

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
10060	INCISION AND DRAINAGE OF ABSCESS (E.G., CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA)	4,732.00	3,640.00	1,092.00
10080	INCISION AND DRAINAGE OF PILONIDAL CYST	4,732.00	3,640.00	1,092.00
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES	4,732.00	3,640.00	1,092.00
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA, OR FLUID COLLECTION	4,732.00	3,640.00	1,092.00
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	4,732.00	3,640.00	1,092.00
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	7,228.00	5,590.00	1,638.00
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
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED; SINGLE OR MULTIPLE LESION	4,732.00	3,640.00	1,092.00
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	7,228.00	5,590.00	1,638.00
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	4,810.00	3,062.80	1,747.20
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	10,426.00	7,150.00	3,276.00
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM	10,972.00	7,150.00	3,822.00
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	7,228.00	5,590.00	1,638.00
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	4,810.00	3,062.80	1,747.20
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	10,426.00	7,150.00	3,276.00
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM	10,972.00	7,150.00	3,822.00
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	4,810.00	3,062.80	1,747.20
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	10,426.00	7,150.00	3,276.00
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	10,972.00	7,150.00	3,822.00
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0 CM	10,738.00	6,370.00	4,368.00
11400	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	4,732.00	3,640.00	1,092.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	4,732.00	3,640.00	1,092.00
11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	4,732.00	3,640.00	1,092.00
11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	4,732.00	3,640.00	1,092.00
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	4,732.00	3,640.00	1,092.00
11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	4,732.00	3,640.00	1,092.00
11420	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	4,732.00	3,640.00	1,092.00
11421	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	4,732.00	3,640.00	1,092.00
11422	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	4,732.00	3,640.00	1,092.00
11423	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	4,732.00	3,640.00	1,092.00
11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	4,732.00	3,640.00	1,092.00
11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	4,732.00	3,640.00	1,092.00
11440	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	5,340.40	4,030.00	1,310.40
11441	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	5,340.40	4,030.00	1,310.40
11442	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	5,340.40	4,030.00	1,310.40
11443	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM	5,340.40	4,030.00	1,310.40
11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM	5,340.40	4,030.00	1,310.40
11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM	5,340.40	4,030.00	1,310.40
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY	10,426.00	7,150.00	3,276.00
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL	10,426.00	7,150.00	3,276.00
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL OR UMBILICAL	10,426.00	7,150.00	3,276.00
11600	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS	7,228.00	5,590.00	1,638.00
11601	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	7,228.00	5,590.00	1,638.00
11602	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	7,228.00	5,590.00	1,638.00
11603	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	7,228.00	5,590.00	1,638.00
11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	7,228.00	5,590.00	1,638.00
11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM	7,228.00	5,590.00	1,638.00
11620	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	7,384.00	5,200.00	2,184.00
11621	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	7,384.00	5,200.00	2,184.00
11622	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	7,384.00	5,200.00	2,184.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
11623	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA: LESION DIAMETER 2.1 TO 3.0 CM	7,384.00	5,200.00	2,184.00
11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA: LESION DIAMETER 3.1 TO 4.0 CM	7,384.00	5,200.00	2,184.00
11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA: LESION DIAMETER OVER 4.0 CM	7,384.00	5,200.00	2,184.00
11640	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS: LESION DIAMETER 0.5 CM OR LESS	7,384.00	5,200.00	2,184.00
11641	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS: LESION DIAMETER 0.6 TO 1.0 CM	7,384.00	5,200.00	2,184.00
11642	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS: LESION DIAMETER 1.1 TO 2.0 CM	7,384.00	5,200.00	2,184.00
11643	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS: LESION DIAMETER 2.1 TO 3.0 CM	7,384.00	5,200.00	2,184.00
11644	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS: LESION DIAMETER 3.1 TO 4.0 CM	7,384.00	5,200.00	2,184.00
11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS: LESION DIAMETER OVER 4.0 CM	7,384.00	5,200.00	2,184.00
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S): ONE TO FIVE	4,732.00	3,640.00	1,092.00
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S): SIX OR MORE	7,228.00	5,590.00	1,638.00
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE	4,732.00	3,640.00	1,092.00
11740	EVACUATION OF SUBUNGUAL HEMATOMA	4,732.00	3,640.00	1,092.00
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (E.G., INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL	4,732.00	3,640.00	1,092.00
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	12,090.00	9,360.00	2,730.00
11755	BIOPSY OF NAIL UNIT, ANY METHOD (E.G., PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL AND LATERAL NAIL FOLDS)	4,732.00	3,640.00	1,092.00
11760	REPAIR OF NAIL BED	7,228.00	5,590.00	1,638.00
11762	RECONSTRUCTION OF NAIL BED W/ GRAFT	12,090.00	9,360.00	2,730.00
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (E.G., FOR INGROWN TOENAIL)	4,732.00	3,640.00	1,092.00
11770	EXCISION OF PILONIDAL CYST OR SINUS	7,384.00	5,200.00	2,184.00
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	4,732.00	3,640.00	1,092.00
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	7,228.00	5,590.00	1,638.00
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	7,384.00	5,200.00	2,184.00
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	7,384.00	5,200.00	2,184.00
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	7,384.00	5,200.00	2,184.00
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET): OVER 30.0 CM	7,384.00	5,200.00	2,184.00
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES: 2.5 CM OR LESS	7,384.00	5,200.00	2,184.00
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES: 2.6 CM TO 5.0 CM	12,090.00	9,360.00	2,730.00
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES: 5.1 CM TO 7.5 CM	12,417.60	9,360.00	3,057.60
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES: 7.6 CM TO 12.5 CM	10,426.00	7,150.00	3,276.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	10,426.00	7,150.00	3,276.00
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	10,426.00	7,150.00	3,276.00
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	10,426.00	7,150.00	3,276.00
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	4,732.00	3,640.00	1,092.00
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	7,228.00	5,590.00	1,638.00
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	7,384.00	5,200.00	2,184.00
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	7,384.00	5,200.00	2,184.00
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	7,384.00	5,200.00	2,184.00
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM	7,384.00	5,200.00	2,184.00
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	7,384.00	5,200.00	2,184.00
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	12,090.00	9,360.00	2,730.00
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	10,426.00	7,150.00	3,276.00
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM	10,972.00	7,150.00	3,822.00
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM	10,738.00	6,370.00	4,368.00
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM	14,144.00	9,230.00	4,914.00
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANCES; 2.5 CM OR LESS	7,384.00	5,200.00	2,184.00
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANCES; 2.6 CM TO 5.0 CM	7,384.00	5,200.00	2,184.00
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANCES; 5.1 CM TO 7.5 CM	10,426.00	7,150.00	3,276.00
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANCES; 7.6 CM TO 12.5 CM	10,426.00	7,150.00	3,276.00
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANCES; 12.6 CM TO 20.0 CM	10,738.00	6,370.00	4,368.00
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANCES; 20.1 CM TO 30.0 CM	10,738.00	6,370.00	4,368.00
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANCES; OVER 30.0 CM	12,610.00	7,150.00	5,460.00
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	15,756.00	7,020.00	8,736.00
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	15,756.00	7,020.00	8,736.00
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	13,702.00	7,150.00	6,552.00
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	15,574.00	7,930.00	7,644.00
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	15,756.00	7,020.00	8,736.00
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	23,400.00	12,480.00	10,920.00
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	23,400.00	12,480.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS: DEFECT 10.1 SQ CM TO 30.0 SQ CM	23,400.00	12,480.00	10,920.00
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR COMPLICATED, ANY AREA	23,400.00	12,480.00	10,920.00
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	35,256.00	15,600.00	19,656.00
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	10,738.00	6,370.00	4,368.00
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)	10,738.00	6,370.00	4,368.00
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)	28,522.00	16,510.00	12,012.00
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK: 20 SQ CM OR LESS	28,522.00	16,510.00	12,012.00
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS	28,522.00	16,510.00	12,012.00
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	39,962.00	22,490.00	17,472.00
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS	39,390.00	17,550.00	21,840.00
15350	APPLICATION OF ALLOGRAFT, SKIN	39,390.00	17,550.00	21,840.00
15400	APPLICATION OF XENOGRAFT, SKIN	39,390.00	17,550.00	21,840.00
15570	FORMATION OF DIRECT OR TUBED PEDICLE, W/ OR W/O TRANSFER: TRUNK	23,400.00	12,480.00	10,920.00
15572	FORMATION OF DIRECT OR TUBED PEDICLE, W/ OR W/O TRANSFER: SCALP, ARMS, OR LEGS	39,962.00	22,490.00	17,472.00
15574	FORMATION OF DIRECT OR TUBED PEDICLE, W/ OR W/O TRANSFER: FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET	39,962.00	22,490.00	17,472.00
15576	FORMATION OF DIRECT OR TUBED PEDICLE, W/ OR W/O TRANSFER: EYELIDS, NOSE, EARS, LIPS OR INTRAORAL	39,390.00	17,550.00	21,840.00
15580	CROSS FINGER FLAP, INCLUDING FREE GRAFT TO DONOR SITE	28,522.00	16,510.00	12,012.00
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (E.G., ABDOMEN TO WRIST, "WALKING" TUBE), ANY LOCATION	28,522.00	16,510.00	12,012.00
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (E.G., TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	61,542.00	27,690.00	33,852.00
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	61,542.00	27,690.00	33,852.00
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	61,542.00	27,690.00	33,852.00
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	61,542.00	27,690.00	33,852.00
15740	FLAP: ISLAND PEDICLE	50,232.00	21,840.00	28,392.00
15750	FLAP: NEUROVASCULAR PEDICLE	50,232.00	21,840.00	28,392.00
15756	FREE MUSCLE FLAP W/ OR W/O SKIN GRAFT W/ MICROVASCULAR ANASTOMOSIS	50,232.00	21,840.00	28,392.00
15757	FREE SKIN FLAP W/ MICROVASCULAR ANASTOMOSIS	50,232.00	21,840.00	28,392.00
15758	FREE FASCIAL FLAP W/ MICROVASCULAR ANASTOMOSIS	50,232.00	21,840.00	28,392.00
15760	GRAFT; COMPOSITE (E.G., FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA	28,522.00	16,510.00	12,012.00
15770	GRAFT: DERMA-FAT-FASCIA	28,522.00	16,510.00	12,012.00
15820	BLEPHAROPLASTY, LOWER EYELID	13,156.00	7,150.00	6,006.00
15822	BLEPHAROPLASTY, UPPER EYELID;	13,156.00	7,150.00	6,006.00
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	15,574.00	7,930.00	7,644.00
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	39,390.00	17,550.00	21,840.00
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	39,390.00	17,550.00	21,840.00
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE	50,232.00	21,840.00	28,392.00
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
15920	EXCISION, COCCYGEAL PRESSURE ULCER, W/ COCCYGECTOMY: W/ PRIMARY SUTURE	39,962.00	22,490.00	17,472.00
15922	EXCISION, COCCYGEAL PRESSURE ULCER, W/ COCCYGECTOMY: W/ FLAP CLOSURE	39,390.00	17,550.00	21,840.00
15931	EXCISION, SACRAL PRESSURE ULCER, W/ PRIMARY SUTURE;	28,522.00	16,510.00	12,012.00
15933	EXCISION, SACRAL PRESSURE ULCER, W/ PRIMARY SUTURE; W/ OSTECTOMY	39,962.00	22,490.00	17,472.00
15934	EXCISION, SACRAL PRESSURE ULCER, W/ SKIN FLAP CLOSURE:	15,756.00	7,020.00	8,736.00
15935	EXCISION, SACRAL PRESSURE ULCER, W/ SKIN FLAP CLOSURE: W/ OSTECTOMY	39,390.00	17,550.00	21,840.00
15936	EXCISION, SACRAL PRESSURE ULCER, W/ MUSCLE OR MYOCUTANEOUS FLAP CLOSURE:	49,972.00	24,310.00	25,662.00
15937	EXCISION, SACRAL PRESSURE ULCER, W/ MUSCLE OR MYOCUTANEOUS FLAP CLOSURE: W/ OSTECTOMY	49,140.00	21,840.00	27,300.00
15940	EXCISION, ISCHIAL PRESSURE ULCER, W/ PRIMARY SUTURE:	15,756.00	7,020.00	8,736.00
15941	EXCISION, ISCHIAL PRESSURE ULCER, W/ PRIMARY SUTURE: W/ OSTECTOMY (ISCHIECTOMY)	28,522.00	16,510.00	12,012.00
15944	EXCISION, ISCHIAL PRESSURE ULCER, W/ SKIN FLAP CLOSURE:	39,962.00	22,490.00	17,472.00
15945	EXCISION, ISCHIAL PRESSURE ULCER, W/ SKIN FLAP CLOSURE: W/ OSTECTOMY	39,390.00	17,550.00	21,840.00
15946	EXCISION, ISCHIAL PRESSURE ULCER, W/ OSTECTOMY, W/ MUSCLE OR MYOCUTANEOUS FLAP CLOSURE	49,972.00	24,310.00	25,662.00
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, W/ PRIMARY SUTURE:	15,574.00	7,930.00	7,644.00
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, W/ PRIMARY SUTURE: W/ OSTECTOMY	28,522.00	16,510.00	12,012.00
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, W/ SKIN FLAP CLOSURE:	28,522.00	16,510.00	12,012.00
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, W/ SKIN FLAP CLOSURE: W/ OSTECTOMY	39,962.00	22,490.00	17,472.00
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, W/ MUSCLE OR MYOCUTANEOUS FLAP CLOSURE:	40,482.00	17,550.00	22,932.00
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, W/ MUSCLE OR MYOCUTANEOUS FLAP CLOSURE: W/ OSTECTOMY	49,972.00	24,310.00	25,662.00
16010	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	10,738.00	6,370.00	4,368.00
16035	ESCHAROTOMY	39,962.00	22,490.00	17,472.00
16040	EXCISION BURN WOUND, W/O SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (E.G., SYNTHETIC MESH), ANY ANATOMIC SITE	12,610.00	7,150.00	5,460.00
17000	DESTRUCTION BY ANY METHOD, INCLUDING LASER, W/ OR W/O SURGICAL CURETTMENT, 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	7,800.00	4,940.00	2,860.00
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (E.G., LASER TECHNIQUE)	7,800.00	4,940.00	2,860.00
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	7,384.00	5,200.00	2,184.00
17260	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	7,384.00	5,200.00	2,184.00
17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	7,384.00	5,200.00	2,184.00
17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	7,384.00	5,200.00	2,184.00
17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	7,384.00	5,200.00	2,184.00
17264	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	7,384.00	5,200.00	2,184.00
17266	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	7,384.00	5,200.00	2,184.00
17270	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	7,384.00	5,200.00	2,184.00
17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	7,384.00	5,200.00	2,184.00
17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	7,384.00	5,200.00	2,184.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	7,384.00	5,200.00	2,184.00
17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	7,384.00	5,200.00	2,184.00
17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	7,384.00	5,200.00	2,184.00
17280	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	12,090.00	9,360.00	2,730.00
17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	12,090.00	9,360.00	2,730.00
17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	12,090.00	9,360.00	2,730.00
17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM	12,090.00	9,360.00	2,730.00
17284	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM	12,090.00	9,360.00	2,730.00
17286	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM	12,090.00	9,360.00	2,730.00
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; FIR	10,426.00	7,150.00	3,276.00
19000	PUNCTURE ASPIRATION OF CYST OF BREAST:	4,732.00	3,640.00	1,092.00
19020	MASTOTOMY W/ EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	12,610.00	7,150.00	5,460.00
19100	BIOPSY OF BREAST: NEEDLE CORE	4,732.00	3,640.00	1,092.00
19101	BIOPSY OF BREAST: INCISIONAL	7,228.00	5,590.00	1,638.00
19110	NIPPLE EXPLORATION, W/ OR W/O EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT	10,972.00	7,150.00	3,822.00
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	10,738.00	6,370.00	4,368.00
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	10,426.00	7,150.00	3,276.00
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION	10,426.00	7,150.00	3,276.00
19140	MASTECTOMY FOR GYNECOMASTIA	28,600.00	17,160.00	11,440.00
19160	MASTECTOMY, PARTIAL:	28,600.00	17,160.00	11,440.00
19162	MASTECTOMY, PARTIAL; WITH AXILLARY LYMPHADENECTOMY	28,600.00	17,160.00	11,440.00
19180	MASTECTOMY, SIMPLE, COMPLETE	28,600.00	17,160.00	11,440.00
19182	MASTECTOMY, SUBCUTANEOUS	28,600.00	17,160.00	11,440.00
19200	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	28,600.00	17,160.00	11,440.00
19220	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY LYMPH NODES (URBAN TYPE OPERATION)	28,600.00	17,160.00	11,440.00
19240	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, W/ OR W/O PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE	28,600.00	17,160.00	11,440.00
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	60,450.00	27,690.00	32,760.00
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, W/ PLASTIC RECONSTRUCTION; W/O MEDIASTINAL LYMPHADENECTOMY	71,500.00	27,820.00	43,680.00
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, W/ PLASTIC RECONSTRUCTION; W/ MEDIASTINAL LYMPHADENECTOMY	76,440.00	27,300.00	49,140.00
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	49,140.00	21,840.00	27,300.00
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	49,140.00	21,840.00	27,300.00
19350	NIPPLE/AREOLA RECONSTRUCTION	39,390.00	17,550.00	21,840.00
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	49,140.00	21,840.00	27,300.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WITHOUT PROSTHETIC IMPLANT	71,500.00	27,820.00	43,680.00
19364	BREAST RECONSTRUCTION WITH FREE FLAP	71,500.00	27,820.00	43,680.00
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	71,500.00	27,820.00	43,680.00
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE;	71,500.00	27,820.00	43,680.00
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), DOUBLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE	71,500.00	27,820.00	43,680.00
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	39,390.00	17,550.00	21,840.00
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	49,140.00	21,840.00	27,300.00
20200	BIOPSY, MUSCLE	5,340.40	4,030.00	1,310.40
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	4,555.20	3,900.00	655.20
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (E.G., ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	14,144.00	9,230.00	4,914.00
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	23,400.00	12,480.00	10,920.00
20240	BIOPSY, EXCISIONAL; SUPERFICIAL (E.G., ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)	12,610.00	7,150.00	5,460.00
20245	BIOPSY, EXCISIONAL; DEEP (E.G., HUMERUS, ISCHIUM, FEMUR)	16,302.00	7,020.00	9,282.00
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	30,290.00	13,910.00	16,380.00
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	39,962.00	22,490.00	17,472.00
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH	10,426.00	7,150.00	3,276.00
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST (E.G., FINGERS, TOES)	7,228.00	5,590.00	1,638.00
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (E.G., TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA)	12,090.00	9,360.00	2,730.00
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (E.G., SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)	12,090.00	9,360.00	2,730.00
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	10,738.00	6,370.00	4,368.00
20650	INSERTION OF WIRE OR PIN W/ APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL	10,426.00	7,150.00	3,276.00
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL	12,828.40	7,150.00	5,678.40
20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	11,190.40	7,150.00	4,040.40
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	30,290.00	13,910.00	16,380.00
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	28,522.00	16,510.00	12,012.00
20670	REMOVAL OF IMPLANT; SUPERFICIAL (E.G., BURIED WIRE, PIN OR ROD)	13,702.00	7,150.00	6,552.00
20680	REMOVAL OF IMPLANT; DEEP (E.G., BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	15,574.00	7,930.00	7,644.00
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	15,756.00	7,020.00	8,736.00
20692	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (E.G., LLIZAROV, MONTICELLI TYPE)	51,064.00	24,310.00	26,754.00
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT), COMPLETE AMPUTATION	12,090.00	9,360.00	2,730.00
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT), COMPLETE AMPUTATION	52,416.00	21,840.00	30,576.00
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINT(S), COMPLETE AMPUTATION	52,416.00	21,840.00	30,576.00
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR SUBLIMIS TENDON), COMPLETE AMPUTATION	30,290.00	13,910.00	16,380.00
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION), COMPLETE AMPUTATION	30,290.00	13,910.00	16,380.00
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT), COMPLETE AMPUTATION	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT), COMPLETE AMPUTATION	30,290.00	13,910.00	16,380.00
20838	REPLANTATION, FOOT, COMPLETE AMPUTATION	49,140.00	21,840.00	27,300.00
20900	BONE GRAFT, ANY DONOR AREA: MINOR OR SMALL (E.G., DOWEL OR BUTTON)	13,702.00	7,150.00	6,552.00
20902	BONE GRAFT, ANY DONOR AREA: MAJOR OR LARGE	23,400.00	12,480.00	10,920.00
20910	CARTILAGE GRAFT: COSTOCHONDRAL	15,756.00	7,020.00	8,736.00
20912	CARTILAGE GRAFT: NASAL SEPTUM	15,756.00	7,020.00	8,736.00
20920	FASCIA LATA GRAFT: BY STRIPPER	12,610.00	7,150.00	5,460.00
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	15,756.00	7,020.00	8,736.00
20924	TENDON GRAFT, FORM A DISTANCE (E.G., PALMARIS, TOE EXTENSOR, PLANTARIS)	14,248.00	7,150.00	7,098.00
20926	TISSUE GRAFTS, OTHER (E.G., PARATENON, FAT, DERMIS)	12,610.00	7,150.00	5,460.00
20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	15,756.00	7,020.00	8,736.00
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	23,946.00	12,480.00	11,466.00
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (E.G., RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION	13,702.00	7,150.00	6,552.00
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	13,702.00	7,150.00	6,552.00
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	23,400.00	12,480.00	10,920.00
20955	BONE GRAFT W/ MICROVASCULAR ANASTOMOSIS; FIBULA	49,140.00	21,840.00	27,300.00
20956	BONE GRAFT W/ MICROVASCULAR ANASTOMOSIS; ILIAC CREST	49,140.00	21,840.00	27,300.00
20957	BONE GRAFT W/ MICROVASCULAR ANASTOMOSIS; METATARSAL	27,274.00	14,170.00	13,104.00
20962	BONE GRAFT W/ MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR METATARSAL	35,256.00	15,600.00	19,656.00
20969	FREE OSTEOCUTANEOUS FLAP W/ MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR GREAT TOE	49,140.00	21,840.00	27,300.00
20970	FREE OSTEOCUTANEOUS FLAP W/ MICROVASCULAR ANASTOMOSIS; ILIAC CREST	39,390.00	17,550.00	21,840.00
20972	FREE OSTEOCUTANEOUS FLAP W/ MICROVASCULAR ANASTOMOSIS; METATARSAL	30,290.00	13,910.00	16,380.00
20973	FREE OSTEOCUTANEOUS FLAP W/ MICROVASCULAR ANASTOMOSIS; GREAT TOE W/ WEB SPACE	35,256.00	15,600.00	19,656.00
20982	ABLATION, BONE TUMOR(S) (E.G., OSTEOID OSTEOMA, METASTASIS) RADIOFREQUENCY, PERCUTANEOUS, INCLUDING COMPUTED TOMOGRAPHIC GUIDANCE	12,610.00	7,150.00	5,460.00
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	12,610.00	7,150.00	5,460.00
21015	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP	30,290.00	13,910.00	16,380.00
21025	EXCISION OF BONE (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	23,400.00	12,480.00	10,920.00
21026	EXCISION OF BONE (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	23,400.00	12,480.00	10,920.00
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (E.G., FIBROUS DYSPLASIA)	23,400.00	12,480.00	10,920.00
21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE	23,400.00	12,480.00	10,920.00
21031	EXCISION OF TORUS MANDIBULARIS	23,400.00	12,480.00	10,920.00
21032	EXCISION OF MAXILLARY TORUS PALATINUS	23,400.00	12,480.00	10,920.00
21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE	30,290.00	13,910.00	16,380.00
21040	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE	23,400.00	12,480.00	10,920.00
21041	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; COMPLEX	28,522.00	16,510.00	12,012.00
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	30,290.00	13,910.00	16,380.00
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	39,390.00	17,550.00	21,840.00
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT	39,390.00	17,550.00	21,840.00
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT	39,390.00	17,550.00	21,840.00
21070	CORONOIDECTOMY	39,390.00	17,550.00	21,840.00
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	23,400.00	12,480.00	10,920.00
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	60,450.00	27,690.00	32,760.00
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (E.G., WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
21123	GENIOPLASTY; SLIDING, AUGMENTATION W/ INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	39,390.00	17,550.00	21,840.00
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	39,390.00	17,550.00	21,840.00
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; W/ BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	60,450.00	27,690.00	32,760.00
21137	REDUCTION FOREHEAD; CONTOURING ONLY	23,400.00	12,480.00	10,920.00
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)	60,450.00	27,690.00	32,760.00
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	39,390.00	17,550.00	21,840.00
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (E.G., FOR LONG FACE SYNDROME), W/O BONE GRAFT	69,420.00	31,200.00	38,220.00
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, W/O BONE GRAFT	60,450.00	27,690.00	32,760.00
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, W/O BONE GRAFT	60,450.00	27,690.00	32,760.00
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	60,450.00	27,690.00	32,760.00
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (E.G., UNGRAFTED UNILATERAL ALVEOLAR CLEFT)	60,450.00	27,690.00	32,760.00
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)	71,500.00	27,820.00	43,680.00
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (E.G., TREACHER-COLLINS SYNDROME)	71,500.00	27,820.00	43,680.00
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	71,500.00	27,820.00	43,680.00
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); W/O LEFORT I	76,440.00	27,300.00	49,140.00
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); W/ LEFORT I	71,500.00	27,820.00	43,680.00
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	71,500.00	27,820.00	43,680.00
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) W/ FOREHEAD ADVANCEMENT (E.G., MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); W/ LEFORT I	60,450.00	27,690.00	32,760.00
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, W/ OR W/O GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	71,500.00	27,820.00	43,680.00
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)	71,500.00	27,820.00	43,680.00
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS: W/ GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)	71,500.00	27,820.00	43,680.00
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFTS)	71,500.00	27,820.00	43,680.00
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (E.G., FIBROUS DYSPLASIA), EXTRACRANIAL	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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	60,450.00	27,690.00	32,760.00
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 GREAT	69,420.00	31,200.00	38,220.00
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 GREAT	71,500.00	27,820.00	43,680.00
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	71,500.00	27,820.00	43,680.00
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; W/O BONE GRAFT	60,450.00	27,690.00	32,760.00
21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; W/ BONE GRAFT (INCLUDES OBTAINING GRAFT)	71,500.00	27,820.00	43,680.00
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; W/O INTERNAL RIGID FIXATION	60,450.00	27,690.00	32,760.00
21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; W/ INTERNAL RIGID FIXATION	71,500.00	27,820.00	43,680.00
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	39,390.00	17,550.00	21,840.00
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (E.G., WASSMUND OR SCHUCHARD)	60,450.00	27,690.00	32,760.00
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	60,450.00	27,690.00	32,760.00
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	71,500.00	27,820.00	43,680.00
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	60,450.00	27,690.00	32,760.00
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	39,390.00	17,550.00	21,840.00
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, W/ OR W/O AUTOGRAFT (INCLUDES OBTAINING GRAFT)	60,450.00	27,690.00	32,760.00
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, W/ ALLOGRAFT	60,450.00	27,690.00	32,760.00
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, W/ PROSTHETIC JOINT REPLACEMENT	71,500.00	27,820.00	43,680.00
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, W/ TRANSOSTEAL BONE PLATE (E.G., MANDIBULAR STAPLE BONE PLATE)	60,450.00	27,690.00	32,760.00
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	69,420.00	31,200.00	38,220.00
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	71,500.00	27,820.00	43,680.00
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE W/ BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (E.G., FOR HEMIFACIAL MICROSOMIA)	71,500.00	27,820.00	43,680.00
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (E.G. BLADE, CYLINDER); PARTIAL	71,500.00	27,820.00	43,680.00
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (E.G. BLADE, CYLINDER); COMPLETE	81,900.00	27,300.00	54,600.00
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA W/ BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)	71,500.00	27,820.00	43,680.00
21256	RECONSTRUCTION OF ORBIT W/ OSTEOTOMIES (EXTRACRANIAL) AND W/ BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (E.G., MICRO-OPHTHALMIA)	71,500.00	27,820.00	43,680.00
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, W/ BONE GRAFTS	71,500.00	27,820.00	43,680.00
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, W/ BONE GRAFTS; EXTRACRANIAL APPROACH	71,500.00	27,820.00	43,680.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
21300	CLOSED TREATMENT OF SKULL FRACTURE W/O OPERATION	13,702.00	7,150.00	6,552.00
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE	13,702.00	7,150.00	6,552.00
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	15,756.00	7,020.00	8,736.00
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, W/ INTERNAL AND/OR EXTERNAL SKELETAL FIXATION	15,756.00	7,020.00	8,736.00
21335	OPEN TREATMENT OF NASAL FRACTURE; W/ CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM	15,756.00	7,020.00	8,736.00
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, W/ OR W/O STABILIZATION	15,756.00	7,020.00	8,736.00
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE	13,702.00	7,150.00	6,552.00
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; W/O EXTERNAL FIXATION	15,756.00	7,020.00	8,736.00
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; W/ EXTERNAL FIXATION	23,400.00	12,480.00	10,920.00
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, W/ SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAIR OF CANTHAL LIGAMENTS AND/OR THE NASOLACRIMAL APPARATUS	28,522.00	16,510.00	12,012.00
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	28,522.00	16,510.00	12,012.00
21344	OPEN TREATMENT OF COMPLICATED (E.G., COMMUNUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL OR MULTIPLE APPROACHES	30,290.00	13,910.00	16,380.00
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), W/ INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT	29,458.00	14,170.00	15,288.00
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); W/ WIRING AND/OR LOCAL FIXATION	30,290.00	13,910.00	16,380.00
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES	39,390.00	17,550.00	21,840.00
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); W/ BONE GRAFTING (INCLUDES OBTAINING GRAFT)	49,140.00	21,840.00	27,300.00
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, W/ MANIPULATION	28,522.00	16,510.00	12,012.00
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (E.G., GILLES APPROACH)	30,290.00	13,910.00	16,380.00
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD	39,390.00	17,550.00	21,840.00
21365	OPEN TREATMENT OF COMPLICATED (E.G., COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD: W/ INTERNAL FIXATION AND MULTIPLE SURGICAL APPROACHES	49,140.00	21,840.00	27,300.00
21366	OPEN TREATMENT OF COMPLICATED (E.G., COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD: W/ BONE GRAFTING (INCLUDES OBTAINING GRAFT)	60,450.00	27,690.00	32,760.00
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE: TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)	27,274.00	14,170.00	13,104.00
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE: PERIORBITAL APPROACH	23,400.00	12,480.00	10,920.00
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE: COMBINED APPROACH	49,140.00	21,840.00	27,300.00
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE: PERIORBITAL APPROACH, W/ ALLOPLASTIC OR OTHER IMPLANT	41,054.00	22,490.00	18,564.00
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE: PERIORBITAL APPROACH W/ BONE GRAFT (INCLUDES OBTAINING GRAFT)	41,054.00	22,490.00	18,564.00
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"	23,400.00	12,480.00	10,920.00
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; W/O IMPLANT	27,274.00	14,170.00	13,104.00
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; W/ IMPLANT	41,054.00	22,490.00	18,564.00
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; W/ BONE GRAFTING (INCLUDES OBTAINING GRAFT)	41,054.00	22,490.00	18,564.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), W/ INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT	15,756.00	7,020.00	8,736.00
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	27,274.00	14,170.00	13,104.00
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA), MULTIPLE APPROACHES	30,290.00	13,910.00	16,380.00
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT	15,756.00	7,020.00	8,736.00
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); W/ WIRING AND/OR INTERNAL FIXATION	30,290.00	13,910.00	16,380.00
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E.G., COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA); MULTIPLE SURGICAL APPROACHES	23,400.00	12,480.00	10,920.00
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)	30,290.00	13,910.00	16,380.00
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERNAL FIXATION, W/ BONE GRAFTING (INCLUDES OBTAINING GRAFT)	60,450.00	27,690.00	32,760.00
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE	15,756.00	7,020.00	8,736.00
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE	23,400.00	12,480.00	10,920.00
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE	23,400.00	12,480.00	10,920.00
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, W/ EXTERNAL FIXATION	30,290.00	13,910.00	16,380.00
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE; W/ INTERDENTAL FIXATION	19,448.00	9,620.00	9,828.00
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE; W/ EXTERNAL FIXATION	29,458.00	14,170.00	15,288.00
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; W/O INTERDENTAL FIXATION	29,458.00	14,170.00	15,288.00
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; W/ INTERDENTAL FIXATION	30,290.00	13,910.00	16,380.00
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	39,390.00	17,550.00	21,840.00
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION, INTERDENTAL FIXATION, AND/OR WIRING OF DENTURES OR SPLINTS	49,140.00	21,840.00	27,300.00
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	12,610.00	7,150.00	5,460.00
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (E.G., RECURRENT REQUIRING INTERMAXILLARY FIXATION OR SPLINTING), INITIAL OR SUBSEQUENT	27,274.00	14,170.00	13,104.00
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	39,390.00	17,550.00	21,840.00
21493	CLOSED TREATMENT OF HYOID FRACTURE	23,400.00	12,480.00	10,920.00
21495	OPEN TREATMENT OF HYOID FRACTURE	30,290.00	13,910.00	16,380.00
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	15,756.00	7,020.00	8,736.00
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	7,384.00	5,200.00	2,184.00
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; W/ PARTIAL RIB OSTECTOMY	10,426.00	7,150.00	3,276.00
21510	INCISION, DEEP, W/ OPENING OF BONE CORTEX (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX	5,340.40	4,030.00	1,310.40
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	7,384.00	5,200.00	2,184.00
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS	10,426.00	7,150.00	3,276.00
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR	12,610.00	7,150.00	5,460.00
21557	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR THORAX	39,390.00	17,550.00	21,840.00
21600	EXCISION OF RIB, PARTIAL	13,702.00	7,150.00	6,552.00
21610	COSTOTRANSVERSECTOMY	27,274.00	14,170.00	13,104.00
21615	EXCISION FIRST AND/OR CERVICAL RIB;	48,334.00	24,310.00	24,024.00
21616	EXCISION FIRST AND/OR CERVICAL RIB; W/ SYMPATHECTOMY	49,140.00	21,840.00	27,300.00
21620	OSTECTOMY OF STERNUM, PARTIAL	35,256.00	15,600.00	19,656.00
21627	STERNAL DEBRIDEMENT	15,974.40	7,020.00	8,954.40

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
21630	RADICAL RESECTION OF STERNUM:	49,140.00	21,840.00	27,300.00
21700	DIVISION OF SCALENUS ANTICUS; W/O RESECTION OF CERVICAL RIB	23,400.00	12,480.00	10,920.00
21705	DIVISION OF SCALENUS ANTICUS; W/ RESECTION OF CERVICAL RIB	30,290.00	13,910.00	16,380.00
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION	23,400.00	12,480.00	10,920.00
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM	35,256.00	15,600.00	19,656.00
21750	CLOSURE OF STERNOTOMY SEPARATION W/ OR W/O DEBRIDEMENT	30,290.00	13,910.00	16,380.00
21800	CLOSED TREATMENT OF RIB FRACTURE	10,426.00	7,150.00	3,276.00
21805	OPEN TREATMENT OF RIB FRACTURE W/O FIXATION	14,248.00	7,150.00	7,098.00
21810	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")	27,274.00	14,170.00	13,104.00
21820	CLOSED TREATMENT OF STERNUM FRACTURE	12,828.40	7,150.00	5,678.40
21825	OPEN TREATMENT OF STERNUM FRACTURE W/ OR W/O SKELETAL FIXATION	28,522.00	16,510.00	12,012.00
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK	4,555.20	3,900.00	655.20
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	7,384.00	5,200.00	2,184.00
21935	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK	30,290.00	13,910.00	16,380.00
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (E.G., SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; CERVICAL	35,256.00	15,600.00	19,656.00
22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (E.G., SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; THORACIC	35,256.00	15,600.00	19,656.00
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (E.G., SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; LUMBAR	35,256.00	15,600.00	19,656.00
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, W/O DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; CERVICAL	60,450.00	27,690.00	32,760.00
22112	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, W/O DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; THORACIC	39,390.00	17,550.00	21,840.00
22114	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, W/O DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; LUMBAR	39,390.00	17,550.00	21,840.00
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; CERVICAL	60,450.00	27,690.00	32,760.00
22212	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; THORACIC	60,450.00	27,690.00	32,760.00
22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; LUMBAR	60,450.00	27,690.00	32,760.00
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	69,420.00	31,200.00	38,220.00
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; THORACIC	69,420.00	31,200.00	38,220.00
22224	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR	69,420.00	31,200.00	38,220.00
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	30,290.00	13,910.00	16,380.00
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), REQUIRING AND INCLUDING CASTING OR BRACING	39,962.00	22,490.00	17,472.00
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRAE OR DISLOCATED SEGMENT; LUMBAR	50,518.00	24,310.00	26,208.00
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRAE OR DISLOCATED SEGMENT; CERVICAL	50,232.00	21,840.00	28,392.00
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRAE OR DISLOCATED SEGMENT; THORACIC	49,140.00	21,840.00	27,300.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), W/ OR W/O EXCISION OF ODONTOID PROCESS	52,416.00	21,840.00	30,576.00
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	69,420.00	31,200.00	38,220.00
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC	60,450.00	27,690.00	32,760.00
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	60,450.00	27,690.00	32,760.00
22590	ARTHRODESIS; POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	69,420.00	31,200.00	38,220.00
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	69,420.00	31,200.00	38,220.00
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT;	69,420.00	31,200.00	38,220.00
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT; THORACIC (W/ OR W/O LATERAL TRANSVERSE TECHNIQUE)	39,390.00	17,550.00	21,840.00
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT; LUMBAR (W/ OR W/O LATERAL TRANSVERSE TECHNIQUE)	39,390.00	17,550.00	21,840.00
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; LUMBAR	52,416.00	21,840.00	30,576.00
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, W/ OR W/O CAST; UP TO 6 VERTEBRAL SEGMENTS	76,440.00	27,300.00	49,140.00
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, W/ OR W/O CAST; 7 TO 12 VERTEBRAL SEGMENTS	81,900.00	27,300.00	54,600.00
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, W/ OR W/O CAST; 13 OR MORE VERTEBRAL SEGMENTS	87,360.00	27,300.00	60,060.00
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, W/ OR W/O CAST; 2 TO 3 VERTEBRAL SEGMENTS	71,500.00	27,820.00	43,680.00
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, W/ OR W/O CAST; 4 TO 7 VERTEBRAL SEGMENTS	76,440.00	27,300.00	49,140.00
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, W/ OR W/O CAST; 8 OR MORE VERTEBRAL SEGMENTS	87,360.00	27,300.00	60,060.00
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (E.G., SINGLE HARRINGTON ROD TECHNIQUE)	71,500.00	27,820.00	43,680.00
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES	69,420.00	31,200.00	38,220.00
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS W/ MULTIPLE HOOKS AND SUBLAMINAL WIRES); 3 TO 6 VERTEBRAL SEGMENTS	71,058.00	31,200.00	39,858.00
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS W/ MULTIPLE HOOKS AND SUBLAMINAL WIRES); 7 TO 12 VERTEBRAL SEGMENTS	76,440.00	27,300.00	49,140.00
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS W/ MULTIPLE HOOKS AND SUBLAMINAL WIRES); 13 OR MORE VERTEBRAL SEGMENTS	87,360.00	27,300.00	60,060.00
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	71,500.00	27,820.00	43,680.00
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	76,440.00	27,300.00	49,140.00
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	87,360.00	27,300.00	60,060.00
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM	71,500.00	27,820.00	43,680.00
22849	REINSERTION OF SPINAL FIXATION DEVICE	69,420.00	31,200.00	38,220.00
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (E.G., HARRINGTON ROD)	28,522.00	16,510.00	12,012.00
22851	APPLICATION OF PROSTHETIC DEVICE (E.G., METAL CAGES, METHYLMETHACRYLATE) TO VERTEBRAL DEFECT OR INTERSPACE	76,440.00	27,300.00	49,140.00
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	35,256.00	15,600.00	19,656.00
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	39,390.00	17,550.00	21,840.00
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (E.G., DESMOID)	30,290.00	13,910.00	16,380.00
23000	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, OPEN METHOD	27,274.00	14,170.00	13,104.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
23020	CAPSULAR CONTRACTURE RELEASE (SEVER TYPE PROCEDURE)	35,256.00	15,600.00	19,656.00
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	23,400.00	12,480.00	10,920.00
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	19,448.00	9,620.00	9,828.00
23035	INCISION, DEEP, W/ OPENING OF CORTEX (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	27,274.00	14,170.00	13,104.00
23040	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, W/ EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	30,290.00	13,910.00	16,380.00
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR INFECTION, W/ EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	27,274.00	14,170.00	13,104.00
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA	4,555.20	3,900.00	655.20
23075	EXCISION, TUMOR, SHOULDER AREA; SUBCUTANEOUS	7,384.00	5,200.00	2,184.00
23076	EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR	10,426.00	7,150.00	3,276.00
23077	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA	49,140.00	21,840.00	27,300.00
23100	ARTHROTOMY W/ BIOPSY, GLENOHUMERAL JOINT	30,290.00	13,910.00	16,380.00
23101	ARTHROTOMY W/ BIOPSY, OR W/ EXCISION OF TORN CARTILAGE, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT	35,256.00	15,600.00	19,656.00
23105	ARTHROTOMY W/ SYNOVECTOMY; GLENOHUMERAL JOINT	35,256.00	15,600.00	19,656.00
23106	ARTHROTOMY W/ SYNOVECTOMY; STERNOCLAVICULAR JOINT	28,366.00	14,170.00	14,196.00
23107	ARTHROTOMY, GLENOHUMERAL JOINT, W/ JOINT EXPLORATION, W/ OR W/O REMOVAL OF LOOSE OR FOREIGN BODY	39,962.00	22,490.00	17,472.00
23120	CLAVICULECTOMY; PARTIAL	30,290.00	13,910.00	16,380.00
23125	CLAVICULECTOMY; TOTAL	36,348.00	15,600.00	20,748.00
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL	35,802.00	15,600.00	20,202.00
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	27,274.00	14,170.00	13,104.00
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	28,912.00	14,170.00	14,742.00
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; W/ ALLOGRAFT	28,912.00	14,170.00	14,742.00
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	39,962.00	22,490.00	17,472.00
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	41,054.00	22,490.00	18,564.00
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; W/ ALLOGRAFT	41,054.00	22,490.00	18,564.00
23170	SEQUESTRECTOMY (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	27,274.00	14,170.00	13,104.00
23172	SEQUESTRECTOMY (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	28,366.00	14,170.00	14,196.00
23174	SEQUESTRECTOMY (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	30,290.00	13,910.00	16,380.00
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), CLAVICLE	27,820.00	14,170.00	13,650.00
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), SCAPULA	28,147.60	14,170.00	13,977.60
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), PROXIMAL HUMERUS	28,366.00	14,170.00	14,196.00
23190	OSTECTOMY OF SCAPULA, PARTIAL (E.G., SUPERIOR MEDIAL ANGLE)	28,366.00	14,170.00	14,196.00
23195	RESECTION HUMERAL HEAD	35,256.00	15,600.00	19,656.00
23200	RADICAL RESECTION FOR TUMOR: CLAVICLE	35,256.00	15,600.00	19,656.00
23210	RADICAL RESECTION FOR TUMOR: SCAPULA	35,802.00	15,600.00	20,202.00
23220	RADICAL RESECTION FOR TUMOR; PROXIMAL HUMERUS;	48,334.00	24,310.00	24,024.00
23221	RADICAL RESECTION FOR TUMOR; PROXIMAL HUMERUS; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	52,416.00	21,840.00	30,576.00
23222	RADICAL RESECTION FOR TUMOR; PROXIMAL HUMERUS; W/ PROSTHETIC REPLACEMENT	69,420.00	31,200.00	38,220.00
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	7,228.00	5,590.00	1,638.00
23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (E.G., NEER PROSTHESIS REMOVAL)	16,770.00	8,580.00	8,190.00
23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED, INCLUDING "TOTAL SHOULDER"	19,448.00	9,620.00	9,828.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	28,912.00	14,170.00	14,742.00
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	30,290.00	13,910.00	16,380.00
23400	SCAPULOPEXY (E.G., SPRENGELS DEFORMITY OR FOR PARALYSIS)	35,256.00	15,600.00	19,656.00
23405	TENOMYOTOMY, SHOULDER AREA; SINGLE	28,522.00	16,510.00	12,012.00
23406	TENOMYOTOMY, SHOULDER AREA; MULTIPLE THROUGH SAME INCISION	30,004.00	14,170.00	15,834.00
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (E.G., ROTATOR CUFF); ACUTE	27,274.00	14,170.00	13,104.00
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (E.G., ROTATOR CUFF); CHRONIC	28,912.00	14,170.00	14,742.00
23415	CORACOACROMIAL LIGAMENT RELEASE, W/ OR W/O ACROMIOPLASTY	27,492.40	14,170.00	13,322.40
23420	REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	30,290.00	13,910.00	16,380.00
23430	TENODESIS OF LONG TENDON OF BICEPS	28,522.00	16,510.00	12,012.00
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	27,274.00	14,170.00	13,104.00
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	49,140.00	21,840.00	27,300.00
23455	CAPSULORRHAPHY, ANTERIOR; BANKART TYPE OPERATION W/ OR W/O STAPLING	50,518.00	24,310.00	26,208.00
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; W/ BONE BLOCK	50,518.00	24,310.00	26,208.00
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; W/ CORACOID PROCESS TRANSFER	48,334.00	24,310.00	24,024.00
23465	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, POSTERIOR, W/ OR W/O BONE BLOCK	49,140.00	21,840.00	27,300.00
23466	CAPSULORRHAPHY W/ ANY TYPE MULTI-DIRECTIONAL INSTABILITY	52,416.00	21,840.00	30,576.00
23470	ARTHROPLASTY W/ PROXIMAL HUMERAL IMPLANT (E.G., NEER TYPE OPERATION)	62,634.00	27,690.00	34,944.00
23472	ARTHROPLASTY W/ GLENOID AND PROXIMAL HUMERAL REPLACEMENT (E.G. TOTAL SHOULDER)	69,420.00	31,200.00	38,220.00
23480	OSTEOTOMY, CLAVICLE, W/ OR W/O INTERNAL FIXATION;	35,256.00	15,600.00	19,656.00
23485	OSTEOTOMY, CLAVICLE, W/ OR W/O INTERNAL FIXATION; W/ BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION)	36,894.00	15,600.00	21,294.00
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) W/ OR W/O METHYLMETHACRYLATE; CLAVICLE	35,256.00	15,600.00	19,656.00
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) W/ OR W/O METHYLMETHACRYLATE; PROXIMAL HUMERUS AND HUMERAL HEAD	35,256.00	15,600.00	19,656.00
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE	10,426.00	7,150.00	3,276.00
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	16,192.80	7,020.00	9,172.80
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION	14,144.00	9,230.00	4,914.00
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	27,274.00	14,170.00	13,104.00
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, W/ FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	35,256.00	15,600.00	19,656.00
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION	10,426.00	7,150.00	3,276.00
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	28,522.00	16,510.00	12,012.00
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; W/ FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	27,274.00	14,170.00	13,104.00
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE	10,426.00	7,150.00	3,276.00
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) W/ OR W/O INTERNAL FIXATION	27,274.00	14,170.00	13,104.00
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE	13,702.00	7,150.00	6,552.00
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);	30,290.00	13,910.00	16,380.00
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	61,542.00	27,690.00	33,852.00
23620	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE	12,610.00	7,150.00	5,460.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
23630	OPEN TREATMENT OF GREATER TUBEROSITY FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	30,290.00	13,910.00	16,380.00
