	2,340.00	9,360.00
66155	FISTULIZATION OF SCALERA FOR GLAUCOMA; THERMOCAUTERIZATION W/ IRIDECTOMY	11,700.00	2,340.00	9,360.00
66160	FISTULIZATION OF SCALERA FOR GLAUCOMA; SCLERECTOMY W/ PUNCH OR SCISSORS, W/ IRIDECTOMY	11,700.00	2,340.00	9,360.00
66165	FISTULIZATION OF SCALERA FOR GLAUCOMA; IRIDENCLEISIS OR IRIDOTASIS	11,700.00	2,340.00	9,360.00
66170	FISTULIZATION OF SCALERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY	11,700.00	2,340.00	9,360.00
66172	FISTULIZATION OF SCALERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO W/ SCARRING FROM PREVIOUS OCULAR SURGERY OR TRAUMA (INCLUDES INJECTION OF ANTIFIBROTIC AGENTS)	17,628.00	3,525.60	14,102.40
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (E.G., MOLTENO, SCHOCKET, DENVER-KRUPIN)	19,695.00	3,939.00	15,756.00
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	19,695.00	3,939.00	15,756.00
66220	REPAIR OF SCLERAL STAPHYLOMA; W/O GRAFT	7,878.00	1,575.60	6,302.40
66225	REPAIR OF SCLERAL STAPHYLOMA; W/ GRAFT	15,145.00	3,029.00	12,116.00
66500	IRIDOTOMY BY STAB INCISION; EXCEPT TRANSFIXION	6,851.00	1,370.20	5,480.80

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
66505	IRIDOTOMY BY STAB INCISION; W/ TRANSFIXION AS FOR IRIS BOMBE	6,851.00	1,370.20	5,480.80
66600	IRIDECTOMY, W/ CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	7,878.00	1,575.60	6,302.40
66605	IRIDECTOMY, W/ CORNEOSCLERAL OR CORNEAL SECTION; W/ CYCLECTOMY	11,700.00	2,340.00	9,360.00
66625	IRIDECTOMY, W/ CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA	7,878.00	1,575.60	6,302.40
66630	IRIDECTOMY, W/ CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA	7,878.00	1,575.60	6,302.40
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	11,700.00	2,340.00	9,360.00
66682	SUTURE OF IRIS, CILIARY BODY W/ RETRIEVAL OF SUTURE THROUGH SMALL INCISION (E.G., MCCANNEL SUTURE)	9,724.00	1,944.80	7,779.20
66700	CILIARY BODY DESTRUCTION; DIATHERMY	7,787.00	1,557.40	6,229.60
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	7,787.00	1,557.40	6,229.60
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	7,787.00	1,557.40	6,229.60
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	7,787.00	1,557.40	6,229.60
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (E.G., FOR GLAUCOMA) (ONE OR MORE SESSIONS)	6,851.00	1,370.20	5,480.80
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (E.G., FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIOR CHAMBER ANGLE)	7,878.00	1,575.60	6,302.40
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	6,851.00	1,370.20	5,480.80
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); STAB INCISION TECHNIQUE (ZIEGLER OR WHEELER KNIFE)	7,878.00	1,575.60	6,302.40
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (E.G., YAG LASER) (ONE OR MORE STAGES)	5,369.00	1,073.80	4,295.20
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION	11,700.00	2,340.00	9,360.00
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)	7,878.00	1,575.60	6,302.40
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS, NOT ASSOCIATED WITH CATARACT REMOVAL	10,400.00	2,080.00	8,320.00
66986	EXCHANGE OF INTRAOCULAR LENS	10,400.00	2,080.00	8,320.00
66991	REVISION OF FAILED FILTER; WITH OR WITHOUT EXPLANTATION/EXCHANGE OF SHUNT	24,570.00	4,914.00	19,656.00
66992	REVISION OF FAILED FILTER; WITH EXCISION OF BLEB CYST	24,570.00	4,914.00	19,656.00
66993	REVISION OF FAILED FILTER; WITH CHOROIDAL TAP	19,695.00	3,939.00	15,756.00
66994	REVISION OF FAILED FILTER; WITH POSTERIOR SCLEROTOMY	19,695.00	3,939.00	15,756.00
66995	REVISION OF FAILED FILTER; WITH ANTERIOR CHAMBER REFORMATION	19,695.00	3,939.00	15,756.00
