Workforce Services, Department of

Workers' Compensation Division

Chapter 9: Fee Schedules

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Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

CHAPTER 9 - FEE SCHEDULES

Section 1. General Guidelines. Pursuant to Wyoming Statutes 27-14-401(b), (e), and (g) medical and or hospital care shall be reviewed for appropriateness and reasonableness and shall be reimbursed according to the adopted schedule(s). The following guidelines are applicable to each section within this chapter.

(a) All claims shall be paid in accordance with the fee schedule in effect at the time of service.

(b) Certain services may be subject to preauthorization pursuant to Chapter 10 of these rules. These guidelines can be found at http://doe.wyo.gov, under subtitle "Medical Procedures".

(c) The Division shall use accepted medical resources and publications to aid in adjudicating bills. This shall include, but not be limited to, the American Medical Association, (AMA*),Current Procedural Terminology* codebook, *(CPT),* the AMA Knowledge Base System, and The American Academy of Orthopaedic Surgeons, *Complete Global Values Service Data for Orthopaedic Surgery* Guidelines, and the Division's medical advisors.

(d) The Division may change billed codes to achieve compliance with the current rules and regulations. The provider payment statement shall advise of code changes and the right to appeal.

(e) Codes designated as Relativity Not Establish (RNE), or By Report (BR) shall be assigned the unit value of a comparable procedure or procedures.

(f) In no case shall any provider bill for charges greater than those charged the general public for like services.

(g) The Division shall not pay more than the total billed amount.

Section 2. Fee Schedules. The Administrator adopts the *Relative Values for Physicians* (*RVP*), as published by Ingenix Inc., as authored by Relative Value Studies, Inc., insofar as it addresses medical matters under the Act unless otherwise defined in this chapter. The Administrator adopts the *Relative Values for Dentists, RVD*, as published and authored by Relative Value Studies, Inc., Denver, Colorado insofar as it addresses dental matters under the Act. Adoption of the *RVP* and *RVD* shall be the current edition as of the first day of each calendar year. See Chapter 9, Section 1 of these rules for additional guidelines.

(a) Conversion Factors. The Administrator adopts the following conversion factors.

SPECIALTY GROUP	CONVERSION FACTOR
Anesthesia	$ 51.12
Surgery	$120.21
Radiology/Nuclear Medicine	$ 21.97
Pathology/Laboratory	$ 15.23
Medicine	$ 7.91
Physical Medicine and Chiropractic	$ 6.39
Evaluation and Management	$ 8.34
Dental	$ 39.54

(b) Fees for Surgery.

(i) Surgical Assistants.

(A) MD assistants shall be paid 20% of the surgical allowance.

(B) Non-MD assistants shall be paid 15% of the surgical allowance.

(ii) Knee Procedure. (Multiple procedure guidelines apply).

Description	Unit
Extensive Chrondroplasty	18.0

(iii) Capsular Shrinkage Procedure. (Multiple procedure guidelines apply).

Description	Unit
Shoulder	16.4
Elbow	13.8
Wrist	10.7
Hip	15.6
Knee	17.6
Ankle	12.0

(iv) Diskograms. Codes 62290 and 62291 shall be paid per code unit value for the primary level and at 50% of the code unit value for each additional level. Codes 72285 and 72295 shall be paid as a single service.

(v**)** Neurotomy, Rhizotomy Procedures. The Division recognizes the CPT codes for neurotomy and rhizotomy procedures and has valued those codes as follows. The injection of anesthetic, antispasmodic, contrast or steroids are included.

1st level	4.0
Each additional level and/or bilateral site	2.0

(c) Fees for Services Performed by an Anesthesiologist.

(i) Services where time units are not allowed, as defined in the anesthesia specialty section of the *RVP* guidelines, shall be paid at the anesthesia conversion rate when an individual anesthesiologist performs the total procedure with the exception of neurotomy and rhizotomy procedures.

(ii) Unit values of these procedures shall revert to those found in the surgery section of the *RVP* when two health care providers perform the total service.

(d) Fees for Independent Medical Evaluations (IME), Permanent Partial Impairment Ratings (PPI), Medical Testimony and Deposition(s). See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines. **Bills must indicate time spent**.

(i) Independent Medical Evaluations or Impairment Ratings. The Division shall pay according to the following fee schedule:

Code	**Time**	**Payment**
99455-99456	1st hour	$500.00
	Each additional 15 minutes	$ 62.50

(ii) Medical Testimony and Deposition Charges. The Division shall pay according to the following fee schedule:

Code	**Time**	**Payment**
99075	1st hour	$500.00
	Each additional 15 minutes	$ 62.50

Section 3. **Fees for Home Health Nursing.** The Division adopts the following fee schedule guidelines for home health nursing. This fee schedule is for long term daily care at home. This is a straight fee, no overtime, holiday rate, or shift differential shall be paid. See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

Type of Nursing	Hourly Rate
RN	$35.00
LPN	$35.00
CNA	$16.00
Attendant*	*Federal minimum wage

*Attendant care includes personal care for activities of daily living. A physician prescription and time limit is required. Attendant care shall be provided by individuals approved by the primary treating health care provider.

Section 4. **Fees for Supplies, Implants, Durable Medical Equipment (DME), Orthotics and Prosthetics.** The Division adopts the Wyoming Medicare rate of the Healthcare Common Procedure Coding System (HCPCS) for the payment of supplies, DME, orthotics and prosthetic devices prescribed by a health care provider. Such adoption shall be effective on the first day of each calendar year. See Chapter 9, Section 1 of these rules for additional guidelines. The Division shall not pay for any supplies, DME, orthotics, or prosthetics unless prescribed by the primary health care provider.

(a) Any related charges for supplies, DME, orthotics and prosthetics not listed in the Medicare HCPCS fee schedule shall be paid at eighty percent (80%) of billed charges. Charges deemed excessive shall require additional documentation for justification.

(i) Any single supply / implant charged at $1,000.00 or more shall require a suppliers' invoice. Reimbursement shall be at 130% of invoice cost. Shipping and handling charges shall not be reimbursed.

(ii) The Division shall not provide direct payment to suppliers or manufacturers for implantable items.

(b) The preceding fees are not intended to address newly developed items or technologies.

Section 5. **Fees for Hearing Aids/Prescription Lenses.** See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

(a) The Division shall pay 130% of the supplier's/manufacturer's invoice price when the provider submits the invoice to the Division.

(b) The Division adopts the Wyoming Medicare rate for payment of frames and lenses as prescribed for compensable vision loss, or for replacement due to a work-related accident.

(c) The Division shall reimburse an injured worker for the repair or comparable replacement of a hearing aid device or prescription lens damaged or destroyed in a work-related accident.

Section 6. Fees for Pharmacy Items. Pharmaceuticals must be billed with a National Drug Code (NDC). See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

(a) Pharmaceuticals shall be reimbursed at the lower of:

(i) Average Wholesale Price (AWP) minus 10% plus a $5.00 dispensing fee; or

(ii) The provider's usual and customary charge. In no case shall any provider bill for charges greater than those charged to the general public for like services. The Division reserves the right to review such charges and reimburse at the usual and customary rate if a discrepancy is found.

(b) Reimbursement shall be decreased by $2.50 per prescription if a paper claim is submitted unless:

(i) The provider has received prior approval from the Division to submit a claim on paper.