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION	13,702.00	7,150.00	6,552.00
23657	THORACOSCOPY, SURGICAL; W/ WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	53,508.00	21,840.00	31,668.00
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	35,256.00	15,600.00	19,656.00
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, / FRACTURE OF GREATER TUBEROSITY	15,574.00	7,930.00	7,644.00
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, W/ FRACTURE OF GREATER TUBEROSITY, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	35,256.00	15,600.00	19,656.00
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, W/ SURGICAL OR ANATOMICAL NECK FRACTURE	15,756.00	7,020.00	8,736.00
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, W/ SURGICAL OR ANATOMICAL NECK FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	35,256.00	15,600.00	19,656.00
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	12,610.00	7,150.00	5,460.00
23800	ARTHRODESIS, SHOULDER JOINT; W/ OR W/O LOCAL BONE GRAFT	16,192.80	7,020.00	9,172.80
23802	ARTHRODESIS, SHOULDER JOINT; W/ PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	48,334.00	24,310.00	24,024.00
23900	INTERTHORACOSCOPULAR AMPUTATION (FOREQUARTER)	39,390.00	17,550.00	21,840.00
23920	DISARTICULATION OF SHOULDER:	35,256.00	15,600.00	19,656.00
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	5,340.40	4,030.00	1,310.40
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; INFECTED BURSA	7,228.00	5,590.00	1,638.00
23935	INCISION, DEEP, W/ OPENING OF BONE CORTEX (E.G., FOR OSTEOMYELITIS OF BONE ABSCESS), HUMERUS OR ELBOW	28,522.00	16,510.00	12,012.00
24000	ARTHROTOMY, ELBOW, FOR INFECTION, W/ EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	29,068.00	16,510.00	12,558.00
24006	ARTHROTOMY OF THE ELBOW, W/ CAPSULAR EXCISION FOR CAPSULAR RELEASE	27,274.00	14,170.00	13,104.00
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA	4,555.20	3,900.00	655.20
24075	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	7,384.00	5,200.00	2,184.00
24076	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	10,426.00	7,150.00	3,276.00
24077	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA	30,290.00	13,910.00	16,380.00
24100	ARTHROTOMY, ELBOW; W/ SYNOVIAL BIOPSY ONLY	27,274.00	14,170.00	13,104.00
24101	ARTHROTOMY, ELBOW; W/ JOINT EXPLORATION, W/ OR W/O BIOPSY, W/ OR W/O REMOVAL OF LOOSE OR FOREIGN BODY	28,366.00	14,170.00	14,196.00
24102	ARTHROTOMY, ELBOW; W/ SYNOVECTOMY	30,290.00	13,910.00	16,380.00
24105	EXCISION, OLECRANON BURSA	10,738.00	6,370.00	4,368.00
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	27,274.00	14,170.00	13,104.00
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	30,004.00	14,170.00	15,834.00
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; W/ ALLOGRAFT	30,004.00	14,170.00	15,834.00
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;	27,492.40	14,170.00	13,322.40
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	28,366.00	14,170.00	14,196.00
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; W/ ALLOGRAFT	28,366.00	14,170.00	14,196.00
24130	EXCISION, RADIAL HEAD	27,274.00	14,170.00	13,104.00
24134	SEQUESTRECTOMY (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	27,274.00	14,170.00	13,104.00
24136	SEQUESTRECTOMY (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	27,274.00	14,170.00	13,104.00
24138	SEQUESTRECTOMY (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	27,274.00	14,170.00	13,104.00
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), HUMERUS	27,274.00	14,170.00	13,104.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), RADIAL HEAD OR NECK	27,274.00	14,170.00	13,104.00
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), OLECRANON PROCESS	27,274.00	14,170.00	13,104.00
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, W/ CONTRACTURE RELEASE	27,820.00	14,170.00	13,650.00
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS:	30,004.00	14,170.00	15,834.00
24151	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	39,390.00	17,550.00	21,840.00
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK:	30,290.00	13,910.00	16,380.00
24153	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	35,256.00	15,600.00	19,656.00
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	35,256.00	15,600.00	19,656.00
24160	IMPLANT REMOVAL: ELBOW JOINT	28,522.00	16,510.00	12,012.00
24164	IMPLANT REMOVAL: RADIAL HEAD	29,068.00	16,510.00	12,558.00
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	10,753.60	7,150.00	3,603.60
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE	30,290.00	13,910.00	16,380.00
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH	27,274.00	14,170.00	13,104.00
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH	28,522.00	16,510.00	12,012.00
24320	TENOPLASTY, W/ MUSCLE TRANSFER, W/ OR W/O FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROCEDURE)	35,256.00	15,600.00	19,656.00
24330	FLEXOR-PLASTY, ELBOW (E.G., STEINDLER TYPE ADVANCEMENT):	39,962.00	22,490.00	17,472.00
24331	FLEXOR-PLASTY, ELBOW (E.G., STEINDLER TYPE ADVANCEMENT): W/ EXTENSOR ADVANCEMENT	35,256.00	15,600.00	19,656.00
24340	TENODESIS OF BICEPS TENDON AT ELBOW	10,738.00	6,370.00	4,368.00
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)	27,274.00	14,170.00	13,104.00
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, W/ OR W/O TENDON GRAFT	15,756.00	7,020.00	8,736.00
24350	FASCIOTOMY, LATERAL OR MEDIAL (E.G., "TENNIS ELBOW" OR EPICONDYLITIS):	13,702.00	7,150.00	6,552.00
24351	FASCIOTOMY, LATERAL OR MEDIAL (E.G., "TENNIS ELBOW" OR EPICONDYLITIS): W/ EXTENSOR ORIGIN DETACHMENT	15,756.00	7,020.00	8,736.00
24352	FASCIOTOMY, LATERAL OR MEDIAL (E.G., "TENNIS ELBOW" OR EPICONDYLITIS): W/ ANNULAR LIGAMENT RESECTION	15,756.00	7,020.00	8,736.00
24354	FASCIOTOMY, LATERAL OR MEDIAL (E.G., "TENNIS ELBOW" OR EPICONDYLITIS): W/ STRIPPING	15,756.00	7,020.00	8,736.00
24356	FASCIOTOMY, LATERAL OR MEDIAL (E.G., "TENNIS ELBOW" OR EPICONDYLITIS): W/ PARTIAL OSTECTOMY	15,756.00	7,020.00	8,736.00
24360	ARTHROPLASTY, ELBOW: W/ MEMBRANE:	35,256.00	15,600.00	19,656.00
24361	ARTHROPLASTY, ELBOW: W/ MEMBRANE: W/ DISTAL HUMERAL PROSTHETIC REPLACEMENT	48,334.00	24,310.00	24,024.00
24362	ARTHROPLASTY, ELBOW: W/ MEMBRANE: W/ IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	35,256.00	15,600.00	19,656.00
24363	ARTHROPLASTY, ELBOW: W/ MEMBRANE: W/ DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW")	50,232.00	21,840.00	28,392.00
24365	ARTHROPLASTY, RADIAL HEAD:	28,522.00	16,510.00	12,012.00
24366	ARTHROPLASTY, RADIAL HEAD: W/ IMPLANT	35,256.00	15,600.00	19,656.00
24400	OSTEOTOMY, HUMERUS, W/ OR W/O INTERNAL FIXATION	27,274.00	14,170.00	13,104.00
24410	MULTIPLE OSTEOTOMIES W/ REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)	27,274.00	14,170.00	13,104.00
24420	OSTEOPLASTY, HUMERUS (E.G., SHORTENING OR LENGTHENING)	30,290.00	13,910.00	16,380.00
24430	REPAIR OF NON-UNION OR MALUNION, HUMERUS; W/O GRAFT (E.G., COMPRESSION TECHNIQUE):	30,004.00	14,170.00	15,834.00
24435	REPAIR OF NON-UNION OR MALUNION, HUMERUS; W/O GRAFT (E.G., COMPRESSION TECHNIQUE); W/ ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	35,256.00	15,600.00	19,656.00
24470	HEMIEPIPHYSEAL ARREST (E.G., FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	29,068.00	16,510.00	12,558.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
24495	DECOMPRESSION FASCIOTOMY, FOREARM, W/ BRACHIAL ARTERY EXPLORATION	35,256.00	15,600.00	19,656.00
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), W/ OR W/O METHYLMETHACRYLATE, HUMERUS	27,274.00	14,170.00	13,104.00
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE	13,156.00	7,150.00	6,006.00
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE W/ PLATE/SCREWS, W/ OR W/O CERCLAGE	39,962.00	22,490.00	17,472.00
24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, W/ INSERTION OF INTRAMEDULLARY IMPLANT, W/ OR W/O CERCLAGE AND/OR LOCKING SCREWS	39,962.00	22,490.00	17,472.00
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANCONDYLAR HUMERAL FRACTURE, W/ OR W/O INTERCONDYLAR EXTENSION	13,156.00	7,150.00	6,006.00
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANCONDYLAR HUMERAL FRACTURE, W/ OR W/O INTERCONDYLAR EXTENSION	35,256.00	15,600.00	19,656.00
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANCONDYLAR FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION; W/O INTERCONDYLAR EXTENSION	16,192.80	7,020.00	9,172.80
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANCONDYLAR FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION; W/ INTERCONDYLAR EXTENSION	41,600.00	22,490.00	19,110.00
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL:	14,144.00	9,230.00	4,914.00
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, W/ MANIPULATION	35,256.00	15,600.00	19,656.00
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	23,400.00	12,480.00	10,920.00
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL	14,144.00	9,230.00	4,914.00
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	23,400.00	12,480.00	10,920.00
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, W/ MANIPULATION	35,256.00	15,600.00	19,656.00
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR PROXIMAL RADIUS):	29,458.00	14,170.00	15,288.00
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	49,140.00	21,840.00	27,300.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION	13,702.00	7,150.00	6,552.00
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	30,290.00	13,910.00	16,380.00
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA W/ DISLOCATION OF RADIAL HEAD)	14,144.00	9,230.00	4,914.00
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	28,522.00	16,510.00	12,012.00
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW"	7,384.00	5,200.00	2,184.00
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE	14,144.00	9,230.00	4,914.00
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, W/ OR W/O INTERNAL FIXATION OR RADIAL HEAD EXCISION:	27,274.00	14,170.00	13,104.00
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	35,256.00	15,600.00	19,656.00
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS)	14,144.00	9,230.00	4,914.00
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), W/ OR W/O INTERNAL OR EXTERNAL FIXATION	28,522.00	16,510.00	12,012.00
24800	ARTHRODESIS, ELBOW JOINT; W/ OR W/O LOCAL AUTOGRAFT OR ALLOGRAFT	35,256.00	15,600.00	19,656.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
24802	ARTHRODESIS, ELBOW JOINT; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT OTHER THAN LOCALLY OBTAINED)	36,894.00	15,600.00	21,294.00
24900	AMPUTATION, ARM THROUGH HUMERUS; W/ PRIMARY CLOSURE	23,400.00	12,480.00	10,920.00
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLLOTINE)	15,756.00	7,020.00	8,736.00
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	14,248.00	7,150.00	7,098.00
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	19,448.00	9,620.00	9,828.00
24931	AMPUTATION, ARM THROUGH HUMERUS; W/ IMPLANT	19,448.00	9,620.00	9,828.00
24935	STUMP ELONGATION, UPPER EXTREMITY	15,756.00	7,020.00	8,736.00
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	35,256.00	15,600.00	19,656.00
25000	TENDON SHEATH INCISION; AT RADIAL STYLOID (E.G., FOR DEQUERVAINS DISEASE)	13,702.00	7,150.00	6,552.00
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT	23,400.00	12,480.00	10,920.00
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; W/ DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	19,448.00	9,620.00	9,828.00
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	14,144.00	9,230.00	4,914.00
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA	13,156.00	7,150.00	6,006.00
25035	INCISION, DEEP, W/ OPENING OF BONE CORTEX (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	15,756.00	7,020.00	8,736.00
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, W/ EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	13,156.00	7,150.00	6,006.00
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST	4,555.20	3,900.00	655.20
25075	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; SUBCUTANEOUS	7,384.00	5,200.00	2,184.00
25076	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	10,426.00	7,150.00	3,276.00
25077	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA	30,290.00	13,910.00	16,380.00
25085	CAPSULOTOMY, WRIST (E.G., FOR CONTRACTURE)	19,994.00	9,620.00	10,374.00
25100	ARTHROTOMY, WRIST JOINT; W/ BIOPSY	14,357.20	7,150.00	7,207.20
25101	ARTHROTOMY, WRIST JOINT; W/ JOINT EXPLORATION, W/ OR W/O BIOPSY, W/ OR W/O REMOVAL OF LOOSE OR FOREIGN BODY	16,302.00	7,020.00	9,282.00
25105	ARTHROTOMY, WRIST JOINT; W/ SYNOVECTOMY	27,274.00	14,170.00	13,104.00
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT FOR REPAIR OF TRIANGLE CARTILAGE COMPLEX	27,274.00	14,170.00	13,104.00
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	10,426.00	7,150.00	3,276.00
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR)	10,738.00	6,370.00	4,368.00
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (E.G., TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS	28,366.00	14,170.00	14,196.00
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	23,946.00	12,480.00	11,466.00
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	12,937.60	7,150.00	5,787.60
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; W/ RESECTION OF DISTAL ULNA	28,522.00	16,510.00	12,012.00
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS);	27,274.00	14,170.00	13,104.00
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)	28,366.00	14,170.00	14,196.00
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	28,366.00	14,170.00	14,196.00
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	12,937.60	7,150.00	5,787.60
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	16,770.00	8,580.00	8,190.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES: W/ ALLOGRAFT	16,770.00	8,580.00	8,190.00
25145	SEQUESTRECTOMY (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	28,522.00	16,510.00	12,012.00
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS); ULNA	28,522.00	16,510.00	12,012.00
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS); RADIUS	28,522.00	16,510.00	12,012.00
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	35,256.00	15,600.00	19,656.00
25210	CARPECTOMY: ONE BONE	7,711.60	5,200.00	2,511.60
25215	CARPECTOMY: ALL BONES OF PROXIMAL ROW	29,068.00	16,510.00	12,558.00
25230	RADIAL STYLOIDECTOMY	13,702.00	7,150.00	6,552.00
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (E.G., DARRACH TYPE OR MATCHED RESECTION)	13,702.00	7,150.00	6,552.00
25248	EXPLORATION W/ REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	10,738.00	6,370.00	4,368.00
25250	REMOVAL OF WRIST PROSTHESIS:	28,522.00	16,510.00	12,012.00
25251	REMOVAL OF WRIST PROSTHESIS: COMPLICATED, INCLUDING "TOTAL WRIST"	39,962.00	22,490.00	17,472.00
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	13,702.00	7,150.00	6,552.00
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	10,738.00	6,370.00	4,368.00
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, W/ FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MUSCLE	13,156.00	7,150.00	6,006.00
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	13,702.00	7,150.00	6,552.00
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	10,738.00	6,370.00	4,368.00
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, W/ TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST, EACH TENDON OR MUSCLE	13,702.00	7,150.00	6,552.00
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	14,144.00	9,230.00	4,914.00
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	14,144.00	9,230.00	4,914.00
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE EACH TENDON	10,738.00	6,370.00	4,368.00
25300	TENODESIS AT WRIST: FLEXORS OF FINGERS	14,248.00	7,150.00	7,098.00
25301	TENODESIS AT WRIST: EXTENSORS OF FINGERS	13,702.00	7,150.00	6,552.00
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON	27,274.00	14,170.00	13,104.00
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; W/ TENDON GRAFT(S) (INCLUDES OBTAINING GRAFT), EACH TENDON	28,366.00	14,170.00	14,196.00
25315	FLEXOR ORIGIN SLIDE (E.G., FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST;	39,390.00	17,550.00	21,840.00
25316	FLEXOR ORIGIN SLIDE (E.G., FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST; W/ TENDON(S) TRANSFER	48,334.00	24,310.00	24,024.00
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	35,256.00	15,600.00	19,656.00
25332	ARTHROPLASTY, WRIST, W/ OR W/O INTERPOSITION, W/ OR W/O EXTERNAL OR INTERNAL FIXATION	39,390.00	17,550.00	21,840.00
25335	CENTRALIZATION OF WRIST ON ULNA (E.G., RADIAL CLUB HAND)	40,482.00	17,550.00	22,932.00
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	36,348.00	15,600.00	20,748.00
25350	OSTEOTOMY, RADIUS: DISTAL THIRD	23,400.00	12,480.00	10,920.00
25355	OSTEOTOMY, RADIUS: MIDDLE OR PROXIMAL THIRD	28,522.00	16,510.00	12,012.00
25360	OSTEOTOMY: ULNA	23,946.00	12,480.00	11,466.00
25365	OSTEOTOMY: RADIUS AND ULNA	30,290.00	13,910.00	16,380.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
25370	MULTIPLE OSTEOTOMIES, W/ REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA	39,962.00	22,490.00	17,472.00
25375	MULTIPLE OSTEOTOMIES, W/ REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA	36,348.00	15,600.00	20,748.00
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	35,256.00	15,600.00	19,656.00
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING W/ AUTOGRAFT	36,348.00	15,600.00	20,748.00
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING	35,256.00	15,600.00	19,656.00
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING W/ AUTOGRAFT	36,348.00	15,600.00	20,748.00
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; W/O GRAFT (COMPRESSION TECHNIQUE)	27,274.00	14,170.00	13,104.00
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; W/ ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	30,290.00	13,910.00	16,380.00
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; W/O GRAFT (E.G. COMPRESSION TECHNIQUE)	39,962.00	22,490.00	17,472.00
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; W/ ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	36,348.00	15,600.00	20,748.00
25425	REPAIR OF DEFECT W/ AUTOGRAFT; RADIUS OR ULNA	28,522.00	16,510.00	12,012.00
25426	REPAIR OF DEFECT W/ AUTOGRAFT; RADIUS AND ULNA	39,962.00	22,490.00	17,472.00
25440	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, W/ OR W/O RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION)	30,836.00	13,910.00	16,926.00
25441	ARTHROPLASTY W/ PROSTHETIC REPLACEMENT; DISTAL RADIUS	39,390.00	17,550.00	21,840.00
25442	ARTHROPLASTY W/ PROSTHETIC REPLACEMENT; DISTAL ULNA	35,256.00	15,600.00	19,656.00
25443	ARTHROPLASTY W/ PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)	35,256.00	15,600.00	19,656.00
25444	ARTHROPLASTY W/ PROSTHETIC REPLACEMENT; LUNATE	35,256.00	15,600.00	19,656.00
25445	ARTHROPLASTY W/ PROSTHETIC REPLACEMENT; TRAPEZIUM	41,054.00	22,490.00	18,564.00
25446	ARTHROPLASTY W/ PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")	49,140.00	21,840.00	27,300.00
25447	ARTHROPLASTY W/ PROSTHETIC REPLACEMENT; INTERPOSITION ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS	36,348.00	15,600.00	20,748.00
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	52,416.00	21,840.00	30,576.00
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	27,274.00	14,170.00	13,104.00
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	39,962.00	22,490.00	17,472.00
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) W/ OR W/O METHYLMETHACRYLATE; RADIUS	28,522.00	16,510.00	12,012.00
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) W/ OR W/O METHYLMETHACRYLATE; ULNA	28,522.00	16,510.00	12,012.00
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) W/ OR W/O METHYLMETHACRYLATE; RADIUS AND ULNA	48,334.00	24,310.00	24,024.00
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE	12,610.00	7,150.00	5,460.00
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	28,522.00	16,510.00	12,012.00
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, W/ DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION)	12,610.00	7,150.00	5,460.00
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	27,274.00	14,170.00	13,104.00
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	29,458.00	14,170.00	15,288.00
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE	10,738.00	6,370.00	4,368.00
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	23,400.00	12,480.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES	12,610.00	7,150.00	5,460.00
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, W/ INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA	36,348.00	15,600.00	20,748.00
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, W/ INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA	35,256.00	15,600.00	19,656.00
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (E.G., COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, W/ OR W/O FRACTURE OF ULNAR STYLOID	10,738.00	6,370.00	4,368.00
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	30,290.00	13,910.00	16,380.00
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	30,290.00	13,910.00	16,380.00
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE	10,738.00	6,370.00	4,368.00
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	28,366.00	14,170.00	14,196.00
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	10,738.00	6,370.00	4,368.00
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE	28,475.20	14,170.00	14,305.20
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	10,972.00	7,150.00	3,822.00
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	10,738.00	6,370.00	4,368.00
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	23,400.00	12,480.00	10,920.00
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION	10,738.00	6,370.00	4,368.00
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	28,366.00	14,170.00	14,196.00
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	10,738.00	6,370.00	4,368.00
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	27,274.00	14,170.00	13,104.00
25690	CLOSED TREATMENT OF LUNATE DISLOCATION	10,738.00	6,370.00	4,368.00
25695	OPEN TREATMENT OF LUNATE DISLOCATION	28,522.00	16,510.00	12,012.00
25800	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); W/O BONE GRAFT	23,400.00	12,480.00	10,920.00
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); W/ SLIDING GRAFT	28,366.00	14,170.00	14,196.00
25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); W/ ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	28,366.00	14,170.00	14,196.00
25820	INTERCARPAL FUSION: W/O BONE GRAFT	16,770.00	8,580.00	8,190.00
25825	INTERCARPAL FUSION; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	19,448.00	9,620.00	9,828.00
25830	DISTAL RADIOULNAR JOINT ARTHRODESIS AND SEGMENTAL RESECTION OF ULNA (E.G. SAUVE-KAPANDJI PROCEDURE), W/ OR W/O BONE GRAFT	28,366.00	14,170.00	14,196.00
25900	AMPUTATION, FOREARM, THROUGH, RADIUS AND ULNA;	23,400.00	12,480.00	10,920.00
25905	AMPUTATION, FOREARM, THROUGH, OPEN, CIRCULAR (GUILLLOTINE)	15,756.00	7,020.00	8,736.00
25907	AMPUTATION, FOREARM, THROUGH, SECONDARY CLOSURE OR SCAR REVISION	14,248.00	7,150.00	7,098.00
25909	AMPUTATION, FOREARM, THROUGH, RE-AMPUTATION	19,448.00	9,620.00	9,828.00
25915	KRUKENBERG PROCEDURE	49,140.00	21,840.00	27,300.00
25920	DISARTICULATION THROUGH WRIST;	19,448.00	9,620.00	9,828.00
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	10,972.00	7,150.00	3,822.00
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	19,448.00	9,620.00	9,828.00
25927	TRANSMETACARPAL AMPUTATION;	19,448.00	9,620.00	9,828.00
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	10,972.00	7,150.00	3,822.00
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	19,448.00	9,620.00	9,828.00
26010	DRAINAGE OF FINGER ABSCESS: SIMPLE	4,555.20	3,900.00	655.20

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
26011	DRAINAGE OF FINGER ABSCESS: COMPLICATED (E.G., FELON)	5,340.40	4,030.00	1,310.40
26020	DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM	10,426.00	7,150.00	3,276.00
26025	DRAINAGE OF PALMAR BURSA: SINGLE, ULNAR OR RADIAL	14,144.00	9,230.00	4,914.00
26030	DRAINAGE OF PALMAR BURSA: SINGLE, MULTIPLE OR COMPLICATED	13,702.00	7,150.00	6,552.00
26034	INCISION, DEEP, W/ OPENING OF BONE CORTEX (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), HAND OR FINGER	28,522.00	16,510.00	12,012.00
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (E.G., GREASE GUN)	19,448.00	9,620.00	9,828.00
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	28,522.00	16,510.00	12,012.00
26040	FASCIOTOMY, PALMAR, FOR DUPUYTRENS CONTRACTURE: PERCUTANEOUS	15,756.00	7,020.00	8,736.00
26045	FASCIOTOMY, PALMAR, FOR DUPUYTRENS CONTRACTURE: OPEN, PARTIAL	15,756.00	7,020.00	8,736.00
26055	TENDON SHEATH INCISION (E.G., FOR TRIGGER FINGER)	13,702.00	7,150.00	6,552.00
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	12,610.00	7,150.00	5,460.00
26070	ARTHROTOMY, W/ EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY: CARPOMETACARPAL JOINT	14,144.00	9,230.00	4,914.00
26075	ARTHROTOMY, W/ EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY: METACARPOPHALANGEAL JOINT	14,144.00	9,230.00	4,914.00
26080	ARTHROTOMY, W/ EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY: INTERPHALANGEAL JOINT, EACH	10,738.00	6,370.00	4,368.00
26100	ARTHROTOMY W/ SYNOVIAL BIOPSY, CARPOMETACARPAL JOINT	15,756.00	7,020.00	8,736.00
26105	ARTHROTOMY W/ SYNOVIAL BIOPSY, METACARPOPHALANGEAL JOINT	16,770.00	8,580.00	8,190.00
26110	ARTHROTOMY W/ SYNOVIAL BIOPSY, INTERPHALANGEAL JOINT, EACH	15,574.00	7,930.00	7,644.00
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER: SUBCUTANEOUS	27,274.00	14,170.00	13,104.00
26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER: DEEP, SUBFASCIAL, INTRAMUSCULAR	30,290.00	13,910.00	16,380.00
26117	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER	35,256.00	15,600.00	19,656.00
26121	FASCIECTOMY, PALM ONLY, W/ OR W/O Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)	35,256.00	15,600.00	19,656.00
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):	29,458.00	14,170.00	15,288.00
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	10,738.00	6,370.00	4,368.00
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	29,458.00	14,170.00	15,288.00
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT	16,879.20	8,580.00	8,299.20
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT	16,879.20	8,580.00	8,299.20
26145	SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR, PALM OR FINGER, SINGLE, EACH DIGIT	19,994.00	9,620.00	10,374.00
26160	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (E.G., CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER	15,574.00	7,930.00	7,644.00
26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE, EACH	10,972.00	7,150.00	3,822.00
26180	EXCISION OF TENDON, FINGER, FLEXOR	10,738.00	6,370.00	4,368.00
26185	SESAMOIDECTOMY, THUMB OR FINGER	19,994.00	9,620.00	10,374.00
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL:	16,411.20	7,020.00	9,391.20
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL: W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	28,522.00	16,510.00	12,012.00
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE; OR DISTAL PHALANX OF FINGER:	15,756.00	7,020.00	8,736.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE; OR DISTAL PHALANX OF FINGER; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	19,994.00	9,620.00	10,374.00
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS); METACARPAL	28,522.00	16,510.00	12,012.00
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS); PROXIMAL OR MIDDLE PHALANX OF FINGER	19,994.00	9,620.00	10,374.00
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS); DISTAL PHALANX OF FINGER	15,756.00	7,020.00	8,736.00
26250	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL;	30,726.80	13,910.00	16,816.80
26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	41,600.00	22,490.00	19,110.00
26260	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER;	39,962.00	22,490.00	17,472.00
26261	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	41,054.00	22,490.00	18,564.00
26262	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, DISTAL PHALANX OF FINGER	30,004.00	14,170.00	15,834.00
26350	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MANS LAND", PRIMARY OR SECONDARY W/O FREE GRAFT, EACH TENDON	15,756.00	7,020.00	8,736.00
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MANS LAND", SECONDARY W/ FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	13,702.00	7,150.00	6,552.00
26356	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MANS LAND"; PRIMARY, EACH TENDON	14,144.00	9,230.00	4,914.00
26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MANS LAND"; SECONDARY, EACH TENDON	14,144.00	9,230.00	4,914.00
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MANS LAND"; SECONDARY W/ FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	14,144.00	9,230.00	4,914.00
26370	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, W/ INTACT SUBLIMIS: PRIMARY	14,144.00	9,230.00	4,914.00
26372	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, W/ INTACT SUBLIMIS: SECONDARY W/ FREE GRAFT (INCLUDES OBTAINING GRAFT)	13,702.00	7,150.00	6,552.00
26373	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, W/ INTACT SUBLIMIS: SECONDARY W/O FREE GRAFT	14,471.60	9,230.00	5,241.60
26390	FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER	14,144.00	9,230.00	4,914.00
26392	REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER	14,144.00	9,230.00	4,914.00
26410	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; W/O FREE GRAFT, EACH TENDON	10,738.00	6,370.00	4,368.00
26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; W/ FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	10,738.00	6,370.00	4,368.00
26415	EXTENSOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED EXTENSOR TENDON GRAFT, HAND OR FINGER	14,144.00	9,230.00	4,914.00
26416	REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER	11,299.60	7,150.00	4,149.60
26418	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; W/O FREE GRAFT, EACH TENDON	10,738.00	6,370.00	4,368.00
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; W/ FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	10,738.00	6,370.00	4,368.00
26426	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); USING LOCAL TISSUES	10,738.00	6,370.00	4,368.00
26428	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); W/ FREE GRAFT (INCLUDES OBTAINING GRAFT)	10,738.00	6,370.00	4,368.00
26432	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLETT FINGER"), CLOSED SPLINTING W/ OR W/O PERCUTANEOUS PINNING	10,738.00	6,370.00	4,368.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
26433	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; W/O GRAFT	10,738.00	6,370.00	4,368.00
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; W/ FREE GRAFT (INCLUDES OBTAINING GRAFT)	14,144.00	9,230.00	4,914.00
26437	EXTENSOR TENDON REALIGNMENT, HAND	13,702.00	7,150.00	6,552.00
26440	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM OR FINGER, SINGLE, EACH TENDON	10,426.00	7,150.00	3,276.00
26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	10,972.00	7,150.00	3,822.00
26445	TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER; EACH TENDON	10,426.00	7,150.00	3,276.00
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR FINGER, INCLUDING HAND AND FOREARM	10,972.00	7,150.00	3,822.00
26450	TENOTOMY, FLEXOR, SINGLE, PALM, OPEN, EACH	10,972.00	7,150.00	3,822.00
26455	TENOTOMY, FLEXOR, SINGLE, FINGER, OPEN, EACH	10,972.00	7,150.00	3,822.00
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, SINGLE, OPEN, EACH	10,972.00	7,150.00	3,822.00
26471	TENODESIS; FOR PROXIMAL INTERPHALANGEAL JOINT STABILIZATION	10,738.00	6,370.00	4,368.00
26474	TENODESIS; FOR DISTAL JOINT STABILIZATION	14,144.00	9,230.00	4,914.00
26476	TENDON LENGTHENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	10,972.00	7,150.00	3,822.00
26477	TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	10,972.00	7,150.00	3,822.00
26478	TENDON LENGTHENING, FLEXOR, HAND OR FINGER, SINGLE, EACH	10,972.00	7,150.00	3,822.00
26479	TENDON SHORTENING, FLEXOR, HAND OR FINGER, SINGLE, EACH	10,972.00	7,150.00	3,822.00
26480	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; W/O FREE GRAFT, EACH	10,972.00	7,150.00	3,822.00
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; W/ FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	14,144.00	9,230.00	4,914.00
26485	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; W/O FREE TENDON GRAFT	10,738.00	6,370.00	4,368.00
26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; W/ FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	10,738.00	6,370.00	4,368.00
26490	OPPONENSPLASTY; SUBLIMIS TENDON TRANSFER TYPE	13,702.00	7,150.00	6,552.00
26492	OPPONENSPLASTY; TENDON TRANSFER W/ GRAFT (INCLUDES OBTAINING GRAFT)	14,248.00	7,150.00	7,098.00
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	13,702.00	7,150.00	6,552.00
26496	OPPONENSPLASTY; OTHER METHODS	13,702.00	7,150.00	6,552.00
26497	TENDON TRASFER TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	10,956.40	6,370.00	4,586.40
26498	TENDON TRASFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	23,400.00	12,480.00	10,920.00
26499	CORRECTION CLAW FINGER, OTHER METHODS	28,522.00	16,510.00	12,012.00
26500	TENDON PULLEY RECONSTRUCTION; W/ LOCAL TISSUES	14,144.00	9,230.00	4,914.00
26502	TENDON PULLEY RECONSTRUCTION; W/ TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	13,156.00	7,150.00	6,006.00
26504	TENDON PULLEY RECONSTRUCTION; W/ TENDON PROSTHESIS	16,770.00	8,580.00	8,190.00
26508	THENAR MUSCLE RELEASE FOR THUMB CONTRACTURE	10,956.40	6,370.00	4,586.40
26510	CROSS INTRINSIC TRANSFER	14,248.00	7,150.00	7,098.00
26516	CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT	13,702.00	7,150.00	6,552.00
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	15,756.00	7,020.00	8,736.00
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	23,400.00	12,480.00	10,920.00
26520	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; METACARPOPHALANGEAL JOINT, SINGLE, EACH	14,144.00	9,230.00	4,914.00
26525	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH	7,316.40	2,438.80	4,877.60
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; SINGLE, EACH	6,224.40	2,074.80	4,149.60
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; W/ PROSTHETIC IMPLANT, SINGLE, EACH	10,426.00	7,150.00	3,276.00
26535	ARTHROPLASTY INTERPHALANGEAL JOINT, SINGLE, EACH	23,400.00	12,480.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
26536	ARTHROPLASTY INTERPHALANGEAL JOINT, W/ PROSTHETIC IMPLANT, SINGLE, EACH	27,274.00	14,170.00	13,104.00
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	10,956.40	6,370.00	4,586.40
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, W/ TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	10,956.40	6,370.00	4,586.40
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, W/ LOCAL TISSUE (E.G., ADDUCTOR ADVANCEMENT)	10,956.40	6,370.00	4,586.40
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	14,144.00	9,230.00	4,914.00
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT W/ OR W/O EXTERNAL OR INTERNAL FIXATION)	13,702.00	7,150.00	6,552.00
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	10,956.40	6,370.00	4,586.40
26550	POLLICIZATION OF A DIGIT	27,274.00	14,170.00	13,104.00
26551	TOE-TO-HAND TRANSFER W/ MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" W/ BONE GRAFT	39,390.00	17,550.00	21,840.00
26553	TOE-TO-HAND TRANSFER W/ MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE	39,962.00	22,490.00	17,472.00
26554	TOE-TO-HAND TRANSFER W/ MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE	35,256.00	15,600.00	19,656.00
26555	POSITIONAL CHANGE OF OTHER FINGER	19,448.00	9,620.00	9,828.00
26556	FREE TOE JOINT TRANSFER W/ MICROVASCULAR ANASTOMOSIS	35,256.00	15,600.00	19,656.00
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; W/ SKIN FLAPS	23,400.00	12,480.00	10,920.00
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; W/ SKIN FLAPS AND GRAFTS	27,274.00	14,170.00	13,104.00
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (E.G., INVOLVING BONE, NAILS)	39,962.00	22,490.00	17,472.00
26565	OSTEOTOMY FOR CORRECTION OF DEFORMITY; METACARPAL	30,290.00	13,910.00	16,380.00
26567	OSTEOTOMY FOR CORRECTION OF DEFORMITY; PHALANX OF FINGER	30,290.00	13,910.00	16,380.00
26568	OSTEOPLASTY FOR LENGTHENING OF METACARPAL OR PHALANX	30,290.00	13,910.00	16,380.00
26580	REPAIR CLEFT HAND	27,274.00	14,170.00	13,104.00
26585	REPAIR BIFID DIGIT	27,274.00	14,170.00	13,104.00
26587	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE	30,290.00	13,910.00	16,380.00
26590	REPAIR MACRODACTYLIA	39,962.00	22,490.00	17,472.00
26591	REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY)	39,962.00	22,490.00	17,472.00
26593	RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)	27,274.00	14,170.00	13,104.00
26596	EXCISION OF CONSTRICTING RING OF FINGER, W/ MULTIPLE Z-PLASTIES	28,366.00	14,170.00	14,196.00
26597	RELEASE OF SCAR CONTRACTURE, FLEXOR OR EXTENSOR, W/ SKIN GRAFTS, REARRANGEMENT FLAPS, OR Z-PLASTIES, HAND AND/OR FINGER	28,366.00	14,170.00	14,196.00
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE	13,156.00	7,150.00	6,006.00
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, W/ INTERNAL OR EXTERNAL FIXATION	16,770.00	8,580.00	8,190.00
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	15,756.00	7,020.00	8,736.00
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, EACH BONE	15,756.00	7,020.00	8,736.00
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB	13,702.00	7,150.00	6,552.00
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	15,756.00	7,020.00	8,736.00
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), W/ MANIPULATION, W/ OR W/O EXTERNAL FIXATION	19,448.00	9,620.00	9,828.00
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), W/ OR W/O INTERNAL OR EXTERNAL FIXATION	19,448.00	9,620.00	9,828.00
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE	13,702.00	7,150.00	6,552.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, W/ MANIPULATION	19,448.00	9,620.00	9,828.00
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	13,702.00	7,150.00	6,552.00
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, COMPLEX, MULTIPLE OR DELAYED REDUCTION	15,574.00	7,930.00	7,644.00
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE	13,702.00	7,150.00	6,552.00
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, W/ MANIPULATION	19,448.00	9,620.00	9,828.00
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	16,302.00	7,020.00	9,282.00
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB	13,156.00	7,150.00	6,006.00
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, W/ MANIPULATION, EACH	19,448.00	9,620.00	9,828.00
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, EACH	19,448.00	9,620.00	9,828.00
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	13,156.00	7,150.00	6,006.00
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, EACH	16,302.00	7,020.00	9,282.00
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB	13,156.00	7,150.00	6,006.00
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH	19,448.00	9,620.00	9,828.00
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, EACH	15,756.00	7,020.00	8,736.00
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE	14,144.00	9,230.00	4,914.00
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, W/ MANIPULATION	16,302.00	7,020.00	9,282.00
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, SINGLE	16,302.00	7,020.00	9,282.00
26820	FUSION IN OPPOSITION, THUMB, W/ AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	28,366.00	14,170.00	14,196.00
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, W/ OR W/O INTERNAL FIXATION:	27,274.00	14,170.00	13,104.00
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, W/ OR W/O INTERNAL FIXATION; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	27,274.00	14,170.00	13,104.00
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB:	28,522.00	16,510.00	12,012.00
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	27,274.00	14,170.00	13,104.00
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, W/ OR W/O INTERNAL FIXATION:	27,274.00	14,170.00	13,104.00
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, W/ OR W/O INTERNAL FIXATION; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	28,366.00	14,170.00	14,196.00
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, W/ OR W/O INTERNAL FIXATION:	27,274.00	14,170.00	13,104.00
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, W/ OR W/O INTERNAL FIXATION; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	28,366.00	14,170.00	14,196.00
26910	AMPUTATION, METACARPAL, W/ FINGER OR THUMB (RAY AMPUTATION), SINGLE, W/ OR W/O INTEROSSEOUS TRANSFER	15,756.00	7,020.00	8,736.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES: W/ DIRECT CLOSURE	15,574.00	7,930.00	7,644.00
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES: W/ LOCAL ADVANCEMENT FLAPS (V-Y, HOOD)	28,522.00	16,510.00	12,012.00
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	15,756.00	7,020.00	8,736.00
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	15,756.00	7,020.00	8,736.00
26992	INCISION, DEEP, W/ OPENING OF BONE CORTEX (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), PELVIS AND/OR HIP JOINT	30,290.00	13,910.00	16,380.00
27000	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED	15,756.00	7,020.00	8,736.00
27001	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN	19,448.00	9,620.00	9,828.00
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, W/ OBTURATOR NEURECTOMY	39,962.00	22,490.00	17,472.00
27005	TENOTOMY, ILIOPSOAS, OPEN	30,290.00	13,910.00	16,380.00
27006	TENOTOMY, ABDUCTORS OF HIP, OPEN	30,290.00	13,910.00	16,380.00
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	28,366.00	14,170.00	14,196.00
27030	ARTHROTOMY, HIP, FOR INFECTION, W/ DRAINAGE	39,962.00	22,490.00	17,472.00
27033	ARTHROTOMY, HIP, W/ EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	39,962.00	22,490.00	17,472.00
27035	HIP JOINT DENERVATION, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR OBTURATOR NERVES	39,390.00	17,550.00	21,840.00
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)	49,140.00	21,840.00	27,300.00
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA	4,555.20	3,900.00	655.20
27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS	7,384.00	5,200.00	2,184.00
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	10,738.00	6,370.00	4,368.00
27049	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA	49,140.00	21,840.00	27,300.00
27050	ARTHROTOMY, W/ BIOPSY: SACROILIAC JOINT	36,348.00	15,600.00	20,748.00
27052	ARTHROTOMY, W/ BIOPSY: HIP JOINT	48,334.00	24,310.00	24,024.00
27054	ARTHROTOMY W/ SYNOVECTOMY, HIP JOINT	40,482.00	17,550.00	22,932.00
27060	EXCISION: ISCHIAL BURSA	35,256.00	15,600.00	19,656.00
27062	EXCISION: TROCHANTERIC BURSA OR CALCIFICATION	35,256.00	15,600.00	19,656.00
27065	EXCISION OF BONE CYST OR BENIGN TUMOR: SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR) W/ OR W/O AUTOGRAFT	36,348.00	15,600.00	20,748.00
27066	EXCISION OF BONE CYST OR BENIGN TUMOR: DEEP, W/ OR W/O AUTOGRAFT	39,390.00	17,550.00	21,840.00
27067	EXCISION OF BONE CYST OR BENIGN TUMOR: W/ AUTOGRAFT REQUIRING SEPARATE INCISION	40,482.00	17,550.00	22,932.00
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (E.G., FOR OSTEOMYELITIS): SUPERFICIAL (E.G., WING OF ILIUM, SYMPHYSIS PUBIS OR GREATER TROCHANTER OF FEMUR)	60,450.00	27,690.00	32,760.00
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (E.G., FOR OSTEOMYELITIS): DEEP	60,450.00	27,690.00	32,760.00
27075	RADICAL RESECTION OF TUMOR OR INFECTION: WING OF ILIUM, ONE PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS	50,518.00	24,310.00	26,208.00
27076	RADICAL RESECTION OF TUMOR OR INFECTION: ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND ACETABULUM	50,518.00	24,310.00	26,208.00
27077	RADICAL RESECTION OF TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	48,334.00	24,310.00	24,024.00
27078	RADICAL RESECTION OF TUMOR OR INFECTION; ISCHIAL TUBerosITY AND GREATER TROCHANTER OF FEMUR	40,482.00	17,550.00	22,932.00
27079	RADICAL RESECTION OF TUMOR OR INFECTION; ISCHIAL TUBerosITY AND GREATER TROCHANTER OF FEMUR, W/ SKIN FLAPS	41,028.00	17,550.00	23,478.00
27080	COCCYGECTOMY, PRIMARY	19,994.00	9,620.00	10,374.00
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP	19,448.00	9,620.00	9,828.00
27090	REMOVAL OF HIP PROSTHESIS:	39,390.00	17,550.00	21,840.00
27091	REMOVAL OF HIP PROSTHESIS: COMPLICATED, INCLUDING "TOTAL HIP" AND METHLMETHACRYLATE, WHEN APPLICABLE	49,426.00	24,310.00	25,116.00
27097	HAMSTRING RECESSION, PROXIMAL	29,458.00	14,170.00	15,288.00
27098	ADDUCTOR TRANSFER TO ISCHIUM	30,290.00	13,910.00	16,380.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)	39,962.00	22,490.00	17,472.00
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	39,962.00	22,490.00	17,472.00
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER	39,962.00	22,490.00	17,472.00
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	39,962.00	22,490.00	17,472.00
27120	ACETABULOPLASTY; (E.G., WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	48,334.00	24,310.00	24,024.00
27122	ACETABULOPLASTY; RESECTION FEMORAL HEAD (GIRDLESTONE PROCEDURE)	48,334.00	24,310.00	24,024.00
27125	PARTIAL HIP REPLACEMENT, PROSTHESIS (E.G., FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	48,334.00	24,310.00	24,024.00
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), W/ OR W/O AUTOGRAFT OR ALLOGRAFT	69,420.00	31,200.00	38,220.00
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT, W/ OR W/O AUTOGRAFT OR ALLOGRAFT	71,604.00	31,200.00	40,404.00
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, W/ OR W/O AUTOGRAFT OR ALLOGRAFT	71,500.00	27,820.00	43,680.00
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, W/ OR W/O AUTOGRAFT OR ALLOGRAFT	50,232.00	21,840.00	28,392.00
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, W/ OR W/O ALLOGRAFT	50,232.00	21,840.00	28,392.00
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER	36,348.00	15,600.00	20,748.00
27146	OSTEOTOMY , ILIAC, ACETABULAR OR INNOMINATE BONE;	39,390.00	17,550.00	21,840.00
27147	OSTEOTOMY , ILIAC, ACETABULAR OR INNOMINATE BONE; W/ OPEN REDUCTION OF HIP	40,482.00	17,550.00	22,932.00
27151	OSTEOTOMY , ILIAC, ACETABULAR OR INNOMINATE BONE; W/ FEMORAL OSTEOTOMY	48,334.00	24,310.00	24,024.00
27156	OSTEOTOMY , ILIAC, ACETABULAR OR INNOMINATE BONE; W/ FEMORAL OSTEOTOMY AND W/ OPEN REDUCTION OF HIP	49,426.00	24,310.00	25,116.00
27158	OSTEOTOMY, PELVIS, BILATERAL (E.G., FOR CONGENITAL MALFORMATION)	49,140.00	21,840.00	27,300.00
27161	OSTEOTOMY, FEMORAL NECK	40,482.00	17,550.00	22,932.00
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	48,334.00	24,310.00	24,024.00
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE GRAFT)	40,482.00	17,550.00	22,932.00
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, W/O REDUCTION	30,290.00	13,910.00	16,380.00
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	39,390.00	17,550.00	21,840.00
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OF MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAFT)	40,482.00	17,550.00	22,932.00
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION W/ SINGLE OR MULTIPLE PINNING	40,482.00	17,550.00	22,932.00
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	40,482.00	17,550.00	22,932.00
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	48,334.00	24,310.00	24,024.00
27185	EPIPHYSEAL ARREST BY EPIPHYSEDESIS OR STAPLING, GREATER TROCHANTER	36,348.00	15,600.00	20,748.00
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING, OR WIRING) W/ OR W/O METHYLMETHACRYLATE, FEMORAL NECK AND PROXIMAL FEMUR	40,482.00	17,550.00	22,932.00
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION	36,348.00	15,600.00	20,748.00
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	19,448.00	9,620.00	9,828.00
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	29,458.00	14,170.00	15,288.00
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	49,140.00	21,840.00	27,300.00
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCATION (INCLUDES ILIUM, SACROILIAC JOINT AND/OR SACRUM)	52,416.00	21,840.00	30,576.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION W/ INTERNAL FIXATION (INCLUDES PUBIC SYMPHYSIS AND/OR RAMI)	60,450.00	27,690.00	32,760.00
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION W/ INTERNAL FIXATION (INCLUDES ILIUM, SACROILIAC JOINT AND/OR SACRUM)	60,450.00	27,690.00	32,760.00
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S)	39,962.00	22,490.00	17,472.00
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, W/ INTERNAL FIXATION	50,232.00	21,840.00	28,392.00
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN, OR A FRACTURE RUNNING TRANSVERSELY ACROSS THE ACETABULUM, W/ INTERNAL FIXATION	52,416.00	21,840.00	30,576.00
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	60,450.00	27,690.00	32,760.00
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK	30,290.00	13,910.00	16,380.00
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK, UNDISPLACED, MILDLY DISPLACED, OR IMPACTED FRACTURE	60,450.00	27,690.00	32,760.00
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT (DIRECT FRACTURE EXPOSURE)	60,450.00	27,690.00	32,760.00
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE	30,290.00	13,910.00	16,380.00
27244	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE: W/ PLATE/SCREW TYPE IMPLANT, W/ OR W/O CERCLAGE	60,450.00	27,690.00	32,760.00
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE: W/ INTRAMEDULLARY IMPLANT, W/ OR W/O INTERLOCKING SCREWS AND/OR CERCLAGE	40,482.00	17,550.00	22,932.00
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE	30,290.00	13,910.00	16,380.00
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	35,256.00	15,600.00	19,656.00
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC	30,290.00	13,910.00	16,380.00
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, W/O INTERNAL FIXATION	48,334.00	24,310.00	24,024.00
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC W/ ACETABULAR WALL AND FEMORAL HEAD FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	52,416.00	21,840.00	30,576.00
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT OF FEMORAL HEAD IN ACETABULUM (INCLUDING TENOTOMY, ETC);	39,390.00	17,550.00	21,840.00
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	48,334.00	24,310.00	24,024.00
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION	23,400.00	12,480.00	10,920.00
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	49,140.00	21,840.00	27,300.00
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	36,348.00	15,600.00	20,748.00
27284	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);	49,140.00	21,840.00	27,300.00
27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); W/ SUBTROCHANTERIC OSTEOTOMY	52,416.00	21,840.00	30,576.00
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	60,450.00	27,690.00	32,760.00
27295	DISARTICULATION OF HIP	39,390.00	17,550.00	21,840.00
27301	INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED BURSA, OR HEMATOMA, THIGH OR KNEE REGION	10,738.00	6,370.00	4,368.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
27303	INCISION, DEEP, W/ OPENING OF BONE CORTEX (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), FEMUR OR KNEE	30,290.00	13,910.00	16,380.00
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	23,400.00	12,480.00	10,920.00
27306	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING; SINGLE	23,400.00	12,480.00	10,920.00
27307	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING; MULTIPLE	28,366.00	14,170.00	14,196.00
27310	ARTHROTOMY, KNEE, FOR INFECTION, W/ EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	35,256.00	15,600.00	19,656.00
27315	NEURECTOMY, HAMSTRING MUSCLE	30,290.00	13,910.00	16,380.00
27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	30,290.00	13,910.00	16,380.00
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA	4,555.20	3,900.00	655.20
27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS	7,384.00	5,200.00	2,184.00
27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR	10,426.00	7,150.00	3,276.00
27329	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA	35,256.00	15,600.00	19,656.00
27330	ARTHROTOMY, KNEE; W/ SYNOVIAL BIOPSY ONLY	27,274.00	14,170.00	13,104.00
27331	ARTHROTOMY, KNEE; W/ JOINT EXPLORATION, W/ OR W/O BIOPSY, W/ OR W/O REMOVAL OF LOOSE OR FOREIGN BODIES	30,290.00	13,910.00	16,380.00
27332	ARTHROTOMY, KNEE, W/ EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL OR LATERAL	41,054.00	22,490.00	18,564.00
27333	ARTHROTOMY, KNEE, W/ EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL	36,348.00	15,600.00	20,748.00
27334	ARTHROTOMY, KNEE, W/ SYNOVECTOMY; ANTERIOR OR POSTERIOR	17,097.60	8,580.00	8,517.60
27335	ARTHROTOMY, KNEE, W/ SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	30,290.00	13,910.00	16,380.00
27340	EXCISION, PREPATELLAR BURSA	19,448.00	9,620.00	9,828.00
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKERS CYST)	27,274.00	14,170.00	13,104.00
27350	PATELLECTOMY OR HEMIPATELLECTOMY	39,962.00	22,490.00	17,472.00
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	28,912.00	14,170.00	14,742.00
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; W/ ALLOGRAFT	30,836.00	13,910.00	16,926.00
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)	30,836.00	13,910.00	16,926.00
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; W/ INTERNAL FIXATION	35,256.00	15,600.00	19,656.00
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS), FEMUR, PROXIMAL TIBIA AND/OR FIBULA	30,836.00	13,910.00	16,926.00
27365	RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	35,256.00	15,600.00	19,656.00