66996	REVISION OF FILTERING BLEB, NEEDLING TECHNIQUE; WITHOUT INJECTION OF ANTI-METABOLITE	7,878.00	1,575.60	6,302.40
66997	REVISION OF FILTERING BLEB, NEEDLING TECHNIQUE; WITH INJECTION OF ANTI-METABOLITE	11,700.00	2,340.00	9,360.00
66998	RELEASE OF SCLERAL FLAP SUTURE BY LASER SUTURE LYSIS (NEW CODE)	6,305.00	1,261.00	5,044.00
66999	REVISION OF OVERFILTERING BLEB (INCLUDES AUTOLOGOUS BLOOD INJECTION, CRYOTHERAPY, MATTRESS SUTURES, ETC.)	11,700.00	2,340.00	9,360.00
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL	24,570.00	4,914.00	19,656.00
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL W/ MECHANICAL VITRECTOMY	29,250.00	5,850.00	23,400.00
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)	6,305.00	1,261.00	5,044.00
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	30,225.00	6,045.00	24,180.00
67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/ EPIRETINAL MEMBRANE STRIPPING	30,225.00	6,045.00	24,180.00
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/ FOCAL ENDOLASER PHOTOCOAGULATION	30,225.00	6,045.00	24,180.00
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/ ENDOLASER PANRETINAL PHOTOCOAGULATION	30,225.00	6,045.00	24,180.00
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH INTERNAL LIMITING MEMBRANE (ILM) PEELING	30,225.00	6,045.00	24,180.00
67046	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANES	30,225.00	6,045.00	24,180.00
67047	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF CHOROIDAL NEOVASCULAR MEMBRANE	30,225.00	6,045.00	24,180.00
67048	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDODRAINAGE OF SUBRETINAL HEMORRHAGE (WITH OR WITHOUT TPA INJECTION)	30,225.00	6,045.00	24,180.00
67049	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF DROPPED IOL	30,225.00	6,045.00	24,180.00

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
67050	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH PHACOFRAGMENTATION FOR DROPPED LENS MATERIAL	30,225.00	6,045.00	24,180.00
67051	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH INTERNAL TAMPONADE WITH AIR, GAS, SILICONE OIL, PERFLUOROCARBON LIQUID	30,225.00	6,045.00	24,180.00
67052	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH INSERTION OF SCLERAL FIXATED INTRAOCULAR LENS, WITH OR WITHOUT ANTERIOR VITRECTOMY	24,570.00	4,914.00	19,656.00
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, W/ OR W/O DRAINAGE OF SUBRETINAL FLUID	30,225.00	6,045.00	24,180.00
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, W/ OR W/O DRAINAGE OF SUBRETINAL FLUID	24,167.00	4,833.40	19,333.60
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	30,225.00	6,045.00	24,180.00
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	30,225.00	6,045.00	24,180.00
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (E.G., PNEUMATIC RETINOPEXY)	19,695.00	3,939.00	15,756.00
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	30,225.00	6,045.00	24,180.00
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	7,878.00	1,575.60	6,302.40
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	7,878.00	1,575.60	6,302.40
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	13,637.00	2,727.40	10,909.60
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (E.G., MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY	7,878.00	1,575.60	6,302.40
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (E.G., MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)	7,878.00	1,575.60	6,302.40
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)	7,878.00	1,575.60	6,302.40
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); PHOTOCOAGULATION (E.G., LASER), ONE OR MORE SESSIONS	7,878.00	1,575.60	6,302.40