(ii) Electronic billing is unavailable at the time of service making it unreasonable to submit the claim through the online process.

(c) Over the counter items that do not have a valid NDC number shall be considered supplies and shall not be paid with an added dispensing fee. See Chapter 9, Section 4 of these rules for additional guidelines.

Section 7. Fees for Compounded Medications. – See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

(a) Physicians billing for compounded drugs must provide the pharmacy invoice. The Division shall pay 130% of the supplier's/manufacturer's invoice price.

(b) Compounding pharmacies who bill directly, shall be compensated for the drugs prescribed and related materials in accordance with Chapter 9, Section 6. The Division shall allow a professional fee for compounding services. Compounding medications shall be reimbursed per line item if each ingredient is determined to be coverable per Chapter 10, Compound Prescription Medications.

Section 8. **Fees for Ambulance Services.** Ambulance services shall be paid the lesser of the billed charge or the maximum allowable rate for the code appropriate for the documented service. The maximum allowable rates are all-inclusive. Mileage shall be reimbursed per documented loaded statute mile. See Chapter 9, Section 1 of these rules for additional guidelines.

(a) The following codes shall be recognized by the Division:

Code	Short Descriptor	Maximum Allowable
A0425	Mileage, Ground	$ 8.60 per statute mile
A0426	Advance Life Support - 1	$ 286.91
A0427	Advance Life Support - 1, Emergent	$ 454.00
A0428	Basic Life Support	$ 239.10
A0429	Basic Life Support, Emergent	$ 382.54
A0430	Air, Fixed Wing	$3,350.00
A0431	Air, Rotary Wing	$3,900.66
A0433	Advance Life Support – 2	$ 657.50
A0434	Specialty Care Transport	$ 777.93
A0435	Mileage, Air, Fixed Wing	$ 10.30 per statute mile
A0436	Mileage, Air, Rotary Wing	$ 27.47 per statute mile

Section 9. Facility Fees.

(a) Fees for Inpatient Hospital Services.

(i) Services or items shall be paid per usual and customary services pursuant to Chapter 9, Sections 1, 2, 4, 6, and 8 in addition to this section. Required documentation to support billed charges are as follows:

(A) Detailed itemization

(B) Anesthesia graphic

(C) Operative report

(D) History and physical

(E) Discharge summary

(F) Supplier's invoice for any single supply/implant charged at $1,000.00 or more.

(I) Such items shall be reimbursed at 130% of invoice amount. Shipping and handling charges shall not be reimbursed.

(ii) Bills shall be audited for unidentified and unrelated services and/or items.

(iii) The Division shall provide a copy of the audit upon request.

(iv) Hospital Room Rates. The Division shall pay inpatient hospital room rates based upon an annual survey conducted by the Division. The hospital room rates for a semi-private and intensive care unit bed shall be at the usual and customary rates charged to the general public. Such rates shall be effective automatically on the first day of each calendar year.

(b) Fees for Injections, Rhizotomies, and IV Sedation. Injection services shall be paid per the listed reimbursement rates shown in **Table A.** Reimbursement allowables are all inclusive to each procedural code. See Chapter 9, Section 1 of these Rules for additional guidelines.

(i) Refer to Table A for procedures done under fluoroscopy and / or IV sedation.

(ii) The Division shall pay 25% of the facility reimbursement base value for any injection(s) in addition to a primary code from Table A or any code from Table B. Added level codes shall be paid @ 100% of the base value listed on Table A.

(c) Fees for Surgery Centers Other than for Injections. Services shall be paid per the listed reimbursement rates shown in **Table B.** Reimbursement allowables are all inclusive unless otherwise specifically noted. Providers may note specific bill(s) with a written request for an audit to elect payment under the hospital fee schedule. See Chapter 9, Section 9, (a), Fees for Inpatient Hospital Services for required documentation for such audit. See Chapter 9, Section 1 of these Rules for additional guidelines.

(i) The highest value procedure shall be considered the primary procedure and be paid at 100% of the allowable listed on Table B. Additional procedures shall then be paid at 50% of the allowable. Reimbursement is limited to a maximum of four (4) procedure codes per surgical episode.

(ii) Invoices. The Division has defined a group of procedures that require surgery centers to provide suppliers' or manufacturers' invoice(s) for maximum reimbursement. They are distinguished by an asterisk (*****) on **Table B.** The following standards shall be applied:

(A) Maximum reimbursement for asterisked procedures shall be the facility reimbursement allowable listed in Table B **plus** 130% of invoice amount. Shipping and handling charges shall not be reimbursed.

(B) The Division shall not provide direct payment to suppliers or manufacturers.

(C) The Division shall reimburse invoiced costs of an implant/device for any code marked with an asterisk on Table B and not otherwise recognized for payment.

(v) 23-Hour Stay. Code 19999 is recognized as a 23-hour stay. Documentation supporting the medical necessity for the stay is required for reimbursement. Reimbursement shall be based on half of the average Wyoming semi-private hospital room rate. See, (a), (iv) for guidelines.

INJECTION PROCEDURES FEE SCHEDULE FOR FACILITY

See **Chapter 9, Section 9 (b),** for detailed guidelines on facility reimbursements.
and **Section 1** for general guidelines for fee schedules.

* The Division shall pay 25% of the base value for each procedural code unless otherwise specified.

		A	B	C	D
HCPCS / CPT	**SHORT DESCRIPTOR**	***WITHOUT FLUOROSCOPY WITHOUT IV SEDATION ****	***WITHOUT FLUOROSCOPY WITH IV SEDATION***	***WITH* FLUOROSCOPY *WITHOUT* IV SEDATION ***	***WITH FLUOROSCOPY WITH IV SEDATION***
20526	Ther injection, carp tunnel	$ 173.90	$ 732.52	$ 257.39	$ 816.01
20550	Inj tendon sheath/ligament	$ 173.90	$ 732.52	$ 257.39	$ 816.01
20551	Inj tendon origin/insertion	$ 173.90	$ 732.52	$ 257.39	$ 816.01
20552	Inj trigger point, 1/2 muscl	$ 173.90	$ 732.52	$ 257.39	$ 816.01
20553	Inject trigger points, =/> 3	$ 173.90	$ 732.52	$ 257.39	$ 816.01
20600	Drain/inject, joint/bursa	$ 173.90	$ 732.52	$ 257.39	$ 816.01
20605	Drain/inject, joint/bursa	$ 173.90	$ 732.52	$ 257.39	$ 816.01
20610	Drain/inject, joint/bursa	$ 173.90	$ 732.52	$ 257.39	$ 816.01
20612	Aspirate/inj ganglion cyst	$ 173.90	$ 732.52	$ 257.39	$ 816.01
27096	Inject sacroiliac joint *w/ fluro*	$ 291.00	N/A	$ 457.99	$ 1,016.61
62264	Epidural lysis on single day	N/A	N/A	$ 457.99	$ 1,016.61
62270	Spinal fluid tap, diagnostic	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
62272	Drain cerebro spinal fluid	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
62273	Inject epidural patch	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
62280	Treat spinal cord lesion	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
62281	Treat spinal cord lesion	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
62282	Treat spinal canal lesion	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
62290	Use 72295	N/A	N/A	N/A	N/A
62291	Use 72285	N/A	N/A	N/A	N/A
62310	Inject spine c/t	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
62311	Inject spine l/s (cd)	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
62318	Inject spine w/cath, c/t	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
62319	Inject spine w/cath l/s (cd)	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64400	N block inj, trigeminal	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64402	N block inj, facial	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64405	N block inj, occipital	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64408	N block inj, vagus	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64410	N block inj, phrenic	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64412	N block inj, spinal accessor	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64416	N block cont infuse, b plex	$ 291.00	N/A	$ 457.99	N/A
64417	N block inj, axillary	$ 291.00	N/A	$ 457.99	N/A
64418	N block inj, suprascapular	$ 291.00	N/A	$ 457.99	N/A
64420	N block inj, intercost, sng	$ 291.00	N/A	$ 457.99	N/A
64421	N block inj, intercost, mlt	$ 291.00	N/A	$ 457.99	N/A
64425	N block inj, ilio-ing/hypogi	$ 291.00	N/A	$ 457.99	N/A
64430	N block inj, pudendal	$ 291.00	N/A	$ 457.99	N/A
64435	N block inj, paracervical	$ 291.00	N/A	$ 457.99	N/A
64445	N block inj, sciatic, sng	$ 291.00	N/A	$ 457.99	N/A
64446	N blk inj, sciatic, cont inf	$ 291.00	N/A	$ 457.99	N/A
64447	N block inj fem, single	$ 291.00	N/A	$ 457.99	N/A