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	23,400.00	12,480.00	10,920.00
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	30,290.00	13,910.00	16,380.00
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	35,256.00	15,600.00	19,656.00
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	41,600.00	22,490.00	19,110.00
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	35,256.00	15,600.00	19,656.00
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE	23,400.00	12,480.00	10,920.00
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG	28,522.00	16,510.00	12,012.00
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL	27,274.00	14,170.00	13,104.00
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE	30,290.00	13,910.00	16,380.00
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, ONE LEG	28,522.00	16,510.00	12,012.00
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, BILATERAL	27,274.00	14,170.00	13,104.00
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE	30,290.00	13,910.00	16,380.00
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE	29,068.00	16,510.00	12,558.00
27400	TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR (E.G. GERS TYPE PROCEDURE)	30,290.00	13,910.00	16,380.00
27403	ARTHROTOMY W/ OPEN MENISCUS REPAIR	36,348.00	15,600.00	20,748.00
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	35,256.00	15,600.00	19,656.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	39,390.00	17,550.00	21,840.00
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	49,140.00	21,840.00	27,300.00
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (E.G., FOR CHONDROMALACIA PATELLAE)	29,458.00	14,170.00	15,288.00
27420	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA: (HAUSER TYPE PROCEDURE)	30,004.00	14,170.00	15,834.00
27422	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA: W/ EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (CAMPBELL, GOLDWAITE TYPE PROCEDURE)	39,962.00	22,490.00	17,472.00
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA: W/ PATELLECTOMY	39,962.00	22,490.00	17,472.00
27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	28,366.00	14,170.00	14,196.00
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	39,390.00	17,550.00	21,840.00
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	40,482.00	17,550.00	22,932.00
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	48,334.00	24,310.00	24,024.00
27430	QUADRICEPSPLASTY (BENNETT OR THOMPSON TYPE)	35,256.00	15,600.00	19,656.00
27435	CAPSULOTOMY, KNEE, POSTERIOR CAPSULAR RELEASE	39,962.00	22,490.00	17,472.00
27437	ARTHROPLASTY, PATELLA: W/O PROSTHESIS	39,962.00	22,490.00	17,472.00
27438	ARTHROPLASTY, PATELLA: W/ PROSTHESIS	40,482.00	17,550.00	22,932.00
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU:	49,140.00	21,840.00	27,300.00
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU: W/ DEBRIDEMENT AND PARTIAL SYNOVECTOMY	50,232.00	21,840.00	28,392.00
27442	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS:	50,232.00	21,840.00	28,392.00
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS: W/ DEBRIDEMENT AND PARTIAL SYNOVECTOMY	51,324.00	21,840.00	29,484.00
27445	ARTHROPLASTY, KNEE, CONSTRAINED PROSTHESIS (E.G., WALLDIUS TYPE)	60,450.00	27,690.00	32,760.00
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	51,324.00	21,840.00	29,484.00
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS W/ OR W/O PATELLA RESURFACING ("TOTAL KNEE REPLACEMENT")	52,416.00	21,840.00	30,576.00
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; W/O FIXATION	23,946.00	12,480.00	11,466.00
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; W/ FIXATION	30,290.00	13,910.00	16,380.00
27454	OSTEOTOMY, MULTIPLE, FEMORAL SHAFT, W/ REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	35,256.00	15,600.00	19,656.00
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE)); BEFORE EPIPHYSEAL CLOSURE	35,256.00	15,600.00	19,656.00
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE)); AFTER EPIPHYSEAL CLOSURE	35,256.00	15,600.00	19,656.00
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	35,256.00	15,600.00	19,656.00
27466	OSTEOPLASTY, FEMUR; LENGTHENING	35,256.00	15,600.00	19,656.00
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING W/ FEMORAL SEGMENT TRANSFER	48,334.00	24,310.00	24,024.00
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; W/O GRAFT (E.G., COMPRESSION TECHNIQUE)	41,054.00	22,490.00	18,564.00
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; W/ ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)	36,348.00	15,600.00	20,748.00
27475	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR	39,962.00	22,490.00	17,472.00
27477	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA AND FIBULA, PROXIMAL	30,290.00	13,910.00	16,380.00
27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA	35,256.00	15,600.00	19,656.00
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL LEG (E.G., FOR GENU VARUS OR VALGUS)	39,962.00	22,490.00	17,472.00
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, W/ OR W/O ALLOGRAFT; ONE COMPONENT	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, W/ OR W/O ALLOGRAFT: ALL COMPONENTS	71,500.00	27,820.00	43,680.00
27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE" METHYLMETHACRYLATE AND INSERTION OF SPACER, WHEN APPLICABLE	48,334.00	24,310.00	24,024.00
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WRITING) W/ OR W/O METHYLMETHACRYLATE, FEMUR	39,962.00	22,490.00	17,472.00
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);	27,274.00	14,170.00	13,104.00
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); W/ DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	28,366.00	14,170.00	14,196.00
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS:	28,366.00	14,170.00	14,196.00
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS: W/ DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	30,290.00	13,910.00	16,380.00
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE W/ OR W/O INTERCONDYLAR EXTENSION	19,448.00	9,620.00	9,828.00
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, W/ OR W/O SKIN OR SKELETAL TRACTION	23,946.00	12,480.00	11,466.00
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE W/ OR W/O INTERCONDYLAR EXTENSION, W/ OR W/O SKIN OR SKELETAL TRACTION	23,946.00	12,480.00	11,466.00
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	39,962.00	22,490.00	17,472.00
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE W/ PLATE/SCREWS, W/ OR W/O CERCLAGE	39,962.00	22,490.00	17,472.00
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	48,334.00	24,310.00	24,024.00
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE	23,946.00	12,480.00	11,466.00
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE W/O INTERCONDYLAR EXTENSION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	48,334.00	24,310.00	24,024.00
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE W/ INTERCONDYLAR EXTENSION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	49,140.00	21,840.00	27,300.00
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	39,962.00	22,490.00	17,472.00
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION	30,290.00	13,910.00	16,380.00
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	29,458.00	14,170.00	15,288.00
27520	CLOSED TREATMENT OF PATELLAR FRACTURE	27,274.00	14,170.00	13,104.00
27524	OPEN TREATMENT OF PATELLAR FRACTURE, W/ INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR	27,274.00	14,170.00	13,104.00
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU)	23,946.00	12,480.00	11,466.00
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	39,962.00	22,490.00	17,472.00
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, W/ OR W/O INTERNAL FIXATION	35,256.00	15,600.00	19,656.00
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE	13,702.00	7,150.00	6,552.00
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	28,366.00	14,170.00	14,196.00
27550	CLOSED TREATMENT OF KNEE DISLOCATION	13,702.00	7,150.00	6,552.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First 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	35,256.00	15,600.00	19,656.00
27557	OPEN TREATMENT OF KNEE DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION; W/ PRIMARY LIGAMENOUS REPAIR	36,348.00	15,600.00	20,748.00
27558	OPEN TREATMENT OF KNEE DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION; W/ PRIMARY LIGAMENOUS REPAIR, W/ AUGMENTATION/RECONSTRUCTION	49,140.00	21,840.00	27,300.00
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION	27,274.00	14,170.00	13,104.00
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, W/ OR W/O PARTIAL OR TOTAL PATELLECTOMY	35,256.00	15,600.00	19,656.00
27580	FUSION OF KNEE, ANY TECHNIQUE	39,962.00	22,490.00	17,472.00
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL:	39,390.00	17,550.00	21,840.00
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST	30,290.00	13,910.00	16,380.00
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLLOTINE)	30,290.00	13,910.00	16,380.00
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	15,574.00	7,930.00	7,644.00
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	29,458.00	14,170.00	15,288.00
27598	DISARTICULATION AT KNEE	35,256.00	15,600.00	19,656.00
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	10,426.00	7,150.00	3,276.00
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENTS(S) ONLY	10,426.00	7,150.00	3,276.00
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)	10,738.00	6,370.00	4,368.00
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	5,340.40	4,030.00	1,310.40
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	7,384.00	5,200.00	2,184.00
27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS ; LOCAL ANESTHESIA:	16,302.00	7,020.00	9,282.00
27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS ; LOCAL ANESTHESIA: GENERAL ANESTHESIA	23,946.00	12,480.00	11,466.00
27607	INCISION, DEEP, W/ OPENING OF BONE CORTEX (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	27,274.00	14,170.00	13,104.00
27610	ARTHROTOMY, ANKLE, FOR INFECTION, W/ EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	28,522.00	16,510.00	12,012.00
27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, W/ OR W/O ACHILLES TENDON LENGTHENING	29,458.00	14,170.00	15,288.00
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA	4,555.20	3,900.00	655.20
27615	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA	27,274.00	14,170.00	13,104.00
27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS	7,384.00	5,200.00	2,184.00
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	10,426.00	7,150.00	3,276.00
27620	ARTHROTOMY, ANKLE, W/ JOINT EXPLORATION, W/ OR W/O BIOPSY, W/ OR W/O REMOVAL OF LOOSE OR FOREIGN BODY	16,770.00	8,580.00	8,190.00
27625	ARTHROTOMY, ANKLE, W/ SYNOVECTOMY:	23,946.00	12,480.00	11,466.00
27626	ARTHROTOMY, ANKLE, W/ SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	28,522.00	16,510.00	12,012.00
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (E.G., CYST OR GANGLION), LEG AND/OR ANKLE	7,384.00	5,200.00	2,184.00
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA:	19,448.00	9,620.00	9,828.00
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; W/ AUTOGRAFT(INCLUDES OBTAINING GRAFT)	28,522.00	16,510.00	12,012.00
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA: W/ ALLOGRAFT	28,522.00	16,510.00	12,012.00
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS OR EXOSTOSIS): TIBIA	23,946.00	12,480.00	11,466.00
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS OR EXOSTOSIS): FIBULA	23,400.00	12,480.00	10,920.00
27645	RADICAL RESECTION OF TUMOR, BONE: TIBIA	30,290.00	13,910.00	16,380.00
27646	RADICAL RESECTION OF TUMOR, BONE: FIBULA	29,458.00	14,170.00	15,288.00
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	30,290.00	13,910.00	16,380.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	28,522.00	16,510.00	12,012.00
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; W/ GRAFT (INCLUDES OBTAINING GRAFT)	30,290.00	13,910.00	16,380.00
27654	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, W/ OR W/O GRAFT	28,366.00	14,170.00	14,196.00
27656	REPAIR, FASCIAL DEFECT OF LEG	7,384.00	5,200.00	2,184.00
27658	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, W/O GRAFT, SINGLE, EACH	19,994.00	9,620.00	10,374.00
27659	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY W/ OR W/O GRAFT, SINGLE TENDON, EACH	23,400.00	12,480.00	10,920.00
27664	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, W/O GRAFT, SINGLE, EACH	19,994.00	9,620.00	10,374.00
27665	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY W/ OR W/O GRAFT, SINGLE TENDON, EACH	23,400.00	12,480.00	10,920.00
27675	REPAIR FOR DISLOCATING PERONEAL TENDONS; W/O FIBULAR OSTEOTOMY	23,400.00	12,480.00	10,920.00
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; W/ FIBULAR OSTEOTOMY	29,068.00	16,510.00	12,558.00
27680	TENOLYSIS, INCLUDING TIBIA, FIBULA, AND ANKLE FLEXOR; SINGLE	23,400.00	12,480.00	10,920.00
27681	TENOLYSIS, INCLUDING TIBIA, FIBULA, AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH	28,522.00	16,510.00	12,012.00
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE	23,400.00	12,480.00	10,920.00
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH	23,400.00	12,480.00	10,920.00
27687	GASTROCNEMIUS RECESSION (E.G., STRAYER PROCEDURE)	19,448.00	9,620.00	9,828.00
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (W/ MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (E.G., ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT)	23,946.00	12,480.00	11,466.00
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (W/ MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON	19,994.00	9,620.00	10,374.00
27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL	23,400.00	12,480.00	10,920.00
27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	30,290.00	13,910.00	16,380.00
27698	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (WATSON-JONES PROCEDURE)	23,400.00	12,480.00	10,920.00
27700	ARTHROPLASTY, ANKLE;	35,256.00	15,600.00	19,656.00
27702	ARTHROPLASTY, ANKLE; W/ IMPLANT ("TOTAL ANKLE")	40,482.00	17,550.00	22,932.00
27703	ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION, TOTAL ANKLE	48,334.00	24,310.00	24,024.00
27704	REMOVAL OF ANKLE IMPLANT	28,366.00	14,170.00	14,196.00
27705	OSTEOTOMY; TIBIA	28,522.00	16,510.00	12,012.00
27707	OSTEOTOMY; FIBULA	23,400.00	12,480.00	10,920.00
27709	OSTEOTOMY; TIBIA AND FIBULA	29,458.00	14,170.00	15,288.00
27712	OSTEOTOMY; MULTIPLE, W/ REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	30,836.00	13,910.00	16,926.00
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	36,348.00	15,600.00	20,748.00
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; W/O GRAFT, (E.G., COMPRESSION TECHNIQUE)	23,400.00	12,480.00	10,920.00
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; W/ SLIDING GRAFT	27,274.00	14,170.00	13,104.00
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; W/ ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	28,366.00	14,170.00	14,196.00
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, W/ FIBULA, ANY METHOD	29,458.00	14,170.00	15,288.00
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	30,290.00	13,910.00	16,380.00
27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA	28,366.00	14,170.00	14,196.00
27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	27,274.00	14,170.00	13,104.00
27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	30,290.00	13,910.00	16,380.00
27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;	30,290.00	13,910.00	16,380.00
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR	29,458.00	14,170.00	15,288.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) W/ OR W/O METHYLMETHACRYLATE, TIBIA	40,508.00	22,490.00	18,018.00
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (W/ OR W/O FIBULAR FRACTURE)	15,756.00	7,020.00	8,736.00
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE): WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	15,756.00	7,020.00	8,736.00
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (W/ OR W/O FIBULAR FRACTURE) (E.G., PINS OR SCREWS)	28,366.00	14,170.00	14,196.00
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (W/ OR W/O FIBULAR FRACTURE) W/ PLATE/SCREWS, W/ OR W/O CERCLAGE	29,458.00	14,170.00	15,288.00
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	35,256.00	15,600.00	19,656.00
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE	14,248.00	7,150.00	7,098.00
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	15,756.00	7,020.00	8,736.00
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE	14,248.00	7,150.00	7,098.00
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	29,458.00	14,170.00	15,288.00
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS)	13,702.00	7,150.00	6,552.00
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), W/ OR W/O INTERNAL OR EXTERNAL FIXATION W/O MANIPULATION	27,274.00	14,170.00	13,104.00
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS)	16,770.00	8,580.00	8,190.00
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	30,290.00	13,910.00	16,380.00
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE	30,290.00	13,910.00	16,380.00
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	30,290.00	13,910.00	16,380.00
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	30,290.00	13,910.00	16,380.00
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (E.G., PILON OR TIBIAL PLAFOND)	13,702.00	7,150.00	6,552.00
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	27,274.00	14,170.00	13,104.00
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	28,522.00	16,510.00	12,012.00
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	28,366.00	14,170.00	14,196.00
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	27,274.00	14,170.00	13,104.00
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION	14,248.00	7,150.00	7,098.00
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION, OR W/ EXCISION OF PROXIMAL FIBULA	15,574.00	7,930.00	7,644.00
27840	CLOSED TREATMENT OF ANKLE DISLOCATION	14,248.00	7,150.00	7,098.00
27846	OPEN TREATMENT OF ANKLE DISLOCATION, W/ OR W/O PERCUTANEOUS SKELETAL FIXATION; W/O REPAIR OR INTERNAL FIXATION	29,458.00	14,170.00	15,288.00
27848	OPEN TREATMENT OF ANKLE DISLOCATION, W/ OR W/O PERCUTANEOUS SKELETAL FIXATION; W/ REPAIR OR INTERNAL OR EXTERNAL FIXATION	30,836.00	13,910.00	16,926.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
27870	ARTHRODESIS, ANKLE, ANY METHOD	23,400.00	12,480.00	10,920.00
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	27,820.00	14,170.00	13,650.00
27880	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA:	39,390.00	17,550.00	21,840.00
27881	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; W/ IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST	39,962.00	22,490.00	17,472.00
27882	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA: OPEN, CIRCULAR (GUILLOTINE)	23,400.00	12,480.00	10,920.00
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	15,756.00	7,020.00	8,736.00
27886	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	30,290.00	13,910.00	16,380.00
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), W/ PLASTIC CLOSURE AND RESECTION OF NERVES	30,290.00	13,910.00	16,380.00
27889	ANKLE DISARTICULATION	28,522.00	16,510.00	12,012.00
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, W/ DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	23,400.00	12,480.00	10,920.00
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, W/ DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	23,400.00	12,480.00	10,920.00
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), W/ DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	23,946.00	12,480.00	11,466.00
28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT	7,384.00	5,200.00	2,184.00
28002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, W/ OR W/O TENDON SHEATH INVOLVEMENT; SINGLE BURSAL SPACE, SPECIFY:	10,738.00	6,370.00	4,368.00
28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, W/ OR W/O TENDON SHEATH INVOLVEMENT; SINGLE BURSAL SPACE, SPECIFY: MULTIPLE AREAS	12,610.00	7,150.00	5,460.00
28005	INCISION, DEEP, W/ OPENING OF BONE CORTEX (E.G. FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT	13,702.00	7,150.00	6,552.00
28008	FASCIOTOMY, FOOT AND/OR TOE	15,756.00	7,020.00	8,736.00
28010	TENOTOMY, SUBCUTANEOUS, TOE: SINGLE	10,738.00	6,370.00	4,368.00
28011	TENOTOMY, SUBCUTANEOUS, TOE: MULTIPLE	13,702.00	7,150.00	6,552.00
28020	ARTHROTOMY, W/ EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT	16,770.00	8,580.00	8,190.00
28022	ARTHROTOMY, W/ EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT	10,738.00	6,370.00	4,368.00
28024	ARTHROTOMY, W/ EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT	10,738.00	6,370.00	4,368.00
28030	NEURECTOMY OF INTRINSIC MUSCULATURE OF FOOT	14,471.60	9,230.00	5,241.60
28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	23,400.00	12,480.00	10,920.00
28043	EXCISION, TUMOR, FOOT: SUBCUTANEOUS	7,384.00	5,200.00	2,184.00
28045	EXCISION, TUMOR, FOOT: DEEP, SUBFASCIAL, INTRAMUSCULAR	10,426.00	7,150.00	3,276.00
28046	RADICAL RESECTION OF TUMOR (E.G., MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT	49,140.00	21,840.00	27,300.00
28050	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	13,156.00	7,150.00	6,006.00
28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	13,156.00	7,150.00	6,006.00
28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	12,610.00	7,150.00	5,460.00
28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA: PARTIAL	12,610.00	7,150.00	5,460.00
28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA: RADICAL	14,248.00	7,150.00	7,098.00
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	15,574.00	7,930.00	7,644.00
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	14,248.00	7,150.00	7,098.00
28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	7,384.00	5,200.00	2,184.00
28086	SYNOVECTOMY, TENDON SHEATH, FOOT: FLEXOR	14,248.00	7,150.00	7,098.00
28088	SYNOVECTOMY, TENDON SHEATH, FOOT: EXTENSOR	14,248.00	7,150.00	7,098.00
28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION): FOOT	10,972.00	7,150.00	3,822.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES	10,738.00	6,370.00	4,368.00
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	19,994.00	9,620.00	10,374.00
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; W/ ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	28,522.00	16,510.00	12,012.00
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; W/ ALLOGRAFT	28,522.00	16,510.00	12,012.00
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR METATARSAL BONES, EXCEPT TARSAL OR CALCANEUS;	19,994.00	9,620.00	10,374.00
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)	28,522.00	16,510.00	12,012.00
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR METATARSAL BONES, EXCEPT TARSAL OR CALCANEUS; W/ ALLOGRAFT	28,522.00	16,510.00	12,012.00
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	19,448.00	9,620.00	9,828.00
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE)	28,522.00	16,510.00	12,012.00
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	23,946.00	12,480.00	11,466.00
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	23,946.00	12,480.00	11,466.00
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	23,400.00	12,480.00	10,920.00
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, W/ PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL (CLAYTON TYPE PROCEDURE)	27,274.00	14,170.00	13,104.00
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	19,994.00	9,620.00	10,374.00
28118	OSTECTOMY, CALCANEUS;	19,994.00	9,620.00	10,374.00
28119	OSTECTOMY, CALCANEUS; FOR SPUR, W/ OR W/O PLANTAR FASCIAL RELEASE	19,448.00	9,620.00	9,828.00
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS OR TALAR BOSSING); TALUS OR CALCANEUS	28,522.00	16,510.00	12,012.00
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS OR TARSAL BOSSING), TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS	23,400.00	12,480.00	10,920.00
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (E.G., FOR OSTEOMYELITIS OR DORSAL BOSSING), PHALANX OF TOE	23,400.00	12,480.00	10,920.00
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, SINGLE TOE, EACH	16,302.00	7,020.00	9,282.00
28130	TALECTOMY (ASTRAGALECTOMY)	29,458.00	14,170.00	15,288.00
28140	METATARSECTOMY	23,400.00	12,480.00	10,920.00
28150	PHALANGECTOMY OF TOE, SINGLE, EACH	15,756.00	7,020.00	8,736.00
28153	RESECTION, HEAD OF PHALANX, TOE	15,756.00	7,020.00	8,736.00
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH	13,702.00	7,150.00	6,552.00
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	39,962.00	22,490.00	17,472.00
28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL	29,458.00	14,170.00	15,288.00
28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	28,522.00	16,510.00	12,012.00
28200	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, W/O FREE GRAFT, EACH TENDON	23,400.00	12,480.00	10,920.00
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY W/ FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)	23,400.00	12,480.00	10,920.00
28208	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON	16,302.00	7,020.00	9,282.00
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY W/ FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)	16,302.00	7,020.00	9,282.00
28220	TENOLYSIS, FLEXOR, FOOT: SINGLE	14,144.00	9,230.00	4,914.00
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	14,248.00	7,150.00	7,098.00
28225	TENOLYSIS, EXTENSOR, FOOT: SINGLE	14,144.00	9,230.00	4,914.00
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	14,248.00	7,150.00	7,098.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
28230	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE;	14,248.00	7,150.00	7,098.00
28232	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE; TOE, SINGLE	14,144.00	9,230.00	4,914.00
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	14,471.60	9,230.00	5,241.60
28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON W/ EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	23,946.00	12,480.00	11,466.00
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	16,302.00	7,020.00	9,282.00
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING")	16,302.00	7,020.00	9,282.00
28260	CAPSULOTOMY, MIDFOOT: MEDIAL RELEASE ONLY	16,302.00	7,020.00	9,282.00
28261	CAPSULOTOMY, MIDFOOT; W/ TENDON LENGTHENING	23,400.00	12,480.00	10,920.00
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT CLUBFOOT DEFORMITY	27,274.00	14,170.00	13,104.00
28264	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	15,756.00	7,020.00	8,736.00
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, W/ OR W/O TENORRHAPHY, SINGLE, EACH JOINT	15,756.00	7,020.00	8,736.00
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, SINGLE EACH JOINT	16,770.00	8,580.00	8,190.00
28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) (KELIKIAN TYPE PROCEDURE)	27,274.00	14,170.00	13,104.00
28285	HAMMERTOE OPERATION, ONE TOE (E.G., INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)	19,994.00	9,620.00	10,374.00
28286	COCK-UP FIFTH TOE OPERATION W/ PLASTIC SKIN CLOSURE (RUIZ-MORA TYPE PROCEDURE)	28,522.00	16,510.00	12,012.00
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL HEAD	19,994.00	9,620.00	10,374.00
28290	HALLUX VALGUS (BUNION) CORRECTION, W/ OR W/O SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE PROCEDURE)	27,274.00	14,170.00	13,104.00
28292	HALLUX VALGUS (BUNION) CORRECTION, W/ OR W/O SESAMOIDECTOMY; KELLER, MCBRIDE, OR MAYO TYPE PROCEDURE	28,366.00	14,170.00	14,196.00
28293	HALLUX VALGUS (BUNION) CORRECTION, W/ OR W/O SESAMOIDECTOMY; RESECTION OF JOINT W/ IMPLANT	28,366.00	14,170.00	14,196.00
28294	HALLUX VALGUS (BUNION) CORRECTION, W/ OR W/O SESAMOIDECTOMY; W/ TENDON TRANSPLANTS (JOPLIN TYPE PROCEDURE)	29,458.00	14,170.00	15,288.00
28296	HALLUX VALGUS (BUNION) CORRECTION, W/ OR W/O SESAMOIDECTOMY; W/ METATARSAL OSTECTOMY (E.G., MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)	29,458.00	14,170.00	15,288.00
28297	HALLUX VALGUS (BUNION) CORRECTION, W/ OR W/O SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE	29,458.00	14,170.00	15,288.00
28298	HALLUX VALGUS (BUNION) CORRECTION, W/ OR W/O SESAMOIDECTOMY; BY PHALANX OSTECTOMY	30,004.00	14,170.00	15,834.00
28299	HALLUX VALGUS (BUNION) CORRECTION, W/ OR W/O SESAMOIDECTOMY; BY OTHER METHODS (E.G., DOUBLE OSTECTOMY)	30,004.00	14,170.00	15,834.00
28300	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), W/ OR W/O INTERNAL FIXATION	27,820.00	14,170.00	13,650.00
28302	OSTEOTOMY; TALUS	27,274.00	14,170.00	13,104.00
28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS	19,994.00	9,620.00	10,374.00
28305	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; W/ AUTOGRAFT (INCLUDES OBTAINING GRAFT)(FOWLER TYPE)	23,946.00	12,480.00	11,466.00
28306	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, W/ OR W/O LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION: FIRST METATARSAL	29,068.00	16,510.00	12,558.00
28307	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, W/ OR W/O LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION: FIRST METATARSAL W/ AUTOGRAFT	29,068.00	16,510.00	12,558.00
28308	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, W/ OR W/O LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION: OTHER THAN FIRST METATARSAL	29,068.00	16,510.00	12,558.00
28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)	28,522.00	16,510.00	12,012.00
28310	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE	23,946.00	12,480.00	11,466.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	19,448.00	9,620.00	9,828.00
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDURES ONLY	29,068.00	16,510.00	12,558.00
28315	SESAMOIDECTOMY, FIRST TOE	16,302.00	7,020.00	9,282.00
28320	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (E.G., CALCANEUS, TALUS)	28,522.00	16,510.00	12,012.00
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, W/ OR W/O BONE GRAFT (INCLUDES OBTAINING GRAFT)	19,448.00	9,620.00	9,828.00
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	15,756.00	7,020.00	8,736.00
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	16,302.00	7,020.00	9,282.00
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	28,522.00	16,510.00	12,012.00
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, W/ OR W/O SKIN GRAFT(S)	29,068.00	16,510.00	12,558.00
28360	RECONSTRUCTION, CLEFT FOOT	19,994.00	9,620.00	10,374.00
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE	14,248.00	7,150.00	7,098.00
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, W/ MANIPULATION	15,574.00	7,930.00	7,644.00
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION:	23,400.00	12,480.00	10,920.00
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)	29,068.00	16,510.00	12,558.00
28430	CLOSED TREATMENT OF TALUS FRACTURE	14,248.00	7,150.00	7,098.00
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, W/ MANIPULATION	12,610.00	7,150.00	5,460.00
28445	OPEN TREATMENT OF TALUS FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	19,994.00	9,620.00	10,374.00
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS)	14,471.60	9,230.00	5,241.60
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), W/ MANIPULATION	15,574.00	7,930.00	7,644.00
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), W/ OR W/O INTERNAL OR EXTERNAL FIXATION	13,156.00	7,150.00	6,006.00
28470	CLOSED TREATMENT OF METATARSAL FRACTURE	14,144.00	9,230.00	4,914.00
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, W/ MANIPULATION	10,738.00	6,370.00	4,368.00
28485	OPEN TREATMENT OF METATARSAL FRACTURE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	14,144.00	9,230.00	4,914.00
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES	13,156.00	7,150.00	6,006.00
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, W/ MANIPULATION	13,702.00	7,150.00	6,552.00
28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	15,756.00	7,020.00	8,736.00
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE	13,156.00	7,150.00	6,006.00
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	15,756.00	7,020.00	8,736.00
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	10,738.00	6,370.00	4,368.00
28531	OPEN TREATMENT OF SESAMOID FRACTURE, W/ OR W/O INTERNAL FIXATION	13,156.00	7,150.00	6,006.00
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL	10,738.00	6,370.00	4,368.00
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL ,W/ MANIPULATION	16,302.00	7,020.00	9,282.00
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	16,302.00	7,020.00	9,282.00
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION	14,144.00	9,230.00	4,914.00
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, W/ MANIPULATION	16,302.00	7,020.00	9,282.00
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	23,400.00	12,480.00	10,920.00
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION	14,248.00	7,150.00	7,098.00
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, W/ MANIPULATION	16,302.00	7,020.00	9,282.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	23,400.00	12,480.00	10,920.00
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION	10,738.00	6,370.00	4,368.00
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, W/ MANIPULATION	16,302.00	7,020.00	9,282.00
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	23,400.00	12,480.00	10,920.00
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION	14,144.00	9,230.00	4,914.00
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, W/ MANIPULATION	16,302.00	7,020.00	9,282.00
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, W/ OR W/O INTERNAL OR EXTERNAL FIXATION	23,400.00	12,480.00	10,920.00
28705	PANTALAR ARTHRODESIS	35,256.00	15,600.00	19,656.00
28715	TRIPLE ARTHRODESIS	36,348.00	15,600.00	20,748.00
28725	SUBTALAR ARTHRODESIS	35,256.00	15,600.00	19,656.00
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE:	30,290.00	13,910.00	16,380.00
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE: W/ OSTEOTOMY AS FOR FLATFOOT CORRECTION	30,004.00	14,170.00	15,834.00
28737	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, W/ TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)	28,522.00	16,510.00	12,012.00
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	23,946.00	12,480.00	11,466.00
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	23,946.00	12,480.00	11,466.00
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	19,994.00	9,620.00	10,374.00
28760	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, W/ EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK (JONES TYPE PROCEDURE)	28,912.00	14,170.00	14,742.00
28800	AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	30,290.00	13,910.00	16,380.00
28802	DEEP DISECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, W/ OR W/O TENDON SHEATH INVOLVEMENT; SINGLE BURSA SPACE SPECIFY	10,738.00	6,370.00	4,368.00
28805	DEEP DISECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, W/ OR W/O TENDON SHEATH INVOLVEMENT; TRANSMETATARSAL	28,366.00	14,170.00	14,196.00
28810	AMPUTATION, METATARSAL, W/ TOE, SINGLE	15,756.00	7,020.00	8,736.00
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	23,400.00	12,480.00	10,920.00
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	15,756.00	7,020.00	8,736.00
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	13,702.00	7,150.00	6,552.00
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	13,702.00	7,150.00	6,552.00
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	13,702.00	7,150.00	6,552.00
29020	APPLICATION OF TURNBUCKLE JACKET, BODY; ONLY	13,702.00	7,150.00	6,552.00
29025	APPLICATION OF TURNBUCKLE JACKET, BODY; INCLUDING HEAD	13,702.00	7,150.00	6,552.00
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	13,702.00	7,150.00	6,552.00
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	13,702.00	7,150.00	6,552.00
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	15,756.00	7,020.00	8,736.00
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	15,756.00	7,020.00	8,736.00
29055	APPLICATION OF BODY CAST, SHOULDER TO HIPS; SHOULDER SPICA	12,090.00	9,360.00	2,730.00
29058	APPLICATION OF BODY CAST, SHOULDER TO HIPS; PLASTER VELPEAU	7,228.00	5,590.00	1,638.00
29065	APPLICATION OF BODY CAST, SHOULDER TO HIPS; SHOULDER TO HAND (LONG ARM)	7,384.00	5,200.00	2,184.00
29075	APPLICATION OF BODY CAST, SHOULDER TO HIPS; ELBOW TO FINGER (SHORT ARM)	7,228.00	5,590.00	1,638.00
29085	APPLICATION OF BODY CAST, SHOULDER TO HIPS; HAND AND LOWER FOREARM (GAUNTLET)	7,228.00	5,590.00	1,638.00
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	10,426.00	7,150.00	3,276.00
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	10,972.00	7,150.00	3,822.00
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	10,426.00	7,150.00	3,276.00
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	10,972.00	7,150.00	3,822.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
29358	APPLICATION OF LONG LEG CAST BRACE	10,972.00	7,150.00	3,822.00
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	10,426.00	7,150.00	3,276.00
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	10,426.00	7,150.00	3,276.00
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	10,426.00	7,150.00	3,276.00
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	10,426.00	7,150.00	3,276.00
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	7,384.00	5,200.00	2,184.00
29450	APPLICATION OF CLUBFOOT CAST W/ MOLDING OR MANIPULATION, LONG OR SHORT LEG	7,384.00	5,200.00	2,184.00
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, W/ OR W/O SYNOVIAL BIOPSY	23,400.00	12,480.00	10,920.00
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	27,274.00	14,170.00	13,104.00
29815	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, W/ OR W/O SYNOVIAL BIOPSY	23,400.00	12,480.00	10,920.00
29819	ARTHROSCOPY, SHOULDER, SURGICAL; W/ REMOVAL OF LOOSE BODY OR FOREIGN BODY	28,522.00	16,510.00	12,012.00
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	27,274.00	14,170.00	13,104.00
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	28,366.00	14,170.00	14,196.00
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	27,274.00	14,170.00	13,104.00
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	30,290.00	13,910.00	16,380.00
29825	ARTHROSCOPY, SHOULDER, SURGICAL; W/ LYSIS AND RESECTION OF ADHESIONS, W/ OR W/O MANIPULATION	39,962.00	22,490.00	17,472.00
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE W/ PARTIAL ACROMIOPLASTY, W/ OR W/O CORACOACROMIAL RELEASE	35,256.00	15,600.00	19,656.00
29830	ARTHROSCOPY, ELBOW, DIANOSTIC, W/ OR W/O SYNOVIAL BIOPSY	23,400.00	12,480.00	10,920.00
29834	ARTHROSCOPY, ELBOW, SURGICAL; W/ REMOVAL OF LOOSE BODY OR FOREIGN BODY	28,522.00	16,510.00	12,012.00
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	27,274.00	14,170.00	13,104.00
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	28,366.00	14,170.00	14,196.00
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	27,274.00	14,170.00	13,104.00
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	30,290.00	13,910.00	16,380.00
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, W/ OR W/O SYNOVIAL BIOPSY	15,756.00	7,020.00	8,736.00
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	28,522.00	16,510.00	12,012.00
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	27,274.00	14,170.00	13,104.00
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	28,366.00	14,170.00	14,196.00
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT	30,290.00	13,910.00	16,380.00
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	30,290.00	13,910.00	16,380.00
29848	ARTHROSCOPY, WRIST, SURGICAL; W/ RELEASE OF TRANSVERSE CARPAL LIGAMENT	30,290.00	13,910.00	16,380.00
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)	35,256.00	15,600.00	19,656.00
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)	35,256.00	15,600.00	19,656.00
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU): UNICONDYLAR, W/ OR W/O INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)	35,256.00	15,600.00	19,656.00
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU): BICONDYLAR, W/ OR W/O INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)	36,348.00	15,600.00	20,748.00
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, W/ OR W/O SYNOVIAL BIOPSY	23,400.00	12,480.00	10,920.00
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	27,274.00	14,170.00	13,104.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (E.G., OSTEOCHONDritis DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	28,522.00	16,510.00	12,012.00
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (E.G., PLICA OR SHELF RESECTION)	39,962.00	22,490.00	17,472.00
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (E.G., MEDIAL OR LATERAL)	41,054.00	22,490.00	18,564.00
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	30,290.00	13,910.00	16,380.00
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING	30,290.00	13,910.00	16,380.00
29880	ARTHROSCOPY, KNEE, SURGICAL; W/ MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)	39,962.00	22,490.00	17,472.00
29881	ARTHROSCOPY, KNEE, SURGICAL; W/ MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING)	39,962.00	22,490.00	17,472.00
29882	ARTHROSCOPY, KNEE, SURGICAL; W/ MENISCUS REPAIR (MEDIAL OR LATERAL)	35,256.00	15,600.00	19,656.00
29883	ARTHROSCOPY, KNEE, SURGICAL; W/ MENISCUS REPAIR (MEDIAL AND LATERAL)	39,390.00	17,550.00	21,840.00
29884	ARTHROSCOPY, KNEE, SURGICAL; W/ LYSIS OF ADHESIONS, W/ OR W/O MANIPULATION	30,290.00	13,910.00	16,380.00
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS W/ BONE GRAFTING, W/ OR W/O INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)	30,290.00	13,910.00	16,380.00
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION	35,256.00	15,600.00	19,656.00
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION W/ INTERNAL FIXATION	30,290.00	13,910.00	16,380.00
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	48,334.00	24,310.00	24,024.00
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	50,518.00	24,310.00	26,208.00
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; W/ REMOVAL OF LOOSE BODY OR FOREIGN BODY	28,522.00	16,510.00	12,012.00
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	27,274.00	14,170.00	13,104.00
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	27,274.00	14,170.00	13,104.00
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	28,366.00	14,170.00	14,196.00
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	7,228.00	5,590.00	1,638.00
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	7,228.00	5,590.00	1,638.00
30100	BIOPSY, INTRANASAL	7,384.00	5,200.00	2,184.00
30110	EXCISION, NASAL POLYP(S), SIMPLE	10,426.00	7,150.00	3,276.00
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	12,610.00	7,150.00	5,460.00
30117	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH	12,610.00	7,150.00	5,460.00
30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY)	12,610.00	7,150.00	5,460.00
30130	EXCISION TURBINATE, PARTIAL OR COMPLETE	16,770.00	8,580.00	8,190.00
30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE	16,770.00	8,580.00	8,190.00
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	10,426.00	7,150.00	3,276.00
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	10,426.00	7,150.00	3,276.00
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT TIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY	39,390.00	17,550.00	21,840.00
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT TIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES	39,390.00	17,550.00	21,840.00
30465	RHINOPLASTY FOR NASAL VESTIBULAR STENOSIS	49,140.00	21,840.00	27,300.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, W/ OR W/O CARTILAGE SCORING, CONTOURING OR REPLACEMENT W/ GRAFT	16,770.00	8,580.00	8,190.00
30540	REPAIR CHOANAL ATRESIA: INTRANASAL	16,770.00	8,580.00	8,190.00
30545	REPAIR CHOANAL ATRESIA: TRANSPALATINE	23,400.00	12,480.00	10,920.00
30560	LYSIS INTRANASAL SYNECHIA	10,738.00	6,370.00	4,368.00
30580	REPAIR FISTULA: OROMAXILLARY (COMBINE W/ 31030 IF ANTROTOMY IS INCLUDED)	15,756.00	7,020.00	8,736.00
30600	REPAIR FISTULA: ORONASAL	15,756.00	7,020.00	8,736.00
30630	REPAIR NASAL SEPTAL PERFORATIONS	15,756.00	7,020.00	8,736.00
30801	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, ; SUPERFICIAL	12,610.00	7,150.00	5,460.00
30802	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, ; INTRAMURAL	12,610.00	7,150.00	5,460.00
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, W/ POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD: INITIAL	10,426.00	7,150.00	3,276.00
30915	LIGATION ARTERIES: ETHMOIDAL	15,756.00	7,020.00	8,736.00
30920	LIGATION ARTERIES: INTERNAL MAXILLARY ARTERY, TRANSANTRAL	15,756.00	7,020.00	8,736.00
30930	FRACTURE NASAL TURBinate(S), THERAPEUTIC	12,610.00	7,150.00	5,460.00
31000	LAVAGE BY CANNULATION: MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	12,090.00	9,360.00	2,730.00
31002	LAVAGE BY CANNULATION: SPHENOID SINUS	10,426.00	7,150.00	3,276.00
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY): INTRANASAL	12,610.00	7,150.00	5,460.00
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY): RADICAL (CALDWELL-LUC) W/O REMOVAL OF ANTROCHOANAL POLYPS	15,756.00	7,020.00	8,736.00
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY): RADICAL (CALDWELL-LUC) W/ REMOVAL OF ANTROCHOANAL POLYPS	15,756.00	7,020.00	8,736.00
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	30,290.00	13,910.00	16,380.00
31050	SINUSOTOMY, SPHENOID, W/ OR W/O BIOPSY:	30,290.00	13,910.00	16,380.00
31051	SINUSOTOMY, SPHENOID, W/ OR W/O BIOPSY: W/ MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)	30,290.00	13,910.00	16,380.00
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	15,756.00	7,020.00	8,736.00
31075	SINUSOTOMY FRONTAL: TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)	15,756.00	7,020.00	8,736.00
31080	SINUSOTOMY FRONTAL: OBLITERATIVE W/O OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)	15,756.00	7,020.00	8,736.00
31081	SINUSOTOMY FRONTAL: OBLITERATIVE, W/O OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)	15,756.00	7,020.00	8,736.00
31084	SINUSOTOMY FRONTAL: OBLITERATIVE, W/ OSTEOPLASTIC FLAP, BROW INCISION	15,756.00	7,020.00	8,736.00
31085	SINUSOTOMY FRONTAL: OBLITERATIVE, W/ OSTEOPLASTIC FLAP, CORONAL INCISION	30,290.00	13,910.00	16,380.00
31086	SINUSOTOMY FRONTAL: NONOBLITERATIVE, W/ OSTEOPLASTIC FLAP, BROW INCISION	30,290.00	13,910.00	16,380.00
31087	SINUSOTOMY FRONTAL: NONOBLITERATIVE, W/ OSTEOPLASTIC FLAP, CORONAL INCISION	30,290.00	13,910.00	16,380.00
31090	SINUSOTOMY COMBINED, THREE OR MORE SINUSES	30,290.00	13,910.00	16,380.00
31200	ETHMOIDECTOMY: INTRANASAL, ANTERIOR	15,756.00	7,020.00	8,736.00
31201	ETHMOIDECTOMY: INTRANASAL, TOTAL	15,756.00	7,020.00	8,736.00
31205	ETHMOIDECTOMY: EXTRANASAL, TOTAL	15,756.00	7,020.00	8,736.00
31225	MAXILLECTOMY: W/O ORBITAL EXENTERATION	60,450.00	27,690.00	32,760.00
31230	MAXILLECTOMY: W/ ORBITAL EXENTERATION (EN BLOC)	69,420.00	31,200.00	38,220.00
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL	13,702.00	7,150.00	6,552.00
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC W/ MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)	13,702.00	7,150.00	6,552.00
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC W/ SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)	13,702.00	7,150.00	6,552.00
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; W/ BIOPSY, POLYPECTOMY OR DEBRIDEMENT	15,756.00	7,020.00	8,736.00
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; W/ CONTROL OF EPISTAXIS	15,756.00	7,020.00	8,736.00
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; W/ DACRYLOCYSTORHINOSTOMY	15,756.00	7,020.00	8,736.00
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; W/ CONCHA BULLOSA RESECTION	23,400.00	12,480.00	10,920.00
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; W/ ETHMOIDECTOMY, PARTIAL (ANTERIOR)	23,400.00	12,480.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; W/ ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)	23,400.00	12,480.00	10,920.00
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, W/ MAXILLARY ANTROSTOMY	23,400.00	12,480.00	10,920.00
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, W/ REMOVAL OF TISSUE FROM MAXILLARY SINUS	23,400.00	12,480.00	10,920.00
31276	NASAL/SINUS ENDOSCOPY, SURGICAL W/ FRONTAL SINUS EXPLORATION, W/ OR W/O REMOVAL OF TISSUE FROM FRONTAL SINUS	23,400.00	12,480.00	10,920.00
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, W/ SPHENOIDOTOMY	23,400.00	12,480.00	10,920.00
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, W/ REMOVAL OF TISSURE FROM THE SPHENOID SINUS	23,400.00	12,480.00	10,920.00
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, W/ REPAIR OF CEREBROSPINAL FLUID LEAK: ETHMOID REGION	23,400.00	12,480.00	10,920.00
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, SPHENOID REGION	23,400.00	12,480.00	10,920.00
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; W/ MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESSION	23,400.00	12,480.00	10,920.00
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; W/ MEDIAL ORBITAL WALL AND INFERIOR ORBITAL WALL DECOMPRESSION	23,400.00	12,480.00	10,920.00
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; W/ OPTIC NERVE DECOMPRESSION	30,290.00	13,910.00	16,380.00
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); W/ REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY	23,400.00	12,480.00	10,920.00
31360	LARYNGECTOMY; TOTAL, W/O RADICAL NECK DISSECTION	40,482.00	17,550.00	22,932.00
31365	LARYNGECTOMY; TOTAL, W/ RADICAL NECK DISSECTION	49,140.00	21,840.00	27,300.00
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, W/O RADICAL NECK DISSECTION	48,334.00	24,310.00	24,024.00
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, W/ RADICAL NECK DISSECTION	50,518.00	24,310.00	26,208.00
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	40,482.00	17,550.00	22,932.00
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	40,482.00	17,550.00	22,932.00
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	40,482.00	17,550.00	22,932.00
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	40,482.00	17,550.00	22,932.00
31390	PHARYNGOLARYNGECTOMY, W/ RADICAL NECK DISSECTION; W/O RECONSTRUCTION	49,140.00	21,840.00	27,300.00
31395	PHARYNGOLARYNGECTOMY, W/ RADICAL NECK DISSECTION; W/ RECONSTRUCTION	60,450.00	27,690.00	32,760.00
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	39,390.00	17,550.00	21,840.00
31420	EPIGLOTTIDECTOMY	30,290.00	13,910.00	16,380.00
31515	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; FOR ASPIRATION	10,426.00	7,150.00	3,276.00
31520	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	12,610.00	7,150.00	5,460.00
31525	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	10,426.00	7,150.00	3,276.00
31526	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; DIAGNOSTIC, W/ OPERATING MICROSCOPE	12,610.00	7,150.00	5,460.00
31527	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; W/ INSERTION OF OBTURATOR	10,426.00	7,150.00	3,276.00
31528	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; W/ DILATATION, INITIAL	10,426.00	7,150.00	3,276.00
31529	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; W/ DILATATION, SUBSEQUENT	10,426.00	7,150.00	3,276.00
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, W/ FOREIGN BODY REMOVAL;	15,756.00	7,020.00	8,736.00
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, W/ FOREIGN BODY REMOVAL; W/ OPERATING MICROSCOPE	15,756.00	7,020.00	8,736.00
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, W/ BIOPSY;	15,756.00	7,020.00	8,736.00
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, W/ BIOPSY; W/ OPERATING MICROSCOPE	15,756.00	7,020.00	8,736.00
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, W/ EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;	15,756.00	7,020.00	8,736.00
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, W/ EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; W/ OPERATING MICROSCOPE	15,756.00	7,020.00	8,736.00
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, W/ ARYTENOIDECTOMY;	39,390.00	17,550.00	21,840.00
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, W/ ARYTENOIDECTOMY; W/ OPERATING MICROSCOPE	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
31570	LARYNGOSCOPY, DIRECT, W/ INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	15,756.00	7,020.00	8,736.00
31571	LARYNGOSCOPY, DIRECT, W/ INJECTION INTO VOCAL CORD(S), THERAPEUTIC; W/ OPERATING MICROSCOPE	15,756.00	7,020.00	8,736.00
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	15,756.00	7,020.00	8,736.00
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; W/ BIOPSY	15,756.00	7,020.00	8,736.00
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; W/ REMOVAL OF FOREIGN BODY	15,756.00	7,020.00	8,736.00
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; W/ REMOVAL OF LESION	15,756.00	7,020.00	8,736.00
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, W/ STROBOSCOPY	15,756.00	7,020.00	8,736.00
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, W/ KEEL INSERTION AND REMOVAL	39,390.00	17,550.00	21,840.00
31582	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, W/ GRAFT OR CORE MOLD, INCLUDING TRACHEOTOMY	39,390.00	17,550.00	21,840.00
31584	LARYNGOPLASTY; W/ OPEN REDUCTION OF FRACTURE	39,390.00	17,550.00	21,840.00
31586	LARYNGOPLASTY; W/ CLOSED MANIPULATIVE REDUCTION	39,390.00	17,550.00	21,840.00
31587	LARYNGOPLASTY, CRICOID SPLIT	39,390.00	17,550.00	21,840.00
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (E.G., FOR BURNS, RECONSTRUCTION AFTER PARTIAL LARYNGECTOMY)	39,390.00	17,550.00	21,840.00
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	39,390.00	17,550.00	21,840.00
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC , UNILATERAL	30,290.00	13,910.00	16,380.00
31600	TRACHEOSTOMY, PLANNED :	15,756.00	7,020.00	8,736.00
31601	TRACHEOSTOMY, PLANNED : UNDER TWO YEARS	16,302.00	7,020.00	9,282.00