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY (INCLUDES INTRAVENOUS INFUSIONS)	7,878.00	1,575.60	6,302.40
67222	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); TRANSPUPILARY THERMOTHERAPY	7,878.00	1,575.60	6,302.40
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (E.G., DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY	7,878.00	1,575.60	6,302.40
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (E.G., DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)	7,878.00	1,575.60	6,302.40
67250	SCLERAL REINFORCEMENT	7,878.00	1,575.60	6,302.40
67311	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSCLE	6,578.00	1,315.60	5,262.40
67312	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES	7,878.00	1,575.60	6,302.40
67314	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)	7,878.00	1,575.60	6,302.40
67316	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)	11,700.00	2,340.00	9,360.00
67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE	11,700.00	2,340.00	9,360.00
67320	TRANSPOSITION PROCEDURE (E.G., FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)	11,700.00	2,340.00	9,360.00

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
67331	STRABISMUS SURGERY ON PATIENT W/ PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES	11,700.00	2,340.00	9,360.00
67332	STRABISMUS SURGERY ON PATIENT W/ SCARING OF EXTRAOCULAR MUSCLES (E.G., PRIOR OCULAR INJURY, STRABISMUS OR RETINAL DETACHMENT SURGERY) OR RESTRICTIVE MYOPATHY (E.G., DYSTHYROID OPHTHALMOPATHY)	14,261.00	2,852.20	11,408.80
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, W/ OR W/O MUSCLE RECESSON	7,787.00	1,557.40	6,229.60
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)	14,729.00	2,945.80	11,783.20
67343	RELEASE OF EXTENSIVE SCAR TISSUE W/O DETACHING EXTRAOCULAR MUSCLE	11,700.00	2,340.00	9,360.00
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	6,305.00	1,261.00	5,044.00
67400	ORBITOTOMY W/O BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, W/ OR W/O BIOPSY	30,225.00	6,045.00	24,180.00
67405	ORBITOTOMY W/O BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); W/ DRAINAGE ONLY	30,225.00	6,045.00	24,180.00
67412	ORBITOTOMY W/O BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); W/ REMOVAL OF LESION	30,225.00	6,045.00	24,180.00
67413	ORBITOTOMY W/O BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); W/ REMOVAL OF FOREIGN BODY	30,225.00	6,045.00	24,180.00
67414	ORBITOTOMY W/O BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); W/ REMOVAL OF BONE FOR DECOMPRESSION	30,225.00	6,045.00	24,180.00
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	30,225.00	6,045.00	24,180.00
67420	ORBITOTOMY W/ BONE FLAP OR WINDOW, LATERAL APPROACH (E.G., KROENLEIN); W/ REMOVAL OF LESION	30,225.00	6,045.00	24,180.00
67430	ORBITOTOMY W/ BONE FLAP OR WINDOW, LATERAL APPROACH (E.G., KROENLEIN); W/ REMOVAL OF FOREIGN BODY	30,225.00	6,045.00	24,180.00
67440	ORBITOTOMY W/ BONE FLAP OR WINDOW, LATERAL APPROACH (E.G., KROENLEIN); W/ DRAINAGE	30,225.00	6,045.00	24,180.00
67445	ORBITOTOMY W/ BONE FLAP OR WINDOW, LATERAL APPROACH (E.G., KROENLEIN); W/ REMOVAL OF BONE FOR DECOMPRESSION	30,225.00	6,045.00	24,180.00
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	7,124.00	1,424.80	5,699.20
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	7,124.00	1,424.80	5,699.20
67580	REPAIR OF ANOPHTHALMIC SOCKET; WITH INSERTION OR REMOVAL OF ORBITAL IMPLANT WITHIN MUSCLE CONE	7,878.00	1,575.60	6,302.40
67581	REPAIR OF ANOPHTHALMIC SOCKET; WITH EXCHANGE OR ORBITAL IMPLANT	13,637.00	2,727.40	10,909.60