INJECTION PROCEDURES FEE SCHEDULE FOR FACILITY

See **Chapter 9, Section 9 (b),** for detailed guidelines on facility reimbursements.
and **Section 1** for general guidelines for fee schedules.

* The Division shall pay 25% of the base value for each procedural code unless otherwise specified.

		A	B	C	D
HCPCS / CPT	**SHORT DESCRIPTOR**	***WITHOUT FLUROSCOPY WITHOUT IV SEDATION ****	***WITHOUT FLUROSCOPY WITH IV SEDATION***	**WITH FLUROSCOPY *WITHOUT* IV SEDATION ***	***WITH FLUROSCOPY WITH IV SEDATION***
64448	N block inj fem, cont inf	$ 291.00	N/A	$ 457.99	N/A
64449	N block inj, lumbar plexus	$ 291.00	N/A	$ 457.99	N/A
64450	N block, other peripheral	$ 291.00	N/A	$ 457.99	N/A
64470	Inj paravertebral c/t	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64472	Inj c/t **added level / side**	$ 72.75	N/A	N/A	N/A
64475	Inj paravertebral l/s	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64476	Inj l/s **added level / side**	$ 72.75	N/A	N/A	N/A
64479	Inj foramen epidural c/t	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64480	Inj foramen **added level / side**	$ 72.75	N/A	N/A	N/A
64483	Inj foramen epidural l/s	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64484	Inj l/s **added level / side**	$ 72.75	N/A	N/A	N/A
64505	N block, spenopalatine gangl	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64508	N block, carotid sinus s/p	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64510	N block, stellate ganglion	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64517	N block inj, hypogas plxs	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64520	N block, lumbar/thoracic	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64530	N block inj, celiac pelus	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64600	Injection treatment of nerve	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64605	Injection treatment of nerve	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64610	Injection treatment of nerve	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64614	Destroy nerve, extrem musc	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64620	Injection treatment of nerve	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64622	Destr paravertebrl nerve l/s	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64623	Destr l/s **added level / side**	$ 72.75	N/A	N/A	N/A
64626	Destr paravertebrl nerve c/t	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64627	Destr c/t **added level / side**	$ 72.75	N/A	N/A	N/A
64630	Injection treatment of nerve	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64640	Injection treatment of nerve	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64680	Injection treatment of nerve	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
64681	Injection treatment of nerve	$ 291.00	$ 849.62	$ 457.99	$ 1,016.61
72285	X-ray cervical / thoracic spine disk - Discogram -under fluoroscopy. **Level**	N/A		$507.84	$ 1,066.46
72295	X-ray of lower spine disk - Discogram - under fluoroscopy. **Level**	N/A		$477.09	$ 1,035.71

TABLE B, SURGERY CENTER PROCEDURES

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
10060	Drainage of skin abscess	$115.85	
10061	Drainage of skin abscess	$115.85	
10120	Remove foreign body	$115.85	
10121	Remove foreign body	$1,150.68	
10140	Drainage of hematoma/fluid	$895.45	
10180	Complex drainage, wound	$1,250.18	
11010	Debride skin, fx	$318.24	
11011	Debride skin/muscle, fx	$318.24	
11012	Debride skin/muscle/bone, fx	$318.24	
11040	Debride skin, partial	$125.35	
11041	Debride skin, full	$125.35	
11042	Debride skin/tissue	$192.41	
11043	Debride tissue/muscle	$192.41	
11044	Debride tissue/muscle/bone	$516.43	
11400	Excision, other benign, <0.5cm	$318.24	
11420	Exc benign lesion <0.5 cm	$532.51	
11421	Exc benign lesion 0.6-1.0 cm	$532.51	
11423	Exc benign lesion 2.1-3.0 cm	$1,150.68	
11750	Removal of nail bed	$318.24	
11752	Remove nail bed/finger tip	$1,501.53	
11760	Repair of nail bed	$119.02	
11762	Reconstruction of nail bed	$119.02	
12001	Repair superficial wound(s)	$119.02	
12020	Closure of split wound	$119.02	
12042	Layer closure of wound(s)	$119.02	
13120	Repair of wound or lesion	$119.02	
13121	Repair of wound or lesion	$119.02	
13131	Repair of wound or lesion	$119.02	
13132	Repair of wound or lesion	$119.02	
13160	Late closure of wound	$1,395.97	
14000	Skin tissue rearrangement	$1,035.51	
15100	Skin splt grft, trnk/arm/leg	$1,395.97	
15120	Skn splt a-grft fac/nck/hf/g	$1,395.97	
15121	Skn splt a-grft f/n/hf/g add	$1,395.97	
15220	Skin full grf sclp/arm/leg	$1,395.97	
15240	Skin full grft face/genit/hf	$1,035.51	
15620	Skin graft	$1,395.97	
15760	Composite skin graft	$1,395.97	
15850	Removal of sutures	$192.41	
15851	Removal of sutures	$192.41	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
20100	Explore wound, neck	$365.66	
20103	Explore wound, extremity	$365.66	
20520	Removal of foreign body	$318.24	
20525	Removal of foreign body	$1,501.53	
20555	Place needle musc/tissue radele	$1,836.42	
20670	Removal of support implant	$1,150.68	
20680	Removal of support implant	$1,501.53	
20690	Apply bone fixation device	$1,836.42	
20694	Remove bone fixation device	$1,564.25	
20902	Removal of bone for graft	$1,836.42	
20930	Spinal bone allograft	Invoice reimbursement only *	
20931	Spinal bone allograft	Invoice reimbursement only *	
20936	Spinal bone autograft	$1,836.42	
20937	Spinal bone autograft	$1,836.42	
20938	Spinal bone autograft	$1,836.42	
21325	Treatment of nose fracture	$1,788.45	
21330	Treatment of nose fracture	$1,788.45	
21335	Treatment of nose fracture	$1,788.45	
21407	Treat eye socket fracture	$2,838.64	
21408	Treat eye socket fracture	$2,838.64	
21555	Remove lesion, neck/chest	$1,501.53	
22100	Remove part of neck vertebra	$3,262.13	
22520	Percut vertebroplasty thor	$1,836.42	
22521	Percut vertebroplasty lumb	$1,836.42	
22524	Percut kyphoplasty, lumbar	$3,341.58	
22526	IDET including fluro per disc	$2,286.87	
22527	IDET including fluro per disc added level	$1,456.27	
22554	Neck spine fusion	$3,262.13	
22556	Thorax spine fusion	$3,262.13	
22585	Additional spinal fusion	$3,262.13	
22600	Neck spine fusion	$3,262.13	
22610	Thorax spine fusion	$3,262.13	
22612	Lumbar spine fusion	$3,262.13	
22614	Spine fusion, extra segment	$3,262.13	
22630	Lumbar spine fusion	$3,262.13	
22632	Spine fusion, extra segment	$3,262.13	
22840	Insert spine fixation device	$3,262.13	*
22841	Insert spine fixation device	$3,262.13	*
22842	Insert spine fixation device	$3,262.13	*
22843	Insert spine fixation device	$3,262.13	*