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	9,282.00	3,094.00	6,188.00
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	16,302.00	7,020.00	9,282.00
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	16,302.00	7,020.00	9,282.00
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (E.G., VOICE BUTTON, BLOM-SINGER PROSTHESIS)	19,448.00	9,620.00	9,828.00
31612	TRACHEAL PUNCTURE, PERCUTANEOUS W/ TRANSTRACHEAL ASPIRATION AND/OR INJECTION	16,770.00	8,580.00	8,190.00
31613	TRACHEOSTOMA REVISION; SIMPLE, W/O FLAP ROTATION	15,756.00	7,020.00	8,736.00
31614	TRACHEOSTOMA REVISION; COMPLEX, W/ FLAP ROTATION	19,448.00	9,620.00	9,828.00
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	15,756.00	7,020.00	8,736.00
31622	BRONCHOSCOPY; DIAGNOSTIC, (FLEXIBLE OR RIGID). W/ OR W/O CELL WASHING OR BRUSHING	14,248.00	7,150.00	7,098.00
31625	BRONCHOSCOPY; W/ BIOPSY	14,248.00	7,150.00	7,098.00
31628	BRONCHOSCOPY; W/ TRANSBRONCHIAL LUNG BIOPSY, W/ OR W/O FLUOROSCOPIC GUIDANCE	14,248.00	7,150.00	7,098.00
31629	BRONCHOSCOPY; W/ TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY	14,248.00	7,150.00	7,098.00
31630	BRONCHOSCOPY; W/ TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	23,400.00	12,480.00	10,920.00
31631	BRONCHOSCOPY; W/ TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT	23,400.00	12,480.00	10,920.00
31635	BRONCHOSCOPY; W/ REMOVAL OF FOREIGN BODY	23,400.00	12,480.00	10,920.00
31636	BRONCHOSCOPY; DIAGNOSTIC, (FLEXIBLE OR RIGID),W/ PLACEMENT OF BRONCHIAL STENTS	23,400.00	12,480.00	10,920.00
31640	BRONCHOSCOPY; W/ EXCISION OF TUMOR	39,390.00	17,550.00	21,840.00
31641	BRONCHOSCOPY; W/ DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (E.G., LASER)	39,390.00	17,550.00	21,840.00
31643	BRONCHOSCOPY; W/ PLACEMENT OF CATHETERS FOR INTRACAVITARY RADIOELEMENT APPLICATION	23,400.00	12,480.00	10,920.00
31645	BRONCHOSCOPY; W/ THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, (E.G., DRAINAGE OF LUNG ABSCESS)	30,290.00	13,910.00	16,380.00
31710	CATHETERIZATION FOR BRONCHOGRAPHY, W/ OR W/O INSTILLATION OF CONTRAST MATERIAL	7,228.00	5,590.00	1,638.00
31717	CATHE TERIZATION W/ BRONCHIAL BRUSH BIOPSY	30,290.00	13,910.00	16,380.00
31750	TRACHEOPLASTY; CERVICAL	49,140.00	21,840.00	27,300.00
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	49,140.00	21,840.00	27,300.00
31760	TRACHEOPLASTY; INTRATHORACIC	69,420.00	31,200.00	38,220.00
31766	CARINAL RECONSTRUCTION	71,500.00	27,820.00	43,680.00
31770	BRONCHOPLASTY; GRAFT REPAIR	71,500.00	27,820.00	43,680.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	71,500.00	27,820.00	43,680.00
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	60,450.00	27,690.00	32,760.00
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	69,420.00	31,200.00	38,220.00
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	49,140.00	21,840.00	27,300.00
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	71,500.00	27,820.00	43,680.00
31800	SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL	30,290.00	13,910.00	16,380.00
31805	SUTURE OF TRACHEAL WOUND OR INJURY; INTRATHORACIC	49,140.00	21,840.00	27,300.00
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA W/O PLASTIC REPAIR	10,972.00	7,150.00	3,822.00
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA WITH PLASTIC REPAIR	12,610.00	7,150.00	5,460.00
32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT	1,638.00	546.00	1,092.00
32002	THORACENTESIS W/ INSERTION OF TUBE W/ OR W/O WATER SEAL (E.G., FOR PNEUMOTHORAX)	13,702.00	7,150.00	6,552.00
32005	CHEMICAL PLEURODESIS (E.G., FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	13,702.00	7,150.00	6,552.00
32020	TUBE THORACOSTOMY W/ OR W/O WATER SEAL (E.G., FOR ABSCESS, HEMOTHORAX, EMPYEMA)	10,374.00	3,458.00	6,916.00
32035	THORACOSTOMY; W/ RIB RESECTION FOR EMPYEMA	15,756.00	7,020.00	8,736.00
32036	THORACOSTOMY; W/ OPEN FLAP DRAINAGE FOR EMPYEMA	23,946.00	12,480.00	11,466.00
32095	THORACOTOMY, LIMITED, FOR BIOPSY OF LUNG OR PLEURA	40,482.00	17,550.00	22,932.00
32100	THORACOTOMY, MAJOR; W/ EXPLORATION AND BIOPSY	49,140.00	21,840.00	27,300.00
32110	THORACOTOMY, MAJOR; W/ CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG TEAR	49,140.00	21,840.00	27,300.00
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	49,140.00	21,840.00	27,300.00
32124	THORACOTOMY, MAJOR; W/ OPEN INTRAPLEURAL PNEUMONOLYSIS	49,140.00	21,840.00	27,300.00
32140	THORACOTOMY, MAJOR; W/ CYST(S) REMOVAL, W/ OR W/O A PLEURAL PROCEDURE	49,140.00	21,840.00	27,300.00
32141	THORACOTOMY, MAJOR; W/ EXCISION-PLICATION OF BULLAE, W/ OR W/O A PLEURAL PROCEDURE	53,508.00	21,840.00	31,668.00
32150	THORACOTOMY, MAJOR; W/ REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	49,972.00	24,310.00	25,662.00
32151	THORACOTOMY, MAJOR; W/ REMOVAL OF INTRAPULMONARY FOREIGN BODY	49,972.00	24,310.00	25,662.00
32160	THORACOTOMY, MAJOR; W/ CARDIAC MASSAGE	49,972.00	24,310.00	25,662.00
32200	PNEUMONOSTOMY, W/ OPEN DRAINAGE OF ABSCESS OR CYST	13,156.00	7,150.00	6,006.00
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	50,232.00	21,840.00	28,392.00
32220	DECORTICATION, PULMONARY ; TOTAL	49,972.00	24,310.00	25,662.00
32225	DECORTICATION, PULMONARY ; PARTIAL	39,390.00	17,550.00	21,840.00
32310	PLEURECTOMY, PARIETAL	49,140.00	21,840.00	27,300.00
32320	DECORTICATION AND PARIETAL PLEURECTOMY	49,140.00	21,840.00	27,300.00
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	7,228.00	5,590.00	1,638.00
32402	BIOPSY, PLEURA; OPEN	48,334.00	24,310.00	24,024.00
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	10,972.00	7,150.00	3,822.00
32420	PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	7,228.00	5,590.00	1,638.00
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY	60,450.00	27,690.00	32,760.00
32442	REMOVAL OF LUNG, W/ RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTOMY)	71,604.00	31,200.00	40,404.00
32445	REMOVAL OF LUNG, EXTRAPLEURAL	71,604.00	31,200.00	40,404.00
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	53,508.00	21,840.00	31,668.00
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	60,450.00	27,690.00	32,760.00
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	60,450.00	27,690.00	32,760.00
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; W/ CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS FOLLOWED BY BRONCHO-BRONCHIAL ANASTOMOSIS (SLEEVE LOBECTOMY)	71,604.00	31,200.00	40,404.00
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWING PREVIOUS REMOVAL OF A PORTION OF LUNG (COMPLETION PNEUMONECTOMY)	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
32491	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON-BULLOUS) FOR LUNG VOLUMEREMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; REDUCTION, STERNAL SPLIT OR TRANSTHORACIC APPROACH, W/ OR W/O ANY PLEURA	53,508.00	21,840.00	31,668.00
32500	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SINGLE OR MULTIPLE	52,416.00	21,840.00	30,576.00
32520	RESECTION OF LUNG; W/ RESECTION OF CHEST WALL	69,420.00	31,200.00	38,220.00
32522	RESECTION OF LUNG; W/ RECONSTRUCTION OF CHEST WALL, W/O PROTHESIS	69,420.00	31,200.00	38,220.00
32525	RESECTION OF LUNG; W/ MAJOR RECONSTRUCTION OF CHEST WALL, W/ PROSTHESIS	69,420.00	31,200.00	38,220.00
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	49,972.00	24,310.00	25,662.00
32601	THORACOSCOPY, DIAGNOSTIC ; LUNGS AND PLEURAL SPACE, W/O BIOPSY	15,574.00	7,930.00	7,644.00
32602	THORACOSCOPY, DIAGNOSTIC ; LUNGS AND PLEURAL SPACE, W/ BIOPSY	16,770.00	8,580.00	8,190.00
32603	THORACOSCOPY, DIAGNOSTIC ; PERICARDIAL SAC, W/O BIOPSY	15,756.00	7,020.00	8,736.00
32604	THORACOSCOPY, DIAGNOSTIC ; PERICARDIAL SAC, W/ BIOPSY	15,756.00	7,020.00	8,736.00
32605	THORACOSCOPY, DIAGNOSTIC ; MEDIASTINAL SPACE, W/O BIOPSY	15,756.00	7,020.00	8,736.00
32606	THORACOSCOPY, DIAGNOSTIC ; MEDIASTINAL SPACE, W/ BIOPSY	15,756.00	7,020.00	8,736.00
32650	THORACOSCOPY, SURGICAL; W/ PLEURODESIS, ANY METHOD	15,756.00	7,020.00	8,736.00
32651	THORACOSCOPY, SURGICAL; W/ PARTIAL PULMONARY DECORTICATION	15,756.00	7,020.00	8,736.00
32652	THORACOSCOPY, SURGICAL; W/ TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEURAL PNEUMONOLYSIS	15,756.00	7,020.00	8,736.00
32653	THORACOSCOPY, SURGICAL; W/ REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIRBIN DEPOSIT	15,756.00	7,020.00	8,736.00
32654	THORACOSCOPY, SURGICAL; W/ CONTROL OF TRAUMATIC HEMORRHAGE	39,390.00	17,550.00	21,840.00
32655	THORACOSCOPY, SURGICAL; W/ EXCISION-PLICATION OF BULLAE, INCLUDING ANY PLEURAL PROCEDURE	53,508.00	21,840.00	31,668.00
32656	THORACOSCOPY, SURGICAL; W/ PARIETAL PLEURECTOMY	50,232.00	21,840.00	28,392.00
32658	THORACOSCOPY, SURGICAL; W/ REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SAC	50,232.00	21,840.00	28,392.00
32659	THORACOSCOPY, SURGICAL; W/ CREATION OF PERCARDIAL WINDOW OR PARTIAL RESECTION OF PERICARDIAL SAC FOR DRAINAGE	50,232.00	21,840.00	28,392.00
32660	THORACOSCOPY, SURGICAL; W/ TOTAL PERICARDIECTOMY	53,508.00	21,840.00	31,668.00
32661	THORACOSCOPY, SURGICAL; W/ EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	53,508.00	21,840.00	31,668.00
32662	THORACOSCOPY, SURGICAL; W/ EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	53,508.00	21,840.00	31,668.00
32663	THORACOSCOPY, SURGICAL; W/ LOBECTOMY, TOTAL OR SEGMENTAL	60,450.00	27,690.00	32,760.00
32664	THORACOSCOPY, SURGICAL; W/ THORACIC SYMPATHECTOMY	53,508.00	21,840.00	31,668.00
32665	THORACOSCOPY, SURGICAL; W/ ESOPHAGOMYOTOMY (HELLER TYPE)	53,508.00	21,840.00	31,668.00
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	30,290.00	13,910.00	16,380.00
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE PROCEDURE)	30,290.00	13,910.00	16,380.00
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	60,450.00	27,690.00	32,760.00
32820	MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC)	60,450.00	27,690.00	32,760.00
32850	DONOR PNEUMONECTOMY(IES) W/ PREPARATION AND MAINTENANCE OF ALLOGRAFT (CADAVER)	71,500.00	27,820.00	43,680.00
32851	LUNG TRANSPLANT, SINGLE; W/O CARDIOPULMONARY BYPASS	81,900.00	27,300.00	54,600.00
32852	LUNG TRANSPLANT, SINGLE; W/ CARDIOPULMONARY BYPASS	84,084.00	27,300.00	56,784.00
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); W/O CARDIOPULMONARY BYPASS	85,176.00	27,300.00	57,876.00
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); W/ CARDIOPULMONARY BYPASS	85,176.00	27,300.00	57,876.00
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	60,450.00	27,690.00	32,760.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	60,450.00	27,690.00	32,760.00
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); W/ CLOSURE OF BRONCHIAL FISTULA	60,450.00	27,690.00	32,760.00
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	39,390.00	17,550.00	21,840.00
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	7,228.00	5,590.00	1,638.00
33010	PERICARDIOCENTESIS	10,426.00	7,150.00	3,276.00
33015	TUBE PERICARDIOSTOMY	12,610.00	7,150.00	5,460.00
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	23,400.00	12,480.00	10,920.00
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	41,600.00	22,490.00	19,110.00
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; W/O CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; W/ CARDIOPULMONARY BYPASS	76,440.00	27,300.00	49,140.00
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	49,140.00	21,840.00	27,300.00
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION W/ CARDIOPULMONARY BYPASS	79,170.00	27,300.00	51,870.00
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	51,870.00	21,840.00	30,030.00
33200	INSERTION OF PERMANENT PACEMAKER W/ EPICARDIAL ELECTRODE(S); BY THORACOTOMY	27,820.00	14,170.00	13,650.00
33201	INSERTION OF PERMANENT PACEMAKER W/ EPICARDIAL ELECTRODE(S); BY XIPHOID APPROACH	27,820.00	14,170.00	13,650.00
33206	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER W/ TRANSVENOUS ELECTRODE(S); ATRIAL	23,400.00	12,480.00	10,920.00
33207	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER W/ TRANSVENOUS ELECTRODE(S); VENTRICULAR	23,400.00	12,480.00	10,920.00
33208	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER W/ TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	27,820.00	14,170.00	13,650.00
33210	INSERTION OR PLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC ELECTRODES	12,610.00	7,150.00	5,460.00
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER CARDIAC ELECTRODES	12,610.00	7,150.00	5,460.00
33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; SINGLE CHAMBER	12,610.00	7,150.00	5,460.00
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	16,770.00	8,580.00	8,190.00
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)	41,600.00	22,490.00	19,110.00
33216	INSERTION, REPLACEMENT OR REPOSITIONING OF PERMANENT TRANSVENOUS ELECTRODE(S) ONLY (15 DAYS OR MORE AFTER INITIAL INSERTION); SINGLE CHAMBER, ATRIAL OR VENTRICULAR	16,770.00	8,580.00	8,190.00
33217	INSERTION, REPLACEMENT OR REPOSITIONING OF PERMANENT TRANSVENOUS ELECTRODE(S) ONLY (15 DAYS OR MORE AFTER INITIAL INSERTION); DUAL CHAMBER	23,400.00	12,480.00	10,920.00
33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT PACEMAKER OR SINGLE CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	30,290.00	13,910.00	16,380.00
33220	REPAIR OF TWO TRANSVENOUS ELECTRODE FOR A DUAL CHAMBER, PERMANENT PACEMAKER OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	30,290.00	13,910.00	16,380.00
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER	23,400.00	12,480.00	10,920.00
33223	REVISION OR RELOCATION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	23,400.00	12,480.00	10,920.00
33233	REMOVAL OF TRANSVENOUS PACEMAKER PULSE GENERATOR	16,770.00	8,580.00	8,190.00
33234	REMOVAL OF PERMANENT OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULAR	30,290.00	13,910.00	16,380.00
33235	REMOVAL OF PERMANENT OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD CHAMBER	41,600.00	22,490.00	19,110.00
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULAR	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; DUAL LEAD CHAMBER	48,880.00	24,310.00	24,570.00
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	39,390.00	17,550.00	21,840.00
33240	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR	23,400.00	12,480.00	10,920.00
33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR	23,400.00	12,480.00	10,920.00
33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR AND/OR LEAD SYSTEM; BY THORACOTOMY	39,390.00	17,550.00	21,840.00
33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR AND/OR LEAD SYSTEM; BY TRANSVENOUS EXTRACTION	39,390.00	17,550.00	21,840.00
33245	IMPLANTATION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PADS BY THORACOTOMY, W/ OR W/O SENSING ELECTRODES;	16,770.00	8,580.00	8,190.00
33246	IMPLANTATION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PADS BY THORACOTOMY, W/ INSERTION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR	27,820.00	14,170.00	13,650.00
33249	IMPLANTATION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PADS BY THORACOTOMY, W/ INSERTION OF CARDIO-DEFIBRILLATOR PULSE GENERATOR	23,400.00	12,480.00	10,920.00
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	48,880.00	24,310.00	24,570.00
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	69,420.00	31,200.00	38,220.00
33253	OPERATIVE INCISIONS AND RECONSTRUCTION OF ATRIA FOR TREATMENT OF ATRIAL FIBRILLATION OR ATRIAL FLUTTER (E.G., MAZE PROCEDURE)	76,440.00	27,300.00	49,140.00
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS W/ CARDIOPULMONARY BYPASS	76,440.00	27,300.00	49,140.00
33300	REPAIR OF CARDIAC WOUND; W/O BYPASS	60,450.00	27,690.00	32,760.00
33305	REPAIR OF CARDIAC WOUND; W/ CARDIOPULMONARY BYPASS	76,440.00	27,300.00	49,140.00
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); W/O BYPASS	60,450.00	27,690.00	32,760.00
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); W/ CARDIOPULMONARY BYPASS	76,440.00	27,300.00	49,140.00
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; W/O SHUNT OR CARDIOPULMONARY BYPASS	39,390.00	17,550.00	21,840.00
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; W/ SHUNT BYPASS	76,440.00	27,300.00	49,140.00
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; W/ CARDIOPULMONARY BYPASS	76,440.00	27,300.00	49,140.00
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; W/O SHUNT, OR CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; W/ SHUNT BYPASS	81,900.00	27,300.00	54,600.00
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; W/ CARDIOPULMONARY BYPASS	81,900.00	27,300.00	54,600.00
33400	VALVULOPLASTY, AORTIC VALVE; OPEN, W/ CARDIOPULMONARY BYPASS	69,420.00	31,200.00	38,220.00
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, W/ INFLOW OCCLUSION	69,420.00	31,200.00	38,220.00
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, W/ CARDIOPULMONARY BYPASS	71,500.00	27,820.00	43,680.00
33404	CONSTRUCTION OF APICA-AORTIC CONDUIT	76,440.00	27,300.00	49,140.00
33405	REPLACEMENT, AORTIC VALVE, W/ CARDIOPULMONARY BYPASS; W/ PROSTHETIC VALVE OTHER THAN HOMOGRAFT	69,420.00	31,200.00	38,220.00
33406	REPLACEMENT, AORTIC VALVE, W/ CARDIOPULMONARY BYPASS; W/ HOMOGRAFT VALVE (FREEHAND)	76,440.00	27,300.00	49,140.00
33411	REPLACEMENT, AORTIC VALVE; W/ AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUSP	71,500.00	27,820.00	43,680.00
33412	REPLACEMENT, AORTIC VALVE; W/ TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT (KONNO PROCEDURE)	76,440.00	27,300.00	49,140.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
33413	REPLACEMENT, AORTIC VALVE; W/ TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE W/ HEMOGRAFT REPLACEMENT OF PULMONARY VALVE (ROSS PROCEDURE)	92,820.00	27,300.00	65,520.00
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE OUTFLOW TRACT	60,450.00	27,690.00	32,760.00
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBAORTIC STENOSIS (E.G., ASYMMETRIC SEPTAL HYPERTROPHY)	60,450.00	27,690.00	32,760.00
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (E.G., ASYMMETRIC SEPTAL HYPERTROPHY)	71,500.00	27,820.00	43,680.00
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	60,450.00	27,690.00	32,760.00
33420	VALVOTOMY, MITRAL VALVE; CLOSED HEART	49,140.00	21,840.00	27,300.00
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, W/ CARDIOPULMONARY BYPASS	69,420.00	31,200.00	38,220.00
33425	VALVULOPLASTY, MITRAL VALVE, W/ CARDIOPULMONARY BYPASS;	71,500.00	27,820.00	43,680.00
33426	VALVULOPLASTY, MITRAL VALVE, W/ CARDIOPULMONARY BYPASS; W/ PROSTHETIC RING	74,230.00	27,820.00	46,410.00
33427	VALVULOPLASTY, MITRAL VALVE, W/ CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION, W/ OR W/O RING	76,440.00	27,300.00	49,140.00
33430	REPLACEMENT, MITRAL VALVE, W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33460	VALVECTOMY, TRICUSPID VALVE, W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33463	VALVULOPLASTY, TRICUSPID VALVE; W/O RING INSERTION	69,420.00	31,200.00	38,220.00
33464	VALVULOPLASTY, TRICUSPID VALVE; W/ RING INSERTION	71,500.00	27,820.00	43,680.00
33465	REPLACEMENT, TRICUSPID VALVE, W/ CARDIOPULMONARY BYPASS	69,420.00	31,200.00	38,220.00
33468	TRICUSPID VALVE REPOSITIONING AND PPLICATION FOR EBSTEIN ANOMALY	76,440.00	27,300.00	49,140.00
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	39,390.00	17,550.00	21,840.00
33471	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY	30,290.00	13,910.00	16,380.00
33472	VALVOTOMY, PULMONARY VALVE, OPEN HEART; W/ INFLOW OCCLUSION	60,450.00	27,690.00	32,760.00
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33475	REPLACEMENT, PULMONARY VALVE	69,420.00	31,200.00	38,220.00
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUROTOMY	60,450.00	27,690.00	32,760.00
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), W/ OR W/O COMMISSUROTOMY OR INFUNDIBULAR RESECTION	69,420.00	31,200.00	38,220.00
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; W/O CARDIOPULMONARY BYPASS	39,390.00	17,550.00	21,840.00
33502	REPAIR OF ANOMALOUS CORONARY ARTERY; BY LIGATION	39,390.00	17,550.00	21,840.00
33503	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, W/O CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33504	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, W/ CARDIOPULMONARY BYPASS	69,420.00	31,200.00	38,220.00
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)	69,420.00	31,200.00	38,220.00
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA	69,420.00	31,200.00	38,220.00
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	69,420.00	31,200.00	38,220.00
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	69,420.00	31,200.00	38,220.00
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	71,500.00	27,820.00	43,680.00
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	76,440.00	27,300.00	49,140.00
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	76,440.00	27,300.00	49,140.00
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	76,440.00	27,300.00	49,140.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR ARTERIAL GRAFT)	69,420.00	31,200.00	38,220.00
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR ARTERIAL GRAFT)	69,420.00	31,200.00	38,220.00
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR ARTERIAL GRAFT)	71,500.00	27,820.00	43,680.00
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR ARTERIAL GRAFT)	76,440.00	27,300.00	49,140.00
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR ARTERIAL GRAFT)	76,440.00	27,300.00	49,140.00
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)	76,440.00	27,300.00	49,140.00
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)	81,900.00	27,300.00	54,600.00
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	69,420.00	31,200.00	38,220.00
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	69,420.00	31,200.00	38,220.00
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS	71,500.00	27,820.00	43,680.00
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL GRAFTS	76,440.00	27,300.00	49,140.00
33542	MYOCARDIAL RESECTION (E.G., VENTRICULAR ANEURYSMECTOMY)	81,900.00	27,300.00	54,600.00
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, W/ OR W/O MYOCARDIAL RESECTION	81,900.00	27,300.00	54,600.00
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)	12,610.00	7,150.00	5,460.00
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	60,450.00	27,690.00	32,760.00
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	60,450.00	27,690.00	32,760.00
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	69,420.00	31,200.00	38,220.00
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	71,500.00	27,820.00	43,680.00
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (E.G., SINGLE VENTRICLE WITH SUBAORTIC OBSTRUCTION) BY SURGICAL ENLARGEMENT OF INTERVENTRICULAR SEPTAL DEFECT	71,500.00	27,820.00	43,680.00
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	71,500.00	27,820.00	43,680.00
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR WITH REPAIR OF RIGHT VENTRICULAR OUTFLOW TRACT OBSTRUCTION	71,500.00	27,820.00	43,680.00
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)	71,500.00	27,820.00	43,680.00
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (E.G., SINGLE VENTRICLE) BY MODIFIED FONTAN PROCEDURE	71,500.00	27,820.00	43,680.00
33619	REPAIR OF SINGLE VENTRICLE W/ AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA (HYPOPLASTIC LEFT HEART SYNDROME) (E.G., NORWOOD PROCEDURE)	81,900.00	27,300.00	54,600.00
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, W/ CARDIOPULMONARY BYPASS, W/ OR W/O PATCH	60,450.00	27,690.00	32,760.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, W/ OR W/O ANOMALOUS PULMONARY VENOUS DRAINAGE	69,420.00	31,200.00	38,220.00
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, W/ DIRECT OR PATCH CLOSURE	71,500.00	27,820.00	43,680.00
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIAL SEPTAL DEFECT), W/ OR W/O ATRIOVENTRICULAR VALVE REPAIR	71,500.00	27,820.00	43,680.00
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, W/ OR W/O ATRIOVENTRICULAR VALVE REPAIR	71,500.00	27,820.00	43,680.00
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, W/ OR W/O PROSTHETIC VALVE	76,440.00	27,300.00	49,140.00
33681	CLOSURE OF VENTRICULAR SEPTAL DEFECT, W/ OR W/O PATCH;	60,450.00	27,690.00	32,760.00
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, W/ OR W/O PATCH; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)	71,500.00	27,820.00	43,680.00
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, W/ OR W/O PATCH; WITH REMOVAL OF PULMONARY ARTERY BAND, W/ OR W/O GUSSET	71,500.00	27,820.00	43,680.00
33690	BANDING OF PULMONARY ARTERY	27,820.00	14,170.00	13,650.00
33692	COMPLETE REPAIR OF TETRALOGY OF FALLOT W/O PULMONARY ATRESIA;	71,500.00	27,820.00	43,680.00
33694	COMPLETE REPAIR OF TETRALOGY OF FALLOT W/O PULMONARY ATRESIA; WITH TRANSANNULAR PATCH	71,500.00	27,820.00	43,680.00
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	71,500.00	27,820.00	43,680.00
33702	REPAIR SINUS OF VALSALVA FISTULA, W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH REPAIR OF VENTRICULAR SEPTAL DEFECT	71,500.00	27,820.00	43,680.00
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	69,420.00	31,200.00	38,220.00
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	69,420.00	31,200.00	38,220.00
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)	71,500.00	27,820.00	43,680.00
33732	REPAIR OF COR TRIATUM OR SUPRAVALVULAR MITRA RING BY RESECTION OF LEFT ATRIAL MEMBRANE	71,500.00	27,820.00	43,680.00
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY: CLOSED HEART (BLAOCK-HANLON TYPE OPERATION)	27,820.00	14,170.00	13,650.00
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY: OPEN HEART W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY: OPEN HEART W/ INFLOW OCCLUSION	60,450.00	27,690.00	32,760.00
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLAOCK-TAUSSIG TYPE OPERATION)	39,390.00	17,550.00	21,840.00
33764	SHUNT: CENTRAL, W/ PROSTHETIC GRAFT	30,290.00	13,910.00	16,380.00
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSICAL GLENN PROCEDURE)	39,390.00	17,550.00	21,840.00
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)	60,450.00	27,690.00	32,760.00
33770	REPAIR OF TRANSPOSITION OF GREAT ARTERIES W/ VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS; W/O SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT	76,440.00	27,300.00	49,140.00
33771	REPAIR OF TRANSPOSITION OF GREAT ARTERIES W/ VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS; WITH SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT	76,440.00	27,300.00	49,140.00
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (E.G., MUSTARD OR SENNING TYPE) W/ CARDIOPULMONARY BYPASS	76,440.00	27,300.00	49,140.00
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (E.G., MUSTARD OR SENNING TYPE) W/ REMOVAL OF PULMONARY BAND	79,170.00	27,300.00	51,870.00
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (E.G., MUSTARD OR SENNING TYPE) W/ CLOSURE OF VENTRICULAR SEPTAL DEFECT	79,170.00	27,300.00	51,870.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (E.G., MUSTARD OR SENNING TYPE) W/ REPAIR OF SUBPULMONIC OBSTRUCTION	79,170.00	27,300.00	51,870.00
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (E.G., JATENE TYPE)	81,900.00	27,300.00	54,600.00
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (E.G., JATENE TYPE) W/ REMOVAL OF PULMONARY BAND	84,630.00	27,300.00	57,330.00
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (E.G., JATENE TYPE) W/ CLOSURE OF VENTRICULAR SEPTAL DEFECT	92,820.00	27,300.00	65,520.00
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (E.G., JATENE TYPE) W/ REPAIR OF SUBPULMONIC OBSTRUCTION	92,820.00	27,300.00	65,520.00
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	76,440.00	27,300.00	49,140.00
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	71,500.00	27,820.00	43,680.00
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (E.G., FOR TRACHEOMALACIA)	27,820.00	14,170.00	13,650.00
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING)	27,820.00	14,170.00	13,650.00
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING) W/ REANASTOMOSIS	30,290.00	13,910.00	16,380.00
33814	DIVISION OF ABERRANT VESSEL (VASCULAR RING) W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	41,600.00	22,490.00	19,110.00
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS	39,390.00	17,550.00	21,840.00
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER	39,390.00	17,550.00	21,840.00
33840	EXCISION OF COARCTATION OF AORTA, W/ OR W/O ASSOCIATED PATENT DUCTUS ARTERIOSUS; W/ DIRECT ANASTOMOSIS	39,390.00	17,550.00	21,840.00
33845	EXCISION OF COARCTATION OF AORTA, W/ OR W/O ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH GRAFT	39,390.00	17,550.00	21,840.00
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	39,390.00	17,550.00	21,840.00
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; W/O CARDIOPULMONARY BYPASS	39,390.00	17,550.00	21,840.00
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33860	ASCENDING AORTA GRAFT, W/ CARDIOPULMONARY BYPASS, W/ OR W/O VALVE SUSPENSION;	71,500.00	27,820.00	43,680.00
33861	ASCENDING AORTA GRAFT, W/ CARDIOPULMONARY BYPASS, W/ OR W/O VALVE SUSPENSION; W/ CORONARY RECONSTRUCTION	76,440.00	27,300.00	49,140.00
33863	ASCENDING AORTA GRAFT, W/ CARDIOPULMONARY BYPASS, W/ OR W/O VALVE SUSPENSION; W/ AORTIC ROOT REPLACEMENT USING COMPOSITE PROSTHESIS AND CORONARY RECONSTRUCTION	92,820.00	27,300.00	65,520.00
33870	TRANSVERSE ARCH GRAFT, W/ CARDIOPULMONARY BYPASS	92,820.00	27,300.00	65,520.00
33875	DESCENDING THORACIC AORTA GRAFT, W/ OR W/O BYPASS	81,900.00	27,300.00	54,600.00
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM W/ GRAFT, W/ OR W/O CARDIOPULMONARY BYPASS	92,820.00	27,300.00	65,520.00
33910	PULMONARY ARTERY EMBOLECTOMY; W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33915	PULMONARY ARTERY EMBOLECTOMY; W/O CARDIOPULMONARY BYPASS	39,390.00	17,550.00	21,840.00
33916	PULMONARY ENDARTERECTOMY, W/ OR W/O EMBOLECTOMY, W/ CARDIOPULMONARY BYPASS	69,420.00	31,200.00	38,220.00
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION W/ PATCH OR GRAFT	69,420.00	31,200.00	38,220.00
33918	REPAIR OF PULMONARY ATRESIA W/ VENTRICULAR SEPTAL DEFECT, BY UNIFOCALIZATION OF PULMONARY ARTERIES; W/O CARDIOPULMONARY BYPASS	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
33919	REPAIR OF PULMONARY ATRESIA W/ VENTRICULAR SEPTAL DEFECT, BY UNIFOCALIZATION OF PULMONARY ARTERIES; W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
33920	REPAIR OF PULMONARY ATRESIA W/ VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION OR REPLACEMENT OF CONDUIT FROM RIGHT OR LEFT VENTRICLE TO PULMONARY ARTERY	76,440.00	27,300.00	49,140.00
33922	TRANSECTION OF PULMONARY ARTERY W/ CARDIOPULMONARY BYPASS	60,450.00	27,690.00	32,760.00
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)	23,400.00	12,480.00	10,920.00
33930	DONOR CARDIECTOMY-PNEUMONECTOMY, W/ PREPARATION AND MAINTENANCE OF ALLOGRAFT	60,450.00	27,690.00	32,760.00
33935	HEART-LUNG TRANSPLANT W/ RECIPIENT CARDIECTOMY-PNEUMONECTOMY	98,280.00	27,300.00	70,980.00
33940	DONOR CARDIECTOMY, W/ PREPARATION AND MAINTENANCE OF ALLOGRAFT	60,450.00	27,690.00	32,760.00
33945	HEART TRANSPLANT, W/ OR W/O RECIPIENT CARDIECTOMY	98,280.00	27,300.00	70,980.00
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY, OPEN APPROACH	16,770.00	8,580.00	8,190.00
33971	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR OF FEMORAL ARTERY W/ OR W/O GRAFT	12,610.00	7,150.00	5,460.00
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	27,820.00	14,170.00	13,650.00
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA, INCLUDING REPAIR OF THE ASCENDING AORTA, W/ OR W/O GRAFT	39,390.00	17,550.00	21,840.00
33975	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	60,450.00	27,690.00	32,760.00
33976	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	71,500.00	27,820.00	43,680.00
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	49,140.00	21,840.00	27,300.00
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	60,450.00	27,690.00	32,760.00
34001	EMBOLECTOMY OR THROMBECTOMY, W/ OR W/O CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCISION	41,600.00	22,490.00	19,110.00
34051	EMBOLECTOMY OR THROMBECTOMY, W/ OR W/O CATHETER; INNOMINATE, SUBCLAVIAN ARTERY, BY THORACIC INCISION	41,600.00	22,490.00	19,110.00
34101	EMBOLECTOMY OR THROMBECTOMY, W/ OR W/O CATHETER; AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY ARM INCISION	30,290.00	13,910.00	16,380.00
34111	EMBOLECTOMY OR THROMBECTOMY, W/ OR W/O CATHETER; RADIAL OR ULNAR ARTERY, BY ARM INCISION	30,290.00	13,910.00	16,380.00
34151	EMBOLECTOMY OR THROMBECTOMY, W/ OR W/O CATHETER; RENAL, CELIAC, MESENTERY, AORTOILIAC ARTERY, BY ABDOMINAL INCISION	39,390.00	17,550.00	21,840.00
34201	EMBOLECTOMY OR THROMBECTOMY, W/ OR W/O CATHETER; FEMOROPOPLITEAL, AORTOILIAC ARTERY, BY LEG INCISION	30,290.00	13,910.00	16,380.00
34203	EMBOLECTOMY OR THROMBECTOMY, W/ OR W/O CATHETER; POPLITEAL-TIBIO-PERONEAL ARTERY, BY LEG INCISION	30,290.00	13,910.00	16,380.00
34401	THROMBECTOMY, DIRECT OR W/ CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION	39,390.00	17,550.00	21,840.00
34421	THROMBECTOMY, DIRECT OR W/ CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY LEG INCISION	41,600.00	22,490.00	19,110.00
34451	THROMBECTOMY, DIRECT OR W/ CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION	48,880.00	24,310.00	24,570.00
34471	THROMBECTOMY, DIRECT OR W/ CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	41,600.00	22,490.00	19,110.00
34490	THROMBECTOMY, DIRECT OR W/ CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCISION	30,290.00	13,910.00	16,380.00
34501	VALVULOPLASTY, FEMORAL VEIN	39,390.00	17,550.00	21,840.00
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	39,390.00	17,550.00	21,840.00
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	39,390.00	17,550.00	21,840.00
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYTEM	39,390.00	17,550.00	21,840.00
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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	30,290.00	13,910.00	16,380.00
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	39,390.00	17,550.00	21,840.00
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	39,390.00	17,550.00	21,840.00
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	23,400.00	12,480.00	10,920.00
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	30,290.00	13,910.00	16,380.00
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	30,290.00	13,910.00	16,380.00
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 INSERTION	39,390.00	17,550.00	21,840.00
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	23,400.00	12,480.00	10,920.00
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	60,450.00	27,690.00	32,760.00
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	69,420.00	31,200.00	38,220.00
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)	69,420.00	31,200.00	38,220.00
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)	71,500.00	27,820.00	43,680.00
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)	60,450.00	27,690.00	32,760.00
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)	69,420.00	31,200.00	38,220.00
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	60,450.00	27,690.00	32,760.00
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	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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	60,450.00	27,690.00	32,760.00
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	69,420.00	31,200.00	38,220.00
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)	30,290.00	13,910.00	16,380.00
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)	39,390.00	17,550.00	21,840.00
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)	30,290.00	13,910.00	16,380.00
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)	39,390.00	17,550.00	21,840.00
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	39,390.00	17,550.00	21,840.00
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	49,140.00	21,840.00	27,300.00
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	39,390.00	17,550.00	21,840.00
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	49,140.00	21,840.00	27,300.00
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA: HEAD AND NECK	30,290.00	13,910.00	16,380.00
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA: THORAX AND ABDOMEN	39,390.00	17,550.00	21,840.00
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA: EXTREMITIES	30,290.00	13,910.00	16,380.00
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA: HEAD AND NECK	30,290.00	13,910.00	16,380.00
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA: THORAX AND ABDOMEN	39,390.00	17,550.00	21,840.00
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA: EXTREMITIES	30,290.00	13,910.00	16,380.00
35201	REPAIR BLOOD VESSEL, DIRECT: NECK	23,400.00	12,480.00	10,920.00
35206	REPAIR BLOOD VESSEL, DIRECT: UPPER EXTREMITY	23,400.00	12,480.00	10,920.00
35207	REPAIR BLOOD VESSEL, DIRECT: HAND, FINGER	23,400.00	12,480.00	10,920.00
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, W/ BYPASS	60,450.00	27,690.00	32,760.00
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, W/O BYPASS	39,390.00	17,550.00	21,840.00
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	23,400.00	12,480.00	10,920.00
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	23,400.00	12,480.00	10,920.00
35231	REPAIR BLOOD VESSEL W/ VEIN GRAFT; NECK	30,290.00	13,910.00	16,380.00
35236	REPAIR BLOOD VESSEL W/ VEIN GRAFT; UPPER EXTREMITY	23,400.00	12,480.00	10,920.00
35241	REPAIR BLOOD VESSEL W/ VEIN GRAFT; INTRATHORACIC, W/ BYPASS	60,450.00	27,690.00	32,760.00
35246	REPAIR BLOOD VESSEL W/ VEIN GRAFT; INTRATHORACIC, W/O BYPASS	39,390.00	17,550.00	21,840.00
35251	REPAIR BLOOD VESSEL W/ VEIN GRAFT; INTRA-ABDOMINAL	30,290.00	13,910.00	16,380.00
35256	REPAIR BLOOD VESSEL W/ VEIN GRAFT; LOWER EXTREMITY	23,400.00	12,480.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
35261	REPAIR BLOOD VESSEL W/ GRAFT OTHER THAN VEIN; NECK	30,290.00	13,910.00	16,380.00
35266	REPAIR BLOOD VESSEL W/ GRAFT OTHER THAN VEIN; UPPER EXTREMITY	23,400.00	12,480.00	10,920.00
35271	REPAIR BLOOD VESSEL W/ GRAFT OTHER THAN VEIN; INTRATHORACIC, W/ BYPASS	60,450.00	27,690.00	32,760.00
35276	REPAIR BLOOD VESSEL W/ GRAFT OTHER THAN VEIN; INTRATHORACIC, W/O BYPASS	39,390.00	17,550.00	21,840.00
35281	REPAIR BLOOD VESSEL W/ GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	30,290.00	13,910.00	16,380.00
35286	REPAIR BLOOD VESSEL W/ GRAFT OTHER THAN VEIN; LOWER EXTREMITY	23,400.00	12,480.00	10,920.00
35301	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; CAROTID, VERTEBRAL, SUBCLAVIAN, BY NECK INCISION	48,880.00	24,310.00	24,570.00
35311	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; SUBCLAVIAN, INNOMINATE, BY THORACIC INCISION	48,880.00	24,310.00	24,570.00
35321	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; AXILLARY-BRACHIAL	48,880.00	24,310.00	24,570.00
35331	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; ABDOMINAL AORTA	48,880.00	24,310.00	24,570.00
35341	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL	48,880.00	24,310.00	24,570.00
35351	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; ILIAC	39,390.00	17,550.00	21,840.00
35355	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; ILIOFEMORAL	39,390.00	17,550.00	21,840.00
35361	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; COMBINED AORTOILIAC	60,450.00	27,690.00	32,760.00
35363	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; COMBINED AORTOILIOFEMORAL	30,290.00	13,910.00	16,380.00
35371	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; COMMON FEMORAL	30,290.00	13,910.00	16,380.00
35372	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	30,290.00	13,910.00	16,380.00
35381	THROMBOENDARTERECTOMY, W/ OR W/O PATCH GRAFT; FEMORAL AND/OR POPLITEAL, AND/OR TIBIOPERONEAL	39,390.00	17,550.00	21,840.00
35450	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	27,820.00	14,170.00	13,650.00
35452	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC	27,820.00	14,170.00	13,650.00
35454	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC	27,820.00	14,170.00	13,650.00
35456	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	27,820.00	14,170.00	13,650.00
35458	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHES, EACH VESSEL	27,820.00	14,170.00	13,650.00
35459	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	27,820.00	14,170.00	13,650.00
35460	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; VENOUS	27,820.00	14,170.00	13,650.00
35470	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONEAL TRUNK OR BRANCHES, EACH VESSEL	16,770.00	8,580.00	8,190.00
35471	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; RENAL OR VISCERAL ARTERY	16,770.00	8,580.00	8,190.00
35472	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; AORTIC	16,770.00	8,580.00	8,190.00
35473	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; ILIAC	16,770.00	8,580.00	8,190.00
35474	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FEMORAL-POPLITEAL	16,770.00	8,580.00	8,190.00
35475	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC TRUNK OR BRANCHES, EACH VESSEL	16,770.00	8,580.00	8,190.00
35476	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; VENOUS	16,770.00	8,580.00	8,190.00
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	30,290.00	13,910.00	16,380.00
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	30,290.00	13,910.00	16,380.00
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	30,290.00	13,910.00	16,380.00
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	30,290.00	13,910.00	16,380.00
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHES, EACH VESSEL	30,290.00	13,910.00	16,380.00
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	30,290.00	13,910.00	16,380.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL ARTERY	27,820.00	14,170.00	13,650.00
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	27,820.00	14,170.00	13,650.00
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	27,820.00	14,170.00	13,650.00
35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; FEMORAL-POPLITEAL	27,820.00	14,170.00	13,650.00
35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRANCHIOCEPHALIC TRUNK OR BRANCHES, EACH VESSEL	27,820.00	14,170.00	13,650.00
35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANCHES	27,820.00	14,170.00	13,650.00
35501	BYPASS GRAFT, W/ VEIN; CAROTID	48,880.00	24,310.00	24,570.00
35506	BYPASS GRAFT, W/ VEIN; CAROTID-SUBCLAVIAN	48,880.00	24,310.00	24,570.00
35507	BYPASS GRAFT, W/ VEIN; SUBCLAVIAN-CAROTID	48,880.00	24,310.00	24,570.00
35508	BYPASS GRAFT, W/ VEIN; CAROTID-VERTEBRAL	48,880.00	24,310.00	24,570.00
35509	BYPASS GRAFT, W/ VEIN; CAROTID-CAROTID	48,880.00	24,310.00	24,570.00
35511	BYPASS GRAFT, W/ VEIN; SUBCLAVIAN-SUBCLAVIAN	48,880.00	24,310.00	24,570.00
35515	BYPASS GRAFT, W/ VEIN; SUBCLAVIAN-VERTEBRAL	48,880.00	24,310.00	24,570.00
35516	BYPASS GRAFT, W/ VEIN; SUBCLAVIAN-AXILLARY	48,880.00	24,310.00	24,570.00
35518	BYPASS GRAFT, W/ VEIN; AXILLARY-AXILLARY	48,880.00	24,310.00	24,570.00
35521	BYPASS GRAFT, W/ VEIN; AXILLARY-FEMORAL	48,880.00	24,310.00	24,570.00
35526	BYPASS GRAFT, W/ VEIN; AORTOSUBCLAVIAN OR CAROTID	60,450.00	27,690.00	32,760.00
35531	BYPASS GRAFT, W/ VEIN; AORTOCELIAC OR AORTOMESENTERIC	60,450.00	27,690.00	32,760.00
35533	BYPASS GRAFT, W/ VEIN; AXILLARY-FEMORAL-FEMORAL	60,450.00	27,690.00	32,760.00
35536	BYPASS GRAFT, W/ VEIN; SPLENORENAL	60,450.00	27,690.00	32,760.00
35541	BYPASS GRAFT, W/ VEIN; AORTOILIAC OR BI-ILIAC	60,450.00	27,690.00	32,760.00
35546	BYPASS GRAFT, W/ VEIN; AORTOFEMORAL OR BIFEMORAL	60,450.00	27,690.00	32,760.00
35548	BYPASS GRAFT, W/ VEIN; AORTOILLIOFEMORAL, UNILATERAL	60,450.00	27,690.00	32,760.00
35549	BYPASS GRAFT, W/ VEIN; AORTOILLIOFEMORAL, BILATERAL	60,450.00	27,690.00	32,760.00
35551	BYPASS GRAFT, W/ VEIN; AORTOFEMORAL - POPLITEAL	60,450.00	27,690.00	32,760.00
35556	BYPASS GRAFT, W/ VEIN; FEMORAL - POPLITEAL	39,390.00	17,550.00	21,840.00
35558	BYPASS GRAFT, W/ VEIN; FEMORAL-FEMORAL	30,290.00	13,910.00	16,380.00
35560	BYPASS GRAFT, W/ VEIN; AORTORENAL	49,140.00	21,840.00	27,300.00
35563	BYPASS GRAFT, W/ VEIN; ILIOILIAC	39,390.00	17,550.00	21,840.00
35565	BYPASS GRAFT, W/ VEIN; ILIOFEMORAL	39,390.00	17,550.00	21,840.00
35566	BYPASS GRAFT, W/ VEIN; FEMORAL - ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL VESSELS	39,390.00	17,550.00	21,840.00
35571	BYPASS GRAFT, W/ VEIN; POPLITEAL-TIBIAL, PERONEAL ARTERY OR OTHER DISTAL VESSELS	30,290.00	13,910.00	16,380.00
35582	IN-SITU VEIN BYPASS; AORTOFEMORAL-POPLITEAL (ONLY FEMORAL-POPLITEAL PORTION IN-SITU)	60,450.00	27,690.00	32,760.00
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	49,140.00	21,840.00	27,300.00
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	49,140.00	21,840.00	27,300.00
35587	IN-SITU VEIN BYPASS; POPLITEAL -TIBIAL, PERONEAL	49,140.00	21,840.00	27,300.00
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID	48,880.00	24,310.00	24,570.00
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	48,880.00	24,310.00	24,570.00
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	48,880.00	24,310.00	24,570.00
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	48,880.00	24,310.00	24,570.00
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	48,880.00	24,310.00	24,570.00
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	48,880.00	24,310.00	24,570.00
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	60,450.00	27,690.00	32,760.00
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENAL	60,450.00	27,690.00	32,760.00
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL ANASTOMOSIS)	60,450.00	27,690.00	32,760.00
35641	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC OR BI-ILIAC	60,450.00	27,690.00	32,760.00
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	48,880.00	24,310.00	24,570.00
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	48,880.00	24,310.00	24,570.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL	60,450.00	27,690.00	32,760.00
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	48,880.00	24,310.00	24,570.00
35651	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL	60,450.00	27,690.00	32,760.00
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	48,880.00	24,310.00	24,570.00
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	39,390.00	17,550.00	21,840.00
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	30,290.00	13,910.00	16,380.00
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	39,390.00	17,550.00	21,840.00
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	39,390.00	17,550.00	21,840.00
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	39,390.00	17,550.00	21,840.00
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	30,290.00	13,910.00	16,380.00
35681	BYPASS GRAFT, COMPOSITE	60,450.00	27,690.00	32,760.00
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	48,880.00	24,310.00	24,570.00
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	48,880.00	24,310.00	24,570.00
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	48,880.00	24,310.00	24,570.00
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	48,880.00	24,310.00	24,570.00
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)	23,400.00	12,480.00	10,920.00
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), W/ OR W/O LYSIS OF ARTERY; CAROTID ARTERY	23,400.00	12,480.00	10,920.00
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), W/ OR W/O LYSIS OF ARTERY; FEMORAL ARTERY	23,400.00	12,480.00	10,920.00
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), W/ OR W/O LYSIS OF ARTERY; POPLITEAL ARTERY	23,400.00	12,480.00	10,920.00
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), W/ OR W/O LYSIS OF ARTERY; OTHER VESSELS	23,400.00	12,480.00	10,920.00
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	12,610.00	7,150.00	5,460.00
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	23,400.00	12,480.00	10,920.00
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	23,400.00	12,480.00	10,920.00
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMITY	12,610.00	7,150.00	5,460.00
35870	REPAIR OF GRAFT-ENTERIC FISTULA	30,290.00	13,910.00	16,380.00
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT;	30,290.00	13,910.00	16,380.00
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; W/ REVISION OF ARTERIAL OR VENOUS GRAFT	30,290.00	13,910.00	16,380.00
35901	EXCISION OF INFECTED GRAFT; NECK	39,390.00	17,550.00	21,840.00
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	39,390.00	17,550.00	21,840.00
35905	EXCISION OF INFECTED GRAFT; THORAX	49,140.00	21,840.00	27,300.00
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	39,390.00	17,550.00	21,840.00
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	4,732.00	3,640.00	1,092.00
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (E.G., RENAL VEIN, JUGULAR VEIN)	12,090.00	9,360.00	2,730.00
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (E.G., LEFT ADRENAL VEIN, PETROSAL SINUS)	10,426.00	7,150.00	3,276.00
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	10,426.00	7,150.00	3,276.00
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	10,426.00	7,150.00	3,276.00
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	10,972.00	7,150.00	3,822.00
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	10,972.00	7,150.00	3,822.00
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY	12,090.00	9,360.00	2,730.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	12,090.00	9,360.00	2,730.00
36145	INTRODUCTION OF NEEDLE OR INTRACATHETER; ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS (CANNULA, FISTULA, OR GRAFT)	10,738.00	6,370.00	4,368.00
36200	INTRODUCTION OF CATHETER, AORTA	12,090.00	9,360.00	2,730.00
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, W/IN A VASCULAR FAMILY	12,090.00	9,360.00	2,730.00
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, W/IN A VASCULAR FAMILY	12,090.00	9,360.00	2,730.00
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHALIC BRANCH, W/IN A VASCULAR FAMILY	10,426.00	7,150.00	3,276.00
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, W/IN A VASCULAR FAMILY	12,090.00	9,360.00	2,730.00
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, W/IN A VASCULAR FAMILY	12,090.00	9,360.00	2,730.00
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, W/IN A VASCULAR FAMILY	10,426.00	7,150.00	3,276.00
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (E.G., FOR CHEMOTHERAPY OF LIVER)	30,290.00	13,910.00	16,380.00
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	12,610.00	7,150.00	5,460.00
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	12,610.00	7,150.00	5,460.00
36430	OUTPATIENT TRANSFUSION OF BLOOD OR BLOOD PRODUCTS: ONE OR MORE UNITS	4,732.00	3,640.00	1,092.00
36450	EXCHANGE TRANSFUSION, BLOOD	7,384.00	5,200.00	2,184.00
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	12,090.00	9,360.00	2,730.00
36488	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (E.G., FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS OR CUTDOWN	12,610.00	7,150.00	5,460.00
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	4,732.00	3,640.00	1,092.00
36511	THERAPEUTIC APHERESIS	4,732.00	3,640.00	1,092.00
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC)	12,610.00	7,150.00	5,460.00
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	4,732.00	3,640.00	1,092.00
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	7,384.00	5,200.00	2,184.00
36781	PERCUTANEOUSPORTAL VEIN CATHETERIZATION BY ANY METHOD	12,090.00	9,360.00	2,730.00
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE : VEIN TO VEIN	12,090.00	9,360.00	2,730.00
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE : ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)	12,610.00	7,150.00	5,460.00
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE : ARTERIOVENOUS, EXTERNAL REVISION, OR CLOSURE	12,610.00	7,150.00	5,460.00
36821	ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY SITE (E.G., CIMINO TYPE)	12,610.00	7,150.00	5,460.00
36822	INSERTION OF CANNULA(S) FOR PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY (ECMO)	23,400.00	12,480.00	10,920.00
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS ; AUTOGENOUS GRAFT	16,770.00	8,580.00	8,190.00
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS ; NONAUTOGENOUS GRAFT	16,770.00	8,580.00	8,190.00
36832	REVISION OF AN ARTERIOVENOUS FISTULA, W/ OR W/O THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS GRAFT	12,610.00	7,150.00	5,460.00
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM	10,738.00	6,370.00	4,368.00
36835	INSERTION OF THOMAS SHUNT	12,090.00	9,360.00	2,730.00
37140	VENOUS ANASTOMOSIS; PORTOCAVAL	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
37145	VENOUS ANASTOMOSIS: RENOPORTAL	49,140.00	21,840.00	27,300.00
37160	VENOUS ANASTOMOSIS: CAVAL-MESENERIC	39,390.00	17,550.00	21,840.00
37180	VENOUS ANASTOMOSIS: SPLENORENAL, PROXIMAL	48,880.00	24,310.00	24,570.00
37181	VENOUS ANASTOMOSIS: SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRIC VARICES, ANY TECHNIQUE)	49,140.00	21,840.00	27,300.00
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 G	69,420.00	31,200.00	38,220.00
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	60,450.00	27,690.00	32,760.00
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS AND FLUOROSCOPIC GUIDANCE: ONE OR MORE VESSELS	60,450.00	27,690.00	32,760.00
37200	TRANSCATHETER BIOPSY	10,738.00	6,370.00	4,368.00
37201	TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY	10,426.00	7,150.00	3,276.00
37202	TRANSCATHETER THERAPY, INFUSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE (E.G., SPASMOLYTIC, VASOCONSTRICTIVE)	10,426.00	7,150.00	3,276.00
37203	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (E.G., FRACTURED VENOUS OR ARTERIAL CATHETER)	12,610.00	7,150.00	5,460.00
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	60,450.00	27,690.00	32,760.00
37205	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS: INITIAL VESSEL	60,450.00	27,690.00	32,760.00
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), OPEN: INITIAL VESSEL	30,290.00	13,910.00	16,380.00