67582	REPAIR OF ANOPHTHALMIC SOCKET; WITH EXCHANGE OF ORBITAL IMPLANT AND REATTACHMENT OF MUSCLES	13,637.00	2,727.40	10,909.60
67583	REPAIR OF ANOPHTHALMIC SOCKET; WITH FORNIX RECONSTRUCTION USING SUTURES	13,637.00	2,727.40	10,909.60
67584	REPAIR OF ANOPHTHALMIC SOCKET; WITH FORNIX RECONSTRUCTION USING BUCCAL MUCOSAL GRAFT OR AMNION GRAFT, INCLUDING HARVESTING OF GRAFT	13,637.00	2,727.40	10,909.60
67585	REPAIR OF ANOPHTHALMIC SOCKET; WITH REVISION OF IMPLANT AND FORNIX RECONSTRUCTION USING SUTURES	13,637.00	2,727.40	10,909.60
67586	REPAIR OF ANOPHTHALMIC SOCKET; WITH REVISION OF IMPLANT AND FORNIX RECONSTRUCTION USING BUCCAL MUCOSAL GRAFT, OR AMNION GRAFT (INCLUDING HARVESTING OF GRAFT)	13,637.00	2,727.40	10,909.60
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	3,692.00	738.40	2,953.60
67710	SEVERING OF TARSORRHAPHY	3,692.00	738.40	2,953.60
67715	CANTHOTOMY	3,692.00	738.40	2,953.60
67800	EXCISION OF CHALAZION	3,692.00	738.40	2,953.60
67825	REPAIR OF TRICHIASIS; BY ELECTROEPILATION, ELECTROSURGERY, CRYOTHERAPY OR LASER SURGERY	3,692.00	738.40	2,953.60
67830	REPAIR OF TRICHIASIS; INCISION OF LID MARGIN	2,366.00	473.20	1,892.80
67835	REPAIR OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT	6,045.00	1,209.00	4,836.00
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE	3,614.00	722.80	2,891.20
67875	TEMPORARY CLOSURE OF EYELIDS SUTURE (E.G., FROST SUTURE)	3,692.00	738.40	2,953.60
67880	CONSTRUCTION OF INTERMARGIN ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	3,692.00	738.40	2,953.60
67882	CONSTRUCTION OF INTERMARGIN ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPORTATION OF TARSAL PLATE	5,213.00	1,042.60	4,170.40
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MIDFOREHEAD OR CORONAL APPROACH)	11,700.00	2,340.00	9,360.00
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL	11,700.00	2,340.00	9,360.00

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	13,637.00	2,727.40	10,909.60
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	11,700.00	2,340.00	9,360.00
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	11,700.00	2,340.00	9,360.00
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	11,700.00	2,340.00	9,360.00
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLERS MUSCLE-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	11,700.00	2,340.00	9,360.00
67911	REPAIR OF LID RETRACTION (EYELID RECESSON); WITHOUT SPACER	13,910.00	2,782.00	11,128.00
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LOAD	20,800.00	4,160.00	16,640.00
67914	REPAIR OF ECTROPION; SUTURE	5,213.00	1,042.60	4,170.40
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	5,213.00	1,042.60	4,170.40
67916	BLEPHAROPLASTY, EXCISION TARSAL WEDGE	6,305.00	1,261.00	5,044.00
67917	BLEPHAROPLASTY, EXTENSIVE (E.G., KUHN-T-SZYMANOWSKI OR TARSAL STRIP OPERATIONS)	8,385.00	1,677.00	6,708.00
67921	REPAIR OF ENTROPION; SUTURE	3,692.00	738.40	2,953.60
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	3,692.00	738.40	2,953.60
67923	BLEPHAROPLASTY, EXCISION TARSAL WEDGE	6,305.00	1,261.00	5,044.00
67924	BLEPHAROPLASTY, EXTENSIVE (E.G., WHEELER OPERATION)	8,385.00	1,677.00	6,708.00
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/ OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; PARTIAL THICKNESS	6,305.00	1,261.00	5,044.00
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/ OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; FULL THICKNESS	7,878.00	1,575.60	6,302.40
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	7,878.00	1,575.60	6,302.40
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	19,981.00	3,996.20	15,984.80
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	17,628.00	3,525.60	14,102.40