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
22844	Insert spine fixation device	$3,262.13	*
22845	Insert spine fixation device	$3,262.13	*
22846	Insert spine fixation device	$3,262.13	*
22847	Insert spine fixation device	$3,262.13	*
22848	Insert pelv fixation device	$3,262.13	*
22849	Reinsert spinal fixation	$3,262.13	*
22850	Remove spine fixation device	$3,262.13	
22851	Apply spine prosth device	$3,262.13	*
23020	Release shoulder joint	$2,808.77	
23040	Exploratory shoulder surgery	$1,836.42	
23044	Exploratory shoulder surgery	$1,836.42	
23075	Removal of shoulder lesion	$1,150.68	
23076	Removal of shoulder lesion	$1,501.53	
23100	Biopsy of shoulder joint	$1,564.25	
23101	Shoulder joint surgery	$1,836.42	
23105	Remove shoulder joint lining	$1,836.42	
23106	Incision of collarbone joint	$1,836.42	
23107	Explore treat shoulder joint	$1,836.42	
23120	Partial removal, collar bone	$2,808.77	
23130	Remove shoulder bone, part	$2,808.77	
23140	Removal of bone lesion	$1,564.25	
23145	Removal of bone lesion	$1,836.42	
23405	Incision of tendon & muscle	$1,836.42	
23410	Repair rotator cuff, acute	$3,341.58	
23412	Repair rotator cuff, chronic	$3,341.58	
23415	Release of shoulder ligament	$2,808.77	
23420	Repair of shoulder	$3,341.58	
23430	Repair biceps tendon	$3,341.58	
23440	Remove/transplant tendon	$3,341.58	
23450	Repair shoulder capsule	$3,341.58	
23455	Repair shoulder capsule	$3,341.58	
23460	Repair shoulder capsule	$3,341.58	
23462	Repair shoulder capsule	$3,341.58	
23465	Repair shoulder capsule	$3,341.58	
23466	Repair shoulder capsule	$3,341.58	
23470	Reconstruct shoulder joint	$8,035.28	
23485	Revision of collar bone	$2,808.77	
23515	Treat clavicle fracture	$4,389.70	
23530	Treat clavicle dislocation	$2,879.93	
23532	Treat clavicle dislocation	$1,958.40	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
23550	Treat clavicle dislocation	$2,879.93	
23552	Treat clavicle dislocation	$2,879.93	
23630	Treat humerus fracture	$4,389.70	
23655	Treat shoulder dislocation	$1,100.26	
23700	Fixation of shoulder	$1,100.26	
23929	Shoulder surgery procedure	$131.96	
23930	Drainage of arm lesion	$1,250.18	
23931	Drainage of arm bursa	$1,250.18	
24000	Exploratory elbow surgery	$1,836.42	
24006	Release elbow joint	$1,836.42	
24101	Explore/treat elbow joint	$1,836.42	
24102	Remove elbow joint lining	$1,836.42	
24105	Removal of elbow bursa	$1,564.25	
24110	Remove humerus lesion	$1,564.25	
24130	Removal of head of radius	$1,836.42	
24147	Partial removal of elbow	$1,836.42	
24200	Removal of arm foreign body	$318.24	
24201	Removal of arm foreign body	$1,150.68	
24300	Manipulate elbow w/anesth	$1,100.26	
24340	Repair of biceps tendon	$2,808.77	
24341	Repair arm tendon/muscle	$2,808.77	
24342	Repair of ruptured tendon	$2,808.77	
24343	Repr elbow lat ligmnt w/tiss	$1,836.42	
24344	Reconstruct elbow lat ligmnt	$2,808.77	
24345	Repr elbw med ligmnt w/tissu	$1,836.42	
24346	Reconstruct elbow med ligmnt	$2,808.77	
24357	Repair of tennis elbow	$1,836.42	
24358	Repair of tennis elbow	$1,836.42	
24359	Repair of tennis elbow	$1,836.42	
24360	Reconstruct elbow joint	$2,396.31	
24365	Reconstruct head of radius	$2,396.31	
24366	Reconstruct head of radius / imp	$8,035.28	
24400	Revision of humerus	$1,836.42	
24430	Repair of humerus	$2,808.77	
24435	Repair humerus with graft	$2,808.77	
24545	Treat humerus fracture	$4,389.70	
24546	Treat humerus fracture	$4,389.70	
24575	Treat humerus fracture	$4,389.70	
24579	Treat humerus fracture	$4,389.70	
24582	Treat humerus fracture	$1,958.40	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c)**, for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
24586	Treat elbow fracture	$4,389.70	
24605	Treat elbow dislocation	$1,100.26	
24615	Treat elbow dislocation	$4,389.70	
24655	Treat radius fracture	$131.96	
24665	Treat radius fracture	$2,879.93	
24685	Treat ulnar fracture	$2,879.93	
24800	Fusion of elbow joint	$2,808.77	
25000	Incision of tendon sheath	$1,564.25	
25001	Incise flexor carpi radialis	$1,564.25	
25020	Decompress forearm 1 space	$1,564.25	
25023	Decompress forearm 1 space	$1,836.42	
25024	Decompress forearm 2 spaces	$1,836.42	
25025	Decompress forearm 2 spaces	$1,836.42	
25028	Drainage of forearm lesion	$1,564.25	
25031	Drainage of forearm bursa	$1,564.25	
25040	Explore/treat wrist joint	$1,836.42	
25066	Biopsy forearm soft tissues	$1,501.53	
25075	Removal forearm lesion subcu	$1,150.68	
25076	Removal forearm lesion deep	$1,501.53	
25085	Incision of wrist capsule	$1,564.25	
25100	Biopsy of wrist joint	$1,564.25	
25101	Explore/treat wrist joint	$1,836.42	
25105	Remove wrist joint lining	$1,836.42	
25107	Remove wrist joint cartilage	$1,836.42	
25110	Remove wrist tendon lesion	$1,564.25	
25111	Remove wrist tendon lesion	$1,199.87	
25112	Reremove wrist tendon lesion	$1,199.87	
25115	Remove wrist/forearm lesion	$1,564.25	
25116	Remove wrist/forearm lesion	$1,564.25	
25118	Excise wrist tendon sheath	$1,836.42	
25120	Removal of forearm lesion	$1,836.42	
25136	Remove & graft wrist lesion	$1,836.42	
25150	Partial removal of ulna	$1,836.42	
25151	Partial removal of radius	$1,836.42	
25210	Removal of wrist bone	$1,928.13	
25215	Removal of wrist bones	$1,928.13	
25230	Partial removal of radius	$1,836.42	
25240	Partial removal of ulna	$1,836.42	
25248	Remove forearm foreign body	$1,564.25	
25259	Manipulate wrist w/anesthes	$131.96	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
25260	Repair forearm tendon/muscle	$1,836.42	
25263	Repair forearm tendon/muscle	$1,836.42	
25270	Repair forearm tendon/muscle	$1,836.42	
25272	Repair forearm tendon/muscle	$1,836.42	
25274	Repair forearm tendon/muscle	$1,836.42	
25275	Repair forearm tendon sheath	$1,836.42	
25280	Revise wrist/forearm tendon	$1,836.42	
25290	Incise wrist/forearm tendon	$1,836.42	
25295	Release wrist/forearm tendon	$1,564.25	
25300	Fusion of tendons at wrist	$1,836.42	
25301	Fusion of tendons at wrist	$1,836.42	
25310	Transplant forearm tendon	$2,808.77	
25320	Repair/revise wrist joint	$2,808.77	
25360	Revision of ulna	$1,836.42	
25390	Shorten radius or ulna	$1,836.42	
25400	Repair radius or ulna	$1,836.42	
25405	Repair/graft radius or ulna	$1,836.42	
25415	Repair radius & ulna	$1,836.42	
25420	Repair/graft radius & ulna	$2,808.77	
25430	Vasc graft into carpal bone	$1,928.13	
25440	Repair/graft wrist bone	$2,808.77	
25447	Repair wrist joint(s)	$2,396.31	
25545	Treat fracture of ulna	$2,879.93	
25605	Treat fracture radius/ulna	$131.96	
25606	Treat fracture radius/ulna	$1,958.40	
25608	Treat fx rad intra-articul	$4,543.61	
25628	Treat wrist bone fracture	$2,879.93	
25645	Treat wrist bone fracture	$2,879.93	
25651	Pin ulnar styloid fracture	$1,958.40	