37565	LIGATION, INTERNAL JUGULAR VEIN	7,384.00	5,200.00	2,184.00
37600	LIGATION: EXTERNAL CAROTID ARTERY	7,384.00	5,200.00	2,184.00
37605	LIGATION: INTERNAL OR COMMON CAROTID ARTERY	23,400.00	12,480.00	10,920.00
37606	LIGATION: INTERNAL OR COMMON CAROTID ARTERY, W/ GRADUAL OCCLUSION, AS W/ SELVERSTONE OR CRUTCHFIELD CAMP	28,522.00	16,510.00	12,012.00
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	12,090.00	9,360.00	2,730.00
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	12,090.00	9,360.00	2,730.00
37615	LIGATION, MAJOR ARTERY (E.G., POST-TRAUMATIC, RUPTURE): NECK	23,400.00	12,480.00	10,920.00
37616	LIGATION, MAJOR ARTERY (E.G., POST-TRAUMATIC, RUPTURE): CHEST	27,820.00	14,170.00	13,650.00
37617	LIGATION, MAJOR ARTERY (E.G., POST-TRAUMATIC, RUPTURE): ABDOMEN	23,400.00	12,480.00	10,920.00
37618	LIGATION, MAJOR ARTERY (E.G., POST-TRAUMATIC, RUPTURE): EXTREMITY	16,770.00	8,580.00	8,190.00
37620	INTERRUPTION, PARTIAL OR COMPLETE, OF INFERIOR VENA CAVA BY SUTURE, LIGATION, PLICATION, CLIP, EXTRAVASCULAR, INTRAVASCULAR (UMBRELLA DEVICE)	30,290.00	13,910.00	16,380.00
37650	LIGATION OF FEMORAL VEIN	12,090.00	9,360.00	2,730.00
37660	LIGATION OF COMMON ILIAC VEIN	16,770.00	8,580.00	8,190.00
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	12,090.00	9,360.00	2,730.00
37720	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	16,770.00	8,580.00	8,190.00
37730	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT SAPHENOUS VEINS	23,400.00	12,480.00	10,920.00
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	27,820.00	14,170.00	13,650.00
37760	LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE), W/ OR W/O SKIN GRAFT	27,820.00	14,170.00	13,650.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOLITEAL JUNCTION	12,610.00	7,150.00	5,460.00
37788	PENILE REVASCULARIZATION, ARTERY, W/ OR W/O VEIN GRAFT	60,450.00	27,690.00	32,760.00
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	30,290.00	13,910.00	16,380.00
38100	SPLENECTOMY; TOTAL	39,962.00	22,490.00	17,472.00
38101	SPLENECTOMY; PARTIAL	30,290.00	13,910.00	16,380.00
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION W/ OTHER PROCEDURE	41,600.00	22,490.00	19,110.00
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) W/ OR W/O PARTIAL SPLENECTOMY	39,390.00	17,550.00	21,840.00
38120	LAPAROSCOPY, SURGICAL; SPLENECTOMY	39,962.00	22,490.00	17,472.00
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION	14,144.00	9,230.00	4,914.00
38220	BONE MARROW ASPIRATION AND/OR BIOPSY	14,144.00	9,230.00	4,914.00
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION	23,400.00	12,480.00	10,920.00
38240	BONE MARROW OR PERIPHERAL BLOOD DERIVED PERIPHERAL STEM CELL TRANSPLANTATION	49,140.00	21,840.00	27,300.00
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS	10,738.00	6,370.00	4,368.00
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	39,390.00	17,550.00	21,840.00
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	39,390.00	17,550.00	21,840.00
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	39,390.00	17,550.00	21,840.00
38500	BIOPSY OR EXCISION OR LYMPH NODE(S); SUPERFICIAL	7,384.00	5,200.00	2,184.00
38505	BIOPSY OR EXCISION OR LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (E.G., CERVICAL, INGUINAL, AXILLARY)	7,384.00	5,200.00	2,184.00
38510	BIOPSY OR EXCISION OR LYMPH NODE(S); DEEP CERVICAL NODE(S)	10,738.00	6,370.00	4,368.00
38520	BIOPSY OR EXCISION OR LYMPH NODE(S); DEEP CERVICAL NODE(S) W/ EXCISION SCALENE FAT PAD	12,090.00	9,360.00	2,730.00
38525	BIOPSY OR EXCISION OR LYMPH NODE(S); DEEP AXILLARY NODE(S)	12,090.00	9,360.00	2,730.00
38530	BIOPSY OR EXCISION OR LYMPH NODE(S); INTERNAL MAMMARY NODE(S)	12,090.00	9,360.00	2,730.00
38542	DISSECTION, DEEP JUGULAR NODE(S)	28,522.00	16,510.00	12,012.00
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; W/O DEEP NEUROVASCULAR DISSECTION	49,140.00	21,840.00	27,300.00
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; W/ DEEP NEUROVASCULAR DISSECTION	60,450.00	27,690.00	32,760.00
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	35,256.00	15,600.00	19,656.00
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	39,390.00	17,550.00	21,840.00
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	76,440.00	27,300.00	49,140.00
38700	SUPRAHYOID LYMPHADENECTOMY	35,256.00	15,600.00	19,656.00
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	39,390.00	17,550.00	21,840.00
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	39,390.00	17,550.00	21,840.00
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	30,290.00	13,910.00	16,380.00
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	39,390.00	17,550.00	21,840.00
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL NODES	49,140.00	21,840.00	27,300.00
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, PARA-AORTIC AND VENAL CAVAL NODES	30,290.00	13,910.00	16,380.00
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE	30,290.00	13,910.00	16,380.00
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY W/ PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES	30,290.00	13,910.00	16,380.00
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES	49,140.00	21,840.00	27,300.00
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC, AORTIC, AND RENAL NODES	49,140.00	21,840.00	27,300.00
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOPSY; CERVICAL APPROACH	23,400.00	12,480.00	10,920.00
39010	TRANSTHORACIC APPROACH, INCLUDING EITHER TRANSTHORACIC OR MEDIAN STERNOTOMY	30,290.00	13,910.00	16,380.00
39200	EXCISION OF MEDIASTINAL CYST	49,140.00	21,840.00	27,300.00
39220	EXCISION OF MEDIASTINAL TUMOR	53,508.00	21,840.00	31,668.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
39400	MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY	19,448.00	9,620.00	9,828.00
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	49,140.00	21,840.00	27,300.00
39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDOPLASTY, VAGOTOMY, AND/OR PYLOROPLASTY, EXCEPT NEONATAL	52,416.00	21,840.00	30,576.00
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION AND WITH OR WITHOUT CREATION OF VENTRAL HERNIA	52,416.00	21,840.00	30,576.00
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC	52,416.00	21,840.00	30,576.00
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINAL	52,416.00	21,840.00	30,576.00
39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINAL, WITH DILATION OF STRICTURE (WITH OR WITHOUT GASTROPLASTY)	52,416.00	21,840.00	30,576.00
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC: ACUTE	52,416.00	21,840.00	30,576.00
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC: CHRONIC	60,450.00	27,690.00	32,760.00
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL, PARALYTIC OR NONPARALYTIC	52,416.00	21,840.00	30,576.00
40490	BIOPSY OF LIP	7,228.00	5,590.00	1,638.00
40500	VERMILIONECTOMY (LIP SHAVE), W/ MUCOSAL ADVANCEMENT	10,426.00	7,150.00	3,276.00
40510	EXCISION OF LIP: TRANSVERSE WEDGE EXCISION W/ PRIMARY CLOSURE	10,426.00	7,150.00	3,276.00
40520	V-EXCISION W/ PRIMARY DEFECT LINEAR CLOSURE;	10,426.00	7,150.00	3,276.00
40525	V-EXCISION W/ PRIMARY DEFECT LINEAR CLOSURE; FULL THICKNESS, RECONSTRUCTION W/ LOCAL FLAP (E.G., ESTLANDER OR FAN)	30,290.00	13,910.00	16,380.00
40527	V-EXCISION W/ PRIMARY DEFECT LINEAR CLOSURE; FULL THICKNESS, RECONSTRUCTION W/ CROSS LIP FLAP (ABBE-ESTLANDER)	39,962.00	22,490.00	17,472.00
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, W/O RECONSTRUCTION	10,738.00	6,370.00	4,368.00
40650	REPAIR LIP, FULL THICKNESS: VERMILION ONLY	12,610.00	7,150.00	5,460.00
40652	REPAIR LIP, FULL THICKNESS: UP TO HALF VERTICAL HEIGHT	12,610.00	7,150.00	5,460.00
40654	REPAIR LIP, FULL THICKNESS: OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	12,610.00	7,150.00	5,460.00
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	49,140.00	21,840.00	27,300.00
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE	49,140.00	21,840.00	27,300.00
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES	39,390.00	17,550.00	21,840.00
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE	39,390.00	17,550.00	21,840.00
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; W/ CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING AND INSERTING OF PEDICLE	49,140.00	21,840.00	27,300.00
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH	7,384.00	5,200.00	2,184.00
40808	BIOPSY, VESTIBULE OF MOUTH	7,384.00	5,200.00	2,184.00
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	7,384.00	5,200.00	2,184.00
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	10,972.00	7,150.00	3,822.00
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	12,090.00	9,360.00	2,730.00
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	7,384.00	5,200.00	2,184.00
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	7,384.00	5,200.00	2,184.00
40840	VESTIBULOPLASTY: ANTERIOR	15,756.00	7,020.00	8,736.00
40842	VESTIBULOPLASTY: POSTERIOR, UNILATERAL	15,756.00	7,020.00	8,736.00
40843	VESTIBULOPLASTY: POSTERIOR, BILATERAL	15,756.00	7,020.00	8,736.00
40844	VESTIBULOPLASTY: ENTIRE ARCH	23,400.00	12,480.00	10,920.00
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	23,400.00	12,480.00	10,920.00
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	7,384.00	5,200.00	2,184.00
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL	7,384.00	5,200.00	2,184.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYLOHYOID	7,384.00	5,200.00	2,184.00
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	7,384.00	5,200.00	2,184.00
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	7,384.00	5,200.00	2,184.00
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE	7,384.00	5,200.00	2,184.00
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS,CYST,OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL	7,384.00	5,200.00	2,184.00
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS,CYST,OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL	7,384.00	5,200.00	2,184.00
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS,CYST,OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR	7,384.00	5,200.00	2,184.00
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS,CYST,OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE	7,384.00	5,200.00	2,184.00
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	7,228.00	5,590.00	1,638.00
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	7,228.00	5,590.00	1,638.00
41108	BIOPSY OF FLOOR OF MOUTH	7,228.00	5,590.00	1,638.00
41110	EXCISION OF LESION OF TONGUE W/O CLOSURE	12,090.00	9,360.00	2,730.00
41112	EXCISION OF LESION OF TONGUE W/ CLOSURE; ANTERIOR TWO-THIRDS	12,090.00	9,360.00	2,730.00
41113	EXCISION OF LESION OF TONGUE W/ CLOSURE; POSTERIOR ONE-THIRD	12,090.00	9,360.00	2,730.00
41114	EXCISION OF LESION OF TONGUE W/ CLOSURE; W/ LOCAL TONGUE FLAP	12,090.00	9,360.00	2,730.00
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	12,090.00	9,360.00	2,730.00
41116	EXCISION, LESION OF FLOOR OF MOUTH	12,090.00	9,360.00	2,730.00
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	10,738.00	6,370.00	4,368.00
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	14,144.00	9,230.00	4,914.00
41135	GLOSSECTOMY; PARTIAL, W/ UNILATERAL RADICAL NECK DISSECTION	49,140.00	21,840.00	27,300.00
41140	GLOSSECTOMY; COMPLETE OR TOTAL, W/ OR W/O TRACHEOSTOMY, W/O RADICAL NECK DISSECTION	49,140.00	21,840.00	27,300.00
41145	GLOSSECTOMY; COMPLETE OR TOTAL, W/ OR W/O TRACHEOSTOMY, W/ UNILATERAL RADICAL NECK DISSECTION	49,140.00	21,840.00	27,300.00
41150	GLOSSECTOMY; COMPOSITE PROCEDURE W/ RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION, W/O RADICAL NECK DISSECTION	52,416.00	21,840.00	30,576.00
41153	GLOSSECTOMY; COMPOSITE PROCEDURE W/ RESECTION FLOOR OF MOUTH, W/ SUPRAHYOID NECK DISSECTION	60,450.00	27,690.00	32,760.00
41155	GLOSSECTOMY; COMPOSITE PROCEDURE W/ RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, AND RADICAL NECK DISSECTION (COMMANDO TYPE)	69,420.00	31,200.00	38,220.00
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE	12,610.00	7,150.00	5,460.00
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	12,610.00	7,150.00	5,460.00
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	12,610.00	7,150.00	5,460.00
41500	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, W/ Z-PLASTY)	12,610.00	7,150.00	5,460.00
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	12,610.00	7,150.00	5,460.00
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, W/ Z-PLASTY)	12,610.00	7,150.00	5,460.00
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	7,384.00	5,200.00	2,184.00
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	4,732.00	3,640.00	1,092.00
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	4,732.00	3,640.00	1,092.00
41820	GINGIVECTOMY, EXCISION GINGIVA	10,426.00	7,150.00	3,276.00
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	10,426.00	7,150.00	3,276.00
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	10,426.00	7,150.00	3,276.00
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	10,426.00	7,150.00	3,276.00
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	10,426.00	7,150.00	3,276.00
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA	10,426.00	7,150.00	3,276.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	10,738.00	6,370.00	4,368.00
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	10,738.00	6,370.00	4,368.00
41870	PERIODONTAL MUCOSAL GRAFTING	10,738.00	6,370.00	4,368.00
41872	GINGIVOPLASTY	23,400.00	12,480.00	10,920.00
41874	ALVEOLOPLASTY	23,400.00	12,480.00	10,920.00
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	10,426.00	7,150.00	3,276.00
42100	BIOPSY OF PALATE, UVULA	7,228.00	5,590.00	1,638.00
42104	EXCISION, LESION OF PALATE , UVULA; W/O CLOSURE	7,384.00	5,200.00	2,184.00
42106	EXCISION, LESION OF PALATE , UVULA; W/ SIMPLE PRIMARY CLOSURE	12,090.00	9,360.00	2,730.00
42107	EXCISION, LESION OF PALATE , UVULA; W/ LOCAL FLAP CLOSURE	12,090.00	9,360.00	2,730.00
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	27,274.00	14,170.00	13,104.00
42140	UVULECTOMY, EXCISION OF UVULA	15,756.00	7,020.00	8,736.00
42145	PALATOPHARYNGOPLASTY (E.G., UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	30,290.00	13,910.00	16,380.00
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	13,702.00	7,150.00	6,552.00
42180	REPAIR, LACERATION OF PALATE: UP TO 2 CM	15,756.00	7,020.00	8,736.00
42182	REPAIR, LACERATION OF PALATE: OVER 2 CM OR COMPLEX	23,400.00	12,480.00	10,920.00
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	27,274.00	14,170.00	13,104.00
42205	PALATOPLASTY FOR CLEFT PALATE, W/ CLOSURE OF ALVEOLAR RIDGE: SOFT TISSUE ONLY	28,366.00	14,170.00	14,196.00
42210	PALATOPLASTY FOR CLEFT PALATE, W/ CLOSURE OF ALVEOLAR RIDGE: W/ BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)	29,458.00	14,170.00	15,288.00
42215	PALATOPLASTY FOR CLEFT PALATE: MAJOR REVISION	30,290.00	13,910.00	16,380.00
42220	PALATOPLASTY FOR CLEFT PALATE: SECONDARY LENGTHENING PROCEDURE	30,290.00	13,910.00	16,380.00
42225	PALATOPLASTY FOR CLEFT PALATE: ATTACHMENT PHARYNGEAL FLAP	39,962.00	22,490.00	17,472.00
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	30,290.00	13,910.00	16,380.00
42227	LENGTHENING OF PALATE, W/ ISLAND FLAP	30,290.00	13,910.00	16,380.00
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	30,290.00	13,910.00	16,380.00
42260	REPAIR OF NASOLABIAL FISTULA	15,756.00	7,020.00	8,736.00
42300	DRAINAGE OF ABSCESS: PAROTID	7,384.00	5,200.00	2,184.00
42310	DRAINAGE OF ABSCESS: SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	7,384.00	5,200.00	2,184.00
42320	DRAINAGE OF ABSCESS: SUBMAXILLARY, EXTERNAL	7,384.00	5,200.00	2,184.00
42325	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA);	7,384.00	5,200.00	2,184.00
42326	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA); W/ PROSTHESIS	12,090.00	9,360.00	2,730.00
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, INTRAORAL	12,090.00	9,360.00	2,730.00
42400	BIOPSY OF SALIVARY GLAND: NEEDLE	7,228.00	5,590.00	1,638.00
42405	BIOPSY OF SALIVARY GLAND: INCISIONAL	7,228.00	5,590.00	1,638.00
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	12,090.00	9,360.00	2,730.00
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	12,090.00	9,360.00	2,730.00
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, W/O NERVE DISSECTION	30,290.00	13,910.00	16,380.00
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, W/ DISSECTION AND PRESERVATION OF FACIAL NERVE	39,390.00	17,550.00	21,840.00
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, W/ DISSECTION AND PRESERVATION OF FACIAL NERVE	39,390.00	17,550.00	21,840.00
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL W/ SACRIFICE OF FACIAL NERVE	39,390.00	17,550.00	21,840.00
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, W/ UNILATERAL RADICAL NECK DISSECTION	49,140.00	21,840.00	27,300.00
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	23,400.00	12,480.00	10,920.00
42450	EXCISION OF SUBLINGUAL GLAND	23,400.00	12,480.00	10,920.00
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	23,400.00	12,480.00	10,920.00
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	23,400.00	12,480.00	10,920.00
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	23,400.00	12,480.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); W/ EXCISION OF ONE SUBMANDIBULAR GLAND	23,400.00	12,480.00	10,920.00
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); W/ EXCISION OF BOTH SUBMANDIBULAR GLANDS	23,400.00	12,480.00	10,920.00
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); W/ LIGATION OF BOTH SUBMANDIBULAR (WHARTONS) DUCTS	23,400.00	12,480.00	10,920.00
42600	CLOSURE SALIVARY FISTULA	10,738.00	6,370.00	4,368.00
42665	LIGATION SALIVARY DUCT, INTRAORAL	10,738.00	6,370.00	4,368.00
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	10,738.00	6,370.00	4,368.00
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH	10,738.00	6,370.00	4,368.00
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH	10,738.00	6,370.00	4,368.00
42800	BIOPSY; OROPHARYNX	10,426.00	7,150.00	3,276.00
42802	BIOPSY; HYPOPHARYNX	10,426.00	7,150.00	3,276.00
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	10,426.00	7,150.00	3,276.00
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	10,426.00	7,150.00	3,276.00
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	10,426.00	7,150.00	3,276.00
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	10,426.00	7,150.00	3,276.00
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES	23,400.00	12,480.00	10,920.00
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX	23,400.00	12,480.00	10,920.00
42820	TONSILLECTOMY AND ADENOIDECTOMY	23,400.00	12,480.00	10,920.00
42825	TONSILLECTOMY, PRIMARY OR SECONDARY	23,400.00	12,480.00	10,920.00
42830	ADENOIDECTOMY, PRIMARY	23,400.00	12,480.00	10,920.00
42835	ADENOIDECTOMY, SECONDARY	23,400.00	12,480.00	10,920.00
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; W/O CLOSURE	13,702.00	7,150.00	6,552.00
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE W/ LOCAL FLAP (E.G., TONGUE, BUCCAL)	15,756.00	7,020.00	8,736.00
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE W/ OTHER FLAP	15,756.00	7,020.00	8,736.00
42860	EXCISION OF TONSIL TAGS	10,426.00	7,150.00	3,276.00
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD	10,426.00	7,150.00	3,276.00
42890	LIMITED PHARYNGECTOMY	49,140.00	21,840.00	27,300.00
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR PHARYNGEAL WALLS	60,450.00	27,690.00	32,760.00
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE W/ MYOCUTANEOUS FLAP	69,420.00	31,200.00	38,220.00
42900	SUTURE PHARYNX FOR WOUND OR INJURY	27,274.00	14,170.00	13,104.00
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	27,274.00	14,170.00	13,104.00
42953	PHARYNGOESOPHAGEAL REPAIR	30,290.00	13,910.00	16,380.00
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	10,426.00	7,150.00	3,276.00
43020	ESOPHAGOTOMY, CERVICAL APPROACH, W/ REMOVAL OF FOREIGN BODY	15,756.00	7,020.00	8,736.00
43030	CRICOPHARYNGEAL MYOTOMY	23,400.00	12,480.00	10,920.00
43045	ESOPHAGOTOMY, THORACIC APPROACH, W/ REMOVAL OF FOREIGN BODY	49,140.00	21,840.00	27,300.00
43100	EXCISION OF LESION, ESOPHAGUS, W/ PRIMARY REPAIR; CERVICAL APPROACH	30,290.00	13,910.00	16,380.00
43101	EXCISION OF LESION, ESOPHAGUS, W/ PRIMARY REPAIR; THORACIC OR ABDOMINAL APPROACH	49,140.00	21,840.00	27,300.00
43107	TOTAL OR NEAR ESOPHAGECTOMY, W/O THORACOTOMY; W/ PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOMY, W/ OR W/O PYLOROPLASTY (TRANSHIATAL)	71,500.00	27,820.00	43,680.00
43108	TOTAL OR NEAR ESOPHAGECTOMY, W/O THORACOTOMY; W/ COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION, INCLUDING BOWEL MOBILIZATION, PREPARATION AND ANASTOMOSIS(ES)	76,440.00	27,300.00	49,140.00
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, W/ THORACOTOMY; W/ PHARYNGOGASTROSTOMY, OR CERVICAL ESOPHAGOGASTROSTOMY, W/ OR W/O PYLOROPLASTY	77,532.00	27,300.00	50,232.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, W/ THORACOTOMY: W/ COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION, INCLUDING BOWEL MOBILIZATION, PREPARATION AND ANASTOMOSIS(ES)	81,900.00	27,300.00	54,600.00
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, W/ FREE INTESTINAL GRAFT, INCLUDING MICROVASCULAR ANASTOMOSIS, OBTAINING THE GRAFT AND INTESTINAL RECONSTRUCTION	71,500.00	27,820.00	43,680.00
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)	71,500.00	27,820.00	43,680.00
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)	76,440.00	27,300.00	49,140.00
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, W/ THORACOTOMY ONLY, W/ OR W/O PROXIMAL GASTRECTOMY, W/ THORACIC ESOPHAGOGASTROTOMY, W/ OR W/O PYLOROPLASTY	71,500.00	27,820.00	43,680.00
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, W/ OR W/O PROXIMAL GASTRECTOMY: W/ ESOPHAGOGASTROTOMY, W/ OR W/O PYLOROPLASTY	71,500.00	27,820.00	43,680.00
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)	76,440.00	27,300.00	49,140.00
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, W/O RECONSTRUCTION (ANY APPROACH), W/ CERVICAL ESOPHAGOSTOMY	60,450.00	27,690.00	32,760.00
43130	DIVERTICULECTOMY OF HYPOPHARYNX, OR ESOPHAGUS, W/ OR W/O MYOTOMY: CERVICAL APPROACH	30,290.00	13,910.00	16,380.00
43135	DIVERTICULECTOMY OF HYPOPHARYNX, OR ESOPHAGUS, W/ OR W/O MYOTOMY: THORACIC APPROACH	49,140.00	21,840.00	27,300.00
43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	13,702.00	7,150.00	6,552.00
43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: W/ BIOPSY, SINGLE OR MULTIPLE	13,702.00	7,150.00	6,552.00
43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: W/ INJECTION SCLEROSIS OF ESOPHAGEAL VARICES	19,448.00	9,620.00	9,828.00
43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: W/ BAND LIGATION OF ESOPHAGEAL VARICES	19,448.00	9,620.00	9,828.00
43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: W/ REMOVAL OF FOREIGN BODY	19,448.00	9,620.00	9,828.00
43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: W/ REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	15,574.00	7,930.00	7,644.00
43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: W/ REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	15,756.00	7,020.00	8,736.00
43219	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: W/ INSERTION OF PLASTIC TUBE OR STENT	23,400.00	12,480.00	10,920.00
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: W/ BALLOON DILATION (LESS THAN 30 MM DIAMETER)	23,400.00	12,480.00	10,920.00
43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: W/ INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE	23,400.00	12,480.00	10,920.00
43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE: W/ CONTROL OF BLEEDING, ANY METHOD	19,448.00	9,620.00	9,828.00
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	23,400.00	12,480.00	10,920.00
43234	UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION (E.G. W/ SMALL DIAMETER FLEXIBLE ENDOSCOPE)	13,702.00	7,150.00	6,552.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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	13,702.00	7,150.00	6,552.00
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; W/ BIOPSY, SINGLE OR MULTIPLE	13,702.00	7,150.00	6,552.00
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; W/ TRANSENDOSCOPIC TUBE OR CATHETER PLACEMENT	15,756.00	7,020.00	8,736.00
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	19,448.00	9,620.00	9,828.00
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	19,448.00	9,620.00	9,828.00
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	23,400.00	12,480.00	10,920.00
43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; W/ DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBE	23,400.00	12,480.00	10,920.00
43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; W/ REMOVAL OR FOREIGN BODY	19,448.00	9,620.00	9,828.00
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	23,400.00	12,480.00	10,920.00
43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; W/ BALLON DILATION OF ESOPHAGUS (LESS THAN 30 MM DIAMETER)	23,400.00	12,480.00	10,920.00
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	15,574.00	7,930.00	7,644.00
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	15,756.00	7,020.00	8,736.00
43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; W/ CONTROL OF BLEEDING, ANY METHOD	19,448.00	9,620.00	9,828.00
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	23,400.00	12,480.00	10,920.00
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; W/ ENDOSCOPIC ULTRASOUND EXAMINATION	19,448.00	9,620.00	9,828.00
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	27,274.00	14,170.00	13,104.00
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); W/ BIOPSY, SINGLE OR MULTIPLE	27,274.00	14,170.00	13,104.00
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); W/ SPHINCTEROTOMY/PAPILLOTOMY	28,366.00	14,170.00	14,196.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); W/ PRESSURE MEASUREMENT OF SPHINCTER OF ODDI (PANCREATIC DUCT OR COMMON BILE DUCT)	28,366.00	14,170.00	14,196.00
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); W/ ENDOSCOPIC RETROGRADE REMOVAL OF STONE(S) FROM BILIARY AND/OR PANCREATIC DUCTS	30,290.00	13,910.00	16,380.00
43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); W/ ENDOSCOPIC RETROGRADE DESTRUCTION, LITHOTRIPSY OF STONE(S), ANY METHOD	39,962.00	22,490.00	17,472.00
43267	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); W/ ENDOSCOPIC RETROGRADE INSERTION OF NASOBILIARY OR NASOPANCREATIC DRAINAGE TUBE	29,458.00	14,170.00	15,288.00
43268	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); W/ ENDOSCOPIC RETROGRADE INSERTION OF TUBE OR STENT INTO BILE OR PANCREATIC DUCT	29,458.00	14,170.00	15,288.00
43269	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); W/ ENDOSCOPIC RETROGRADE REMOVAL OF FOREIGN BODY AND/OR CHANGE OF TUBE OR STENT	29,458.00	14,170.00	15,288.00
43271	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); W/ ENDOSCOPIC RETROGRADE BALLOON DILATION OF AMPULLA, BILIARY AND/OR PANCREATIC DUCT(S)	30,290.00	13,910.00	16,380.00
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	30,290.00	13,910.00	16,380.00
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (E.G., NISSEN, TOUPET PROCEDURES)	60,450.00	27,690.00	32,760.00
43300	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; W/O REPAIR OF TRACHEOESOPHAGEAL FISTULA	39,390.00	17,550.00	21,840.00
43305	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; W/ REPAIR OF TRACHEOESOPHAGEAL FISTULA	39,390.00	17,550.00	21,840.00
43310	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; W/O REPAIR OF TRACHEOESOPHAGEAL FISTULA	60,450.00	27,690.00	32,760.00
43312	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; W/ REPAIR OF TRACHEOESOPHAGEAL FISTULA	69,420.00	31,200.00	38,220.00
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), W/ OR W/O VAGOTOMY AND PYLOROPLASTY, TRANSABDOMINAL OR TRANSTHORACIC APPROACH	60,450.00	27,690.00	32,760.00
43324	ESOPHAGOGASTRIC FUNDOPLASTY (E.G., NISSEN, BELSEY IV, HILL PROCEDURES)	60,450.00	27,690.00	32,760.00
43325	ESOPHAGOGASTRIC FUNDOPLASTY; W/ FUNDIC PATCH (THAL-NISSEN PROCEDURE)	60,450.00	27,690.00	32,760.00
43326	ESOPHAGOGASTRIC FUNDOPLASTY; W/ GASTROPLASTY (E.G., COLLIS)	63,180.00	27,690.00	35,490.00
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	49,140.00	21,840.00	27,300.00
43331	ESOPHAGOMYOTOMY (HELLER TYPE); THORACIC APPROACH	60,450.00	27,690.00	32,760.00
43340	ESOPHAGOJEJUNOSTOMY (W/O TOTAL GASTRECTOMY); ABDOMINAL APPROACH	49,140.00	21,840.00	27,300.00
43341	ESOPHAGOJEJUNOSTOMY (W/O TOTAL GASTRECTOMY); THORACIC APPROACH	60,450.00	27,690.00	32,760.00
43350	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	30,290.00	13,910.00	16,380.00
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	39,390.00	17,550.00	21,840.00
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	15,756.00	7,020.00	8,736.00
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR FOR PREVIOUS ESOPHAGEAL EXCLUSION; W/ STOMACH, W/ OR W/O PYLOROPLASTY	76,440.00	27,300.00	49,140.00
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 ANASTOMOSI	81,900.00	27,300.00	54,600.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	49,140.00	21,840.00	27,300.00
43401	TRANSECTION OF ESOPHAGUS W/ REPAIR, FOR ESOPHAGEAL VARICES	49,140.00	21,840.00	27,300.00
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL PERFORATION	49,140.00	21,840.00	27,300.00
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY: CERVICAL APPROACH	15,756.00	7,020.00	8,736.00
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY: TRANSTHORACIC OR TRANSABDOMINAL APPROACH	49,140.00	21,840.00	27,300.00
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA: CERVICAL APPROACH	15,756.00	7,020.00	8,736.00
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA: TRANSTHORACIC OR TRANSABDOMINAL APPROACH	49,140.00	21,840.00	27,300.00
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	10,738.00	6,370.00	4,368.00
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	10,738.00	6,370.00	4,368.00
43456	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE	10,738.00	6,370.00	4,368.00
43458	DILATION OF ESOPHAGUS W/ BALLOON (30 MM DIAMETER OR LARGER) FOR ACHALASIA	10,738.00	6,370.00	4,368.00
43460	ESOPHAGOGASTRIC TAMPONADE, W/ BALLOON (SENGSTAACKEN TYPE)	12,610.00	7,150.00	5,460.00
43496	FREE JEJUNUM TRANSFER W/ MICROVASCULAR ANASTOMOSIS	76,440.00	27,300.00	49,140.00
43500	GASTROTOMY; W/ EXPLORATION OR FOREIGN BODY REMOVAL	39,390.00	17,550.00	21,840.00
43501	GASTROTOMY; W/ SUTURE REPAIR OF BLEEDING ULCER	49,426.00	24,310.00	25,116.00
43502	GASTROTOMY; W/ SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (E.G., MALLORY-WEISS)	49,426.00	24,310.00	25,116.00
43510	GASTROTOMY; W/ ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINAL TUBE (E.G., CELESTIN OR MOUSSEAU-BARBIN)	49,426.00	24,310.00	25,116.00
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	49,426.00	24,310.00	25,116.00
43600	BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	10,738.00	6,370.00	4,368.00
43605	BIOPSY OF STOMACH; BY LAPAROTOMY	39,390.00	17,550.00	21,840.00
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	49,426.00	24,310.00	25,116.00
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	49,426.00	24,310.00	25,116.00
43620	GASTRECTOMY, TOTAL; W/ ESOPHAGOENTEROSTOMY	81,900.00	27,300.00	54,600.00
43621	GASTRECTOMY, TOTAL; W/ ROUX-EN-Y RECONSTRUCTION	87,360.00	27,300.00	60,060.00
43622	GASTRECTOMY, TOTAL; W/ FORMATION OF INTESTINAL POUCH, ANY TYPE	87,360.00	27,300.00	60,060.00
43631	GASTRECTOMY, PARTIAL, DISTAL; W/ GASTRODUODENOSTOMY	71,500.00	27,820.00	43,680.00
43632	GASTRECTOMY, PARTIAL, DISTAL; W/ GASTROJEJUNOSTOMY	71,500.00	27,820.00	43,680.00
43633	GASTRECTOMY, PARTIAL, DISTAL; W/ ROUX-EN-Y RECONSTRUCTION	81,900.00	27,300.00	54,600.00
43634	GASTRECTOMY, PARTIAL, DISTAL; W/ FORMATION OF INTESTINAL POUCH	81,900.00	27,300.00	54,600.00
43638	GASTRECTOMY, PARTIAL, PROXIMAL, THORACIC OR ABDOMINAL APPROACH INCLUDING ESOPHAGOGASTROSTOMY, W/ VAGOTOMY;	81,900.00	27,300.00	54,600.00
43639	GASTRECTOMY, PARTIAL, PROXIMAL, THORACIC OR ABDOMINAL APPROACH INCLUDING ESOPHAGOGASTROSTOMY, W/ VAGOTOMY; W/ PYLOROPLASTY OR PYLOROMYOTOMY	87,360.00	27,300.00	60,060.00
43640	VAGOTOMY INCLUDING PYLOROPLASTY, W/ OR W/O GASTROSTOMY; TRUNCAL OR SELECTIVE	49,140.00	21,840.00	27,300.00
43641	VAGOTOMY INCLUDING PYLOROPLASTY, W/ OR W/O GASTROSTOMY; PARIETAL CELL (HIGHLY SELECTIVE)	60,450.00	27,690.00	32,760.00
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	23,400.00	12,480.00	10,920.00
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVE, SELECTIVE OR HIGHLY SELECTIVE	28,522.00	16,510.00	12,012.00
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (E.G., STAMM PROCEDURE)	23,400.00	12,480.00	10,920.00
43750	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE	10,426.00	7,150.00	3,276.00
43760	CHANGE OF GASTROSTOMY TUBE	7,228.00	5,590.00	1,638.00
43800	PYLOROPLASTY	49,140.00	21,840.00	27,300.00
43810	GASTRODUODENOSTOMY	81,900.00	27,300.00	54,600.00
43820	GASTROJEJUNOSTOMY; W/O VAGOTOMY	60,450.00	27,690.00	32,760.00
43825	GASTROJEJUNOSTOMY; W/ VAGOTOMY, ANY TYPE	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
43830	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) ;	49,140.00	21,840.00	27,300.00
43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) ; NEONATAL, FOR FEEDING	49,140.00	21,840.00	27,300.00
43832	GASTROSTOMY, PERMANENT, W/ CONSTRUCTION OF GASTRIC TUBE	49,140.00	21,840.00	27,300.00
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY	60,450.00	27,690.00	32,760.00
43842	GASTRIC RESTRICTIVE PROCEDURE, W/O GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY	71,500.00	27,820.00	43,680.00
43843	GASTRIC RESTRICTIVE PROCEDURE, W/O GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY	76,440.00	27,300.00	49,140.00
43846	GASTRIC RESTRICTIVE PROCEDURE, W/ GASTRIC BYPASS FOR MORBID OBESITY; W/ SHORT LIMB (LESS THAN 100 CM) ROUX-EN-Y GASTROENTEROSTOMY	76,440.00	27,300.00	49,140.00
43847	GASTRIC RESTRICTIVE PROCEDURE, W/ GASTRIC BYPASS FOR MORBID OBESITY; W/ SMALL BOWEL RECONSTRUCTION TO LIMIT ABSORPTION	76,440.00	27,300.00	49,140.00
43848	REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY	76,440.00	27,300.00	49,140.00
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) W/ RECONSTRUCTION; W/O VAGOTOMY	76,440.00	27,300.00	49,140.00
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) W/ RECONSTRUCTION; W/ VAGOTOMY	81,900.00	27,300.00	54,600.00
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) W/ RECONSTRUCTION, W/ OR W/O PARTIAL GASTRECTOMY OR BOWEL RESECTION; W/O VAGOTOMY	76,440.00	27,300.00	49,140.00
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) W/ RECONSTRUCTION, W/ OR W/O PARTIAL GASTRECTOMY OR BOWEL RESECTION; W/ VAGOTOMY	81,900.00	27,300.00	54,600.00
43870	CLOSURE OF GASTROSTOMY, SURGICAL	60,450.00	27,690.00	32,760.00
43880	CLOSURE OF GASTROCOLIC FISTULA	76,440.00	27,300.00	49,140.00
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION)	76,440.00	27,300.00	49,140.00
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	69,420.00	31,200.00	38,220.00
44020	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL;	49,140.00	21,840.00	27,300.00
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL; FOR DECOMPRESSION (E.G., BAKER TUBE)	49,140.00	21,840.00	27,300.00
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	49,140.00	21,840.00	27,300.00
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	69,420.00	31,200.00	38,220.00
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT VOLVULUS (E.G., LADD PROCEDURE)	71,500.00	27,820.00	43,680.00
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	23,400.00	12,480.00	10,920.00
44110	EXCISION OF ONE OR MORE LESSIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZATION; SINGLE ENTEROTOMY	49,140.00	21,840.00	27,300.00
44111	EXCISION OF ONE OR MORE LESSIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZATION; MULTIPLE ENTEROTOMIES	60,450.00	27,690.00	32,760.00
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	60,450.00	27,690.00	32,760.00
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; W/ ENTEROSTOMY	60,450.00	27,690.00	32,760.00
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, W/ OR W/O CUTANEOUS ENTEROSTOMY	69,420.00	31,200.00	38,220.00
44140	COLECTOMY, PARTIAL; W/ ANASTOMOSIS	76,440.00	27,300.00	49,140.00
44141	COLECTOMY, PARTIAL; W/ SKIN LEVEL CECOSTOMY OR COLOSTOMY	76,440.00	27,300.00	49,140.00
44143	COLECTOMY, PARTIAL; W/ END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	76,440.00	27,300.00	49,140.00
44144	COLECTOMY, PARTIAL; W/ RESECTION, W/ COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA	76,440.00	27,300.00	49,140.00
44145	COLECTOMY, PARTIAL; W/ COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	73,684.00	27,820.00	45,864.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
44146	COLECTOMY, PARTIAL; W/ COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), W/ COLOSTOMY	76,440.00	27,300.00	49,140.00
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	81,900.00	27,300.00	54,600.00
44150	COLECTOMY, TOTAL, ABDOMINAL, W/O PROCTECTOMY; W/ ILEOSTOMY OR ILEOPROCTOSTOMY	81,900.00	27,300.00	54,600.00
44151	COLECTOMY, TOTAL, ABDOMINAL, W/O PROCTECTOMY; W/ CONTINENT ILEOSTOMY	81,900.00	27,300.00	54,600.00
44152	COLECTOMY, TOTAL, ABDOMINAL, W/O PROCTECTOMY; W/ RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, W/ OR W/O LOOP ILEOSTOMY	87,360.00	27,300.00	60,060.00
44153	COLECTOMY, TOTAL, ABDOMINAL, W/O PROCTECTOMY; W/ RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVIOR (S OR J), W/ OR W/O LOOP ILEOSTOMY	87,360.00	27,300.00	60,060.00
44155	COLECTOMY, TOTAL, ABDOMINAL, W/ PROCTECTOMY; W/ ILEOSTOMY	87,360.00	27,300.00	60,060.00
44156	COLECTOMY, TOTAL, ABDOMINAL, W/ PROCTECTOMY; W/ CONTINENT ILEOSTOMY	87,360.00	27,300.00	60,060.00
44160	COLECTOMY W/ REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	87,360.00	27,300.00	60,060.00
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION)	23,400.00	12,480.00	10,920.00
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (E.G., FOR DECOMPRESSION OR FEEDING)	15,756.00	7,020.00	8,736.00
44187	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (E.G., FOR DECOMPRESSION OR FEEDING); ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	15,756.00	7,020.00	8,736.00
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	23,400.00	12,480.00	10,920.00
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS	30,290.00	13,910.00	16,380.00
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	49,140.00	21,840.00	27,300.00
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	76,440.00	27,300.00	49,140.00
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	49,140.00	21,840.00	27,300.00
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	71,500.00	27,820.00	43,680.00
44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	76,440.00	27,300.00	49,140.00
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	71,500.00	27,820.00	43,680.00
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	76,440.00	27,300.00	49,140.00
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROTECTOMY, WITH ILEOSTOMY	71,500.00	27,820.00	43,680.00
44227	LAPAROSCOPY, SURGICAL; CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	30,290.00	13,910.00	16,380.00
44300	ENTEROSTOMY OR CECOSTOMY, TUBE (E.G., FOR DECOMPRESSION OR FEEDING)	23,400.00	12,480.00	10,920.00
44310	ILEOSTOMY OR JEJUNOSTOMY, NON- TUBE	28,366.00	14,170.00	14,196.00
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR)	30,290.00	13,910.00	16,380.00
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH)	28,366.00	14,170.00	14,196.00
44316	CONTINENT ILEOSTOMY (KOCH PROCEDURE)	39,390.00	17,550.00	21,840.00
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY;	30,290.00	13,910.00	16,380.00
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; W/ MULTIPLE BIOPSIES (E.G., FOR HIRSCHSPRUNG DISEASE)	39,390.00	17,550.00	21,840.00
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR)	30,290.00	13,910.00	16,380.00
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN - DEPTH)	39,390.00	17,550.00	21,840.00
44346	REVISION OF COLOSTOMY; W/ REPAIR OF PARACOLOSTOMY HERNIA	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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	19,448.00	9,620.00	9,828.00
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY, BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; W/ BIOPSY, SINGLE OR MULTIPLE	19,448.00	9,620.00	9,828.00
44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY, BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; W/ REMOVAL OF FOREIGN BODY	23,400.00	12,480.00	10,920.00
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	23,400.00	12,480.00	10,920.00
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	23,400.00	12,480.00	10,920.00
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY, BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; W/ CONTROL OF BLEEDING, ANY METHOD	23,400.00	12,480.00	10,920.00
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	28,522.00	16,510.00	12,012.00
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY, BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; W/ PLACEMENT OF PERCUTANEOUS JEJUNOSTOMY TUBE	28,522.00	16,510.00	12,012.00
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY, BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; W/ CONVERSION OF PERCUTANEOUS GASTROSTOMY TUBE TO PERCUTANEOUS JEJUNOSTOMY TUBE	28,522.00	16,510.00	12,012.00
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	23,400.00	12,480.00	10,920.00
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; W/ BIOPSY, SINGLE OR MULTIPLE	23,400.00	12,480.00	10,920.00
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; W/ CONTROL OF BLEEDING, ANY METHOD	28,522.00	16,510.00	12,012.00
44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	19,448.00	9,620.00	9,828.00
44382	ILEOSCOPY, THROUGH STOMA; W/ BIOPSY, SINGLE OR MULTIPLE	19,448.00	9,620.00	9,828.00
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	19,448.00	9,620.00	9,828.00
44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; W/ BIOPSY, SINGLE OR MULTIPLE	19,448.00	9,620.00	9,828.00
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	19,448.00	9,620.00	9,828.00
44389	COLONOSCOPY THROUGH STOMA; W/ BIOPSY, SINGLE OR MULTIPLE	19,448.00	9,620.00	9,828.00
44390	COLONOSCOPY THROUGH STOMA; W/ REMOVAL OF FOREIGN BODY	23,400.00	12,480.00	10,920.00
44391	COLONOSCOPY THROUGH STOMA; W/ CONTROL OF BLEEDING, ANY METHOD	23,400.00	12,480.00	10,920.00
44392	COLONOSCOPY THROUGH STOMA; W/ REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	23,400.00	12,480.00	10,920.00
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	28,522.00	16,510.00	12,012.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
44394	COLONOSCOPY THROUGH STOMA: W/ REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	28,522.00	16,510.00	12,012.00
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (E.G., MILLER-ABBOTT)	10,426.00	7,150.00	3,276.00
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE: SINGLE PERFORATION	49,140.00	21,840.00	27,300.00
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE: MULTIPLE PERFORATION	49,140.00	21,840.00	27,300.00
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE (SINGLE OR MULTIPLE PERFORATIONS); W/O COLOSTOMY	49,140.00	21,840.00	27,300.00
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE (SINGLE OR MULTIPLE PERFORATIONS); W/ COLOSTOMY	49,140.00	21,840.00	27,300.00
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) W/ OR W/O DILATION, FOR INTESTINAL OBSTRUCTION	49,140.00	21,840.00	27,300.00
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	39,390.00	17,550.00	21,840.00
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; W/ RESECTION AND ANASTOMOSIS	39,390.00	17,550.00	21,840.00
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	39,390.00	17,550.00	21,840.00
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	39,390.00	17,550.00	21,840.00
44660	CLOSURE OF ENTEROVESICAL FISTULA; W/O INTESTINAL OR BLADDER RESECTION	49,140.00	21,840.00	27,300.00
44661	CLOSURE OF ENTEROVESICAL FISTULA; W/ BOWEL AND/OR BLADDER RESECTION	49,140.00	21,840.00	27,300.00
44800	EXCISION OF MECKELS DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENERIC DUCT	23,400.00	12,480.00	10,920.00
44820	EXCISION OF LESION OF MESENTERY	23,400.00	12,480.00	10,920.00
44850	SUTURE OF MESENTERY	15,756.00	7,020.00	8,736.00
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS, TRANSABDOMINAL	13,702.00	7,150.00	6,552.00
44950	APPENDECTOMY;	31,200.00	18,720.00	12,480.00
44960	APPENDECTOMY; FOR RUPTURED APPENDIX W/ ABSCESS OR GENERALIZED PERITONITIS	31,200.00	18,720.00	12,480.00
44970	LAPAROSCOPY, SURGICAL: APPENDECTOMY	31,200.00	18,720.00	12,480.00
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	39,390.00	17,550.00	21,840.00
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	23,400.00	12,480.00	10,920.00
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	39,390.00	17,550.00	21,840.00
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (E.G., CONGENITAL MEGACOLON)	30,290.00	13,910.00	16,380.00
45108	ANORECTAL MYOMECTOMY	39,390.00	17,550.00	21,840.00
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, W/ COLOSTOMY	71,500.00	27,820.00	43,680.00
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH	71,500.00	27,820.00	43,680.00
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (E.G., COLO-ANAL ANASTOMOSIS)	71,500.00	27,820.00	43,680.00
45113	PROCTECTOMY, PARTIAL, W/ RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR (S OR J), W/ OR W/O LOOP ILEOSTOMY	76,440.00	27,300.00	49,140.00
45114	PROCTECTOMY, PARTIAL, W/ ANASTOMOSIS; ABDOMINAL AND TRANSACRAL APPROACH	76,440.00	27,300.00	49,140.00
45116	PROCTECTOMY, PARTIAL, W/ ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TYPE)	71,500.00	27,820.00	43,680.00
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL APPROACH; W/ PULL-THROUGH PROCEDURE AND ANASTOMOSIS (E.G., SWENSON, DUHAMEL, OR SOAVE TYPE OPERATION)	76,440.00	27,300.00	49,140.00
45121	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL APPROACH; W/ SUBTOTAL OR TOTAL COLECTOMY, W/ MULTIPLE BIOPSIES	76,440.00	27,300.00	49,140.00
45123	PROCTECTOMY, PARTIAL, W/O ANASTOMOSIS, PERINEAL APPROACH	71,500.00	27,820.00	43,680.00
45130	EXCISION OF RECTAL PROCIDENTIA, W/ ANATOMOSIS; PERINEAL APPROACH	69,420.00	31,200.00	38,220.00
45135	EXCISION OF RECTAL PROCIDENTIA, W/ ANATOMOSIS; ABDOMINAL AND PERINEAL APPROACH	71,500.00	27,820.00	43,680.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
45150	DIVISION OF STRICTURE OF RECTUM	15,756.00	7,020.00	8,736.00
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCYGEAL APPROACH	71,500.00	27,820.00	43,680.00
45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	23,400.00	12,480.00	10,920.00
45190	DESTRUCTION OF RECTAL TUMOR, ANY METHOD (E.G., ELECTRODESICCATION) TRANSANAL APPROACH	23,400.00	12,480.00	10,920.00
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	10,426.00	7,150.00	3,276.00
45303	PROCTOSIGMOIDOSCOPY, RIGID; W/ DILATION, ANY METHOD	12,610.00	7,150.00	5,460.00
45305	PROCTOSIGMOIDOSCOPY, RIGID; W/ BIOPSY, SINGLE OR MULTIPLE	10,426.00	7,150.00	3,276.00
45307	PROCTOSIGMOIDOSCOPY, RIGID; W/ REMOVAL OF FOREIGN BODY	10,738.00	6,370.00	4,368.00
45308	PROCTOSIGMOIDOSCOPY, RIGID; W/ REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	12,610.00	7,150.00	5,460.00
45309	PROCTOSIGMOIDOSCOPY, RIGID; W/ REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	12,610.00	7,150.00	5,460.00
45315	PROCTOSIGMOIDOSCOPY, RIGID; W/ REMOVAL OF MULTIPLE TUMORS, POLYPS OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	13,702.00	7,150.00	6,552.00
45317	PROCTOSIGMOIDOSCOPY, RIGID; W/ CONTROL OF BLEEDING, ANY METHOD	13,702.00	7,150.00	6,552.00
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)	13,702.00	7,150.00	6,552.00
45321	PROCTOSIGMOIDOSCOPY, RIGID; W/ DECOMPRESSION OF VOLVULUS	13,702.00	7,150.00	6,552.00
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	10,738.00	6,370.00	4,368.00
45331	SIGMOIDOSCOPY, FLEXIBLE; W/ BIOPSY, SINGLE OR MULTIPLE	10,738.00	6,370.00	4,368.00
45332	SIGMOIDOSCOPY, FLEXIBLE; W/ REMOVAL OF FOREIGN BODY	12,610.00	7,150.00	5,460.00
45333	SIGMOIDOSCOPY, FLEXIBLE; W/ REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	12,610.00	7,150.00	5,460.00
45334	SIGMOIDOSCOPY, FLEXIBLE; W/ CONTROL OF BLEEDING, ANY METHOD	13,702.00	7,150.00	6,552.00
45337	SIGMOIDOSCOPY, FLEXIBLE; W/ DECOMPRESSION OF VOLVULUS, ANY METHOD	15,756.00	7,020.00	8,736.00
45338	SIGMOIDOSCOPY, FLEXIBLE; W/ REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	13,702.00	7,150.00	6,552.00
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	15,574.00	7,930.00	7,644.00
45355	COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE	13,702.00	7,150.00	6,552.00
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	15,756.00	7,020.00	8,736.00
45379	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/ REMOVAL OF FOREIGN BODY	15,756.00	7,020.00	8,736.00
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/ BIOPSY, SINGLE OR MULTIPLE	15,756.00	7,020.00	8,736.00
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/ CONTROL OF BLEEDING, ANY METHOD	23,400.00	12,480.00	10,920.00
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	19,448.00	9,620.00	9,828.00
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	19,448.00	9,620.00	9,828.00
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/ REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	23,400.00	12,480.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	71,500.00	27,820.00	43,680.00
45397	LAPAROSCOPY, SURGICAL; PROTECTOMY, COMBINED ABDOMINOPERINEAL PULL THROUGH PROCEDURE (E.G., COLO-ANAL ANASTOMOSIS), WITH CREATION OF COLONIC RESERVOIR (E.G., J-POUCH), WITH DIVERTING ENTEROSTOMY, WHEN PERFORMED	71,500.00	27,820.00	43,680.00
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	35,256.00	15,600.00	19,656.00
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	39,390.00	17,550.00	21,840.00
45500	PROCTOPLASTY: FOR STENOSIS	23,400.00	12,480.00	10,920.00
45505	PROCTOPLASTY: FOR PROLAPSE OF MUCOUS MEMBRANE	23,400.00	12,480.00	10,920.00
45540	PROCTOPEXY FOR PROLAPSE; ABDOMINAL APPROACH	35,256.00	15,600.00	19,656.00
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	35,256.00	15,600.00	19,656.00
45550	PROCTOPEXY COMBINED W/ SIGMOID RESECTION, ABDOMINAL APPROACH	39,390.00	17,550.00	21,840.00
45560	REPAIR OF RECTOCELE	23,400.00	12,480.00	10,920.00
45562	EXPLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	30,290.00	13,910.00	16,380.00
45563	EXPLORATION, REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY; W/ COLOSTOMY	35,256.00	15,600.00	19,656.00
45800	CLOSURE OF RECTOVESICAL FISTULA;	39,390.00	17,550.00	21,840.00
45805	CLOSURE OF RECTOVESICAL FISTULA; W/ COLOSTOMY	49,140.00	21,840.00	27,300.00
45820	CLOSURE OF RECTOURETHRAL FISTULA;	39,390.00	17,550.00	21,840.00
45825	CLOSURE OF RECTOURETHRAL FISTULA; W/ COLOSTOMY	49,140.00	21,840.00	27,300.00
45905	DILATION OF ANAL SPHINCTER UNDER ANESTHESIA OTHER THAN LOCAL	10,738.00	6,370.00	4,368.00
45910	DILATION OF RECTAL STRICTURE UNDER ANESTHESIA OTHER THAN LOCAL	10,738.00	6,370.00	4,368.00
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY UNDER ANESTHESIA	10,738.00	6,370.00	4,368.00
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS	10,738.00	6,370.00	4,368.00
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA	12,610.00	7,150.00	5,460.00
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	10,738.00	6,370.00	4,368.00
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, W/ FISTULECTOMY OR FISTULOTOMY, SUBMUSCULAR, W/ OR W/O PLACEMENT OF SETON	12,610.00	7,150.00	5,460.00
46070	INCISION, ANAL SEPTUM (INFANT)	12,610.00	7,150.00	5,460.00
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER	12,610.00	7,150.00	5,460.00
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	10,426.00	7,150.00	3,276.00
46200	FISSURECTOMY, W/ OR W/O SPHINCTEROTOMY	10,738.00	6,370.00	4,368.00
46210	CRYPTECTOMY: SINGLE	10,738.00	6,370.00	4,368.00
46211	CRYPTECTOMY: MULTIPLE	12,610.00	7,150.00	5,460.00
46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS	10,738.00	6,370.00	4,368.00
46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (E.G., RUBBER BAND)	15,756.00	7,020.00	8,736.00
46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	15,756.00	7,020.00	8,736.00
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	15,756.00	7,020.00	8,736.00
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE;	15,756.00	7,020.00	8,736.00
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; W/ FISSURECTOMY	15,756.00	7,020.00	8,736.00
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; W/ FISTULECTOMY, W/ OR W/O FISSURECTOMY	15,756.00	7,020.00	8,736.00
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;	15,756.00	7,020.00	8,736.00
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE: W/ FISSURECTOMY	15,756.00	7,020.00	8,736.00
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE: W/ FISTULECTOMY, W/ OR W/O FISSURECTOMY	15,756.00	7,020.00	8,736.00
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	15,756.00	7,020.00	8,736.00
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSCULAR	15,756.00	7,020.00	8,736.00
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX OR MULTIPLE, W/ OR W/O PLACEMENT OF SETON	15,756.00	7,020.00	8,736.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE	15,756.00	7,020.00	8,736.00
46288	CLOSURE OF ANAL FISTULA W/ RECTAL ADVANCEMENT FLAP	23,400.00	12,480.00	10,920.00
46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	15,756.00	7,020.00	8,736.00
46600	ANOSCOPY; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	7,384.00	5,200.00	2,184.00
46604	ANOSCOPY; W/ DILATION, ANY METHOD	7,384.00	5,200.00	2,184.00
46606	ANOSCOPY; W/ BIOPSY, SINGLE OR MULTIPLE	7,384.00	5,200.00	2,184.00
46608	ANOSCOPY; W/ REMOVAL OF FOREIGN BODY	7,384.00	5,200.00	2,184.00
46610	ANOSCOPY; W/ REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	10,426.00	7,150.00	3,276.00