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	19,695.00	3,939.00	15,756.00
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, ONE STAGE OR FIRST STAGE	24,570.00	4,914.00	19,656.00
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, ONE STAGE OR FIRST STAGE	24,570.00	4,914.00	19,656.00
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE	19,695.00	3,939.00	15,756.00
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	6,851.00	1,370.20	5,480.80
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	7,878.00	1,575.60	6,302.40
68326	CONJUNCTIVOPLASTY RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	9,724.00	1,944.80	7,779.20
68328	CONJUNCTIVOPLASTY RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	11,700.00	2,340.00	9,360.00
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	9,724.00	1,944.80	7,779.20
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)	14,261.00	2,852.20	11,408.80
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS	11,700.00	2,340.00	9,360.00
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL	7,787.00	1,557.40	6,229.60
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	7,787.00	1,557.40	6,229.60
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	13,637.00	2,727.40	10,909.60
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	3,692.00	738.40	2,953.60
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOSTOMY)	3,692.00	738.40	2,953.60
68440	SNIP INCISION OF LACRIMAL PUNCTUM	3,692.00	738.40	2,953.60

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR	7,878.00	1,575.60	6,302.40
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTEATOMY)	7,878.00	1,575.60	6,302.40
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	11,700.00	2,340.00	9,360.00
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	11,700.00	2,340.00	9,360.00
68700	PLASTIC REPAIR OF CANALICULI	6,305.00	1,261.00	5,044.00
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	2,366.00	473.20	1,892.80
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	11,700.00	2,340.00	9,360.00
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE	11,700.00	2,340.00	9,360.00
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT	13,637.00	2,727.40	10,909.60
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	5,213.00	1,042.60	4,170.40
68770	CLOSURE OF LACRIMAL FISTULA	7,072.00	1,414.40	5,657.60
68811	PROBING OF NASOLACRIMAL DUCT; REQUIRING GENERAL ANESTHESIA	5,213.00	1,042.60	4,170.40
68815	PROBING OF NASOLACRIMAL DUCT; WITH INSERTION OF TUBE OR STENT	6,305.00	1,261.00	5,044.00
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (E.G., FOR STENOSIS DUE TO TRAUMA, INFECTION)	15,145.00	3,029.00	12,116.00
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	15,145.00	3,029.00	12,116.00
69400	EUSTACHIAN TUBE INFLATION, TRANSNASAL; W/ CATHETERIZATION	3,777.80	755.56	3,022.24

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
69405	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	3,692.00	738.40	2,953.60
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	3,692.00	738.40	2,953.60
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	5,213.00	1,042.60	4,170.40
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA	5,369.00	1,073.80	4,295.20
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), W/ GENERAL ANESTHESIA	5,369.00	1,073.80	4,295.20
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	11,700.00	2,340.00	9,360.00
69450	TYMPANOLYSIS, TRANSCANAL	6,305.00	1,261.00	5,044.00
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	30,225.00	6,045.00	24,180.00
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	13,637.00	2,727.40	10,909.60