25652	Treat fracture ulnar styloid	$2,879.93	
25660	Treat wrist dislocation	$131.96	
25670	Treat wrist dislocation	$1,958.40	
25671	Pin radioulnar dislocation	$1,958.40	
25676	Treat wrist dislocation	$1,958.40	
25685	Treat wrist fracture	$1,958.40	
25695	Treat wrist dislocation	$1,958.40	
25800	Fusion of wrist joint	$2,808.77	
25810	Fusion/graft of wrist joint	$2,808.77	
25820	Fusion of hand bones	$1,199.87	
25825	Fuse hand bones with graft	$1,928.13	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
26011	Drainage of finger abscess	$895.45	
26020	Drain hand tendon sheath	$1,199.87	
26040	Release palm contracture	$1,928.13	
26055	Incise finger tendon sheath	$1,199.87	
26060	Incision of finger tendon	$1,199.87	
26070	Explore/treat hand joint	$1,199.87	
26075	Explore/treat finger joint	$1,199.87	
26080	Explore/treat finger joint	$1,199.87	
26100	Biopsy hand joint lining	$1,199.87	
26105	Biopsy finger joint lining	$1,199.87	
26110	Biopsy finger joint lining	$1,199.87	
26115	Removal hand lesion subcut	$1,501.53	
26116	Removal hand lesion, deep	$1,501.53	
26121	Release palm contracture	$1,928.13	
26123	Release palm contracture	$1,928.13	
26125	Release palm contracture	$1,199.87	
26130	Remove wrist joint lining	$1,199.87	
26140	Revise finger joint, each	$1,199.87	
26145	Tendon excision, palm/finger	$1,199.87	
26160	Remove tendon sheath lesion	$1,199.87	
26170	Removal of palm tendon, each	$1,199.87	
26180	Removal of finger tendon	$1,199.87	
26185	Remove finger bone	$1,199.87	
26230	Partial removal of hand bone	$1,199.87	
26235	Partial removal of finger bone	$1,199.87	
26236	Partial removal of finger bone	$1,199.87	
26320	Removal of implant from hand	$1,150.68	
26340	Manipulate finger w/anesth	$131.96	
26350	Repair finger/hand tendon	$1,928.13	
26352	Repair/graft hand tendon	$1,928.13	
26356	Repair finger/hand tendon	$1,928.13	
26357	Repair finger/hand tendon	$1,928.13	
26358	Repair/graft hand tendon	$1,928.13	
26370	Repair finger/hand tendon	$1,928.13	
26372	Repair/graft hand tendon	$1,928.13	
26373	Repair finger/hand tendon	$1,928.13	
26390	Revise hand/finger tendon	$1,928.13	
26392	Repair/graft hand tendon	$1,928.13	
26410	Repair hand tendon	$1,199.87	
26412	Repair/graft hand tendon	$1,928.13	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
26418	Repair finger tendon	$1,199.87	
26420	Repair/graft finger tendon	$1,928.13	
26426	Repair finger/hand tendon	$1,928.13	
26428	Repair/graft finger tendon	$1,928.13	
26432	Repair finger tendon	$1,199.87	
26433	Repair finger tendon	$1,199.87	
26434	Repair/graft finger tendon	$1,928.13	
26437	Realignment of tendons	$1,199.87	
26440	Release palm/finger tendon	$1,199.87	
26442	Release palm & finger tendon	$1,928.13	
26445	Release hand/finger tendon	$1,199.87	
26449	Release forearm/hand tendon	$1,928.13	
26450	Incision of palm tendon	$1,199.87	
26455	Incision of finger tendon	$1,199.87	
26460	Incise hand/finger tendon	$1,199.87	
26471	Fusion of finger tendons	$1,199.87	
26474	Fusion of finger tendons	$1,199.87	
26476	Tendon lengthening	$1,199.87	
26477	Tendon shortening	$1,199.87	
26478	Lengthening of hand tendon	$1,199.87	
26479	Shortening of hand tendon	$1,199.87	
26480	Transplant hand tendon	$1,928.13	
26483	Transplant/graft hand tendon	$1,928.13	
26485	Transplant palm tendon	$1,928.13	
26489	Transplant/graft palm tendon	$1,928.13	
26500	Hand tendon reconstruction	$1,199.87	
26502	Hand tendon reconstruction	$1,928.13	
26508	Release thumb contracture	$1,199.87	
26520	Release knuckle contracture	$1,199.87	
26525	Release finger contracture	$1,199.87	
26530	Revise knuckle joint	$2,396.31	
26535	Revise finger joint	$2,396.31	
26540	Repair hand joint	$1,199.87	
26541	Repair hand joint with graft	$1,928.13	
26542	Repair hand joint with graft	$1,199.87	
26545	Reconstruct finger joint	$1,928.13	
26546	Repair nonunion hand	$1,928.13	
26548	Reconstruct finger joint	$1,928.13	
26605	Treat metacarpal fracture	$131.96	
26607	Treat metacarpal fracture	$131.96	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
26608	Treat metacarpal fracture	$1,958.40	
26615	Treat metacarpal fracture	$2,879.93	
26650	Treat thumb fracture	$1,958.40	
26665	Treat thumb fracture	$2,879.93	
26676	Pin hand dislocation	$1,958.40	
26685	Treat hand dislocation	$1,958.40	
26705	Treat knuckle dislocation	$131.96	
26706	Pin knuckle dislocation	$131.96	
26715	Treat knuckle dislocation	$1,958.40	
26725	Treat finger fracture, each	$131.96	
26727	Treat finger fracture, each	$1,958.40	
26735	Treat finger fracture, each	$1,958.40	
26742	Treat finger fracture, each	$131.96	
26746	Treat finger fracture, each	$1,958.40	
26755	Treat finger fracture, each	$131.96	
26756	Pin finger fracture, each	$1,958.40	
26765	Treat finger fracture, each	$1,958.40	
26775	Treat finger dislocation	$1,100.26	
26776	Pin finger dislocation	$1,958.40	
26785	Treat finger dislocation	$1,958.40	
26841	Fusion of thumb	$1,928.13	
26842	Thumb fusion with graft	$1,928.13	
26843	Fusion of hand joint	$1,928.13	
26844	Fusion/graft of hand joint	$1,928.13	
26850	Fusion of knuckle	$1,928.13	
26852	Fusion of knuckle with graft	$1,928.13	
26860	Fusion of finger joint	$1,928.13	
26861	Fusion of finger jnt, add-on	$1,928.13	
26862	Fusion/graft of finger joint	$1,928.13	
26863	Fuse/graft added joint	$1,928.13	
26910	Amputate metacarpal bone	$1,928.13	
26951	Amputation of finger/thumb	$1,199.87	
26952	Amputation of finger/thumb	$1,199.87	
27065	Removal of hip bone lesion	$1,564.25	
27066	Removal of hip bone lesion	$1,836.42	
27267	Closed treat femur fracture	$131.96	
27275	Manipulation of hip joint	$1,100.26	
27301	Drain thigh/knee lesion	$1,250.18	
27306	Incision of thigh tendon	$1,564.25	
27310	Exploration of knee joint	$1,836.42	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
27324	Biopsy, thigh soft tissues	$1,501.53	
27327	Removal of thigh lesion	$1,501.53	
27328	Removal of thigh lesion	$1,501.53	
27331	Explore/treat knee joint	$1,836.42	
27332	Removal of knee cartilage	$1,836.42	
27333	Removal of knee cartilage	$1,836.42	
27334	Remove knee joint lining	$1,836.42	
27335	Remove knee joint lining	$1,836.42	
27340	Removal of kneecap bursa	$1,564.25	
27345	Removal of knee cyst	$1,564.25	
27347	Remove knee cyst	$1,564.25	
27350	Removal of kneecap	$1,836.42	
27360	Partial removal, leg bone(s)	$1,836.42	
27372	Removal of foreign body	$1,501.53	
27380	Repair of kneecap tendon	$1,564.25	
27381	Repair/graft kneecap tendon	$1,564.25	
27385	Repair of thigh muscle	$1,564.25	
27386	Repair/graft of thigh muscle	$1,564.25	
27403	Repair of knee cartilage	$1,836.42	
27405	Repair of knee ligament	$2,808.77	
27407	Repair of knee ligament	$2,808.77	