46611	ANOSCOPY; W/ REMOVAL OF SINGLE TUMOR, POLYP OR OTHER LESION BY SNARE TECHNIQUE	10,738.00	6,370.00	4,368.00
46612	ANOSCOPY; W/ REMOVAL OF MULTIPLE TUMOR, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	10,738.00	6,370.00	4,368.00
46614	ANOSCOPY; W/ CONTROL OF BLEEDING, ANY METHOD	10,426.00	7,150.00	3,276.00
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	12,610.00	7,150.00	5,460.00
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	16,770.00	8,580.00	8,190.00
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	30,290.00	13,910.00	16,380.00
46715	REPAIR OF LOW IMPERFORATE ANUS; W/ ANOPERINEAL FISTULA ("CUT-BACK" PROCEDURE)	30,290.00	13,910.00	16,380.00
46716	REPAIR OF LOW IMPERFORATE ANUS; W/ TRANSPORTATION OF ANOPERINEAL OR ANOVESTIBULAR FISTULA	49,140.00	21,840.00	27,300.00
46730	REPAIR OF HIGH IMPERFORATE ANUS W/O FISTULA; PERINEAL OR SACROPERINEAL APPROACH	49,140.00	21,840.00	27,300.00
46735	REPAIR OF HIGH IMPERFORATE ANUS W/O FISTULA; COMBINED TRANSABDOMINAL AND SACROPERINEAL APPROACHES	60,450.00	27,690.00	32,760.00
46740	REPAIR OF HIGH IMPERFORATE ANUS W/ RECTOURETHRAL OR RECTOVAGINAL FISTULA; PERINEAL OR SACROPERINEAL APPROACH	39,390.00	17,550.00	21,840.00
46742	REPAIR OF HIGH IMPERFORATE ANUS W/ RECTOURETHRAL OR RECTOVAGINAL FISTULA; COMBINED TRANSABDOMINAL AND SACROPERINEAL APPROACHES	69,420.00	31,200.00	38,220.00
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINEAL APPROACH	76,440.00	27,300.00	49,140.00
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED ABDOMINAL AND SACROPERINEAL APPROACH;	81,900.00	27,300.00	54,600.00
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED ABDOMINAL AND SACROPERINEAL APPROACH; W/ VAGINAL LENGTHENING BY INTESTINAL GRAFT OR PEDICLE FLAPS	81,900.00	27,300.00	54,600.00
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	19,448.00	9,620.00	9,828.00
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	30,290.00	13,910.00	16,380.00
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	12,610.00	7,150.00	5,460.00
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	10,738.00	6,370.00	4,368.00
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	52,416.00	21,840.00	30,576.00
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)	27,274.00	14,170.00	13,104.00
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SPHINCTER	52,416.00	21,840.00	30,576.00
46900	DESTRUCTION OF LESION(S), ANUS (E.G., CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL	10,738.00	6,370.00	4,368.00
46910	DESTRUCTION OF LESION(S), ANUS (E.G., CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION	10,738.00	6,370.00	4,368.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
46916	DESTRUCTION OF LESION(S), ANUS (E.G., CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE: CRYOSURGERY	10,738.00	6,370.00	4,368.00
46917	DESTRUCTION OF LESION(S), ANUS (E.G., CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE: LASER SURGERY	10,738.00	6,370.00	4,368.00
46922	DESTRUCTION OF LESION(S), ANUS (E.G., CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE: SURGICAL EXCISION	10,738.00	6,370.00	4,368.00
46924	DESTRUCTION OF LESION(S), ANUS (E.G., CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE, ANY METHOD	12,610.00	7,150.00	5,460.00
46934	DESTRUCTION OF HEMORRHOIDS, ANY METHOD: INTERNAL	12,610.00	7,150.00	5,460.00
46935	DESTRUCTION OF HEMORRHOIDS, ANY METHOD: EXTERNAL	12,610.00	7,150.00	5,460.00
46936	DESTRUCTION OF HEMORRHOIDS, ANY METHOD: INTERNAL AND EXTERNAL	12,610.00	7,150.00	5,460.00
46937	CRYOSURGERY OF RECTAL TUMOR: BENIGN	12,610.00	7,150.00	5,460.00
46938	CRYOSURGERY OF RECTAL TUMOR: MALIGNANT	12,610.00	7,150.00	5,460.00
46940	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	12,610.00	7,150.00	5,460.00
46945	LIGATION OF INTERNAL HEMORRHOIDS	10,738.00	6,370.00	4,368.00
47000	BIOPSY OF LIVER, NEEDLE: PERCUTANEOUS	10,426.00	7,150.00	3,276.00
47010	HEPATOMY FOR DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	23,400.00	12,480.00	10,920.00
47015	LAPAROTOMY, W/ ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (E.G., AMOEBIC OR ECHINOCOCCAL) CYST(S) OR ABSCESS(ES)	23,400.00	12,480.00	10,920.00
47100	BIOPSY OF LIVER, WEDGE	23,400.00	12,480.00	10,920.00
47120	HEPATECTOMY, RESECTION OF LIVER: PARTIAL LOBECTOMY	69,420.00	31,200.00	38,220.00
47122	HEPATECTOMY, RESECTION OF LIVER: TRISEGMENTECTOMY	71,500.00	27,820.00	43,680.00
47125	HEPATECTOMY, RESECTION OF LIVER: TOTAL LEFT LOBECTOMY	60,450.00	27,690.00	32,760.00
47130	HEPATECTOMY, RESECTION OF LIVER: TOTAL RIGHT LOBECTOMY	69,420.00	31,200.00	38,220.00
47134	DONOR HEPATECTOMY, W/ PREPARATION AND MAINTENANCE OF ALLOGRAFT: PARTIAL, FROM LIVING DONOR	60,450.00	27,690.00	32,760.00
47135	LIVER ALLOTRANSPLANTATION: ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	71,500.00	27,820.00	43,680.00
47136	LIVER ALLOTRANSPLANTATION: HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	71,500.00	27,820.00	43,680.00
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	23,400.00	12,480.00	10,920.00
47350	MANAGEMENT OF LIVER HEMORRHAGE: SIMPLE SUTURE OF LIVER WOUND OR INJURY	30,290.00	13,910.00	16,380.00
47360	MANAGEMENT OF LIVER HEMORRHAGE: COMPLEX SUTURE OF LIVER WOUND OR INJURY, W/ OR W/O HEPATIC ARTERY LIGATION	60,450.00	27,690.00	32,760.00
47361	MANAGEMENT OF LIVER HEMORRHAGE: EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEBRIDEMENT, COAGULATION AND/OR SUTURE, W/ OR W/O PACKING OF LIVER	49,140.00	21,840.00	27,300.00
47362	MANAGEMENT OF LIVER HEMORRHAGE: RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF PACKING	49,140.00	21,840.00	27,300.00
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S): RADIOFREQUENCY	23,400.00	12,480.00	10,920.00
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S): CRYOSURGICAL	23,400.00	12,480.00	10,920.00
47380	ABLATION, OPEN, OF OR MORE LIVER TUMOR(S): RADIOFREQUENCY	12,610.00	7,150.00	5,460.00
47381	ABLATION, OPEN, OF OR MORE LIVER TUMOR(S): CRYOSURGICAL	12,610.00	7,150.00	5,460.00
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS RADIOFREQUENCY	12,610.00	7,150.00	5,460.00
47400	HEPATICOTOMY OR HEPATICOSTOMY W/ EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS	69,420.00	31,200.00	38,220.00
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY W/ EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, W/ OR W/O CHOLECYSTOTOMY: W/O TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY	49,140.00	21,840.00	27,300.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY W/ EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, W/ OR W/O CHOLECYSTOTOMY; W/ TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY	60,450.00	27,690.00	32,760.00
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, W/ OR W/O TRANSDUODENAL EXTRACTION OF CALCULUS	60,450.00	27,690.00	32,760.00
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY W/ EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS	39,390.00	17,550.00	21,840.00
47490	PERCUTANEOUS CHOLECYSTOSTOMY	39,390.00	17,550.00	21,840.00
47510	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE	39,390.00	17,550.00	21,840.00
47511	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIARY DRAINAGE	39,390.00	17,550.00	21,840.00
47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	10,426.00	7,150.00	3,276.00
47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE	10,738.00	6,370.00	4,368.00
47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T- TUBE OR OTHER TRACT; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING AND/OR WASHING	30,290.00	13,910.00	16,380.00
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T- TUBE OR OTHER TRACT; W/ BIOPSY, SINGLE OR MULTIPLE	30,290.00	13,910.00	16,380.00
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T- TUBE OR OTHER TRACT; W/ REMOVAL OF STONE(S)	30,290.00	13,910.00	16,380.00
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T- TUBE OR OTHER TRACT; W/ DILATION OF BILIARY DUCT STRICTURE(S) W/O STENT	30,290.00	13,910.00	16,380.00
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T- TUBE OR OTHER TRACT; W/ DILATION OF BILIARY DUCT STRICTURE(S) W/ STENT	30,290.00	13,910.00	16,380.00
47560	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHOUT BIOPSY	40,300.00	24,180.00	16,120.00
47561	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITH BIOPSY	40,300.00	24,180.00	16,120.00
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD)	40,300.00	24,180.00	16,120.00
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	40,300.00	24,180.00	16,120.00
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	60,450.00	27,690.00	32,760.00
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	40,300.00	24,180.00	16,120.00
47600	CHOLECYSTECTOMY;	40,300.00	24,180.00	16,120.00
47605	CHOLECYSTECTOMY; W/ CHOLANGIOGRAPHY	40,300.00	24,180.00	16,120.00
47610	CHOLECYSTECTOMY W/ EXPLORATION OF COMMON DUCT;	60,450.00	27,690.00	32,760.00
47612	CHOLECYSTECTOMY W/ EXPLORATION OF COMMON DUCT; W/ CHOLEDOCHOENTEROSTOMY	69,420.00	31,200.00	38,220.00
47620	CHOLECYSTECTOMY W/ EXPLORATION OF COMMON DUCT; W/ TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, W/ OR W/O CHOLANGIOGRAPHY	60,450.00	27,690.00	32,760.00
47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T- TUBE TRACT, BASKET, OR SNARE (E.G., BURHENNE TECHNIQUE)	30,290.00	13,910.00	16,380.00
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, W/O REPAIR, W/ OR W/O LIVER BIOPSY, W/ OR W/O CHOLANGIOGRAPHY	69,420.00	31,200.00	38,220.00
47701	PORTOENTEROSTOMY (E.G., KASAI PROCEDURE)	71,500.00	27,820.00	43,680.00
47711	EXCISION OF BILE DUCT TUMOR, W/ OR W/O PRIMARY REPAIR OF BILE DUCT; EXTRAHEPATIC	71,500.00	27,820.00	43,680.00
47712	EXCISION OF BILE DUCT TUMOR, W/ OR W/O PRIMARY REPAIR OF BILE DUCT; INTRAHEPATIC	76,440.00	27,300.00	49,140.00
47715	EXCISION OF CHOLEDOCHAL CYST	71,500.00	27,820.00	43,680.00
47716	ANASTOMOSIS, CHOLEDOCHAL CYST, W/O EXCISION	60,450.00	27,690.00	32,760.00
47720	CHOLECYSTOENTEROSTOMY; DIRECT	49,140.00	21,840.00	27,300.00
47721	CHOLECYSTOENTEROSTOMY; W/ GASTROENTEROSTOMY	60,450.00	27,690.00	32,760.00
47740	ROUX-EN-Y	69,420.00	31,200.00	38,220.00
47741	ROUX-EN-Y W/ GASTROENTEROSTOMY	69,420.00	31,200.00	38,220.00
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	60,450.00	27,690.00	32,760.00
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	69,420.00	31,200.00	38,220.00
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	60,450.00	27,690.00	32,760.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	69,420.00	31,200.00	38,220.00
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS W/ END-TO-END ANASTOMOSIS	60,450.00	27,690.00	32,760.00
47801	PLACEMENT OF CHOLEDOCHAL STENT	49,140.00	21,840.00	27,300.00
47802	U-TUBE HEPATICOENTEROSTOMY	49,140.00	21,840.00	27,300.00
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY	60,450.00	27,690.00	32,760.00
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS	30,290.00	13,910.00	16,380.00
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; W/ CHOLECYSTOSTOMY, GASTROSTOMY, AND JEJUNOSTOMY	60,450.00	27,690.00	32,760.00
48005	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTIZING PANCREATITIS	60,450.00	27,690.00	32,760.00
48020	REMOVAL OF PANCREATIC CALCULUS	49,140.00	21,840.00	27,300.00
48100	BIOPSY OF PANCREAS, OPEN, ANY METHOD (E.G., FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, WEDGE BIOPSY)	15,756.00	7,020.00	8,736.00
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	12,610.00	7,150.00	5,460.00
48120	EXCISION OF LESION OF PANCREAS (E.G., CYST, ADENOMA)	39,390.00	17,550.00	21,840.00
48140	PANCREATECTOMY, DISTAL SUBTOTAL, W/ OR W/O SPLENECTOMY; W/O PANCREATICOJEJUNOSTOMY	60,450.00	27,690.00	32,760.00
48145	PANCREATECTOMY, DISTAL SUBTOTAL, W/ OR W/O SPLENECTOMY; W/ PANCREATICOJEJUNOSTOMY	69,420.00	31,200.00	38,220.00
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W/ PRESERVATION OF DUODENUM (CHILD-TYPE PROCEDURE)	69,420.00	31,200.00	38,220.00
48148	EXCISION OF AMPULLA OF VATER	60,450.00	27,690.00	32,760.00
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL W/ TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); W/ PANCREATOJEJUNOSTOMY	76,440.00	27,300.00	49,140.00
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL W/ TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); W/O PANCREATOJEJUNOSTOMY	71,500.00	27,820.00	43,680.00
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL W/ NEAR TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND DUODENOJEJUNOSTOMY (PYLORUS-SPARING, WHIPPLE-TYPE PROCEDURE); W/ PANCREATOJEJUNOSTOMY	81,900.00	27,300.00	54,600.00
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL W/ NEAR TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND DUODENOJEJUNOSTOMY (PYLORUS-SPARING, WHIPPLE-TYPE PROCEDURE); W/O PANCREATOJEJUNOSTOMY	76,440.00	27,300.00	49,140.00
48155	PANCREATECTOMY, TOTAL	81,900.00	27,300.00	54,600.00
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, W/ AUTOLOGOUS TRANSPLANTATION OF PANCREAS OR PANCREATIC ISLETS	81,900.00	27,300.00	54,600.00
48180	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-TYPE OPERATION)	71,500.00	27,820.00	43,680.00
48500	MARSUPIALIZATION OF CYST OF PANCREAS	39,390.00	17,550.00	21,840.00
48510	EXTERNAL DRAINAGE, PSUEDOCYST OF PANCREAS	30,290.00	13,910.00	16,380.00
48520	INTERNAL ANASTOMOSIS OF PACREATIC CYST TO GASTROINTESTINAL TRACT: DIRECT	60,450.00	27,690.00	32,760.00
48540	INTERNAL ANASTOMOSIS OF PACREATIC CYST TO GASTROINTESTINAL TRACT: ROUX-EN-Y	60,450.00	27,690.00	32,760.00
48545	PANCREATORRHAPHY FOR TRAUMA	69,420.00	31,200.00	38,220.00
48547	DUODENAL EXCLUSION W/ GASTROJEJUNOSTOMY FOR PANCREATIC TRAUMA	69,420.00	31,200.00	38,220.00
48550	DONOR PANCREATECTOMY, W/ PREPARATION AND MAINTENANCE OF ALLOGRAFT FROM CADAVER DONOR, W/ OR W/O DUODENAL SEGMENT FOR TRANSPLANTATION	39,390.00	17,550.00	21,840.00
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	39,390.00	17,550.00	21,840.00
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	30,290.00	13,910.00	16,380.00
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY W/ OR W/O BIOPSY(S)	30,290.00	13,910.00	16,380.00
49010	EXPLORATION, RETROPERITONEAL AREA W/ OR W/O BIOPSY(S)	30,290.00	13,910.00	16,380.00
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS; OPEN	30,290.00	13,910.00	16,380.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
49021	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS; PERCUTANEOUS	10,738.00	6,370.00	4,368.00
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS	30,290.00	13,910.00	16,380.00
49060	DRAINAGE OF RETROPERITONEAL ABSCESS	30,290.00	13,910.00	16,380.00
49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC)	10,426.00	7,150.00	3,276.00
49085	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	30,290.00	13,910.00	16,380.00
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	10,738.00	6,370.00	4,368.00
49200	EXCISION OR DESTRUCTION BY ANY METHOD OF INTRA-ABDOMINAL OR RETROPERITONEAL TUMORS OR CYSTS OR ENDOMETRIOMAS;	49,140.00	21,840.00	27,300.00
49201	EXCISION OR DESTRUCTION BY ANY METHOD OF INTRA-ABDOMINAL OR RETROPERITONEAL TUMORS OR CYSTS OR ENDOMETRIOMAS: EXTENSIVE	69,420.00	31,200.00	38,220.00
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	60,450.00	27,690.00	32,760.00
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)	30,290.00	13,910.00	16,380.00
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS	12,610.00	7,150.00	5,460.00
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM	12,610.00	7,150.00	5,460.00
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	7,384.00	5,200.00	2,184.00
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	12,610.00	7,150.00	5,460.00
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (SINGLE OR MULTIPLE)	15,756.00	7,020.00	8,736.00
49323	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	10,738.00	6,370.00	4,368.00
49420	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS	10,738.00	6,370.00	4,368.00
49425	INSERTION OF PERITONEAL-VEINOUS SHUNT	23,400.00	12,480.00	10,920.00
49495	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, W/ OR W/O HYDROCELECTOMY; REDUCIBLE	27,300.00	16,380.00	10,920.00
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, W/ OR W/O HYDROCELECTOMY; INCARCERATED	27,300.00	16,380.00	10,920.00
49497	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, W/ OR W/O HYDROCELECTOMY; STRANGULATED	27,300.00	16,380.00	10,920.00
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, W/ OR W/O HYDROCELECTOMY; REDUCIBLE	27,300.00	16,380.00	10,920.00
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, W/ OR W/O HYDROCELECTOMY; INCARCERATED	27,300.00	16,380.00	10,920.00
49502	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, W/ OR W/O HYDROCELECTOMY; STRANGULATED	27,300.00	16,380.00	10,920.00
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	27,300.00	16,380.00	10,920.00
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED	27,300.00	16,380.00	10,920.00
49509	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; STRANGULATED	27,300.00	16,380.00	10,920.00
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	27,300.00	16,380.00	10,920.00
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED	27,300.00	16,380.00	10,920.00
49522	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; STRANGULATED	27,300.00	16,380.00	10,920.00
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	27,300.00	16,380.00	10,920.00
49540	REPAIR LUMBAR HERNIA	27,300.00	16,380.00	10,920.00
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	27,300.00	16,380.00	10,920.00
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED	27,300.00	16,380.00	10,920.00
49554	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; STRANGULATED	27,300.00	16,380.00	10,920.00
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	27,300.00	16,380.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED	27,300.00	16,380.00	10,920.00
49558	REPAIR RECURRENT FEMORAL HERNIA; STRANGULATED	27,300.00	16,380.00	10,920.00
49560	REPAIR INITIAL INCISIONAL HERNIA; REDUCIBLE	27,300.00	16,380.00	10,920.00
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED	27,300.00	16,380.00	10,920.00
49562	REPAIR INITIAL INCISIONAL HERNIA; STRANGULATED	27,300.00	16,380.00	10,920.00
49565	REPAIR RECURRENT INCISIONAL HERNIA; REDUCIBLE	27,300.00	16,380.00	10,920.00
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED	27,300.00	16,380.00	10,920.00
49567	REPAIR RECURRENT INCISIONAL HERNIA; STRANGULATED	27,300.00	16,380.00	10,920.00
49570	REPAIR EPIGASTRIC HERNIA (E.G., PREPERITONEAL FAT); REDUCIBLE	27,300.00	16,380.00	10,920.00
49572	REPAIR EPIGASTRIC HERNIA (E.G., PREPERITONEAL FAT); INCARCERATED	27,300.00	16,380.00	10,920.00
49573	REPAIR EPIGASTRIC HERNIA (E.G., PREPERITONEAL FAT); STRANGULATED	27,300.00	16,380.00	10,920.00
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	27,300.00	16,380.00	10,920.00
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED	27,300.00	16,380.00	10,920.00
49583	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; STRANGULATED	27,300.00	16,380.00	10,920.00
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	27,300.00	16,380.00	10,920.00
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED	27,300.00	16,380.00	10,920.00
49588	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; STRANGULATED	27,300.00	16,380.00	10,920.00
49590	REPAIR SPIGELIAN HERNIA	27,300.00	16,380.00	10,920.00
49600	REPAIR OF SMALL OMPHALOCELE, W/ PRIMARY CLOSURE	30,290.00	13,910.00	16,380.00
49605	REPAIR LARGE OMPHALOCELE OR GASTROSCHISIS; W/ OR W/O PROSTHESIS	49,140.00	21,840.00	27,300.00
49606	REPAIR LARGE OMPHALOCELE OR GASTROSCHISIS; W/ REMOVAL OF PROSTHESIS, FINAL REDUCTION AND CLOSURE, IN OPERATING ROOM	39,390.00	17,550.00	21,840.00
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	30,290.00	13,910.00	16,380.00
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	39,390.00	17,550.00	21,840.00
49650	LAPAROSCOPY, SURGICAL; REPAIR OF INITIAL INGUINAL HERNIA	27,300.00	16,380.00	10,920.00
49651	LAPAROSCOPY, SURGICAL; REPAIR OF RECURRENT INGUINAL HERNIA	27,300.00	16,380.00	10,920.00
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	23,400.00	12,480.00	10,920.00
49905	OMENTAL FLAP (E.G., FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	30,290.00	13,910.00	16,380.00
49906	FREE OMENTAL FLAP W/ MICROVASCULAR ANASTOMOSIS	39,390.00	17,550.00	21,840.00
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	27,274.00	14,170.00	13,104.00
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS	23,400.00	12,480.00	10,920.00
50040	NEPHROSTOMY, NEPHROTOMY W/ DRAINAGE	23,400.00	12,480.00	10,920.00
50045	NEPHROTOMY, W/ EXPLORATION	23,400.00	12,480.00	10,920.00
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	35,256.00	15,600.00	19,656.00
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	39,390.00	17,550.00	21,840.00
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	35,256.00	15,600.00	19,656.00
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES (INCLUDING ANATROPHIC PYELOLITHOTOMY)	49,140.00	21,840.00	27,300.00
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, W/ OR W/O DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING, OR BASKET EXTRACTION: UP TO 2 CM	39,390.00	17,550.00	21,840.00
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, W/ OR W/O DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING, OR BASKET EXTRACTION: OVER 2 CM	39,390.00	17,550.00	21,840.00
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS	39,390.00	17,550.00	21,840.00
50120	PYELOTOMY; W/ EXPLORATION	23,400.00	12,480.00	10,920.00
50125	PYELOTOMY; W/ DRAINAGE, PYELOSTOMY	23,400.00	12,480.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
50130	PYELOTOMY; W/ REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING COAGULUM PYEOLITHOTOMY)	30,290.00	13,910.00	16,380.00
50135	PYELOTOMY; COMPLICATED (E.G., SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)	41,054.00	22,490.00	18,564.00
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	10,426.00	7,150.00	3,276.00
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION;	35,256.00	15,600.00	19,656.00
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; COMPLICATED BECAUSE OF PREVIOUS SURGERY ON SAME KIDNEY	39,390.00	17,550.00	21,840.00
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, W/ REGIONAL LYMPHADENECTOMY AND/OR VENA CAVAL THROMBECTOMY	39,390.00	17,550.00	21,840.00
50234	NEPHRECTOMY W/ TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	39,390.00	17,550.00	21,840.00
50236	NEPHRECTOMY W/ TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCISION	39,390.00	17,550.00	21,840.00
50240	NEPHRECTOMY, PARTIAL	35,256.00	15,600.00	19,656.00
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAOPERATIVE ULTRASOUND, IF PERFORMED	12,610.00	7,150.00	5,460.00
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	27,274.00	14,170.00	13,104.00
50290	EXCISION OF PERINEPHRIC CYST	27,274.00	14,170.00	13,104.00
50320	DONOR NEPHRECTOMY, W/ PREPARATION AND MAINTENANCE OF ALLOGRAFT; FROM LIVING DONOR	35,256.00	15,600.00	19,656.00
50340	RECIPIENT NEPHRECTOMY	30,290.00	13,910.00	16,380.00
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	60,450.00	27,690.00	32,760.00
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; W/ RECIPIENT NEPHRECTOMY	79,716.00	27,300.00	52,416.00
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	39,390.00	17,550.00	21,840.00
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	69,420.00	31,200.00	38,220.00
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	7,384.00	5,200.00	2,184.00
50391	INSTILLATION OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH ESTABLISHED NEPHROSTOMY, PYELOSTOMY OR URETEROSTOMY TUBE	12,610.00	7,150.00	5,460.00
50392	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS	12,610.00	7,150.00	5,460.00
50393	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS	12,610.00	7,150.00	5,460.00
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER W/ DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS	10,738.00	6,370.00	4,368.00
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	39,390.00	17,550.00	21,840.00
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, CA	48,334.00	24,310.00	24,024.00
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	30,290.00	13,910.00	16,380.00
50520	CLOSURE OF NEPHROGASTRIC OR PYELOCUTANEOUS FISTULA	23,400.00	12,480.00	10,920.00
50525	CLOSURE OF NEPHROVISCERAL FISTULA (E.G., RENOCOLIC), INCLUDING VISCERAL REPAIR; ABDOMINAL APPROACH	30,290.00	13,910.00	16,380.00
50526	CLOSURE OF NEPHROVISCERAL FISTULA (E.G., RENOCOLIC), INCLUDING VISCERAL REPAIR; THORACIC APPROACH	39,390.00	17,550.00	21,840.00
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY W/ OR W/O PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL (ONE OPERATION)	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	13,702.00	7,150.00	6,552.00
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	12,610.00	7,150.00	5,460.00
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	39,390.00	17,550.00	21,840.00
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	35,256.00	15,600.00	19,656.00
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTAS FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES AND ADRENALECTOMY)	35,256.00	15,600.00	19,656.00
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	30,290.00	13,910.00	16,380.00
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR	30,290.00	13,910.00	16,380.00
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	39,390.00	17,550.00	21,840.00
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, W/ OR W/O IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	11,299.60	7,150.00	4,149.60
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	10,738.00	6,370.00	4,368.00
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, W/ OR W/O IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; W/ BIOPSY	14,144.00	9,230.00	4,914.00
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	10,535.20	7,150.00	3,385.20
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	10,862.80	7,150.00	3,712.80
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	12,610.00	7,150.00	5,460.00
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, W/ OR W/O IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	10,738.00	6,370.00	4,368.00
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	10,738.00	6,370.00	4,368.00
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, W/ OR W/O IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; W/ BIOPSY	10,738.00	6,370.00	4,368.00
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	12,610.00	7,150.00	5,460.00
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	12,610.00	7,150.00	5,460.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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	12,610.00	7,150.00	5,460.00
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	12,610.00	7,150.00	5,460.00
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	23,400.00	12,480.00	10,920.00
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL FREQUENCY	12,610.00	7,150.00	5,460.00
50600	URETEROTOMY W/ EXPLORATION OR DRAINAGE	15,756.00	7,020.00	8,736.00
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	15,756.00	7,020.00	8,736.00
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	28,366.00	14,170.00	14,196.00
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	27,274.00	14,170.00	13,104.00
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	28,366.00	14,170.00	14,196.00
50650	URETERECTOMY, W/ BLADDER CUFF	28,366.00	14,170.00	14,196.00
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR PERINEAL APPROACH	27,274.00	14,170.00	13,104.00
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (E.G., STRICTURE)	28,366.00	14,170.00	14,196.00
50715	URETEROLYSIS, W/ OR W/O REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS	28,366.00	14,170.00	14,196.00
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	27,274.00	14,170.00	13,104.00
50725	URETEROLYSIS FOR RETROCAVAL URETER, W/ REANASTOMOSIS OF UPPER URINARY TRACT OR VENA CAVA	30,290.00	13,910.00	16,380.00
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	29,458.00	14,170.00	15,288.00
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); W/ REPAIR OF FASCIAL DEFECT AND HERNIA	29,458.00	14,170.00	15,288.00
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	30,290.00	13,910.00	16,380.00
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	35,256.00	15,600.00	19,656.00
50760	URETEROURETEROSTOMY	28,366.00	14,170.00	14,196.00
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	35,256.00	15,600.00	19,656.00
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	35,256.00	15,600.00	19,656.00
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	39,390.00	17,550.00	21,840.00
50783	URETERONEOCYSTOSTOMY; W/ EXTENSIVE URETERAL TAILORING	49,140.00	21,840.00	27,300.00
50785	URETERONEOCYSTOSTOMY; W/ VESICO-PSOAS HITCH OR BLADDER FLAP	39,390.00	17,550.00	21,840.00
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	39,962.00	22,490.00	17,472.00
50810	URETEROSIGMOIDOSTOMY, W/ CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF ABDOMINAL OR PERINEAL COLOSTOMY, INCLUDING BOWEL ANASTOMOSIS	49,140.00	21,840.00	27,300.00
50815	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	49,140.00	21,840.00	27,300.00
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL ANASTOMOSIS (BRICKER OPERATION)	52,416.00	21,840.00	30,576.00
50825	CONTINENT DIVERSION, INCLUDING BOWEL ANASTOMOSIS USING ANY SEGMENT OF SMALL AND/OR LARGE BOWEL (KOCK POUCH OR CAMEY ENTEROCYSTOPLASTY)	60,450.00	27,690.00	32,760.00
50830	URINARY UNDIVERSION (E.G., TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOIDOSTOMY OR URETEROENTEROSTOMY W/ URETEROURETEROSTOMY OR URETERONEOCYSTOSTOMY)	49,140.00	21,840.00	27,300.00
50840	REPLACEMENT OF ALL OR PART OF URETER BY BOWEL SEGMENT, INCLUDING BOWEL ANASTOMOSIS	49,140.00	21,840.00	27,300.00
50845	CUTANEOUS APPENDICO-VESICOSTOMY	39,390.00	17,550.00	21,840.00
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	27,274.00	14,170.00	13,104.00
50900	URETERORRHAPHY, SUTURE OF URETER	23,400.00	12,480.00	10,920.00
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	27,274.00	14,170.00	13,104.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	30,290.00	13,910.00	16,380.00
50940	DELIGATION OF URETER	28,366.00	14,170.00	14,196.00
50945	LAPAROSCOPY, SURGICAL: URETEROLITHOTOMY	28,522.00	16,510.00	12,012.00
50947	LAPAROSCOPY, SURGICAL: URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT PLACEMENT	30,290.00	13,910.00	16,380.00
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STENT PLACEMENT	30,290.00	13,910.00	16,380.00
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, W/ OR W/O IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE:	10,738.00	6,370.00	4,368.00
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	10,738.00	6,370.00	4,368.00
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, W/ OR W/O IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE: W/ BIOPSY	10,738.00	6,370.00	4,368.00
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	14,144.00	9,230.00	4,914.00
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 MATERIA	12,610.00	7,150.00	5,460.00
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	15,574.00	7,930.00	7,644.00
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, W/ OR W/O IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE:	10,738.00	6,370.00	4,368.00
50972	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	10,738.00	6,370.00	4,368.00
50974	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, W/ OR W/O IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE: W/ BIOPSY	10,738.00	6,370.00	4,368.00
50976	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	14,144.00	9,230.00	4,914.00
50978	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 MATERIA	12,610.00	7,150.00	5,460.00
50980	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, W/ OR W/O IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; W/ REMOVAL OF FOREIGN BODY OR CALCULUS	15,574.00	7,930.00	7,644.00
51010	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER W/ INSERTION OF SUPRAPUBIC CATHETER	7,384.00	5,200.00	2,184.00
51020	CYSTOTOMY OR CYSTOSTOMY; W/ FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL	12,610.00	7,150.00	5,460.00
51030	CYSTOTOMY OR CYSTOSTOMY; W/ CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	12,610.00	7,150.00	5,460.00
51040	CYSTOSTOMY, CYSTOTOMY W/ DRAINAGE	12,610.00	7,150.00	5,460.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
51045	CYSTOTOMY, W/ INSERTION OF URETERAL CATHETER OR STENT	13,702.00	7,150.00	6,552.00
51050	CYSTOLITHOTOMY, CYSTOTOMY W/ REMOVAL OF CALCULUS, W/O VESICAL NECK RESECTION	16,302.00	7,020.00	9,282.00
51060	TRANSVESICAL URETEROLITHOTOMY	28,366.00	14,170.00	14,196.00
51065	CYSTOTOMY, W/ STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCULUS	28,366.00	14,170.00	14,196.00
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	13,702.00	7,150.00	6,552.00
51500	EXCISION OF URACHAL CYST OR SINUS, W/ OR W/O UMBILICAL HERNIA REPAIR	39,390.00	17,550.00	21,840.00
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK	27,274.00	14,170.00	13,104.00
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE	35,256.00	15,600.00	19,656.00
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	35,256.00	15,600.00	19,656.00
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	30,290.00	13,910.00	16,380.00
51550	CYSTECTOMY, PARTIAL	39,962.00	22,490.00	17,472.00
51555	CYSTECTOMY, COMPLICATED (E.G., POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)	49,140.00	21,840.00	27,300.00
51565	CYSTECTOMY, PARTIAL, W/ REIMPLANTATION OF URETER(S) INTO BLADDER (URETERONEOCYSTOSTOMY)	39,390.00	17,550.00	21,840.00
51570	CYSTECTOMY, COMPLETE;	49,140.00	21,840.00	27,300.00
51575	CYSTECTOMY, COMPLETE; W/ BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES	60,450.00	27,690.00	32,760.00
51580	CYSTECTOMY, COMPLETE, W/ URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS;	52,416.00	21,840.00	30,576.00
51585	CYSTECTOMY, COMPLETE, W/ URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS; W/ BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES	69,420.00	31,200.00	38,220.00
51590	CYSTECTOMY, COMPLETE, W/ URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS;	72,696.00	31,200.00	41,496.00
51595	CYSTECTOMY, COMPLETE, W/ URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS; W/ BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES	72,592.00	27,820.00	44,772.00
51596	CYSTECTOMY, COMPLETE, W/ CONTINENT DIVERSION, ANY TECHNIQUE, USING ANY SEGMENT OF SMALL AND/OR LARGE BOWEL TO CONSTRUCT NEOBLADDER	76,440.00	27,300.00	49,140.00
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	92,820.00	27,300.00	65,520.00
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	10,426.00	7,150.00	3,276.00
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	10,426.00	7,150.00	3,276.00
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	27,274.00	14,170.00	13,104.00
51820	CYSTOURETHROPLASTY W/ UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	35,256.00	15,600.00	19,656.00
51840	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE)	27,274.00	14,170.00	13,104.00
51841	COMPLICATED (E.G., SECONDARY REPAIR)	39,962.00	22,490.00	17,472.00
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, W/ OR W/O ENDOSCOPIC CONTROL (E.G., STAMEY, RAZ, MODIFIED PEREYRA)	27,274.00	14,170.00	13,104.00
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE	15,756.00	7,020.00	8,736.00
51880	CLOSURE OF CYSTOSTOMY	14,144.00	9,230.00	4,914.00
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	30,290.00	13,910.00	16,380.00
51920	CLOSURE OF VESICOUTERINE FISTULA:	30,290.00	13,910.00	16,380.00
51925	CLOSURE OF VESICOUTERINE FISTULA; W/ HYSTERECTOMY	39,390.00	17,550.00	21,840.00
51940	CLOSURE OF BLADDER EXSTROPHY	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
51960	ENTEROCYSTOPLASTY, INCLUDING BOWEL ANASTOMOSIS	39,962.00	22,490.00	17,472.00
51980	CUTANEOUS VESICOSTOMY	15,756.00	7,020.00	8,736.00
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	39,390.00	17,550.00	21,840.00
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (E.G., FASCIA OR SYNTHETIC)	39,390.00	17,550.00	21,840.00
52000	CYSTOURETHROSCOPY	10,738.00	6,370.00	4,368.00
52005	CYSTOURETHROSCOPY, W/ URETERAL CATHETERIZATION, W/ OR W/O IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	12,610.00	7,150.00	5,460.00
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	10,738.00	6,370.00	4,368.00
52010	CYSTOURETHROSCOPY, W/ EJACULATORY DUCT CATHETERIZATION, W/ OR W/O IRRIGATION, INSTILLATION, OR DUCT RADIOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE	10,738.00	6,370.00	4,368.00
52204	CYSTOURETHROSCOPY, W/ BIOPSY	13,702.00	7,150.00	6,552.00
52214	CYSTOURETHROSCOPY, W/ FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA, URETHRA, OR PERIURETHRAL GLANDS	15,574.00	7,930.00	7,644.00
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	15,574.00	7,930.00	7,644.00
52234	CYSTOURETHROSCOPY, W/ FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF: SMALL BLADDER TUMOR(S) (0.5 CM TO 2.0 CM)	27,274.00	14,170.00	13,104.00
52235	CYSTOURETHROSCOPY, W/ FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)	28,912.00	14,170.00	14,742.00
52240	LARGE BLADDER TUMOR(S)	30,290.00	13,910.00	16,380.00
52250	CYSTOURETHROSCOPY W/ INSERTION OF RADIOACTIVE SUBSTANCE, W/ OR W/O BIOPSY OR FULGURATION	39,962.00	22,490.00	17,472.00
52260	CYSTOURETHROSCOPY, W/ DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS: GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	15,574.00	7,930.00	7,644.00
52265	CYSTOURETHROSCOPY, W/ DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS: LOCAL ANESTHESIA	10,426.00	7,150.00	3,276.00
52270	CYSTOURETHROSCOPY, W/ INTERNAL URETHROTOMY; FEMALE	16,770.00	8,580.00	8,190.00
52275	CYSTOURETHROSCOPY, W/ INTERNAL URETHROTOMY; MALE	16,770.00	8,580.00	8,190.00
52276	CYSTOURETHROSCOPY W/ DIRECT VISION INTERNAL URETHROTOMY	16,302.00	7,020.00	9,282.00
52277	CYSTOURETHROSCOPY, W/ RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	15,756.00	7,020.00	8,736.00
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	10,426.00	7,150.00	3,276.00
52283	CYSTOURETHROSCOPY, W/ STEROID INJECTION INTO STRICTURE	10,426.00	7,150.00	3,276.00
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 O	13,702.00	7,150.00	6,552.00
52290	CYSTOURETHROSCOPY: W/ URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	15,574.00	7,930.00	7,644.00
52300	CYSTOURETHROSCOPY: W/ RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	28,522.00	16,510.00	12,012.00
52301	CYSTOURETHROSCOPY: W/ RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	28,522.00	16,510.00	12,012.00
52305	CYSTOURETHROSCOPY: W/ INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE	15,756.00	7,020.00	8,736.00
52310	CYSTOURETHROSCOPY, W/ REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER	13,702.00	7,150.00	6,552.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS: SIMPLE OR SMALL (LESS THAN 2.5 CM)	23,400.00	12,480.00	10,920.00
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS: COMPLICATED OR LARGE (OVER 2.5 CM)	28,522.00	16,510.00	12,012.00
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); W/ REMOVAL OF URETERAL CALCULUS	15,574.00	7,930.00	7,644.00
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); W/ FRAGMENTATION OF URETERAL CALCULUS (E.G., ULTRASONIC OR ELECTRO-HYDRAULIC TECHNIQUE)	23,400.00	12,480.00	10,920.00
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); W/ SUBURETERIC INJECTION OF IMPLANT MATERIAL	12,610.00	7,150.00	5,460.00
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); W/ MANIPULATION, W/O REMOVAL OF URETERAL CALCULUS	13,702.00	7,150.00	6,552.00
52332	CYSTOURETHROSCOPY, W/ INSERTION OF INDWELLING URETERAL STENT (E.G., GIBBONS OR DOUBLE-J TYPE)	13,702.00	7,150.00	6,552.00
52334	CYSTOURETHROSCOPY W/ INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETROGRADE	12,610.00	7,150.00	5,460.00
52335	CYSTOURETHROSCOPY, W/ URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD);	15,756.00	7,020.00	8,736.00
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)	15,756.00	7,020.00	8,736.00
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)	28,522.00	16,510.00	12,012.00
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	28,522.00	16,510.00	12,012.00
52339	CYSTOURETHROSCOPY, W/ URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); W/ RESECTION OF TUMOR	15,756.00	7,020.00	8,736.00
52340	CYSTOURETHROSCOPY W/ INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENITAL OBSTRUCTIVE HYPERTROPHIC MUCOSAL FOLDS	28,522.00	16,510.00	12,012.00
52450	TRANSURETHRAL INCISION OF PROSTATE	30,290.00	13,910.00	16,380.00
52500	TRANSURETHRAL RESECTION OF BLADDER NECK	30,290.00	13,910.00	16,380.00
52510	TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA, ANY METHOD	15,756.00	7,020.00	8,736.00
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)	49,140.00	21,840.00	27,300.00
52606	TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURING AFTER THE USUAL FOLLOW-UP TIME	23,400.00	12,480.00	10,920.00
52612	TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION (PARTIAL RESECTION)	28,522.00	16,510.00	12,012.00
52614	TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION (RESECTION COMPLETED)	28,522.00	16,510.00	12,012.00
52620	TRANSURETHRAL RESECTION: OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTOPERATIVE	27,274.00	14,170.00	13,104.00
52630	TRANSURETHRAL RESECTION: OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE	49,140.00	21,840.00	27,300.00
52640	TRANSURETHRAL RESECTION: OF POSTOPERATIVE BLADDER NECK CONTRACTURE	27,274.00	14,170.00	13,104.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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)	35,256.00	15,600.00	19,656.00
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)	35,256.00	15,600.00	19,656.00
52649	HIGH INTENSITY FOCUSED ULTRASOUND (HIFU) OF THE PROSTATE INCLUDING TRANSURETHRAL RESECTION OF THE PROSTATE (TURP)	49,140.00	21,840.00	27,300.00
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	23,400.00	12,480.00	10,920.00
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL ; PENDULOUS URETHRA	7,384.00	5,200.00	2,184.00
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL ; PERINEAL URETHRA, EXTERNAL	10,738.00	6,370.00	4,368.00
53020	MEATOTOMY, CUTTING OF MEATUS ; EXCEPT INFANT	7,228.00	5,590.00	1,638.00
53025	MEATOTOMY, CUTTING OF MEATUS : INFANT	10,738.00	6,370.00	4,368.00
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	12,090.00	9,360.00	2,730.00
53060	DRAINAGE OF SKENES GLAND ABSCESS OR CYST	7,228.00	5,590.00	1,638.00
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION	10,426.00	7,150.00	3,276.00
53200	BIOPSY OF URETHRA	7,228.00	5,590.00	1,638.00
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	28,522.00	16,510.00	12,012.00
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	28,366.00	14,170.00	14,196.00
53220	EXCISION OF FULGURATION OF CARCINOMA OF URETHRA	12,610.00	7,150.00	5,460.00
53230	EXCISION OF URETHRAL DIVERTICULUM : FEMALE	23,400.00	12,480.00	10,920.00
53235	EXCISION OF URETHRAL DIVERTICULUM : MALE	19,448.00	9,620.00	9,828.00
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	12,090.00	9,360.00	2,730.00
53250	EXCISION OF BULBOURETHRAL GLAND (COWPERS GLAND)	15,756.00	7,020.00	8,736.00
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	7,228.00	5,590.00	1,638.00
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	7,228.00	5,590.00	1,638.00
53270	SKENES GLANDS	7,228.00	5,590.00	1,638.00
53275	SKENES GLANDS URETHRAL PROLAPSE	12,090.00	9,360.00	2,730.00
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (E.G., JOHANNSEN TYPE)	39,390.00	17,550.00	21,840.00
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	35,256.00	15,600.00	19,656.00
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	19,448.00	9,620.00	9,828.00
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA	52,416.00	21,840.00	30,576.00
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE	49,140.00	21,840.00	27,300.00
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE	35,256.00	15,600.00	19,656.00
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	23,400.00	12,480.00	10,920.00
53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, W/ OR W/O INTRODUCTION OF PROSTHESIS	23,400.00	12,480.00	10,920.00
53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE	23,400.00	12,480.00	10,920.00
53443	URETHROPLASTY W/ TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE (E.G., TENAGO, LEADBETTER PROCEDURE)	40,482.00	17,550.00	22,932.00
53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE W/ PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP AND/OR RESERVOIR	48,334.00	24,310.00	24,024.00
53447	REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF	52,416.00	21,840.00	30,576.00
53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE	23,400.00	12,480.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
53450	URETHROMEATOPLASTY, W/ MUCOSAL ADVANCEMENT	10,738.00	6,370.00	4,368.00
53460	URETHROMEATOPLASTY, W/ PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)	10,738.00	6,370.00	4,368.00
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	12,610.00	7,150.00	5,460.00
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	12,610.00	7,150.00	5,460.00
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	13,702.00	7,150.00	6,552.00
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	13,702.00	7,150.00	6,552.00
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE	10,426.00	7,150.00	3,276.00
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE	7,384.00	5,200.00	2,184.00
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	7,384.00	5,200.00	2,184.00
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	7,384.00	5,200.00	2,184.00
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY I.E. TRANSURETHRAL MICROWAVE THERMOTHERAPY (TUMT)	49,140.00	21,840.00	27,300.00
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY ABLATION I.E., TRANSURETHRAL NEEDLE ABLATION (TUNA), TRANSURETHRAL LASER INCISION OF THE PROSTATE (TULIP)	49,140.00	21,840.00	27,300.00
54015	INCISION AND DRAINAGE OF PENIS	4,732.00	3,640.00	1,092.00
54050	DESTRUCTION OF LESION(S), PENIS (E.G., CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), ANY METHOD	4,732.00	3,640.00	1,092.00
54100	BIOPSY OF PENIS	4,555.20	3,900.00	655.20
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	12,090.00	9,360.00	2,730.00
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); W/ GRAFT TO 5 CM IN LENGTH	13,702.00	7,150.00	6,552.00
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); W/ GRAFT GREATER THAN 5 CM IN LENGTH	15,574.00	7,930.00	7,644.00
54115	REMOVAL OF FOREIGN BODY FROM DEEP PENILE TISSUE (E.G., PLASTIC IMPLANT)	10,738.00	6,370.00	4,368.00
54120	AMPUTATION OF PENIS; PARTIAL	13,702.00	7,150.00	6,552.00
54125	AMPUTATION OF PENIS; COMPLETE	27,820.00	14,170.00	13,650.00
54130	AMPUTATION OF PENIS, RADICAL; W/ BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	49,140.00	21,840.00	27,300.00
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY W/ BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	60,450.00	27,690.00	32,760.00
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	1,638.00	546.00	1,092.00
54152	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN	1,638.00	546.00	1,092.00
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN	1,638.00	546.00	1,092.00
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN	1,638.00	546.00	1,092.00
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	7,228.00	5,590.00	1,638.00
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; W/ SURGICAL EXPOSURE OF PLAQUE	7,384.00	5,200.00	2,184.00
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	10,426.00	7,150.00	3,276.00
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (E.G., HYPOSPADIAS), W/ OR W/O MOBILIZATION OF URETHRA	12,610.00	7,150.00	5,460.00
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	19,448.00	9,620.00	9,828.00
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM	30,290.00	13,910.00	16,380.00
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM	30,290.00	13,910.00	16,380.00
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) W/ FREE SKIN GRAFT OBTAINED FROM SITE OTHER THAN GENITALIA	30,290.00	13,910.00	16,380.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (E.G., THIRD STAGE CECIL REPAIR)	15,756.00	7,020.00	8,736.00
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (W/ OR W/O CHORDEE OR CIRCUMCISION); W/ SIMPLE MEATAL ADVANCEMENT (E.G., MAGPI, V-FLAP)	35,256.00	15,600.00	19,656.00
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (W/ OR W/O CHORDEE OR CIRCUMCISION); W/ URETHROPLASTY BY LOCAL SKIN FLAPS (E.G., FLIP-FLAP, PREPUICIAL FLAP)	35,256.00	15,600.00	19,656.00
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (W/ OR W/O CHORDEE OR CIRCUMCISION); W/ URETHROPLASTY BY LOCAL SKIN FLAPS AND MOBILIZATION OF URETHRA	35,256.00	15,600.00	19,656.00
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	39,390.00	17,550.00	21,840.00
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	48,334.00	24,310.00	24,024.00
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY USE OF SKIN GRAFT TUBE AND/OR ISLAND FLAP	48,334.00	24,310.00	24,024.00
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION, SIMPLE	48,334.00	24,310.00	24,024.00
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY W/ FLAP OR PATCH GRAFT	23,400.00	12,480.00	10,920.00
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND URETHROPLASTY W/ FLAP, PATCH OR TUBED GRAFT (INCLUDES URINARY DIVERSION)	27,274.00	14,170.00	13,104.00
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 F	49,140.00	21,840.00	27,300.00
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	39,390.00	17,550.00	21,840.00
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER-W/ INCONTINENCE	48,334.00	24,310.00	24,024.00
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER-W/ EXSTROPHY OF BLADDER	49,140.00	21,840.00	27,300.00
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	15,756.00	7,020.00	8,736.00
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	15,756.00	7,020.00	8,736.00
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (E.G., BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM	10,738.00	6,370.00	4,368.00
54440	PLASTIC OPERATION OF PENIS FOR INJURY	15,756.00	7,020.00	8,736.00
54500	BIOPSY OF TESTIS, NEEDLE	4,555.20	3,900.00	655.20
54505	BIOPSY OF TESTIS, INCISIONAL	7,384.00	5,200.00	2,184.00
54510	EXCISION OF LOCAL LESION OF TESTIS	7,384.00	5,200.00	2,184.00
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), W/ OR W/O TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH	13,702.00	7,150.00	6,552.00
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	14,248.00	7,150.00	7,098.00
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; W/ ABDOMINAL EXPLORATION	16,302.00	7,020.00	9,282.00
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	13,702.00	7,150.00	6,552.00
54560	EXPLORATION FOR UNDESCENDED TESTIS W/ ABDOMINAL EXPLORATION	16,302.00	7,020.00	9,282.00
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, W/ OR W/O FIXATION OF CONTRALATERAL TESTIS	14,248.00	7,150.00	7,098.00
54620	FIXATION OF CONTRALATERAL TESTIS	12,090.00	9,360.00	2,730.00
54640	ORCHIOPEXY, INGUINAL APPROACH, W/ OR W/O HERNIA REPAIR	13,702.00	7,150.00	6,552.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (E.G., FOWLER-STEPHENS)	16,302.00	7,020.00	9,282.00
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	12,610.00	7,150.00	5,460.00
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	10,738.00	6,370.00	4,368.00
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	12,610.00	7,150.00	5,460.00
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	15,574.00	7,930.00	7,644.00
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (E.G., ABSCESS OR HEMATOMA)	5,340.40	4,030.00	1,310.40
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	4,555.20	3,900.00	655.20
54820	EXPLORATION OF EPIDIDYMIS, W/ OR W/O BIOPSY	12,090.00	9,360.00	2,730.00
54830	EXCISION OF LOCAL LESION OF EPIDYDIMIS	7,384.00	5,200.00	2,184.00
54840	EXCISION OF SPERMATOCELE, W/ OR W/O EPIDIDYMECTOMY	10,426.00	7,150.00	3,276.00
54860	EPIDIDYMECTOMY: UNILATERAL	12,090.00	9,360.00	2,730.00
54861	EPIDIDYMECTOMY: BILATERAL	10,972.00	7,150.00	3,822.00
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS: UNILATERAL	13,702.00	7,150.00	6,552.00
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS: BILATERAL	23,400.00	12,480.00	10,920.00
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, W/ OR W/O INJECTION OF MEDICATION	4,555.20	3,900.00	655.20
55040	EXCISION OF HYDROCELE: UNILATERAL	12,610.00	7,150.00	5,460.00
55041	EXCISION OF HYDROCELE: BILATERAL	23,400.00	12,480.00	10,920.00
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	12,610.00	7,150.00	5,460.00
55100	DRAINAGE OF SCROTAL WALL ABSCESS	4,555.20	3,900.00	655.20
55101	DRAINAGE AND DEBRIDEMENT OF FOURNIERS GANGRENE OF THE SCROTUM	12,090.00	9,360.00	2,730.00
55110	SCROTAL EXPLORATION	12,090.00	9,360.00	2,730.00
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	5,340.40	4,030.00	1,310.40
55150	RESECTION OF SCROTUM	7,228.00	5,590.00	1,638.00
55175	SCROTOPLASTY	7,384.00	5,200.00	2,184.00
55200	VASOTOMY, CANNULIZATION W/ OR W/O INCISION OF VAS, UNILATERAL OR BILATERAL	7,384.00	5,200.00	2,184.00
55250	VASECTOMY, UNILATERAL OR BILATERAL	5,200.00	3,900.00	1,300.00
55400	VASOVASOSTOMY, VASOVASORRHAPHY	13,702.00	7,150.00	6,552.00
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL	12,610.00	7,150.00	5,460.00
55520	EXCISION OF LESION OF SPERMATIC CORD	10,738.00	6,370.00	4,368.00
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE:	16,770.00	8,580.00	8,190.00
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE: ABDOMINAL APPROACH	19,448.00	9,620.00	9,828.00
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE: W/ HERNIA REPAIR	19,448.00	9,620.00	9,828.00
55550	LAPAROSCOPY, SURGICAL; WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	19,448.00	9,620.00	9,828.00