69650	STAPES MOBILIZATION	24,570.00	4,914.00	19,656.00
69660	STAPEDECTOMY OR STAPEDOTOMY W/ REESTABLISHMENT OF OSSICULAR CONTINUITY, W/ OR W/O USE OF FOREIGN MATERIAL;	25,116.00	5,023.20	20,092.80
69661	STAPEDECTOMY OR STAPEDOTOMY W/ REESTABLISHMENT OF OSSICULAR CONTINUITY, W/ OR W/O USE OF FOREIGN MATERIAL; W/ FOOTPLATE DRILL OUT	25,116.00	5,023.20	20,092.80
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	25,116.00	5,023.20	20,092.80
69666	REPAIR OVAL WINDOW FISTULA	25,116.00	5,023.20	20,092.80
69667	REPAIR ROUND WINDOW FISTULA	25,116.00	5,023.20	20,092.80
69670	MASTOID OBLITERATION	20,527.00	4,105.40	16,421.60
69676	TYMPANIC NEURECTOMY	19,695.00	3,939.00	15,756.00
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID	6,851.00	1,370.20	5,480.80
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	19,695.00	3,939.00	15,756.00
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION	19,695.00	3,939.00	15,756.00
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, W/ OR W/O GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION	24,570.00	4,914.00	19,656.00
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, W/ OR W/O GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GANGLION	24,570.00	4,914.00	19,656.00
69801	LABYRINTHOMY, W/ OR W/O CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); TRANSCANAL	25,116.00	5,023.20	20,092.80
69802	LABYRINTHOMY, W/ OR W/O CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); W/ MASTOIDECTOMY	25,662.00	5,132.40	20,529.60
69805	ENDOLYMPHATIC SAC OPERATION; W/O SHUNT	30,225.00	6,045.00	24,180.00
69806	ENDOLYMPHATIC SAC OPERATION; W/ SHUNT	34,710.00	6,942.00	27,768.00
69820	FENESTRATION SEMICIRCULAR CANAL	30,225.00	6,045.00	24,180.00
69840	REVISION FENESTRATION OPERATION	34,710.00	6,942.00	27,768.00
69905	LABYRINTHECTOMY; TRANSCANAL	30,225.00	6,045.00	24,180.00
69910	LABYRINTHECTOMY; W/ MASTOIDECTOMY	34,710.00	6,942.00	27,768.00
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	34,710.00	6,942.00	27,768.00
69930	COCHLEAR DEVICE IMPLANTATION, W/ OR W/O MASTOIDECTOMY	35,750.00	7,150.00	28,600.00
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	35,750.00	7,150.00	28,600.00
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	35,750.00	7,150.00	28,600.00
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	34,710.00	6,942.00	27,768.00
69970	REMOVAL OF TUMOR, TEMPORAL BONE	30,225.00	6,045.00	24,180.00
77401	RADIATION TREATMENT DELIVERY (COBALT)	2,600.00	1,560.00	1,040.00
77401	RADIATION TREATMENT DELIVERY (LINEAR ACCELERATOR)	3,900.00	2,860.00	1,040.00
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC PER SESSION	7,384.00	5,200.00	2,184.00
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	23,400.00	12,480.00	10,920.00
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	23,400.00	12,480.00	10,920.00
77781	REMOTE AFTER LOADING HIGH INTENSITY BRACHYTHERAPY (RAHIB); 1 OR MORE SOURCE POSITION OR CATHETERS PER SESSION	7,384.00	5,200.00	2,184.00

Annex D - List of Medical Conditions and Procedures allowed as Second Case Rate

Code	Description	SECOND CASE RATE		
		Case Rate	Health Facility Fee	Professional Fee
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	12,610.00	7,150.00	5,460.00
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (E.G. PERITONEAL, HEMOFILTRATION)	3,380.00	2,925.00	455.00
96408*	CHEMOTHERAPY ADMINISTRATION	9,464.00	7,280.00	2,184.00
99460	EXPANDED NEWBORN CARE PACKAGE	3,835.00	3,185.00	650.00
FP001	SUBDERMAL CONTRACEPTIVE IMPLANT	1,950.00	1,170.00	780.00

Codes with * Rates applicable to all chemotherapy sessions except for Lung, Liver, Ovary, and Prostate cancer