27409	Repair of knee ligaments	$2,808.77	
27415	Osteochondral knee allograft	$3,391.60	
27416	Osteochondral knee autoograft	$2,808.77	
27418	Repair degenerated kneecap	$2,808.77	
27420	Revision of unstable kneecap	$2,808.77	
27422	Revision of unstable kneecap	$2,808.77	
27424	Revision/removal of kneecap	$2,808.77	
27425	Lat retinacular release open	$1,836.42	
27427	Reconstruction, knee	$3,341.58	
27428	Reconstruction, knee	$3,341.58	
27429	Reconstruction, knee	$3,341.58	
27446	Revision of knee joint	$2,767.61	*
27562	Treat kneecap dislocation	$1,100.26	
27570	Fixation of knee joint	$1,100.26	
27603	Drain lower leg lesion	$1,250.18	
27604	Drain lower leg bursa	$1,564.25	
27605	Incision of achilles tendon	$1,529.60	
27606	Incision of achilles tendon	$1,564.25	
27610	Explore/treat ankle joint	$1,836.42	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
27612	Exploration of ankle joint	$1,836.42	
27618	Remove lower leg lesion	$1,150.68	
27619	Remove lower leg lesion	$1,501.53	
27620	Explore/treat ankle joint	$1,836.42	
27625	Remove ankle joint lining	$1,836.42	
27626	Remove ankle joint lining	$1,836.42	
27630	Removal of tendon lesion	$1,564.25	
27640	Partial removal of tibia	$2,808.77	
27641	Partial removal of fibula	$1,836.42	
27650	Repair achilles tendon	$2,808.77	
27652	Repair/graft achilles tendon	$2,808.77	
27654	Repair of achilles tendon	$2,808.77	
27658	Repair of leg tendon, each	$1,564.25	
27659	Repair of leg tendon, each	$1,564.25	
27664	Repair of leg tendon, each	$1,564.25	
27665	Repair of leg tendon, each	$1,836.42	
27675	Repair lower leg tendons	$1,564.25	
27676	Repair lower leg tendons	$1,836.42	
27680	Release of lower leg tendon	$1,836.42	
27685	Revision of lower leg tendon	$1,836.42	
27690	Revise lower leg tendon	$2,808.77	
27691	Revise lower leg tendon	$2,808.77	
27695	Repair of ankle ligament	$1,836.42	
27696	Repair of ankle ligaments	$1,836.42	
27698	Repair of ankle ligament	$1,836.42	
27700	Revision of ankle joint	$2,396.31	
27726	Repair fibula nonunion	$1,958.40	
27762	Treatment of ankle fracture	$131.96	
27766	Treatment of ankle fracture	$2,879.93	
27767	Closed treat ankle fracture	$131.96	
27768	Closed treat ankle fracture	$131.96	
27769	Open treatment ankle fracture	$2,879.93	
27784	Treatment of fibula fracture	$2,879.93	
27792	Treatment of ankle fracture	$2,879.93	
27814	Treatment of ankle fracture	$2,879.93	
27818	Treatment of ankle fracture	$131.96	
27822	Treatment of ankle fracture	$2,879.93	
27825	Treat lower leg fracture	$131.96	
27827	Treat lower leg fracture	$4,389.70	
27828	Treat lower leg fracture	$4,389.70	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
27829	Treat lower leg joint	$2,879.93	
27842	Treat ankle dislocation	$1,100.26	
27870	Fusion of ankle joint, open	$2,808.77	
28008	Incision of foot fascia	$1,529.60	
28020	Exploration of foot joint	$1,529.60	
28022	Exploration of foot joint	$1,529.60	
28024	Exploration of toe joint	$1,529.60	
28035	Decompression of tibia nerve	$1,328.81	
28060	Partial removal, foot fascia	$1,529.60	
28070	Removal of foot joint lining	$1,529.60	
28072	Removal of foot joint lining	$1,529.60	
28080	Removal of foot lesion	$1,529.60	
28086	Excise foot tendon sheath	$1,529.60	
28088	Excise foot tendon sheath	$1,529.60	
28090	Removal of foot lesion	$1,529.60	
28092	Removal of toe lesions	$1,529.60	
28111	Part removal of metatarsal	$1,529.60	
28112	Part removal of metatarsal	$1,529.60	
28113	Part removal of metatarsal	$1,529.60	
28118	Removal of heel bone	$1,529.60	
28119	Removal of heel spur	$1,529.60	
28120	Part removal of ankle/heel	$1,529.60	
28122	Partial removal of foot bone	$1,529.60	
28124	Partial removal of toe	$1,529.60	
28200	Repair of foot tendon	$1,529.60	
28202	Repair/graft of foot tendon	$1,529.60	
28208	Repair of foot tendon	$1,529.60	
28210	Repair/graft of foot tendon	$3,110.50	
28220	Release of foot tendon	$1,529.60	
28222	Release of foot tendons	$1,529.60	
28225	Release of foot tendon	$1,529.60	
28226	Release of foot tendons	$1,529.60	
28230	Incision of foot tendon(s)	$1,529.60	
28232	Incision of toe tendon	$1,529.60	
28234	Incision of foot tendon	$1,529.60	
28238	Revision of foot tendon	$3,110.50	
28270	Release of foot contracture	$1,529.60	
28272	Release of toe joint, each	$1,529.60	
28285	Repair of hammertoe	$1,529.60	
28289	Repair hallux rigidus	$1,529.60	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
28300	Incision of heel bone	$3,110.50	
28302	Incision of ankle bone	$1,529.60	
28304	Incision of midfoot bones	$3,110.50	
28305	Incise/graft midfoot bones	$3,110.50	
28306	Incision of metatarsal	$1,529.60	
28307	Incision of metatarsal	$1,529.60	
28308	Incision of metatarsal	$1,529.60	
28315	Removal of sesamoid bone	$1,529.60	
28320	Repair of foot bones	$3,110.50	
28322	Repair of metatarsals	$3,110.50	
28415	Treat heel fracture	$4,389.70	
28446	Osteochondral talus autograft	$3,110.50	
28465	Treatment of ankle fracture	$2,879.93	
28476	Treat metatarsal fracture	$1,958.40	
28485	Treat metatarsal fracture	$2,879.93	
28496	Treat big toe fracture	$1,958.40	
28505	Treat big toe fracture	$1,958.40	
28515	Treatment of toe fracture	$131.96	
28525	Treat toe fracture	$1,958.40	
28531	Treat sesamoid bone fracture	$1,958.40	
28546	Treat foot dislocation	$1,958.40	
28555	Repair foot dislocation	$2,879.93	
28576	Treat foot dislocation	$1,958.40	
28585	Repair foot dislocation	$1,958.40	
28606	Treat foot dislocation	$1,958.40	
28615	Repair foot dislocation	$2,879.93	
28636	Treat toe dislocation	$1,958.40	
28645	Repair toe dislocation	$1,958.40	
28666	Treat toe dislocation	$1,958.40	
28675	Repair of toe dislocation	$1,958.40	
28725	Fusion of foot bones	$3,110.50	
28740	Fusion of foot bones	$3,110.50	
28750	Fusion of big toe joint	$3,110.50	
28755	Fusion of big toe joint	$1,529.60	
28825	Partial amputation of toe	$1,529.60	
29800	Jaw arthroscopy/surgery	$2,153.42	
29804	Jaw arthroscopy/surgery	$2,153.42	
29805	Shoulder arthroscopy, dx	$2,153.42	
29806	Shoulder arthroscopy/surgery	$3,391.60	
29807	Shoulder arthroscopy/surgery	$3,391.60	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
29819	Shoulder arthroscopy/surgery	$2,153.42	
29820	Shoulder arthroscopy/surgery	$2,153.42	
29821	Shoulder arthroscopy/surgery	$2,153.42	
29822	Shoulder arthroscopy/surgery	$2,153.42	
29823	Shoulder arthroscopy/surgery	$2,153.42	
29824	Shoulder arthroscopy/surgery	$2,153.42	
29825	Shoulder arthroscopy/surgery	$2,153.42	
29826	Shoulder arthroscopy/surgery	$3,391.60	
29827	Arthroscope rotator cuff repr	$3,391.60	
29828	Arthroscopy biceps tenodesis	$3,391.60	
29830	Elbow arthroscopy	$2,153.42	
29834	Elbow arthroscopy/surgery	$2,153.42	
29835	Elbow arthroscopy/surgery	$2,153.42	