55600	VESICULOTOMY:	13,156.00	7,150.00	6,006.00
55650	VESICULECTOMY, ANY APPROACH	23,400.00	12,480.00	10,920.00
55680	EXCISION OF MULLERIAN DUCT CYST	23,400.00	12,480.00	10,920.00
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	12,090.00	9,360.00	2,730.00
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH	7,384.00	5,200.00	2,184.00
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY)	50,518.00	24,310.00	26,208.00
55810	PROSTATECTOMY, PERINEAL RADICAL:	60,450.00	27,690.00	32,760.00
55812	PROSTATECTOMY, PERINEAL RADICAL; W/ LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	62,634.00	27,690.00	34,944.00
55815	PROSTATECTOMY, PERINEAL RADICAL; W/ BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	62,634.00	27,690.00	34,944.00
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY); SUPRAPUBIC, SUBTOTAL, ONE OR TWO STAGES	50,518.00	24,310.00	26,208.00
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY); RETROPUBIC, SUBTOTAL	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
55840	PROSTATECTOMY, RETROPUBIC RADICAL, W/ OR W/O NERVE SPARING:	60,450.00	27,690.00	32,760.00
55842	PROSTATECTOMY, RETROPUBIC RADICAL, W/ OR W/O NERVE SPARING: W/ LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	62,634.00	27,690.00	34,944.00
55845	PROSTATECTOMY, RETROPUBIC RADICAL, W/ OR W/O NERVE SPARING: W/ BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES	62,634.00	27,690.00	34,944.00
55859	TRANSPERINEAL PLACEMENT OF NEEDLES, CATHETERS OR PELLETS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY, ULTRASOUND OR CT SCAN GUIDANCE	23,400.00	12,480.00	10,920.00
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE:	12,610.00	7,150.00	5,460.00
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE: W/ LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	23,400.00	12,480.00	10,920.00
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE: W/ BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	30,290.00	13,910.00	16,380.00
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	60,450.00	27,690.00	32,760.00
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (CRYOTHERAPY OF THE PROSTATE)	71,500.00	27,820.00	43,680.00
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	7,228.00	5,590.00	1,638.00
56420	INCISION AND DRAINAGE OF BARTHOLINS GLAND ABSCESS	12,090.00	9,360.00	2,730.00
56440	MARSUPIALIZATION OF BARTHOLINS GLAND CYST	12,610.00	7,150.00	5,460.00
56441	LYSIS OF LABIAL ADHESIONS	12,090.00	9,360.00	2,730.00
56501	DESTRUCTION OF LESION(S), VULVA: ANY METHOD	12,090.00	9,360.00	2,730.00
56605	BIOPSY OF VULVA OR PERINEUM : ONE LESION	12,090.00	9,360.00	2,730.00
56620	VULVECTOMY SIMPLE: PARTIAL	15,756.00	7,020.00	8,736.00
56625	VULVECTOMY SIMPLE: COMPLETE	30,290.00	13,910.00	16,380.00
56630	VULVECTOMY, RADICAL, PARTIAL:	35,256.00	15,600.00	19,656.00
56631	VULVECTOMY, RADICAL, PARTIAL: W/ UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	39,390.00	17,550.00	21,840.00
56632	VULVECTOMY, RADICAL, PARTIAL: W/ BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	49,140.00	21,840.00	27,300.00
56633	VULVECTOMY, RADICAL, COMPLETE:	60,450.00	27,690.00	32,760.00
56634	VULVECTOMY, RADICAL, COMPLETE: W/ UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	69,420.00	31,200.00	38,220.00
56637	VULVECTOMY, RADICAL, COMPLETE: W/ BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	71,500.00	27,820.00	43,680.00
56640	VULVECTOMY, RADICAL, COMPLETE, W/ INGUINOFEMORAL, ILIAC, AND PELVIC LYMPHADENECTOMY	76,440.00	27,300.00	49,140.00
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	12,610.00	7,150.00	5,460.00
56720	HYMENOTOMY, SIMPLE INCISION	12,090.00	9,360.00	2,730.00
56740	EXCISION OF BARTHOLINS GLAND OR CYST	12,610.00	7,150.00	5,460.00
57000	COLPOTOMY: W/ EXPLORATION	15,756.00	7,020.00	8,736.00
57020	COLPOCENTESIS	7,384.00	5,200.00	2,184.00
57061	DESTRUCTION OF VAGINAL LESION(S)	7,384.00	5,200.00	2,184.00
57100	BIOPSY OF VAGINAL MUCOSA	7,384.00	5,200.00	2,184.00
57108	COLPECTOMY, OBLITERATION OF VAGINA: PARTIAL	30,290.00	13,910.00	16,380.00
57110	COLPECTOMY, OBLITERATION OF VAGINA: COMPLETE	39,390.00	17,550.00	21,840.00
57120	COLPOCLEISIS (LE FORT TYPE)	35,256.00	15,600.00	19,656.00
57130	EXCISION OF VAGINAL SEPTUM	12,090.00	9,360.00	2,730.00
57135	EXCISION OF VAGINAL CYST OR TUMOR	12,610.00	7,150.00	5,460.00
57155	INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	12,610.00	7,150.00	5,460.00
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	10,426.00	7,150.00	3,276.00
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	13,702.00	7,150.00	6,552.00
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (E.G., KELLY URETHRAL PLICATION)	15,756.00	7,020.00	8,736.00
57230	PLASTIC REPAIR OF URETHROCELE	15,756.00	7,020.00	8,736.00
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE W/ OR W/O REPAIR OF URETHROCELE	27,274.00	14,170.00	13,104.00
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE W/ OR W/O PERINEORRHAPHY	27,274.00	14,170.00	13,104.00
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY:	30,290.00	13,910.00	16,380.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; W/ ENTEROCELE REPAIR	39,390.00	17,550.00	21,840.00
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH	30,290.00	13,910.00	16,380.00
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH	35,256.00	15,600.00	19,656.00
57280	COLPOPEXY, ABDOMINAL APPROACH	35,256.00	15,600.00	19,656.00
57282	SACROSPINOUS LIGAMENT FIXATION FOR PROLAPSE OF VAGINA	35,256.00	15,600.00	19,656.00
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE, AND/OR INCOMPLETE VAGINAL PROLAPSE)	35,256.00	15,600.00	19,656.00
57288	SLING OPERATION FOR STRESS INCONTINENCE (E.G., FASCIA OR SYNTHETIC)	39,390.00	17,550.00	21,840.00
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	39,390.00	17,550.00	21,840.00
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	27,274.00	14,170.00	13,104.00
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	30,290.00	13,910.00	16,380.00
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, W/ CONCOMITANT COLOSTOMY	39,390.00	17,550.00	21,840.00
57310	CLOSURE OF URETHROVAGINAL FISTULA;	27,274.00	14,170.00	13,104.00
57311	CLOSURE OF URETHROVAGINAL FISTULA; W/ BULBOCAVERNOSUS TRANSPLANT	39,390.00	17,550.00	21,840.00
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	30,290.00	13,910.00	16,380.00
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	39,390.00	17,550.00	21,840.00
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY UNDER ANESTHESIA	10,738.00	6,370.00	4,368.00
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	35,256.00	15,600.00	19,656.00
57452	COLPOSCOPY (VAGINOSCOPY)	10,426.00	7,150.00	3,276.00
57454	COLPOSCOPY; W/ BIOPSY(S) OF THE CERVIX AND/OR ENDOCERVICAL CURETTAGE	10,738.00	6,370.00	4,368.00
57460	COLPOSCOPY; W/ LOOP ELECTRODE EXCISION PROCEDURE OF THE CERVIX	12,610.00	7,150.00	5,460.00
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, W/ OR W/O FULGURATION	7,384.00	5,200.00	2,184.00
57510	CAUTERIZATION OF CERVIX; ANY METHOD	7,384.00	5,200.00	2,184.00
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	12,610.00	7,150.00	5,460.00
57522	CONIZATION OF CERVIX, W/ OR W/O FULGURATION, W/ OR W/O DILATION AND CURETTAGE, W/ OR W/O REPAIR; LOOP ELECTRODE EXCISION	16,770.00	8,580.00	8,190.00
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX	23,400.00	12,480.00	10,920.00
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	39,390.00	17,550.00	21,840.00
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; W/ PELVIC FLOOR REPAIR	49,140.00	21,840.00	27,300.00
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	30,290.00	13,910.00	16,380.00
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; W/ ANTERIOR AND/OR POSTERIOR REPAIR	49,140.00	21,840.00	27,300.00
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; W/ REPAIR OF ENTEROCELE	51,870.00	21,840.00	30,030.00
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	12,610.00	7,150.00	5,460.00
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	23,400.00	12,480.00	10,920.00
58100	ENDOMETRIAL SAMPLING (BIOPSY) W/ OR W/O ENDOCERVICAL SAMPLING (BIOPSY), W/O CERVICAL DILATION, ANY METHOD	14,300.00	8,580.00	5,720.00
58120	DILATION AND CURETTAGE	14,300.00	8,580.00	5,720.00
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE ; ABDOMINAL APPROACH	30,290.00	13,910.00	16,380.00
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE ; VAGINAL APPROACH	23,400.00	12,480.00	10,920.00
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), W/ OR W/O REMOVAL OF TUBE(S), W/ OR W/O REMOVAL OF OVARY(S);	39,000.00	23,400.00	15,600.00
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-URETHROCYSOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE)	39,000.00	23,400.00	15,600.00
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), W/ OR W/O REMOVAL OF TUBE(S), W/ OR W/O REMOVAL OF OVARY(S)	39,000.00	23,400.00	15,600.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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)	39,000.00	23,400.00	15,600.00
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)	71,500.00	27,820.00	43,680.00
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	92,820.00	27,300.00	65,520.00
58260	VAGINAL HYSTERECTOMY:	39,390.00	17,550.00	21,840.00
58262	VAGINAL HYSTERECTOMY; W/ REMOVAL OF TUBE(S), AND/OR OVARY(S)	39,390.00	17,550.00	21,840.00
58263	VAGINAL HYSTERECTOMY; W/ REMOVAL OF TUBE(S), AND/OR OVARY(S), W/ REPAIR OF ENTEROCELE	49,140.00	21,840.00	27,300.00
58267	VAGINAL HYSTERECTOMY; W/ COLPO-URETHROCYSOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE, W/ OR W/O ENDOSCOPIC CONTROL)	60,450.00	27,690.00	32,760.00
58270	VAGINAL HYSTERECTOMY; W/ REPAIR OF ENTEROCELE	60,450.00	27,690.00	32,760.00
58275	VAGINAL HYSTERECTOMY, W/ TOTAL OR PARTIAL COLPECTOMY:	49,140.00	21,840.00	27,300.00
58280	VAGINAL HYSTERECTOMY, W/ TOTAL OR PARTIAL COLPECTOMY; W/ REPAIR OF ENTEROCELE	60,450.00	27,690.00	32,760.00
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	60,450.00	27,690.00	32,760.00
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD), W/ OR W/O HYSTEROSALPINGOGRAPHY	23,400.00	12,480.00	10,920.00
58346	INSERTION OF HEYMAN CAPSULES FOR BRACHYTHERAPY	12,610.00	7,150.00	5,460.00
58400	UTERINE SUSPENSION, W/ OR W/O SHORTENING OF ROUND LIGAMENTS, W/ OR W/O SHORTENING OF SACROUTERINE LIGAMENTS:	30,290.00	13,910.00	16,380.00
58410	UTERINE SUSPENSION, W/ OR W/O SHORTENING OF ROUND LIGAMENTS, W/ OR W/O SHORTENING OF SACROUTERINE LIGAMENTS; W/ PRESACRAL SYMPATHECTOMY	35,256.00	15,600.00	19,656.00
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	30,290.00	13,910.00	16,380.00
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	49,140.00	21,840.00	27,300.00
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; INTRAMURAL MYOMAS AND/OR REMOVAL OF SURFACE MYOMAS	30,290.00	13,910.00	16,380.00
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY;	39,390.00	17,550.00	21,840.00
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	39,390.00	17,550.00	21,840.00
58555	HYSTEROSCOPY, DIAGNOSTIC	12,610.00	7,150.00	5,460.00
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D&C	16,770.00	8,580.00	8,190.00
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	23,400.00	12,480.00	10,920.00
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)	23,400.00	12,480.00	10,920.00
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	30,290.00	13,910.00	16,380.00
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	16,770.00	8,580.00	8,190.00
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (E.G., ENDOMETRIAL RESECTION, ELECTROSURGICAL ABLATION THERMOABLATION)	15,756.00	7,020.00	8,736.00
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS	7,384.00	5,200.00	2,184.00
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	5,200.00	3,900.00	1,300.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPHINGOLYSIS, OVARIOLYSIS)	27,820.00	14,170.00	13,650.00
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	69,420.00	31,200.00	38,220.00
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	19,448.00	9,620.00	9,828.00
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	19,448.00	9,620.00	9,828.00
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (E.G., BAND, CLIP, OR FALOPE RING)	16,770.00	8,580.00	8,190.00
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	27,820.00	14,170.00	13,650.00
58673	LAPAROSCOPY, SURGICAL; WITH SALPHINGOSTOMY (SALPINGONEOSTOMY)	30,290.00	13,910.00	16,380.00
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL	27,274.00	14,170.00	13,104.00
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL	30,290.00	13,910.00	16,380.00
58740	LYSIS OF ADHESIONS (SALPHINGOLYSIS, OVARIOLYSIS)	30,290.00	13,910.00	16,380.00
58750	TUBOTUBAL ANASTOMOSIS	23,400.00	12,480.00	10,920.00
58760	FIMBRIOPLASTY	30,290.00	13,910.00	16,380.00
58770	SALPHINGOSTOMY (SALPINGONEOSTOMY)	30,290.00	13,910.00	16,380.00
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL : VAGINAL APPROACH	27,274.00	14,170.00	13,104.00
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL : ABDOMINAL APPROACH	27,274.00	14,170.00	13,104.00
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH	27,274.00	14,170.00	13,104.00
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	27,274.00	14,170.00	13,104.00
58825	TRANSPOSITION, OVARY(S)	27,274.00	14,170.00	13,104.00
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL	23,400.00	12,480.00	10,920.00
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	23,400.00	12,480.00	10,920.00
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	30,290.00	13,910.00	16,380.00
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL:	23,400.00	12,480.00	10,920.00
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	39,390.00	17,550.00	21,840.00
58950	RESECTION OF OVARIAN MALIGNANCY W/ BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY;	69,420.00	31,200.00	38,220.00
58951	RESECTION OF OVARIAN MALIGNANCY W/ BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; W/ TOTAL ABDOMINAL HYSTERECTOMY, PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY	71,500.00	27,820.00	43,680.00
58952	RESECTION OF OVARIAN MALIGNANCY W/ BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; W/ RADICAL DISSECTION FOR DEBULKING	76,440.00	27,300.00	49,140.00
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	35,256.00	15,600.00	19,656.00
59100	HYSTEROTOMY, ABDOMINAL (E.G., FOR HYDATIDIFORM MOLE, ABORTION)	30,290.00	13,910.00	16,380.00
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPINGECTOMY AND/OR OOPHORECTOMY, ABDOMINAL OR VAGINAL APPROACH	35,256.00	15,600.00	19,656.00
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, W/O SALPINGECTOMY AND/OR OOPHORECTOMY	35,256.00	15,600.00	19,656.00
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY	60,450.00	27,690.00	32,760.00
59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY REQUIRING TOTAL HYSTERECTOMY	49,140.00	21,840.00	27,300.00
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY W/ PARTIAL RESECTION OF UTERUS	48,880.00	24,310.00	24,570.00
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, W/ EVACUATION	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; W/O SALPINGECTOMY AND/OR OOPHORECTOMY	35,256.00	15,600.00	19,656.00
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; W/ SALPINGECTOMY AND/OR OOPHORECTOMY	35,256.00	15,600.00	19,656.00
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	23,400.00	12,480.00	10,920.00
59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	23,400.00	12,480.00	10,920.00
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	39,390.00	17,550.00	21,840.00
59403	UNDELIVERED CASES (BABY DELIVERED IN REFERRAL FACILITY) IN NON-HOSPITAL FACILITIES	845.00	507.00	338.00
59409	VAGINAL DELIVERY ONLY (W/ EPISIOTOMY)	12,610.00	7,150.00	5,460.00
59409	VAGINAL DELIVERY ONLY (W/ EPISIOTOMY)	12,610.00	7,150.00	5,460.00
59411	BREECH EXTRACTION	15,756.00	7,020.00	8,736.00
59513	CAESARIAN SECTION, PRIMARY	24,700.00	14,820.00	9,880.00
59513	CAESARIAN SECTION, PRIMARY	24,700.00	14,820.00	9,880.00
59514	CESARIAN DELIVERY	24,700.00	14,820.00	9,880.00
59514	CESARIAN DELIVERY	24,700.00	14,820.00	9,880.00
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY	39,000.00	23,400.00	15,600.00
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (W/ OR W/O EPISIOTOMY)	15,756.00	7,020.00	8,736.00
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;	24,700.00	14,820.00	9,880.00
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;	24,700.00	14,820.00	9,880.00
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	14,300.00	8,580.00	5,720.00
59814	MANUAL VACUUM ASPIRATION FOR SPONTANEOUS ABORTION	14,300.00	8,580.00	5,720.00
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	15,756.00	7,020.00	8,736.00
60000	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	4,555.20	3,900.00	655.20
60001	ASPIRATION AND/OR INJECTION, THYROID CYST	10,738.00	6,370.00	4,368.00
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	10,738.00	6,370.00	4,368.00
60200	EXCISION OF CYST OR ADENOMA OF THYROID , OR TRANSECTION OF ISTHMUS	27,274.00	14,170.00	13,104.00
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; W/ OR W/O ISTHMUSECTOMY	40,300.00	24,180.00	16,120.00
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; W/ CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY	40,300.00	24,180.00	16,120.00
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; W/ OR W/O ISTHMUSECTOMY	40,300.00	24,180.00	16,120.00
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; W/ CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY	40,300.00	24,180.00	16,120.00
60240	THYROIDECTOMY, TOTAL OR COMPLETE	40,300.00	24,180.00	16,120.00
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; W/ LIMITED NECK DISSECTION	40,300.00	24,180.00	16,120.00
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; W/ RADICAL NECK DISSECTION	60,450.00	27,690.00	32,760.00
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS REMOVAL OF A PORTION OF THYROID	40,300.00	24,180.00	16,120.00
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND: STERNAL SPLIT OR TRANSHORACIC APPROACH	60,450.00	27,690.00	32,760.00
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND: CERVICAL APPROACH	60,450.00	27,690.00	32,760.00
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	27,274.00	14,170.00	13,104.00
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	30,290.00	13,910.00	16,380.00
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	39,962.00	22,490.00	17,472.00
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S): RE-EXPLORATION	35,256.00	15,600.00	19,656.00
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S): W/ MEDIASTINAL EXPLORATION, STERNAL SPLIT OR TRANSTHORACIC APPROACH	51,870.00	21,840.00	30,030.00
60512	PARATHYROID AUTOTRANSPLANTATION	39,390.00	17,550.00	21,840.00
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH	51,870.00	21,840.00	30,030.00
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, W/O RADICAL MEDIASTINAL DISSECTION	51,870.00	21,840.00	30,030.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, W/ RADICAL MEDIASTINAL DISSECTION	51,870.00	21,840.00	30,030.00
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND W/ OR W/O BIOPSY, TRANSABDOMINAL, LUMBAR OR DORSAL;	39,390.00	17,550.00	21,840.00
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	48,880.00	24,310.00	24,570.00
60600	EXCISION OF CAROTID BODY TUMOR: W/O EXCISION OF CAROTID ARTERY	39,390.00	17,550.00	21,840.00
60605	EXCISION OF CAROTID BODY TUMOR: W/ EXCISION OF CAROTID ARTERY	49,140.00	21,840.00	27,300.00
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR DORSAL	39,390.00	17,550.00	21,840.00
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL	7,384.00	5,200.00	2,184.00
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR	7,384.00	5,200.00	2,184.00
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE	13,702.00	7,150.00	6,552.00
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; NOT FOLLOWED BY OTHER SURGERY	23,400.00	12,480.00	10,920.00
61106	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOLLOWED BY OTHER SURGERY	23,946.00	12,480.00	11,466.00
61107	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR IMPLANTING VENTRICULAR CATHETER OR PRESSURE RECORDING DEVICE	39,390.00	17,550.00	21,840.00
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION AND/OR DRAINAGE OF SUBDURAL HEMATOMA	49,140.00	21,840.00	27,300.00
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDIA, DYE, OR RADIOACTIVE MATERIAL); NOT FOLLOWED BY OTHER SURGERY	30,290.00	13,910.00	16,380.00
61130	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDIA, DYE, OR RADIOACTIVE MATERIAL); FOLLOWED BY OTHER SURGERY	28,912.00	14,170.00	14,742.00
61140	BURR HOLE(S) OR TREPHINE; W/ BIOPSY OF BRAIN OR INTRACRANIAL LESION	49,140.00	21,840.00	27,300.00
61150	BURR HOLE(S) OR TREPHINE; W/ DRAINAGE OF BRAIN ABSCESS OR CYST	49,140.00	21,840.00	27,300.00
61154	BURR HOLE(S) W/ EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUBDURAL	49,140.00	21,840.00	27,300.00
61156	BURR HOLE(S); W/ ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	49,140.00	21,840.00	27,300.00
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL	30,290.00	13,910.00	16,380.00
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	39,390.00	17,550.00	21,840.00
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	49,140.00	21,840.00	27,300.00
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	60,450.00	27,690.00	32,760.00
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL	60,450.00	27,690.00	32,760.00
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRACEREBRAL	60,450.00	27,690.00	32,760.00
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRADURAL OR SUBDURAL	69,420.00	31,200.00	38,220.00
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRACEREBELLAR	69,420.00	31,200.00	38,220.00
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	60,450.00	27,690.00	32,760.00
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	69,420.00	31,200.00	38,220.00
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	60,450.00	27,690.00	32,760.00
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); W/ BIOPSY	69,420.00	31,200.00	38,220.00
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); W/ REMOVAL OF LESION	69,420.00	31,200.00	38,220.00
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); W/ REMOVAL OF FOREIGN BODY	69,420.00	31,200.00	38,220.00
61340	OTHER CRANIAL DECOMPRESSION (E.G., SUBTEMPORAL), SUPRATENTORIAL	49,140.00	21,840.00	27,300.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
61343	CRANIECTOMY, SUBOCCIPITAL W/ CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, W/ OR W/O DURAL GRAFT (E.G., ARNOLD-CHIARI MALFORMATION)	69,420.00	31,200.00	38,220.00
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	60,450.00	27,690.00	32,760.00
61440	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI	60,450.00	27,690.00	32,760.00
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SENSORY ROOT OF GASSERIAN GANGLION	69,420.00	31,200.00	38,220.00
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	69,420.00	31,200.00	38,220.00
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	71,500.00	27,820.00	43,680.00
61470	CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY	71,500.00	27,820.00	43,680.00
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	71,500.00	27,820.00	43,680.00
61490	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	60,450.00	27,690.00	32,760.00
61500	CRANIECTOMY; W/ EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	71,500.00	27,820.00	43,680.00
61501	CRANIECTOMY; FOR OSTEOMYELITIS	49,140.00	21,840.00	27,300.00
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	71,500.00	27,820.00	43,680.00
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	81,900.00	27,300.00	54,600.00
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSCESS, SUPRATENTORIAL	69,420.00	31,200.00	38,220.00
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATION OF CYST, SUPRATENTORIAL	69,420.00	31,200.00	38,220.00
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE TUMOR, OR MIDLINE TUMOR AT BASE OF SKULL	84,630.00	27,300.00	57,330.00
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MENINGIOMA	87,360.00	27,300.00	60,060.00
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; CEREBELLOPONTINE ANGLE TUMOR	92,820.00	27,300.00	65,520.00
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MIDLINE TUMOR AT BASE OF SKULL	92,820.00	27,300.00	65,520.00
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCESS	71,500.00	27,820.00	43,680.00
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF CYST,	71,500.00	27,820.00	43,680.00
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR;	98,280.00	27,300.00	70,980.00
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED W/ MIDDLE/POSTERIOR FOSSA CRANIOTOMY/ CRANIECTOMY	98,280.00	27,300.00	70,980.00
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE HOLE(S) FOR LONG TERM SEIZURE MONITORING	69,420.00	31,200.00	38,220.00
61533	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY, FOR LONG TERM SEIZURE MONITORING	69,420.00	31,200.00	38,220.00
61534	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS W/O ELECTROCORTICOGRAPHY DURING SURGERY	69,420.00	31,200.00	38,220.00
61535	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL ELECTRODE ARRAY, W/O EXCISION OF CEREBRAL TISSUE	69,420.00	31,200.00	38,220.00
61536	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGENIC FOCUS, W/ ELECTROCORTICOGRAPHY DURING SURGERY (INCLUDES REMOVAL OF ELECTRODE ARRAY)	71,500.00	27,820.00	43,680.00
61538	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR LOBECTOMY W/ ELECTROCORTICOGRAPHY DURING SURGERY, TEMPORAL LOBE	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
61539	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR LOBECTOMY W/ ELECTROCORTICOGRAPHY DURING SURGERY, OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL	69,420.00	31,200.00	38,220.00
61541	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUM	69,420.00	31,200.00	38,220.00
61542	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR TOTAL HEMISPHERECTOMY	87,360.00	27,300.00	60,060.00
61543	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL HEMISPHERECTOMY	81,900.00	27,300.00	54,600.00
61544	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR EXCISION OF COAGULATION OF CHOROID PLEXUS	69,420.00	31,200.00	38,220.00
61545	CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA	81,900.00	27,300.00	54,600.00
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL APPROACH	81,900.00	27,300.00	54,600.00
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC	81,900.00	27,300.00	54,600.00
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	49,140.00	21,840.00	27,300.00
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	60,450.00	27,690.00	32,760.00
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	60,450.00	27,690.00	32,760.00
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	60,450.00	27,690.00	32,760.00
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (E.G., CLOVERLEAF SKULL); NOT REQUIRING BONE GRAFTS	76,440.00	27,300.00	49,140.00
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)	76,440.00	27,300.00	49,140.00
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (E.G., FIBROUS DYSPLASIA); W/O OPTIC NERVE DECOMPRESSION	76,440.00	27,300.00	49,140.00
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (E.G., FIBROUS DYSPLASIA); W/ OPTIC NERVE DECOMPRESSION	76,440.00	27,300.00	49,140.00
61570	CRANIECTOMY OR CRANIOTOMY; W/ EXCISION OF FOREIGN BODY FROM BRAIN	69,420.00	31,200.00	38,220.00
61571	CRANIECTOMY OR CRANIOTOMY; W/ TREATMENT OF PENETRATING WOUND OF BRAIN	72,150.00	31,200.00	40,950.00
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION;	98,280.00	27,300.00	70,980.00
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)	98,280.00	27,300.00	70,980.00
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY, SPHENOIDECTOMY, W/O MAXILLECTOMY OR ORBITAL EXENTERATION	81,900.00	27,300.00	54,600.00
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ORBITAL EXENTERATION, ETHMOIDECTOMY, SPHENOIDECTOMY AND/OR MAXILLECTOMY	81,900.00	27,300.00	54,600.00
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	81,900.00	27,300.00	54,600.00
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	81,900.00	27,300.00	54,600.00
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	81,900.00	27,300.00	54,600.00
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND ELEVATION OF FRONTAL AND/OR TEMPORAL LOBE(S); W/ ORBITAL EXENTERATION	81,900.00	27,300.00	54,600.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL FOSSA W/ OR W/O INTERNAL FIXATION, W/O BONE GRAFT	81,900.00	27,300.00	54,600.00
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 TH	92,820.00	27,300.00	65,520.00
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	92,820.00	27,300.00	65,520.00
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	87,360.00	27,300.00	60,060.00
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	92,820.00	27,300.00	65,520.00
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	92,820.00	27,300.00	65,520.00
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	92,820.00	27,300.00	65,520.00
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FRAMEN MAGNUM, INCLUDING LIGATION OF SUPERIOR PETROSAL SINUS AND/OR SIGMOID SINUS	92,820.00	27,300.00	65,520.00
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA: EXTRADURAL	87,360.00	27,300.00	60,060.00
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	87,360.00	27,300.00	60,060.00
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA, PARAPHARYNGEAL SPACE, PETROUS APEX: EXTRADURAL	92,820.00	27,300.00	65,520.00
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	92,820.00	27,300.00	65,520.00
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA, CAVERNOUS SINUS, CLIVUS OR MIDLINE SKULL BASE: EXTRADURAL	92,820.00	27,300.00	65,520.00
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	92,820.00	27,300.00	65,520.00
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS: W/O REPAIR	92,820.00	27,300.00	65,520.00
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS: W/ REPAIR BY ANASTOMOSIS OR GRAFT	92,820.00	27,300.00	65,520.00
61611	TRANSECTION OR LIGATION , CAROTID ARTERY IN PETROUS CANAL: W/O REPAIR	81,900.00	27,300.00	54,600.00
61612	TRANSECTION OR LIGATION , CAROTID ARTERY IN PETROUS CANAL: W/ REPAIR BY ANASTOMOSIS OR GRAFT	92,820.00	27,300.00	65,520.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CAVERNOUS FISTULA BY DISSECTION W/IN CAVERNOUS SINUS	92,820.00	27,300.00	65,520.00
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	92,820.00	27,300.00	65,520.00
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	92,820.00	27,300.00	65,520.00
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)	87,360.00	27,300.00	60,060.00
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)	81,900.00	27,300.00	54,600.00
61624	TRANSCATHETER OCLUSION OR EMBOLIZATION (E.G., FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	92,820.00	27,300.00	65,520.00
61626	TRANSCATHETER OCLUSION 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)	71,500.00	27,820.00	43,680.00
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION: SUPRATENTORIAL, SIMPLE	81,900.00	27,300.00	54,600.00
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION: SUPRATENTORIAL, COMPLEX	92,820.00	27,300.00	65,520.00
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION: INFRATENTORIAL, SIMPLE	81,900.00	27,300.00	54,600.00
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION: INFRATENTORIAL, COMPLEX	92,820.00	27,300.00	65,520.00
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION: DURAL, SIMPLE	71,500.00	27,820.00	43,680.00
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION: DURAL, COMPLEX	81,900.00	27,300.00	54,600.00
61700	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH: CAROTID CIRCULATION	92,820.00	27,300.00	65,520.00
61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH: VERTEBRAL-BASILAR CIRCULATION	98,280.00	27,300.00	70,980.00
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLUDING CLAMP TO CERVICAL CAROTID ARTERY (SELVERSTONE-CRUTCHFIELD TYPE)	30,290.00	13,910.00	16,380.00
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL AND CERVICAL OCCLUSION OF CAROTID ARTERY	92,820.00	27,300.00	65,520.00
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL ELECTROTHROMBOSIS	49,140.00	21,840.00	27,300.00
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRA-ARTERIAL EMBOLIZATION, INJECTION PROCEDURE OR BALLOON CATHETER	81,900.00	27,300.00	54,600.00
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (E.G., MIDDLE CEREBRAL/CORTICAL) ARTERIES	87,360.00	27,300.00	60,060.00
61712	MICRODISSECTION, INTRACRANIAL OR SPINAL PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	87,360.00	27,300.00	60,060.00
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SINGLE OR MULTIPLE STAGES; GLOBUS PALLIDUS OR THALAMUS	87,360.00	27,300.00	60,060.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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	81,900.00	27,300.00	54,600.00
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION;	81,900.00	27,300.00	54,600.00
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION; W/ COMPUTERIZED AXIAL TOMOGRAPHY	81,900.00	27,300.00	54,600.00
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SEIZURE MONITORING	81,900.00	27,300.00	54,600.00
61770	STEREOTACTIC LOCALIZATION , ANY METHOD, INCLUDING BURR HOLE(S), W/ INSERTION OF CATHETER(S) FOR BRACHYTHERAPY	39,390.00	17,550.00	21,840.00
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (E.G., ALCOHOL, THERMAL, ELECTRICAL, RADIOFREQUENCY); GASSERIAN GANGLION	49,140.00	21,840.00	27,300.00
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (E.G., ALCOHOL, THERMAL, ELECTRICAL, RADIOFREQUENCY); TRIGEMINAL MEDULLARY TRACT	49,140.00	21,840.00	27,300.00
61793	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR)	81,900.00	27,300.00	54,600.00
61795	STEREOTACTIC COMPUTER ASSISTED VOLUMETRIC INTRACRANIAL PROCEDURE	81,900.00	27,300.00	54,600.00
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES: CORTICAL	69,420.00	31,200.00	38,220.00
61855	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES: SUBCORTICAL	87,360.00	27,300.00	60,060.00
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL; CORTICAL	76,440.00	27,300.00	49,140.00
61865	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL; SUBCORTICAL	60,450.00	27,690.00	32,760.00
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; CORTICAL	76,440.00	27,300.00	49,140.00
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; SUBCORTICAL	87,360.00	27,300.00	60,060.00
61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	49,140.00	21,840.00	27,300.00
62000	ELEVATION OF DEPRESSED SKULL FRACTURE: SIMPLE, EXTRADURAL	39,390.00	17,550.00	21,840.00
62005	ELEVATION OF DEPRESSED SKULL FRACTURE: COMPOUND OR COMMUNUTED, EXTRADURAL	49,140.00	21,840.00	27,300.00
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; W/ REPAIR OF DURA AND /OR DEBRIDEMENT OF BRAIN	60,450.00	27,690.00	32,760.00
62100	CRANIOTOMY FOR REPAIR OF DURAL /CSF LEAK, INCLUDING SURGERY FOR RHINORRHEA/OTORRHEA	92,820.00	27,300.00	65,520.00
62115	REDUCTION OF CRANIOMEALIC SKULL (E.G., TREATED HYDROCEPHALUS); NOT REQUIRING BONE GRAFTS OR CRANIOPLASTY	49,140.00	21,840.00	27,300.00
62116	REDUCTION OF CRANIOMEALIC SKULL (E.G., TREATED HYDROCEPHALUS); W/ SIMPLE CRANIOPLASTY	60,450.00	27,690.00	32,760.00
62117	REDUCTION OF CRANIOMEALIC SKULL (E.G., TREATED HYDROCEPHALUS); REQUIRING CRANIOTOMY AND RECONSTRUCTION W/ OR W/O BONE GRAFT (INCLUDES OBTAINING GRAFTS)	69,420.00	31,200.00	38,220.00
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	76,440.00	27,300.00	49,140.00
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE , SKULL BASE	71,500.00	27,820.00	43,680.00
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	39,390.00	17,550.00	21,840.00
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	39,390.00	17,550.00	21,840.00
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	39,390.00	17,550.00	21,840.00
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	39,390.00	17,550.00	21,840.00
62145	CRANIOPLASTY FOR SKULL DEFECT W/ REPARATIVE BRAIN SURGERY	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
62146	CRANIOPLASTY W/ AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DIAMETER	69,420.00	31,200.00	38,220.00
62147	CRANIOPLASTY W/ AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM DIAMETER	71,500.00	27,820.00	43,680.00
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO SHUNT SYSTEM OR EXTERNAL DRAINAGE	49,140.00	21,840.00	27,300.00
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF SEPTUM PELLUCIDUM OR INTRAVENTRICULAR CYST (INCLUDING PLACEMENT, REPLACEMENT OR REMOVAL OF VENTRICULAR CATHETER)	60,450.00	27,690.00	32,760.00
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR CATHETER FOR DRAINAGE	60,450.00	27,690.00	32,760.00
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	60,450.00	27,690.00	32,760.00
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSPHENOIDAL APPROACH	60,450.00	27,690.00	32,760.00
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	49,140.00	21,840.00	27,300.00
62190	CREATION OF SHUNT: SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR	30,290.00	13,910.00	16,380.00
62192	CREATION OF SHUNT: SUBARACHNOID/SUBDURAL-PERITONIAL, -PLEURAL, OTHER TERMINUS	30,290.00	13,910.00	16,380.00
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	49,140.00	21,840.00	27,300.00
62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC METHOD	60,450.00	27,690.00	32,760.00
62220	CREATION OF SHUNT: VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	39,390.00	17,550.00	21,840.00
62223	CREATION OF SHUNT: VENTRICULO-PERITONIAL, -PLEURAL, OTHER TERMINUS	39,390.00	17,550.00	21,840.00
62230	REPLACEMENT OR REVISION OF CSF (VP) SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM	30,290.00	13,910.00	16,380.00
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	16,770.00	8,580.00	8,190.00
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	16,770.00	8,580.00	8,190.00
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	7,384.00	5,200.00	2,184.00
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)	7,228.00	5,590.00	1,638.00
62287	ASPIRATION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK, ANY METHOD, SINGLE OR MULTIPLE LEVELS, LUMBAR	30,290.00	13,910.00	16,380.00
62350	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR IMPLANTABLE RESERVOIR OR IMPLANTABLE INFUSION PUMP; W/O LAMINECTOMY	23,400.00	12,480.00	10,920.00
62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR IMPLANTABLE RESERVOIR OR IMPLANTABLE INFUSION PUMP; W/ LAMINECTOMY	49,140.00	21,840.00	27,300.00
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	12,610.00	7,150.00	5,460.00
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP	23,400.00	12,480.00	10,920.00
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, W/ OR W/O PROGRAMMING	30,290.00	13,910.00	16,380.00
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	60,450.00	27,690.00	32,760.00
63001	LAMINECTOMY W/ EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, W/O FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (E.G., SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS: CERVICAL	71,500.00	27,820.00	43,680.00
63003	LAMINECTOMY W/ EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, W/O FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (E.G., SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS: THORACIC	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
63005	LAMINECTOMY W/ EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, W/O FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (E.G., SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTHESIS	49,140.00	21,840.00	27,300.00
63011	LAMINECTOMY W/ EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, W/O FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (E.G., SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; SACRAL	49,140.00	21,840.00	27,300.00
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)	69,420.00	31,200.00	38,220.00
63015	LAMINECTOMY W/ EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, W/O FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (E.G., SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; CERVICAL	71,500.00	27,820.00	43,680.00
63016	LAMINECTOMY W/ EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, W/O FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (E.G., SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; THORACIC	69,420.00	31,200.00	38,220.00
63017	LAMINECTOMY W/ EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, W/O FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (E.G., SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; LUMBAR	60,450.00	27,690.00	32,760.00
63020	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT (S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK; ONE INTERSPACE, CERVICAL	71,500.00	27,820.00	43,680.00
63030	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT (S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK; ONE INTERSPACE, LUMBAR	60,450.00	27,690.00	32,760.00
63040	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT (S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OR HERNIATED INTERVERTEBRAL DISK; RE-EXPLORATION; CERVICAL	69,420.00	31,200.00	38,220.00
63042	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT (S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OR HERNIATED INTERVERTEBRAL DISK; RE-EXPLORATION; LUMBAR	60,450.00	27,690.00	32,760.00
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL W/ DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (E.G., SPINAL OR LATERAL RECESS STENOSIS), SINGLE VERTEBRAL SEGMENT; CERVICAL	71,500.00	27,820.00	43,680.00
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL W/ DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (E.G., SPINAL OR LATERAL RECESS STENOSIS), SINGLE VERTEBRAL SEGMENT; THORACIC	69,420.00	31,200.00	38,220.00
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL W/ DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (E.G., SPINAL OR LATERAL RECESS STENOSIS), SINGLE VERTEBRAL SEGMENT; LUMBAR	60,450.00	27,690.00	32,760.00
63055	TRANSPEDICULAR APPROACH W/ DECOMPRESSION OF SPINAL CORD, EQUINA AND/ OR NERVE ROOT(S) (E.G., HERNIATED INTERVETEBRAL DISK), SINGLE SEGMENT; THORACIC	69,420.00	31,200.00	38,220.00
63056	TRANSPEDICULAR APPROACH W/ DECOMPRESSION OF SPINAL CORD, EQUINA AND/ OR NERVE ROOT(S) (E.G., HERNIATED INTERVETEBRAL DISK), SINGLE SEGMENT; LUMBAR	60,450.00	27,690.00	32,760.00
63064	COSTOVERTEBRAL APPROACH W/ DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (E.G., HERNIATED INTERVERTEBRAL DISK), THORACIC; SINGLE SEGMENT	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
63075	DISKECTOMY, ANTERIOR, W/ DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGLE INTERSPACE	71,500.00	27,820.00	43,680.00
63077	DISKECTOMY, ANTERIOR, W/ DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, SINGLE INTERSPACE	49,140.00	21,840.00	27,300.00
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH W/ DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	71,500.00	27,820.00	43,680.00
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH W/ DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S); THORACIC, SINGLE SEGMENT	69,420.00	31,200.00	38,220.00
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	60,450.00	27,690.00	32,760.00
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	69,420.00	31,200.00	38,220.00
63170	LAMINECTOMY W/ MYELOTOMY (E.G., BISCHOF OR DREZ TYPE), CERVICAL THORACIC, OR THORACOLUMBAR	76,440.00	27,300.00	49,140.00
63172	LAMINECTOMY W/ DRAINAGE OF INTRAMEDULLARY CYST/ SYRINX; TO SUBARACHNOID SPACE	69,420.00	31,200.00	38,220.00
63173	LAMINECTOMY W/ DRAINAGE OF INTRAMEDULLARY CYST/ SYRINX; TO PERITONEAL SPACE	71,500.00	27,820.00	43,680.00
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, W/ OR W/O DURAL GRAFT, CERVICAL: ONE OF TWO SEGMENTS	71,500.00	27,820.00	43,680.00
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, W/ OR W/O DURAL GRAFT, CERVICAL: MORE THAN TWO SEGMENTS	71,500.00	27,820.00	43,680.00
63185	LAMINECTOMY W/ RHIZOTOMY: ONE OR TWO SEGMENTS	69,420.00	31,200.00	38,220.00
63190	LAMINECTOMY W/ RHIZOTOMY: MORE THAN TWO SEGMENTS	69,420.00	31,200.00	38,220.00
63191	LAMINECTOMY W/ SECTION OF SPINAL ACCESSORY NERVE	74,776.00	27,820.00	46,956.00
63194	LAMINECTOMY W/ CORDOTOMY, W/ SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE: CERVICAL	71,500.00	27,820.00	43,680.00
63195	LAMINECTOMY W/ CORDOTOMY, W/ SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE: THORACIC	69,420.00	31,200.00	38,220.00
63196	LAMINECTOMY W/ CORDOTOMY W/ SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE: CERVICAL	71,500.00	27,820.00	43,680.00
63197	LAMINECTOMY W/ CORDOTOMY W/ SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE: THORACIC	69,420.00	31,200.00	38,220.00
63198	LAMINECTOMY W/ CORDOTOMY W/ SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES W/IN 14 DAYS; CERVICAL	71,500.00	27,820.00	43,680.00
63199	LAMINECTOMY W/ CORDOTOMY W/ SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES W/IN 14 DAYS; THORACIC	69,420.00	31,200.00	38,220.00
63200	LAMINECTOMY, W/ RELEASE OF TETHERED SPINAL CORD, LUMBAR	63,726.00	27,690.00	36,036.00
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; CERVICAL	71,500.00	27,820.00	43,680.00
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACIC	69,420.00	31,200.00	38,220.00
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACOLUMBAR	60,450.00	27,690.00	32,760.00
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM; EXTRADURAL: CERVICAL	71,500.00	27,820.00	43,680.00
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM; EXTRADURAL: THORACIC	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM; EXTRADURAL; LUMBAR	60,450.00	27,690.00	32,760.00
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM; EXTRADURAL; SACRAL	49,140.00	21,840.00	27,300.00
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM; INTRADURAL; CERVICAL	71,500.00	27,820.00	43,680.00
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM; INTRADURAL; THORACIC	69,420.00	31,200.00	38,220.00
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM; INTRADURAL; LUMBAR	60,450.00	27,690.00	32,760.00
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM; INTRADURAL; SACRAL	49,140.00	21,840.00	27,300.00
63275	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	71,500.00	27,820.00	43,680.00
63276	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, EXTRADURAL, THORACIC	69,420.00	31,200.00	38,220.00
63277	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, EXTRADURAL, LUMBAR	60,450.00	27,690.00	32,760.00
63278	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, EXTRADURAL, SACRAL	49,140.00	21,840.00	27,300.00
63280	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, INTRADURAL, EXTRAMEDULLARY, CERVICAL	76,440.00	27,300.00	49,140.00
63281	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, INTRADURAL, EXTRAMEDULLARY, THORACIC	71,500.00	27,820.00	43,680.00
63282	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, INTRADURAL, EXTRAMEDULLARY, LUMBAR	69,420.00	31,200.00	38,220.00
63283	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, INTRADURAL, SACRAL	60,450.00	27,690.00	32,760.00
63285	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, INTRADURAL, INTRAMEDULLARY, CERVICAL	76,440.00	27,300.00	49,140.00
63286	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, INTRADURAL, INTRAMEDULLARY, THORACIC	71,500.00	27,820.00	43,680.00
63287	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, INTRADURAL, INTRAMEDULLARY, THORACOLUMBAR	69,420.00	31,200.00	38,220.00
63290	LAMINECTOMY FOR BIOPSY/ EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, COMBINED EXTRADURAL-INTRADURAL LESION, ANY LEVEL	60,450.00	27,690.00	32,760.00
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, CERVICAL	71,500.00	27,820.00	43,680.00
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, THORACIC BY TRANSTHORACIC APPROACH	69,420.00	31,200.00	38,220.00
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, THORACIC BY THORACOLUMBAR APPROACH	69,420.00	31,200.00	38,220.00
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	69,420.00	31,200.00	38,220.00
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, CERVICAL	71,500.00	27,820.00	43,680.00
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, THORACIC BY TRANSTHORACIC APPROACH	69,420.00	31,200.00	38,220.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, THORACIC BY THORACOLUMBAR APPROACH	69,420.00	31,200.00	38,220.00
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	69,420.00	31,200.00	38,220.00
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AND/ OR RECORDING)	39,390.00	17,550.00	21,840.00
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY	39,390.00	17,550.00	21,840.00
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	48,880.00	24,310.00	24,570.00
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	10,426.00	7,150.00	3,276.00
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	60,450.00	27,690.00	32,760.00
63685	INCISION AND SUBSCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	28,366.00	14,170.00	14,196.00
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	39,390.00	17,550.00	21,840.00
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 DIAMETER	48,334.00	24,310.00	24,024.00
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	49,140.00	21,840.00	27,300.00
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 DIAMETER	60,450.00	27,690.00	32,760.00
63707	REPAIR OF DURAL/ CSF LEAK, NOT REQUIRING LAMINECTOMY	39,390.00	17,550.00	21,840.00
63709	REPAIR OF DURAL/ CSF LEAK OR PSEUDOMENINGOCELE, W/ LAMINECTOMY	60,450.00	27,690.00	32,760.00
63710	DURAL GRAFT, SPINAL	60,450.00	27,690.00	32,760.00
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INCLUDING LAMINECTOMY	39,390.00	17,550.00	21,840.00
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PERCUTANEOUS, NOT REQUIRING LAMINECTOMY	30,290.00	13,910.00	16,380.00
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	15,756.00	7,020.00	8,736.00
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	15,756.00	7,020.00	8,736.00
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	23,400.00	12,480.00	10,920.00
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	27,274.00	14,170.00	13,104.00
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	27,274.00	14,170.00	13,104.00
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	27,274.00	14,170.00	13,104.00
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	49,140.00	21,840.00	27,300.00
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	23,400.00	12,480.00	10,920.00
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	23,400.00	12,480.00	10,920.00
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	23,400.00	12,480.00	10,920.00
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	23,400.00	12,480.00	10,920.00
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	23,400.00	12,480.00	10,920.00
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)	39,390.00	17,550.00	21,840.00
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	12,610.00	7,150.00	5,460.00
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	12,610.00	7,150.00	5,460.00
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	12,610.00	7,150.00	5,460.00
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	12,610.00	7,150.00	5,460.00
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	12,610.00	7,150.00	5,460.00
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	15,756.00	7,020.00	8,736.00
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	12,610.00	7,150.00	5,460.00
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	15,756.00	7,020.00	8,736.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
64752	TRANSECTION OR AVULSION OF: VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	28,522.00	16,510.00	12,012.00
64755	TRANSECTION OR AVULSION OF: VAGI LIMITED TO PROXIMAL STOMACH (SELECTIVE PROXIMAL VAGOTOMY, PROXIMAL GASTRIC VAGOTOMY, PARIETAL CELL VAGOTOMY, SUPRA- OR HIGHLY SELECTIVE VAGOTOMY)	28,522.00	16,510.00	12,012.00
64760	TRANSECTION OR AVULSION OF: VAGUS NERVE (VAGOTOMY), ABDOMINAL	23,400.00	12,480.00	10,920.00
64761	TRANSECTION OR AVULSION OF: PUDENDAL NERVE	12,610.00	7,150.00	5,460.00
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, W/ OR W/O ADDUCTOR TENOTOMY	23,400.00	12,480.00	10,920.00
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, W/ OR W/O ADDUCTOR TENOTOMY	23,400.00	12,480.00	10,920.00
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, INTRADURAL	49,140.00	21,840.00	27,300.00
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	39,390.00	17,550.00	21,840.00
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	10,426.00	7,150.00	3,276.00
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	10,426.00	7,150.00	3,276.00
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	10,426.00	7,150.00	3,276.00
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	10,426.00	7,150.00	3,276.00
64786	EXCISION OF NEUROMA; SCIATIC NERVE	12,610.00	7,150.00	5,460.00
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	10,426.00	7,150.00	3,276.00
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	10,426.00	7,150.00	3,276.00
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	12,610.00	7,150.00	5,460.00
64795	BIOPSY OF NERVE	10,426.00	7,150.00	3,276.00
64802	SYMPATHECTOMY, CERVICAL	23,400.00	12,480.00	10,920.00
64804	SYMPATHECTOMY, CERVICOTHORACIC	23,400.00	12,480.00	10,920.00
64809	SYMPATHECTOMY, THORACOLUMBAR	23,400.00	12,480.00	10,920.00
64818	SYMPATHECTOMY, LUMBAR	23,400.00	12,480.00	10,920.00
64820	SYMPATHECTOMY, DIGITAL ARTERIES, W/ MAGNIFICATION, EACH DIGIT	15,756.00	7,020.00	8,736.00
64830	MICRODISSECTION AND/OR MICROREPAIR OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE REPAIR)	27,274.00	14,170.00	13,104.00