29836	Elbow arthroscopy/surgery	$2,153.42	
29837	Elbow arthroscopy/surgery	$2,153.42	
29838	Elbow arthroscopy/surgery	$2,153.42	
29840	Wrist arthroscopy	$2,153.42	
29843	Wrist arthroscopy/surgery	$2,153.42	
29844	Wrist arthroscopy/surgery	$2,153.42	
29845	Wrist arthroscopy/surgery	$2,153.42	
29846	Wrist arthroscopy/surgery	$2,153.42	
29847	Wrist arthroscopy/surgery	$2,153.42	
29848	Wrist endoscopy/surgery	$2,153.42	
29850	Knee arthroscopy/surgery	$2,153.42	
29851	Knee arthroscopy/surgery	$3,391.60	
29855	Tibial arthroscopy/surgery	$3,391.60	
29856	Tibial arthroscopy/surgery	$2,153.42	
29860	Hip arthroscopy, dx	$2,153.42	
29861	Hip arthroscopy/surgery	$2,153.42	
29862	Hip arthroscopy/surgery	$3,391.60	
29863	Hip arthroscopy/surgery	$3,391.60	
29866	Autgrft implnt, knee w/scope	$3,391.60	
29867	Allgrft implnt, knee w/scope	$3,391.60	
29868	Meniscal trnspl, knee w/scpe	$3,391.60	
29870	Knee arthroscopy, dx	$2,153.42	
29871	Knee arthroscopy/drainage	$2,153.42	
29873	Knee arthroscopy/surgery	$2,153.42	
29874	Knee arthroscopy/surgery	$2,153.42	
29875	Knee arthroscopy/surgery	$2,153.42	
29876	Knee arthroscopy/surgery	$2,153.42	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
29877	Knee arthroscopy/surgery	$2,153.42	
29879	Knee arthroscopy/surgery	$2,153.42	
29880	Knee arthroscopy/surgery	$2,153.42	
29881	Knee arthroscopy/surgery	$2,153.42	
29882	Knee arthroscopy/surgery	$2,153.42	
29883	Knee arthroscopy/surgery	$2,153.42	
29884	Knee arthroscopy/surgery	$2,153.42	
29885	Knee arthroscopy/surgery	$3,391.60	
29886	Knee arthroscopy/surgery	$2,153.42	
29887	Knee arthroscopy/surgery	$2,153.42	
29888	Knee arthroscopy/surgery	$3,391.60	
29889	Knee arthroscopy/surgery	$3,391.60	
29891	Ankle arthroscopy/surgery	$2,153.42	
29892	Ankle arthroscopy/surgery	$2,153.42	
29893	Scope, plantar fasciotomy	$1,529.60	
29894	Ankle arthroscopy/surgery	$2,153.42	
29895	Ankle arthroscopy/surgery	$2,153.42	
29897	Ankle arthroscopy/surgery	$2,153.42	
29898	Ankle arthroscopy/surgery	$2,153.42	
29904	Subtalar arthro w/ removal	$2,153.42	
29905	Subtalar arthro w/ exc	$2,153.42	
29906	Subtalar arthro w/ debl	$2,153.42	
29907	subtalar arthro w/ fusion	$3,391.60	
30130	Excise inferior turbinate	$1,233.20	
30140	Resect inferior turbinate	$1,788.45	
30520	Repair of nasal septum	$1,788.45	
30930	Ther fx, nasal inf turbinate	$1,233.20	
31254	Revision of ethmoid sinus	$1,628.44	
31256	Exploration maxillary sinus	$1,628.44	
42145	Repair palate, pharynx/uvula	$1,788.45	
43220	Esoph endoscopy, dilation	$618.84	
43235	Uppr gi endoscopy, diagnosis	$618.84	
43239	Upper GI endoscopy, biopsy	$618.84	
43248	Uppr gi endoscopy/guide wire	$618.84	
45330	Diagnostic sigmoidoscopy	$361.24	
45378	Diagnostic colonoscopy	$656.63	
45380	Colonoscopy and biopsy	$656.63	
45385	Lesion removal colonoscopy	$656.63	
46221	Ligation of hemorrhoid(s)	$268.88	
46260	Hemorrhoidectomy	$1,831.58	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
49505	Prp i/hern init reduc >5 yr	$2,197.51	
49507	Prp i/hern init block >5 yr	$2,197.51	
49520	Rerepair ing hernia, reduce	$2,197.51	
49521	Rerepair ing hernia, blocked	$2,197.51	
49525	Repair ing hernia, sliding	$2,197.51	
49550	Rpr rem hernia, init, reduce	$2,197.51	
49553	Rpr fem hernia, init blocked	$2,197.51	
49560	Rpr ventral hern init, reduc	$2,197.51	
49561	Rpr ventral hern init, block	$2,197.51	
49565	Rerepair ventrl hern, reduce	$2,197.51	
49566	Rerepair ventrl hern, block	$2,197.51	
49568	Hernia repair w/mesh	$2,197.51	
49570	Rpr epigastric hern, reduce	$2,197.51	
49572	Rpr epigastric hern, blocked	$2,197.51	
49585	Rpr umbil hern, reduc > 5 yr	$2,197.51	
49587	Rpr umbil hern, block > 5 yr	$2,197.51	
49650	Laparo hernia repair initial	$3,302.78	
49651	Laparo hernia repair recur	$3,302.78	
52000	Cystoscopy	$532.34	
52276	Cystoscopy and treatment	$1,425.49	
52281	Cystoscopy and treatment	$1,425.49	
55520	Removal of sperm cord lesion	$1,791.41	
55530	Revise spermatic cord veins	$1,791.41	
61885	Insrt/redo neurostim 1 array	$3,163.62	*
61886	Implant neurostim arrays	$5,744.74	*
62287	Percutaneous diskectomy	$2,382.43	
62292	Injection into disk lesion	$212.61	
62350	Implant spinal canal cath w/o laminectomy	$2,191.40	
62351	Implant spinal canal cath	$3,262.13	
62355	Remove spinal canal catheter	$774.60	
62361	Implant spine infusion pump	$2,346.87	*
62362	Implant spine infusion pump	$2,346.87	*
62365	Remove spine infusion device	$2,382.43	
62367	Analyze spine infusion pump	$195.36	
62368	Analyze spine infusion pump	$195.36	
63020	Neck spine disk surgery	$3,262.13	
63030	Low back disk surgery	$3,262.13	
63035	Spinal disk surgery add-on	$3,262.13	
63040	Laminotomy, single cervical	$3,262.13	
63042	Laminotomy, single lumbar	$3,262.13	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
63045	Removal of spinal lamina	$3,262.13	
63046	Removal of spinal lamina	$3,262.13	
63047	Removal of spinal lamina	$3,262.13	
63048	Remove spinal lamina add-on	$3,262.13	
63075	Neck spine disk surgery	$3,262.13	
63650	Impant neuroelectrodes, percutaneous, array	$1,791.59	*
63655	Implant neuroelectrodes, laminectomy, plate/paddle	$2,862.15	*
63660	Revise/remove neuroelectrode	$1,472.73	
63685	Insrt/redo spine n generator	$3,300.70	*
63688	Revise/remove neuroreceiver	$3,288.13	
64555	Implant neuroelectrodes, peripheral nerve	$1,791.59	*
64560	Implant neuroelectrodes, autonomic nerve	$1,791.59	*
64561	Implant neuroelectrodes, sacral nerve	$1,791.59	*
64565	Implant neuroelectrodes, neuromusclar	$1,791.59	*
64573	Implant neuroelectrodes, cranial nerve	$4,033.77	*
64575	Implant neuroelectrodes, peripheral nerve	$2,862.15	*
64577	Implant neuroelectrodes, autonomic nerve	$2,862.15	*
64580	Implant neuroelectrodes, neuromusclar	$2,862.15	*
64581	Implant neuroelectrodes, sacral nerve	$2,862.15	*
64590	Insrt/redo perph n generator	$3,300.70	*
64702	Revise finger/toe nerve	$1,328.81	
64704	Revise hand/foot nerve	$1,328.81	
64708	Revise arm/leg nerve	$1,328.81	
64712	Revision of sciatic nerve	$1,328.81	
64718	Revise ulnar nerve at elbow	$1,328.81	
64719	Revise ulnar nerve at wrist	$1,328.81	
64721	Carpal tunnel surgery	$1,328.81	
64722	Relieve pressure on nerve(s)	$1,328.81	
64776	Remove digit nerve lesion	$1,328.81	
64778	Digit nerve surgery add-on	$1,328.81	
64782	Remove limb nerve lesion	$1,328.81	
64783	Limb nerve surgery add-on	$1,328.81	
64784	Remove nerve lesion	$1,328.81	
64787	Implant nerve end	$1,328.81	
64831	Repair of digit nerve	$2,382.43	
64832	Repair nerve add-on	$2,382.43	
64834	Repair of hand or foot nerve	$2,382.43	
64836	Repair of hand or foot nerve	$2,382.43	
64837	Repair nerve add-on	$2,382.43	
64856	Repair/transpose nerve	$2,382.43	