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	23,400.00	12,480.00	10,920.00
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE	10,426.00	7,150.00	3,276.00
64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE	23,400.00	12,480.00	10,920.00
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	23,400.00	12,480.00	10,920.00
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	23,400.00	12,480.00	10,920.00
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT	10,426.00	7,150.00	3,276.00
64840	SUTURE OF POSTERIOR TIBIAL NERVE	23,400.00	12,480.00	10,920.00
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	27,274.00	14,170.00	13,104.00
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; W/O TRANSPOSITION	23,400.00	12,480.00	10,920.00
64858	SUTURE OF SCIATIC NERVE	23,400.00	12,480.00	10,920.00
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE	10,426.00	7,150.00	3,276.00
64861	SUTURE OF: BRACHIAL PLEXUS	27,274.00	14,170.00	13,104.00
64862	SUTURE OF: LUMBAR PLEXUS	27,274.00	14,170.00	13,104.00
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	27,274.00	14,170.00	13,104.00
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, W/ OR W/O GRAFTING	27,274.00	14,170.00	13,104.00
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	30,290.00	13,910.00	16,380.00
64868	ANASTOMOSIS; FACIAL-HYOGLOSSAL	30,290.00	13,910.00	16,380.00
64870	ANASTOMOSIS; FACIAL-PHRENIC	30,290.00	13,910.00	16,380.00
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4CM IN LENGTH	30,290.00	13,910.00	16,380.00
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH	41,054.00	22,490.00	18,564.00
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH	39,390.00	17,550.00	21,840.00
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH	39,390.00	17,550.00	21,840.00
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH	30,290.00	13,910.00	16,380.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH	41,054.00	22,490.00	18,564.00
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH	35,256.00	15,600.00	19,656.00
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH	39,390.00	17,550.00	21,840.00
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH	30,290.00	13,910.00	16,380.00
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH	41,054.00	22,490.00	18,564.00
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND	10,426.00	7,150.00	3,276.00
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)	10,426.00	7,150.00	3,276.00
64905	NERVE PEDICLE TRANSFER: FIRST STAGE	27,274.00	14,170.00	13,104.00
64907	NERVE PEDICLE TRANSFER: SECOND STAGE	27,274.00	14,170.00	13,104.00
65091	EVISCERATION OF OCULAR CONTENTS: W/O IMPLANT	15,756.00	7,020.00	8,736.00
65093	EVISCERATION OF OCULAR CONTENTS: W/ IMPLANT	15,756.00	7,020.00	8,736.00
65101	ENUCLEATION OF EYE: W/O IMPLANT	15,756.00	7,020.00	8,736.00
65103	ENUCLEATION OF EYE: W/ IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	15,756.00	7,020.00	8,736.00
65105	ENUCLEATION OF EYE: W/ IMPLANT, MUSCLES ATTACHED TO IMPLANT	15,756.00	7,020.00	8,736.00
65110	EXENTERATION OF ORBIT WITHOUT SKIN GRAFT, REMOVAL OF ORBITAL CONTENTS: ONLY	49,140.00	21,840.00	27,300.00
65112	EXENTERATION OF ORBIT WITHOUT SKIN GRAFT, REMOVAL OF ORBITAL CONTENTS: W/ THERAPEUTIC REMOVAL OF BONE	50,232.00	21,840.00	28,392.00
65114	EXENTERATION OF ORBIT WITHOUT SKIN GRAFT, REMOVAL OF ORBITAL CONTENTS: W/ MUSCLE OR MYOCUTANEOUS FLAP	51,324.00	21,840.00	29,484.00
65130	INSERTION OF OCULAR IMPLANT; AFTER EVISCERATION, IN SCLERAL SHELL	14,248.00	7,150.00	7,098.00
65135	INSERTION OF OCULAR IMPLANT; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT	14,248.00	7,150.00	7,098.00
65140	INSERTION OF OCULAR IMPLANT; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT	15,574.00	7,930.00	7,644.00
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	15,574.00	7,930.00	7,644.00
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT	15,574.00	7,930.00	7,644.00
65175	REMOVAL OF OCULAR IMPLANT	12,610.00	7,150.00	5,460.00
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL, SUPERFICIAL	650.00	390.00	260.00
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; SUBCONJUNCTIVAL OR SCLERAL, WITH SLIT LAMP	5,850.00	3,250.00	2,600.00
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; SUBCONJUNCTIVAL OR SCLERAL, WITH SLIT LAMP	5,850.00	3,250.00	2,600.00
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEA, WITH SLIT LAMP	5,434.00	3,250.00	2,184.00
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS	23,400.00	12,480.00	10,920.00
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE	69,420.00	31,200.00	38,220.00
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	71,500.00	27,820.00	43,680.00
65270	REPAIR OF LACERATION; CONJUNCTIVA, W/ OR W/O NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE	10,426.00	7,150.00	3,276.00
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT	10,426.00	7,150.00	3,276.00
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, W/ OR W/O REMOVAL FOREIGN BODY	12,610.00	7,150.00	5,460.00
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE	27,274.00	14,170.00	13,104.00
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, W/ REPOSITION OR RESECTION OF UVEAL TISSUE	30,290.00	13,910.00	16,380.00
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	12,610.00	7,150.00	5,460.00
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENONS CAPSULE	12,610.00	7,150.00	5,460.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	10,738.00	6,370.00	4,368.00
65410	BIOPSY OF CORNEA	10,426.00	7,150.00	3,276.00
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	12,610.00	7,150.00	5,460.00
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	10,426.00	7,150.00	3,276.00
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	39,390.00	17,550.00	21,840.00
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	39,390.00	17,550.00	21,840.00
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	39,390.00	17,550.00	21,840.00
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	39,390.00	17,550.00	21,840.00
65765	KERATOPHAKIA	13,702.00	7,150.00	6,552.00
65767	EPIKERATOPLASTY	23,400.00	12,480.00	10,920.00
65770	KERATOPROSTHESIS	39,390.00	17,550.00	21,840.00
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	13,000.00	7,800.00	5,200.00
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	19,448.00	9,620.00	9,828.00
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	39,390.00	17,550.00	21,840.00
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR LIVING DONOR)	39,390.00	17,550.00	21,840.00
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING GRAFT)	39,390.00	17,550.00	21,840.00
65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE; W/ THERAPEUTIC RELEASE OF AQUEOUS	10,426.00	7,150.00	3,276.00
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE; W/ REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR HYALOID MEMBRANE, W/ OR W/O AIR INJECTION	12,610.00	7,150.00	5,460.00
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE; W/ REMOVAL OF BLOOD, W/ OR W/O IRRIGATION AND/OR AIR INJECTION	12,610.00	7,150.00	5,460.00
65820	GONIOTOMY	30,290.00	13,910.00	16,380.00
65850	TRABECULOTOMY AB EXTERNO	30,290.00	13,910.00	16,380.00
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)	15,756.00	7,020.00	8,736.00
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE	13,702.00	7,150.00	6,552.00
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W/ OR W/O INJECTION OF AIR OR LIQUID): GONIOSYNECHIAE	13,702.00	7,150.00	6,552.00
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W/ OR W/O INJECTION OF AIR OR LIQUID): ANTERIOR SYNECHIAE, EXCEPT GONIOSYNECHIAE	13,702.00	7,150.00	6,552.00
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W/ OR W/O INJECTION OF AIR OR LIQUID): POSTERIOR SYNECHIAE	13,702.00	7,150.00	6,552.00
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W/ OR W/O INJECTION OF AIR OR LIQUID): CORNEOVITREAL ADHESIONS	13,702.00	7,150.00	6,552.00
65900	REMOVAL OF EPITHELIAL MATERIAL, ANTERIOR SEGMENT EYE	13,702.00	7,150.00	6,552.00
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE	15,756.00	7,020.00	8,736.00
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE	10,426.00	7,150.00	3,276.00
66130	EXCISION OF LESION, SCLERA	10,738.00	6,370.00	4,368.00
66150	FISTULIZATION OF SCALERA FOR GLAUCOMA; TREPHINATION W/ IRIDECTOMY	23,400.00	12,480.00	10,920.00
66155	FISTULIZATION OF SCALERA FOR GLAUCOMA; THERMOCAUTERIZATION W/ IRIDECTOMY	23,400.00	12,480.00	10,920.00
66160	FISTULIZATION OF SCALERA FOR GLAUCOMA; SCLERECTOMY W/ PUNCH OR SCISSORS, W/ IRIDECTOMY	23,400.00	12,480.00	10,920.00
66165	FISTULIZATION OF SCALERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS	23,400.00	12,480.00	10,920.00
66170	FISTULIZATION OF SCALERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY	23,400.00	12,480.00	10,920.00
66172	FISTULIZATION OF SCALERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO W/ SCARRING FROM PREVIOUS OCULAR SURGERY OR TRAUMA (INCLUDES INJECTION OF ANTIFIBROTIC AGENTS)	35,256.00	15,600.00	19,656.00
66180	AQUENOUS SHUNT TO EXTRAOCULAR RESERVOIR (E.G., MOLTENO, SCHOCKET, DENVER-KRUPIN)	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	39,390.00	17,550.00	21,840.00
66220	REPAIR OF SCLERAL STAPHYLOMA: W/O GRAFT	15,756.00	7,020.00	8,736.00
66225	REPAIR OF SCLERAL STAPHYLOMA: W/ GRAFT	30,290.00	13,910.00	16,380.00
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE	19,448.00	9,620.00	9,828.00
66500	IRIDOTOMY BY STAB INCISION; EXCEPT TRANSFIXION	13,702.00	7,150.00	6,552.00
66505	IRIDOTOMY BY STAB INCISION; W/ TRANSFIXION AS FOR IRIS BOMBE	13,702.00	7,150.00	6,552.00
66600	IRIDECTOMY, W/ CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	15,756.00	7,020.00	8,736.00
66605	IRIDECTOMY, W/ CORNEOSCLERAL OR CORNEAL SECTION; W/ CYCLECTOMY	23,400.00	12,480.00	10,920.00
66625	IRIDECTOMY, W/ CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA	15,756.00	7,020.00	8,736.00
66630	IRIDECTOMY, W/ CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA	15,756.00	7,020.00	8,736.00
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	23,400.00	12,480.00	10,920.00
66682	SUTURE OF IRIS, CILIARY BODY W/ RETRIEVAL OF SUTURE THROUGH SMALL INCISION (E.G., MCCANNEL SUTURE)	19,448.00	9,620.00	9,828.00
66700	CILIARY BODY DESTRUCTION; DIATHERMY	15,574.00	7,930.00	7,644.00
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	15,574.00	7,930.00	7,644.00
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	15,574.00	7,930.00	7,644.00
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	15,574.00	7,930.00	7,644.00
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (E.G., FOR GLAUCOMA) (ONE OR MORE SESSIONS)	13,702.00	7,150.00	6,552.00
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (E.G., FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIOR CHAMBER ANGLE)	15,756.00	7,020.00	8,736.00
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	13,702.00	7,150.00	6,552.00
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); STAB INCISION TECHNIQUE (ZIEGLER OR WHEELER KNIFE)	15,756.00	7,020.00	8,736.00
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (E.G., YAG LASER) (ONE OR MORE STAGES)	10,738.00	6,370.00	4,368.00
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION	23,400.00	12,480.00	10,920.00
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)	15,756.00	7,020.00	8,736.00
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	20,800.00	12,480.00	8,320.00
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (E.G., PHACOEMULSIFICATION), W/ ASPIRATION	20,800.00	12,480.00	8,320.00
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	20,800.00	12,480.00	8,320.00
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	20,800.00	12,480.00	8,320.00
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	20,800.00	12,480.00	8,320.00
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR	20,800.00	12,480.00	8,320.00
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 ROUT	20,800.00	12,480.00	8,320.00
66983	INTRACAPSULAR CATARACT EXTRACTION W/ INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)	20,800.00	12,480.00	8,320.00
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS, NOT ASSOCIATED WITH CATARACT REMOVAL	20,800.00	12,480.00	8,320.00
66986	EXCHANGE OF INTRAOCULAR LENS	20,800.00	12,480.00	8,320.00
66991	REVISION OF FAILED FILTER: WITH OR WITHOUT EXPLANTATION/EXCHANGE OF SHUNT	49,140.00	21,840.00	27,300.00
66992	REVISION OF FAILED FILTER: WITH EXCISION OF BLEB CYST	49,140.00	21,840.00	27,300.00
66993	REVISION OF FAILED FILTER: WITH CHOROIDAL TAP	39,390.00	17,550.00	21,840.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
66994	REVISION OF FAILED FILTER; WITH POSTERIOR SCLEROTOMY	39,390.00	17,550.00	21,840.00
66995	REVISION OF FAILED FILTER; WITH ANTERIOR CHAMBER REFORMATION	39,390.00	17,550.00	21,840.00
66996	REVISION OF FILTERING BLEB, NEEDLING TECHNIQUE; WITHOUT INJECTION OF ANTI-METABOLITE	15,756.00	7,020.00	8,736.00
66997	REVISION OF FILTERING BLEB, NEEDLING TECHNIQUE; WITH INJECTION OF ANTI-METABOLITE	23,400.00	12,480.00	10,920.00
66998	RELEASE OF SCLERAL FLAP SUTURE BY LASER SUTURE LYSIS (NEW CODE)	12,610.00	7,150.00	5,460.00
66999	REVISION OF OVERFILTERING BLEB (INCLUDES AUTOLOGOUS BLOOD INJECTION, CRYOTHERAPY, MATTRESS SUTURES, ETC.)	23,400.00	12,480.00	10,920.00
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL	49,140.00	21,840.00	27,300.00
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL W/ MECHANICAL VITRECTOMY	58,500.00	31,200.00	27,300.00
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)	12,610.00	7,150.00	5,460.00
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCHANGE), W/ OR W/O ASPIRATION	15,756.00	7,020.00	8,736.00
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMITANT REMOVAL OF VITREOUS	41,054.00	22,490.00	18,564.00
67030	DISCISSION OF VITREOUS STRANDS (W/O REMOVAL), PARS PLANA APPROACH	16,770.00	8,580.00	8,190.00
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR MORE STAGES)	13,702.00	7,150.00	6,552.00
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	60,450.00	27,690.00	32,760.00
67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/ EPIRETINAL MEMBRANE STRIPPING	60,450.00	27,690.00	32,760.00
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/ FOCAL ENDOLASER PHOTOCOAGULATION	60,450.00	27,690.00	32,760.00
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/ ENDOLASER PANRETINAL PHOTOCOAGULATION	60,450.00	27,690.00	32,760.00
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH INTERNAL LIMITING MEMBRANE (ILM) PEELING	60,450.00	27,690.00	32,760.00
67046	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANES	60,450.00	27,690.00	32,760.00
67047	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF CHOROIDAL NEOVASCULAR MEMBRANE	60,450.00	27,690.00	32,760.00
67048	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDODRAINAGE OF SUBRETINAL HEMORRHAGE (WITH OR WITHOUT TPA INJECTION)	60,450.00	27,690.00	32,760.00
67049	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF DROPPED IOL	60,450.00	27,690.00	32,760.00
67050	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH PHACOFRAGMENTATION FOR DROPPED LENS MATERIAL	60,450.00	27,690.00	32,760.00
67051	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH INTERNAL TAMPONADE WITH AIR, GAS, SILICONE OIL, PERFLUOROCARBON LIQUID	60,450.00	27,690.00	32,760.00
67052	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH INSERTION OF SCLERAL FIXATED INTRAOCULAR LENS, WITH OR WITHOUT ANTERIOR VITRECTOMY	49,140.00	21,840.00	27,300.00
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS: CRYOTHERAPY OR DIATHERMY, W/ OR W/O DRAINAGE OF SUBRETINAL FLUID	60,450.00	27,690.00	32,760.00
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS: PHOTOCOAGULATION, W/ OR W/O DRAINAGE OF SUBRETINAL FLUID	48,334.00	24,310.00	24,024.00
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	60,450.00	27,690.00	32,760.00
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	60,450.00	27,690.00	32,760.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (E.G., PNEUMATIC RETINOPEXY)	39,390.00	17,550.00	21,840.00
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	60,450.00	27,690.00	32,760.00
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	15,756.00	7,020.00	8,736.00
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	15,756.00	7,020.00	8,736.00
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	27,274.00	14,170.00	13,104.00
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (E.G., MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY	15,756.00	7,020.00	8,736.00
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (E.G., MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)	15,756.00	7,020.00	8,736.00
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)	15,756.00	7,020.00	8,736.00
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); PHOTOCOAGULATION (E.G., LASER), ONE OR MORE SESSIONS	15,756.00	7,020.00	8,736.00
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY (INCLUDES INTRAVENOUS INFUSIONS)	15,756.00	7,020.00	8,736.00
67222	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); TRANSPUPILLARY THERMOTHERAPY	15,756.00	7,020.00	8,736.00
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (E.G., DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY	15,756.00	7,020.00	8,736.00
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (E.G., DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)	15,756.00	7,020.00	8,736.00
67250	SCLERAL REINFORCEMENT	15,756.00	7,020.00	8,736.00
67311	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSCLE	13,156.00	7,150.00	6,006.00
67312	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES	15,756.00	7,020.00	8,736.00
67314	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)	15,756.00	7,020.00	8,736.00
67316	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)	23,400.00	12,480.00	10,920.00
67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE	23,400.00	12,480.00	10,920.00
67320	TRANSPOSITION PROCEDURE (E.G., FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)	23,400.00	12,480.00	10,920.00
67331	STRABISMUS SURGERY ON PATIENT W/ PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES	23,400.00	12,480.00	10,920.00
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)	28,522.00	16,510.00	12,012.00
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, W/ OR W/O MUSCLE RECESSON	15,574.00	7,930.00	7,644.00
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)	29,458.00	14,170.00	15,288.00
67343	RELEASE OF EXTENSIVE SCAR TISSUE W/O DETACHING EXTRAOCULAR MUSCLE	23,400.00	12,480.00	10,920.00
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	12,610.00	7,150.00	5,460.00
67350	BIOPSY OF EXTRAOCULAR MUSCLE	12,610.00	7,150.00	5,460.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
67400	ORBITOTOMY W/O BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, W/ OR W/O BIOPSY	60,450.00	27,690.00	32,760.00
67405	ORBITOTOMY W/O BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); W/ DRAINAGE ONLY	60,450.00	27,690.00	32,760.00
67412	ORBITOTOMY W/O BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); W/ REMOVAL OF LESION	60,450.00	27,690.00	32,760.00
67413	ORBITOTOMY W/O BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); W/ REMOVAL OF FOREIGN BODY	60,450.00	27,690.00	32,760.00
67414	ORBITOTOMY W/O BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); W/ REMOVAL OF BONE FOR DECOMPRESSION	60,450.00	27,690.00	32,760.00
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	60,450.00	27,690.00	32,760.00
67420	ORBITOTOMY W/ BONE FLAP OR WINDOW, LATERAL APPROACH (E.G., KROENLEIN); W/ REMOVAL OF LESION	60,450.00	27,690.00	32,760.00
67430	ORBITOTOMY W/ BONE FLAP OR WINDOW, LATERAL APPROACH (E.G., KROENLEIN); W/ REMOVAL OF FOREIGN BODY	60,450.00	27,690.00	32,760.00
67440	ORBITOTOMY W/ BONE FLAP OR WINDOW, LATERAL APPROACH (E.G., KROENLEIN); W/ DRAINAGE	60,450.00	27,690.00	32,760.00
67445	ORBITOTOMY W/ BONE FLAP OR WINDOW, LATERAL APPROACH (E.G., KROENLEIN); W/ REMOVAL OF BONE FOR DECOMPRESSION	60,450.00	27,690.00	32,760.00
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	14,248.00	7,150.00	7,098.00
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	14,248.00	7,150.00	7,098.00
67570	OPTIC NERVE DECOMPRESSION (E.G., INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	69,420.00	31,200.00	38,220.00
67580	REPAIR OF ANOPHTHALMIC SOCKET; WITH INSERTION OR REMOVAL OF ORBITAL IMPLANT WITHIN MUSCLE CONE	15,756.00	7,020.00	8,736.00
67581	REPAIR OF ANOPHTHALMIC SOCKET; WITH EXCHANGE OR ORBITAL IMPLANT	27,274.00	14,170.00	13,104.00
67582	REPAIR OF ANOPHTHALMIC SOCKET; WITH EXCHANGE OF ORBITAL IMPLANT AND REATTACHMENT OF MUSCLES	27,274.00	14,170.00	13,104.00
67583	REPAIR OF ANOPHTHALMIC SOCKET; WITH FORNIX RECONSTRUCTION USING SUTURES	27,274.00	14,170.00	13,104.00
67584	REPAIR OF ANOPHTHALMIC SOCKET; WITH FORNIX RECONSTRUCTION USING BUCCAL MUCOSAL GRAFT OR AMNION GRAFT, INCLUDING HARVESTING OF GRAFT	27,274.00	14,170.00	13,104.00
67585	REPAIR OF ANOPHTHALMIC SOCKET; WITH REVISION OF IMPLANT AND FORNIX RECONSTRUCTION USING SUTURES	27,274.00	14,170.00	13,104.00
67586	REPAIR OF ANOPHTHALMIC SOCKET; WITH REVISION OF IMPLANT AND FORNIX RECONSTRUCTION USING BUCCAL MUCOSAL GRAFT, OR AMNION GRAFT (INCLUDING HARVESTING OF GRAFT)	27,274.00	14,170.00	13,104.00
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	7,384.00	5,200.00	2,184.00
67710	SEVERING OF TARSORRHAPHY	7,384.00	5,200.00	2,184.00
67715	CANTHOTOMY	7,384.00	5,200.00	2,184.00
67800	EXCISION OF CHALAZION	7,384.00	5,200.00	2,184.00
67810	BIOPSY OF EYELID	7,384.00	5,200.00	2,184.00
67825	REPAIR OF TRICHIASIS; BY ELECTROEPILATION, ELECTROSURGERY, CRYOTHERAPY OR LASER SURGERY	7,384.00	5,200.00	2,184.00
67830	REPAIR OF TRICHIASIS; INCISION OF LID MARGIN	4,732.00	3,640.00	1,092.00
67835	REPAIR OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT	12,090.00	9,360.00	2,730.00
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE	7,228.00	5,590.00	1,638.00
67875	TEMPORARY CLOSURE OF EYELIDS SUTURE (E.G., FROST SUTURE)	7,384.00	5,200.00	2,184.00
67880	CONSTRUCTION OF INTERMARGIN ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	7,384.00	5,200.00	2,184.00
67882	CONSTRUCTION OF INTERMARGIN ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPORTATION OF TARSAL PLATE	10,426.00	7,150.00	3,276.00
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MIDFOREHEAD OR CORONAL APPROACH)	23,400.00	12,480.00	10,920.00
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL	23,400.00	12,480.00	10,920.00
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	27,274.00	14,170.00	13,104.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	23,400.00	12,480.00	10,920.00
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	23,400.00	12,480.00	10,920.00
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	23,400.00	12,480.00	10,920.00
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLERS MUSCLE-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	23,400.00	12,480.00	10,920.00
67911	REPAIR OF LID RETRACTION (EYELID RECESSON); WITHOUT SPACER	27,820.00	14,170.00	13,650.00
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LOAD	41,600.00	22,490.00	19,110.00
67914	REPAIR OF ECTROPION; SUTURE	10,426.00	7,150.00	3,276.00
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	10,426.00	7,150.00	3,276.00
67916	BLEPHAROPLASTY, EXCISION TARSAL WEDGE	12,610.00	7,150.00	5,460.00
67917	BLEPHAROPLASTY, EXTENSIVE (E.G., KUHN-T-SZYMANOWSKI OR TARSAL STRIP OPERATIONS)	16,770.00	8,580.00	8,190.00
67921	REPAIR OF ENTROPION; SUTURE	7,384.00	5,200.00	2,184.00
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	7,384.00	5,200.00	2,184.00
67923	BLEPHAROPLASTY, EXCISION TARSAL WEDGE	12,610.00	7,150.00	5,460.00
67924	BLEPHAROPLASTY, EXTENSIVE (E.G., WHEELER OPERATION)	16,770.00	8,580.00	8,190.00
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/ OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; PARTIAL THICKNESS	12,610.00	7,150.00	5,460.00
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/ OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; FULL THICKNESS	15,756.00	7,020.00	8,736.00
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	15,756.00	7,020.00	8,736.00
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	39,962.00	22,490.00	17,472.00
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	35,256.00	15,600.00	19,656.00
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	39,390.00	17,550.00	21,840.00
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, ONE STAGE OR FIRST STAGE	49,140.00	21,840.00	27,300.00
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, ONE STAGE OR FIRST STAGE	49,140.00	21,840.00	27,300.00
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE	39,390.00	17,550.00	21,840.00
68100	BIOPSY OF CONJUNCTIVA	7,384.00	5,200.00	2,184.00
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	10,426.00	7,150.00	3,276.00
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	10,426.00	7,150.00	3,276.00
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	10,426.00	7,150.00	3,276.00
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	13,702.00	7,150.00	6,552.00
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	15,756.00	7,020.00	8,736.00
68326	CONJUNCTIVOPLASTY RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	19,448.00	9,620.00	9,828.00
68328	CONJUNCTIVOPLASTY RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	23,400.00	12,480.00	10,920.00
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	19,448.00	9,620.00	9,828.00
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)	28,522.00	16,510.00	12,012.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS	23,400.00	12,480.00	10,920.00
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL	15,574.00	7,930.00	7,644.00
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	15,574.00	7,930.00	7,644.00
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	27,274.00	14,170.00	13,104.00
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	7,384.00	5,200.00	2,184.00
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOSTOMY)	7,384.00	5,200.00	2,184.00
68440	SNIP INCISION OF LACRIMAL PUNCTUM	7,384.00	5,200.00	2,184.00
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR	15,756.00	7,020.00	8,736.00
68510	BIOPSY OF LACRIMAL GLAND	7,384.00	5,200.00	2,184.00
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTEATOMY)	15,756.00	7,020.00	8,736.00
68525	BIOPSY OF LACRIMAL SAC	7,384.00	5,200.00	2,184.00
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	23,400.00	12,480.00	10,920.00
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	23,400.00	12,480.00	10,920.00
68700	PLASTIC REPAIR OF CANALICULI	12,610.00	7,150.00	5,460.00
68705	CORRECTION OF EVERTEDED PUNCTUM, CAUTERY	4,732.00	3,640.00	1,092.00
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	23,400.00	12,480.00	10,920.00
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE	23,400.00	12,480.00	10,920.00
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT	27,274.00	14,170.00	13,104.00
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	10,426.00	7,150.00	3,276.00
68770	CLOSURE OF LACRIMAL FISTULA	14,144.00	9,230.00	4,914.00
68811	PROBING OF NASOLACRIMAL DUCT; REQUIRING GENERAL ANESTHESIA	10,426.00	7,150.00	3,276.00
68815	PROBING OF NASOLACRIMAL DUCT; WITH INSERTION OF TUBE OR STENT	12,610.00	7,150.00	5,460.00
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA	4,773.60	3,900.00	873.60
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	4,513.60	4,186.00	327.60
69100	BIOPSY EXTERNAL EAR	7,384.00	5,200.00	2,184.00
69105	BIOPSY EXTERNAL AUDITORY CANAL	7,384.00	5,200.00	2,184.00
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	10,738.00	6,370.00	4,368.00
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	15,756.00	7,020.00	8,736.00
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	12,610.00	7,150.00	5,460.00
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	12,610.00	7,150.00	5,460.00
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; W/O NECK DISSECTION	30,290.00	13,910.00	16,380.00
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; W/ NECK DISSECTION	39,390.00	17,550.00	21,840.00
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; W/ GENERAL ANESTHESIA	12,090.00	9,360.00	2,730.00
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (E.G., ROUTINE CLEANING)	10,426.00	7,150.00	3,276.00
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (E.G., W/ ANESTHESIA OR MORE THAN ROUTINE CLEANING)	12,610.00	7,150.00	5,460.00
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (E.G., FOR STENOSIS DUE TO TRAUMA, INFECTION)	30,290.00	13,910.00	16,380.00
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	30,290.00	13,910.00	16,380.00
69400	EUSTACHIAN TUBE INFLATION, TRANSNASAL; W/ CATHETERIZATION	7,555.60	5,590.00	1,965.60
69405	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	7,384.00	5,200.00	2,184.00
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	7,384.00	5,200.00	2,184.00
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	10,426.00	7,150.00	3,276.00
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA	10,738.00	6,370.00	4,368.00
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), W/ GENERAL ANESTHESIA	10,738.00	6,370.00	4,368.00
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	23,400.00	12,480.00	10,920.00
69450	TYMPANOLYSIS, TRANSCANAL	12,610.00	7,150.00	5,460.00
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	27,274.00	14,170.00	13,104.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
69502	MASTOIDECTOMY; COMPLETE	30,290.00	13,910.00	16,380.00
69505	MASTOIDECTOMY; MODIFIED RADICAL	30,290.00	13,910.00	16,380.00
69511	MASTOIDECTOMY; RADICAL	30,290.00	13,910.00	16,380.00
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	30,290.00	13,910.00	16,380.00
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	60,450.00	27,690.00	32,760.00
69540	EXCISION AURAL POLYP	10,426.00	7,150.00	3,276.00
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	39,390.00	17,550.00	21,840.00
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	39,390.00	17,550.00	21,840.00
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	39,390.00	17,550.00	21,840.00
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	30,290.00	13,910.00	16,380.00
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	41,054.00	22,490.00	18,564.00
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	30,290.00	13,910.00	16,380.00
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	30,290.00	13,910.00	16,380.00
69605	REVISION MASTOIDECTOMY; W/ APICECTOMY	30,290.00	13,910.00	16,380.00
69610	TYMPANIC MEMBRANE REPAIR, W/ OR W/O SITE PREPARATION OR PERFORATION FOR CLOSURE, W/ OR W/O PATCH	15,756.00	7,020.00	8,736.00
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	27,274.00	14,170.00	13,104.00
69631	TYMPANOPLASTY W/O MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/ OR MIDDLE EAR SURGERY), INITIAL OR REVISION; W/O OSSICULAR CHAIN RECONSTRUCTION	39,962.00	22,490.00	17,472.00
69632	TYMPANOPLASTY W/O MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/ OR MIDDLE EAR SURGERY), INITIAL OR REVISION; W/ OSSICULAR CHAIN RECONSTRUCTION (E.G., POSTFENESTRATION)	39,962.00	22,490.00	17,472.00
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 REPLAC	39,962.00	22,490.00	17,472.00
69635	TYMPANOPLASTY W/ ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/ OR TYMPANIC MEMBRANE REPAIR); W/O OSSICULAR CHAIN RECONSTRUCTION	60,450.00	27,690.00	32,760.00
69636	TYMPANOPLASTY W/ ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/ OR TYMPANIC MEMBRANE REPAIR); W/ OSSICULAR CHAIN RECONSTRUCTION	61,542.00	27,690.00	33,852.00
69637	TYMPANOPLASTY W/ ANTROTOMY OR MASTOIDOTOMY (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	61,542.00	27,690.00	33,852.00
69641	TYMPANOPLASTY W/ MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); W/O OSSICULAR CHAIN RECONSTRUCTION	60,450.00	27,690.00	32,760.00
69642	TYMPANOPLASTY W/ MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); W/ OSSICULAR CHAIN RECONSTRUCTION	61,542.00	27,690.00	33,852.00
69643	TYMPANOPLASTY W/ MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); W/ INTACT OR RECONSTRUCTED WALL, W/O OSSICULAR CHAIN RECONSTRUCTION	62,634.00	27,690.00	34,944.00
69644	TYMPANOPLASTY W/ MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); W/ INTACT OR RECONSTRUCTED CANAL WALL, W/ OSSICULAR CHAIN RECONSTRUCTION	63,726.00	27,690.00	36,036.00
69645	TYMPANOPLASTY W/ MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, W/O OSSICULAR CHAIN RECONSTRUCTION	60,450.00	27,690.00	32,760.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
69646	TYMpanoplasty w/ Mastoidectomy (including Canalplasty, Middle Ear Surgery, Tympanic Membrane Repair); Radical or Complete, w/ Ossicular Chain Reconstruction	60,450.00	27,690.00	32,760.00
69650	Stapes Mobilization	49,140.00	21,840.00	27,300.00
69660	Stapedectomy or Stapedotomy w/ Reestablishment of Ossicular Continuity, w/ or w/o Use of Foreign Material;	50,232.00	21,840.00	28,392.00
69661	Stapedectomy or Stapedotomy w/ Reestablishment of Ossicular Continuity, w/ or w/o Use of Foreign Material; w/ Footplate Drill Out	50,232.00	21,840.00	28,392.00
69662	Revision of Stapedectomy or Stapedotomy	50,232.00	21,840.00	28,392.00
69666	Repair Oval Window Fistula	50,232.00	21,840.00	28,392.00
69667	Repair Round Window Fistula	50,232.00	21,840.00	28,392.00
69670	Mastoid Obliteration	41,054.00	22,490.00	18,564.00
69676	Tympanic Neurectomy	39,390.00	17,550.00	21,840.00
69700	Closure Postauricular Fistula, Mastoid	13,702.00	7,150.00	6,552.00
69720	Decompression Facial Nerve, Intratemporal; Lateral to Geniculate Ganglion	39,390.00	17,550.00	21,840.00
69725	Decompression Facial Nerve, Intratemporal; Including Medial to Geniculate Ganglion	39,390.00	17,550.00	21,840.00
69740	Suture Facial Nerve, Intratemporal, w/ or w/o Graft or Decompression; Lateral to Geniculate Ganglion	49,140.00	21,840.00	27,300.00
69745	Suture Facial Nerve, Intratemporal, w/ or w/o Graft or Decompression; Including Medial to Geniculate Ganglion	49,140.00	21,840.00	27,300.00
69801	Labyrinthotomy, w/ or w/o Cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); Transcanal	50,232.00	21,840.00	28,392.00
69802	Labyrinthotomy, w/ or w/o Cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); w/ Mastoidectomy	51,324.00	21,840.00	29,484.00
69805	Endolymphatic Sac Operation: w/o Shunt	60,450.00	27,690.00	32,760.00
69806	Endolymphatic Sac Operation: w/ Shunt	69,420.00	31,200.00	38,220.00
69820	Fenestration Semicircular Canal	60,450.00	27,690.00	32,760.00
69840	Revision Fenestration Operation	69,420.00	31,200.00	38,220.00
69905	Labyrinthectomy: Transcanal	60,450.00	27,690.00	32,760.00
69910	Labyrinthectomy: w/ Mastoidectomy	69,420.00	31,200.00	38,220.00
69915	Vestibular Nerve Section, Translabyrinthine Approach	69,420.00	31,200.00	38,220.00
69930	Cochlear Device Implantation, w/ or w/o Mastoidectomy	71,500.00	27,820.00	43,680.00
69950	Vestibular Nerve Section, Transcranial Approach	71,500.00	27,820.00	43,680.00
69955	Total Facial Nerve Decompression and/or Repair (May Include Graft)	71,500.00	27,820.00	43,680.00
69960	Decompression Internal Auditory Canal	69,420.00	31,200.00	38,220.00
69970	Removal of Tumor, Temporal Bone	60,450.00	27,690.00	32,760.00
70010	Myelography, Brain, including spinal puncture and radiological supervision and interpretation	10,426.00	7,150.00	3,276.00
70390	Sialography: including duct catheterization and radiological supervision and interpretation	10,426.00	7,150.00	3,276.00
71090	Insertion Pacemaker, Fluoroscopy and radiography, radiological supervision and interpretation	10,426.00	7,150.00	3,276.00
72240	Myelography, Spine, including spinal puncture and radiological supervision and interpretation	10,426.00	7,150.00	3,276.00
74300	Cholangiography and/or pancreatography, intraoperative, radiological supervision and interpretation	10,426.00	7,150.00	3,276.00
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	10,426.00	7,150.00	3,276.00
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	10,426.00	7,150.00	3,276.00
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal system, radiological supervision and interpretation	10,426.00	7,150.00	3,276.00
74340	Introduction of long gastrointestinal tube (e.g., Miller-Abbott), radiological supervision and interpretation	12,610.00	7,150.00	5,460.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF SBILIARY DUCT STRICTURE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	23,400.00	12,480.00	10,920.00
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	23,400.00	12,480.00	10,920.00
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	23,400.00	12,480.00	10,920.00
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00
75600	AORTOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75625	AORTOGRAPHY, ABDOMINAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75650	ANGIOGRAPHY, CERVICOCEREBRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75658	ANGIOGRAPHY, BRACHIAL RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75665	ANGIOGRAPHY, CEREBRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75705	ANGIOGRAPHY, SPINAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75722	ANGIOGRAPHY, RENAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75724	ANGIOGRAPHY, RENAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75726	ANGIOGRAPHY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75736	ANGIOGRAPHY, PELVIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75746	ANGIOGRAPHY, PULMONARY, NONSELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75757	ANGIOGRAPHY, FLUORESCIN (EYE)	4,550.00	3,900.00	650.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (E.G., DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75801	LYMPHANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75803	LYMPHANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75810	SPLENOPTOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75820	VENOGRAPHY, EXTREMITY, UNILATERAL OR BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75825	VENOGRAPHY, CAVAL, INFERIOR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75827	VENOGRAPHY, CAVAL, SUPERIOR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75831	VENOGRAPHY, RENAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75833	VENOGRAPHY, RENAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75840	VENOGRAPHY, ADRENAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75842	VENOGRAPHY, ADRENAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75860	VENOGRAPHY, VENOUS SINUS (E.G., PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	16,770.00	8,580.00	8,190.00
75889	HEPATIC VENOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	16,770.00	8,580.00	8,190.00
75900	EXCHANGED OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING THROMBOLYTIC THERAPY WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	39,390.00	17,550.00	21,840.00
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (E.G., FIBRIN SHEATH) FROM CENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	12,610.00	7,150.00	5,460.00
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	30,290.00	13,910.00	16,380.00
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY-VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; INITIAL VESSEL	12,610.00	7,150.00	5,460.00
75952	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	69,420.00	31,200.00	38,220.00
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	71,500.00	27,820.00	43,680.00
75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS MALFORMATION, OR TRAUMA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	69,420.00	31,200.00	38,220.00
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 TH	71,500.00	27,820.00	43,680.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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 DESCENDIN	69,420.00	31,200.00	38,220.00
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	71,500.00	27,820.00	43,680.00
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	71,500.00	27,820.00	43,680.00
75960	TRANSCATHETER INDUCTION OF INTRAVASCULAR STENT(S), (EXCEPT CORONARY, CAROTID, AND VERTEBRAL VESSEL), PERCUTANEOUS AND/ OR OPEN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	60,450.00	27,690.00	32,760.00
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (E.G., FRACTURED VENOUS OR ARTERIAL CATHETER), RADIOLOGICAL SUPERVISION AND INTERPRETATION	60,450.00	27,690.00	32,760.00
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	30,290.00	13,910.00	16,380.00
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	30,290.00	13,910.00	16,380.00
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	30,290.00	13,910.00	16,380.00
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (E.G., SUBCLAVIAN STENOSIS) RADIOLOGICAL SUPERVISION AND INTERPRETATION	30,290.00	13,910.00	16,380.00
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	49,140.00	21,840.00	27,300.00
75982	PERCUTANEOUS PLACEMENT OF DRAINAGECATHETER COMBINED INTERNAL AND EXTERNAL BILLIARY DRAINAGE OR OF A DRAINAGE STENT FOR INTERNAL BILLIARY DRAINAGE IN PATIENTS WITH AN INOPERABLE MECHANICAL BILLIARY OBSTRUCTION, RADIOLOGIC SUPERVISION AND INTERPRETATION.	60,450.00	27,690.00	32,760.00
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (E.G., GASTROINTESTINAL SYSTEM, GENITOURINARY SYSTEM, ABSCESS), RADIOLOGIC SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE (ABSCESS, CYST, FLUID COLLECTION), WITH PLACEMENT OF CATHETER AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	30,290.00	13,910.00	16,380.00
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	30,290.00	13,910.00	16,380.00
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	30,290.00	13,910.00	16,380.00
76003	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)	10,426.00	7,150.00	3,276.00
76012	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION; UNDER FLUOROSCOPIC GUIDANCE	39,390.00	17,550.00	21,840.00
76013	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION; UNDER CT GUIDANCE	39,390.00	17,550.00	21,840.00
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, INCLUDING CATHETERIZATION OF LESION AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, 1 OR MULTIPLE DUCT, INJECTION AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00
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	10,426.00	7,150.00	3,276.00
76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (E.G., FOR WIRE LOCALIZATION OR FOR INJECTION), EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00
76355	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	10,426.00	7,150.00	3,276.00
76360	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00
76362	COMPUTED TOMOGRAPHY GUIDANCE FOR VISCERAL TISSUE ABLATION	10,426.00	7,150.00	3,276.00
76393	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (E.G., FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00
76394	MAGNETIC RESONANCE GUIDANCE FOR VISCERAL TISSUE ABLATION	10,426.00	7,150.00	3,276.00
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTIC ULTRASOUND EVALUATION, COMPRESSION OF LESION AND IMAGING)	10,426.00	7,150.00	3,276.00
76940	ULTRASONIC GUIDANCE FOR VISCERAL TISSUE ABLATION	10,426.00	7,150.00	3,276.00
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	10,426.00	7,150.00	3,276.00
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	10,426.00	7,150.00	3,276.00
76986	ULTRASONIC GUIDANCE, INTRAOPERATIVE	10,426.00	7,150.00	3,276.00
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE, INTERMEDIATE OR COMPLEX, (ONLY ONE MAY BE REPORTED FOR A GIVEN COURSE OF THERAPY)	23,400.00	12,480.00	10,920.00
77401	RADIATION TREATMENT DELIVERY (LINEAR ACCELERATOR)	3,900.00	2,860.00	1,040.00
77401	RADIATION TREATMENT DELIVERY (COBALT)	2,600.00	1,560.00	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
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	39,390.00	17,550.00	21,840.00
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S)	39,390.00	17,550.00	21,840.00
77600	HYPERTHERMIA FOR TREATMENT OF MALIGNANCY, ONE OR MORE SESSIONS DURING THE COURSE OF THERAPY INCLUDING FOLLOW-UP CARE FOR 90 DAYS AFTER PROCEDURE	15,756.00	7,020.00	8,736.00
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	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 B - List of Procedure Case Rates

RVS Code	Description	First 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
79000	RADIOPHARMACEUTICAL (RADIOACTIVE IODINE) THERAPY	4,732.00	3,640.00	1,092.00
79005	RADIOPHARMACEUTICAL ABLATION OF GLAND FOR THYROID CARCINOMA OR METASTASES OF THYROID CARCINOMA	10,426.00	7,150.00	3,276.00
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	12,610.00	7,150.00	5,460.00
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	12,610.00	7,150.00	5,460.00
79403	RADIOPHARMACEUTICAL THERAPY, BY RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	10,426.00	7,150.00	3,276.00
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	10,426.00	7,150.00	3,276.00
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	10,426.00	7,150.00	3,276.00
87207	OUTPATIENT MALARIA PACKAGE	780.00	780.00	-
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	7,384.00	5,200.00	2,184.00
88331	PATHOLOGY CONSULTATION DURING SURGERY; WITH FROZEN SECTION(S), SINGLE BLOCK	7,384.00	5,200.00	2,184.00
88332	PATHOLOGY CONSULTATION DURING SURGERY; WITH FROZEN SECTION(S), TWO (2) OR MORE BLOCKS	12,610.00	7,150.00	5,460.00
89221	DIRECTLY OBSERVED TREATMENT SHORT-COURSE; INTENSIVE PHASE	3,250.00	3,250.00	-
89222	DIRECTLY OBSERVED TREATMENT SHORT-COURSE; MAINTENANCE PHASE	1,950.00	1,950.00	-
90375	ANIMAL BITE	3,900.00	3,900.00	-
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (E.G. PERITONEAL, HEMOFILTRATION)	3,380.00	2,925.00	455.00
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION	10,738.00	6,370.00	4,368.00
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION;	10,738.00	6,370.00	4,368.00
91100	INTESTINAL BLEEDING TUBE, PASSAGE, POSITIONING AND MONITORING	10,738.00	6,370.00	4,368.00
91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (E.G., FOR INGESTED POISONS)	10,738.00	6,370.00	4,368.00
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY	39,390.00	17,550.00	21,840.00
92975	THROMBOLYSIS, CORONARY: BY INTRACORONARY INFUSION, INCLUDING CORONARY ANGIOGRAPHY	30,290.00	13,910.00	16,380.00
92980	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEUTIC INTERVENTIONS, ANY METHOD; SINGLE VESSEL	39,390.00	17,550.00	21,840.00
92981	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEUTIC INTERVENTIONS, ANY METHOD; EACH ADDITIONAL VESSEL	39,390.00	17,550.00	21,840.00
92982	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY, ONE OR MORE VESSEL	39,390.00	17,550.00	21,840.00
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC	69,420.00	31,200.00	38,220.00
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL	69,420.00	31,200.00	38,220.00
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	69,420.00	31,200.00	38,220.00
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (E.G., RASHKIND TYPE) (INCLUDES CARDIAC CATHETERIZATION)	27,820.00	14,170.00	13,650.00
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES CARDIAC CATHETERIZATION)	27,820.00	14,170.00	13,650.00
92995	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER METHOD, WITH OR WITHOUT BALLOON ANGIOPLASTY, ONE OR MORE VESSEL	39,390.00	17,550.00	21,840.00
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY BALLOON ANGIOPLASTY, ONE OR MORE VESSEL	16,770.00	8,580.00	8,190.00
93501	RIGHT HEART CATHETERIZATION	23,400.00	12,480.00	10,920.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (E.G., SWAN-GANZ) FOR MONITORING PURPOSES	12,610.00	7,150.00	5,460.00
93505	ENDOMYOCARDIAL BIOPSY	30,290.00	13,910.00	16,380.00
93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUITS AND/OR VENOUS CORONARY BYPASS GRAFTS FOR CORONARY ANGIOGRAPHY WITHOUT CONCOMITANT LEFT HEART CATHETERIZATION	12,610.00	7,150.00	5,460.00
93510	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY: PERCUTANEOUS	23,400.00	12,480.00	10,920.00
93511	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY: BY CUTDOWN	23,400.00	12,480.00	10,920.00
93514	LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE	23,400.00	12,480.00	10,920.00
93524	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION	30,290.00	13,910.00	16,380.00
93526	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION	30,290.00	13,910.00	16,380.00
93527	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION)	30,290.00	13,910.00	16,380.00
93528	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION)	30,290.00	13,910.00	16,380.00
93529	COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION)	30,290.00	13,910.00	16,380.00
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	23,400.00	12,480.00	10,920.00
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	30,290.00	13,910.00	16,380.00
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	12,610.00	7,150.00	5,460.00
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	12,610.00	7,150.00	5,460.00
93539	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION OF ARTERIAL CONDUITS (E.G., INTERNAL MAMMARY), WHETHER NATIVE OR USED BYPASS	12,610.00	7,150.00	5,460.00
93540	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION OF AORTOCORONARY VENOUS BYPASS GRAFTS, ONE OR MORE CORONARY ARTERIES	12,610.00	7,150.00	5,460.00
93541	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMONARY ANGIOGRAPHY	12,610.00	7,150.00	5,460.00
93542	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE RIGHT VENTRICULAR OR RIGHT ATRIAL ANGIOGRAPHY	12,610.00	7,150.00	5,460.00
93543	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORONARY ANGIOGRAPHY (INJECTION OF RADIOPAQUE MATERIAL MAY BE BY HAND)	12,610.00	7,150.00	5,460.00
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY	30,290.00	13,910.00	16,380.00
93545	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORONARY ANGIOGRAPHY (INJECTION OF RADIOPAQUE MATERIAL MAY BE BY HAND)	12,610.00	7,150.00	5,460.00
93555	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING CARDIAC CATHETERIZATION; VENTRICULAR AND/OR ATRIAL ANGIOGRAPHY	12,610.00	7,150.00	5,460.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
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 USE	12,610.00	7,150.00	5,460.00
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATIONS (I.E., FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	71,500.00	27,820.00	43,680.00
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL VENTRICULAR SEPTAL DEFECT WITH IMPLANT	71,500.00	27,820.00	43,680.00
93600	BUNDLE OF HIS RECORDING	12,610.00	7,150.00	5,460.00
93602	INTRA-ATRIAL RECORDING	12,610.00	7,150.00	5,460.00
93603	RIGHT VENTRICULAR RECORDING	12,610.00	7,150.00	5,460.00
93610	INTRA-ATRIAL PACING	12,610.00	7,150.00	5,460.00
93612	INTRAVENTRICULAR PACING	12,610.00	7,150.00	5,460.00
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S):	12,610.00	7,150.00	5,460.00
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S): WITH PACING	12,610.00	7,150.00	5,460.00
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	12,610.00	7,150.00	5,460.00
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	12,610.00	7,150.00	5,460.00
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	12,610.00	7,150.00	5,460.00
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY, INCLUDING INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA	12,610.00	7,150.00	5,460.00
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE SITE TACHYCARDIA OR ZONE OF SLOW CONDUCTION FOR SURGICAL CORRECTION	12,610.00	7,150.00	5,460.00
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 IMPLANT	12,610.00	7,150.00	5,460.00
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 IMPLANT	12,610.00	7,150.00	5,460.00
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	12,610.00	7,150.00	5,460.00
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICULAR CONDUCTION FOR CREATION OF COMPLETE HEART BLOCK, WITH OR WITHOUT TEMPORARY PACEMAKER PLACEMENT	12,610.00	7,150.00	5,460.00
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	12,610.00	7,150.00	5,460.00
93652	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF VENTRICULAR TACHYCARDIA	12,610.00	7,150.00	5,460.00

Annex B - List of Procedure Case Rates

RVS Code	Description	First Case Rate		
		Case Rate	Health Facility Fee	Professional Fee
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMITTENT BLOOD PRESSURE MONITORING, WITH OR WITHOUT PHARMACOLOGICAL INTERVENTION	12,610.00	7,150.00	5,460.00
96408*	CHEMOTHERAPY ADMINISTRATION	9,464.00	7,280.00	2,184.00
96440*	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS	7,228.00	5,590.00	1,638.00
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS	10,426.00	7,150.00	3,276.00
96450	CHEMOTHERAPY ADMINISTRATION INTO CNS, REQUIRING AND INCLUDING SPINAL PUNCTURE	7,228.00	5,590.00	1,638.00
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTERVENTRICULAR VIA SUBCUTANEOUS RESERVOIR	4,732.00	3,640.00	1,092.00
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 PHOTSENSITIVE DRUG(S), 1 OR MORE PHOTOTHERAPY EXPOSURE SESSION	10,426.00	7,150.00	3,276.00
99246	OUTPATIENT HIV / AIDS PACKAGES	9,750.00	9,750.00	-
99460	EXPANDED NEWBORN CARE PACKAGE	3,835.00	3,185.00	650.00
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	2,600.00	1,560.00	1,040.00
ANC01	ANTENATAL CARE PACKAGE	1,950.00	1,170.00	780.00
ANC02	ANTENATAL CARE SERVICES WITH INTRAPARTUM MONITORING OR LABOR WATCH (WITHOUT DELIVERY)	2,795.00	1,677.00	1,118.00
FP001	SUBDERMAL CONTRACEPTIVE IMPLANT	3,900.00	2,340.00	1,560.00
MCP01	ROUTINE OBSTETRIC CARE INCLUDING PRENATAL, DELIVERY AND NEWBORN SERVICES OF NON-HOSPITAL FACILITIES (MATERNITY CARE PACKAGE)	8,450.00	5,070.00	3,380.00
NSD01	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY AND/OR POSTPARTUM CARE (NORMAL SPONTANEOUS DELIVERY PACKAGE) FOR HOSPITALS	6,500.00	3,900.00	2,600.00
P0000	RESUSCITATION PACKAGE	5,200.00	3,640.00	1,560.00
P0001	REFERRAL PACKAGE	5,200.00	3,640.00	1,560.00

* Rates are applicable to all chemotherapy sessions except for lung, liver, ovarian, and prostate cancer