TABLE B, SURGERY CENTER PROCEDURES CONTINUE

See **Chapter 9, Section 9 (c),** for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCPCS/CPT	**Short Descriptor**	**Facility Reimbursement**	**Invoice Required**
64890	Nerve graft, hand or foot	$2,382.43	
64898	Nerve graft, arm or leg	$2,382.43	
65235	Remove foreign body from eye	$1,125.06	
65285	Repair of eye wound	$2,829.23	
65710	Corneal transplant	$2,933.07	
65730	Corneal transplant	$2,933.07	
65750	Corneal transplant	$2,933.07	
65755	Corneal transplant	$2,933.07	
66250	Follow-up surgery of eye	$1,125.06	
66825	Reposition intraocular lens	$1,691.84	
66830	Removal of lens lesion	$530.93	
66840	Removal of lens material	$1,000.00	
66852	Removal of lens material	$2,120.45	
66920	Extraction of lens	$2,120.45	
66982	Cataract surgery, complex	$1,789.00	
66983	Cataract surg w/iol, 1 stage	$1,789.00	
66984	Cataract surg w/iol, 1 stage	$1,789.00	
67036	Removal of inner eye fluid	$2,829.23	
67038	Strip retinal membrane	$2,829.23	
67950	Revision of eyelid	$1,382.45	
69620	Repair of eardrum	$1,788.45	
69631	Repair eardrum structures	$2,838.64	