

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
I60.0	Subarachnoid haemorrhage from carotid siphon and bifurcation	19,000	11,400	7,600
I60.1	Subarachnoid haemorrhage from middle cerebral artery	19,000	11,400	7,600
I60.2	Subarachnoid haemorrhage from anterior communicating artery	19,000	11,400	7,600
I60.3	Subarachnoid haemorrhage from posterior communicating artery	19,000	11,400	7,600
I60.4	Subarachnoid haemorrhage from basilar artery	19,000	11,400	7,600
I60.5	Subarachnoid haemorrhage from vertebral artery	19,000	11,400	7,600
I60.6	Subarachnoid haemorrhage from other intracranial arteries; Multiple involvement of intracranial arteries	19,000	11,400	7,600
I60.7	Subarachnoid haemorrhage from intracranial artery, unspecified; Congenital ruptured berry aneurysm NOS; Subarachnoid haemorrhage from cerebral artery NOS; Subarachnoid haemorrhage from communicating artery NOS	19,000	11,400	7,600
I60.8	Other subarachnoid haemorrhage; Meningeal haemorrhage; Rupture of cerebral arteriovenous malformation	19,000	11,400	7,600
I60.9	Subarachnoid haemorrhage, unspecified	19,000	11,400	7,600
I61.0	Intracerebral haemorrhage in hemisphere, subcortical; Deep intracerebral haemorrhage	19,000	11,400	7,600
I61.1	Intracerebral haemorrhage in hemisphere, cortical; Cerebral lobe haemorrhage; Superficial intracerebral haemorrhage	19,000	11,400	7,600
I61.2	Intracerebral haemorrhage in hemisphere, unspecified	19,000	11,400	7,600
I61.3	Intracerebral haemorrhage in brain stem	19,000	11,400	7,600
I61.4	Intracerebral haemorrhage in cerebellum	19,000	11,400	7,600
I61.5	Intracerebral haemorrhage, intraventricular	19,000	11,400	7,600
I61.6	Intracerebral haemorrhage, multiple localized	19,000	11,400	7,600
I61.8	Other intracerebral haemorrhage	19,000	11,400	7,600
I61.9	Intracerebral haemorrhage, unspecified	19,000	11,400	7,600
I62.0	Acute Subdural haemorrhage; Nontraumatic Subdural haemorrhage	19,000	11,400	7,600
I62.1	Nontraumatic extradural haemorrhage; Nontraumatic epidural haemorrhage	19,000	11,400	7,600
I62.9	Intracranial haemorrhage (nontraumatic), unspecified	19,000	11,400	7,600
I63.0	Cerebral infarction due to thrombosis of precerebral arteries	14,000	8,400	5,600
I63.1	Cerebral infarction due to embolism of precerebral arteries	14,000	8,400	5,600
I63.2	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	14,000	8,400	5,600
I63.3	Cerebral infarction due to thrombosis of cerebral arteries	14,000	8,400	5,600
I63.4	Cerebral infarction due to embolism of cerebral arteries	14,000	8,400	5,600

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		Case Rate	Professional Fee	Health Care Institution Fee
I63.5	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	14,000	8,400	5,600
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	14,000	8,400	5,600
I63.8	Other cerebral infarction	14,000	8,400	5,600
I63.9	Cerebral infarction, unspecified	14,000	8,400	5,600
I63.9+G46.7*	Other lacunar syndrome in unspecified cerebral infarction	14,000	8,400	5,600
I64	Stroke, not specified as hemorrhage or infarction	14,000	8,400	5,600
I21.0	Acute transmural myocardial infarction of anterior wall [or duration of <4 weeks] KILLIPS stage unspecified; Acute transmural infarction of anterior wall NOS [or duration of <4 weeks] KILLIPS stage unspecified; Acute anteroapical transmural infarction [or	9,450	5,670	3,780
I21.1	Acute transmural myocardial infarction of inferior wall [or duration of <4 weeks] KILLIPS I; Acute transmural infarction of diaphragmatic wall [or duration of <4 weeks] KILLIPS I; Acute transmural infarction of inferior wall NOS [or duration of <4 weeks]	9,450	5,670	3,780
I21.2	Acute transmural myocardial infarction of other sites [or duration of <4 weeks] KILLIPS II; Acute apical-lateral transmural infarction [or duration of <4 weeks] KILLIPS II; Acute basal-lateral transmural infarction [or duration of <4 weeks] KILLIPS I	9,450	5,670	3,780
I21.3	Acute transmural myocardial infarction of unspecified site; Transmural myocardial infarction NOS	9,450	5,670	3,780
I21.4	Acute subendocardial myocardial infarction; Nontransmural myocardial infarction NOS	9,450	5,670	3,780
I21.9	Acute myocardial infarction, unspecified [or duration of <4 weeks] KILLIPS I; Acute myocardial infarction NOS [or duration of <4 weeks] KILLIPS I	9,450	5,670	3,780
I22.0	Subsequent myocardial infarction of anterior wall; Acute Subsequent infarction of anterior wall NOS; Acute subsequent infarction of anteroapical wall; Acute subsequent infarction of anterolateral wall; Acute subsequent infarction of anteroseptal wall	9,450	5,670	3,780
I22.1	Subsequent myocardial infarction of inferior wall; Acute subsequent infarction of diaphragmatic wall; Acute subsequent infarction of inferior wall NOS; Acute subsequent infarction of inferolateral wall; Acute subsequent infarction of inferoposterior wall	9,450	5,670	3,780

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		Case Rate	Professional Fee	Health Care Institution Fee
I22.8	Subsequent myocardial infarction of other sites; Acute myocardial infarction of apical-lateral wall; Acute myocardial infarction of basal-lateral wall; Acute myocardial infarction of high lateral wall; Acute myocardial infarction of lateral wall NOS; Acut	9,450	5,670	3,780
I22.9	Subsequent myocardial infarction of unspecified site	9,450	5,670	3,780
I23.0	Haemopericardium as current complication following acute myocardial infarction	9,450	5,670	3,780
I23.1	Atrial septal defect as current complication following acute myocardial infarction	9,450	5,670	3,780
I23.2	Ventricular septal defect as current complication following acute myocardial infarction	9,450	5,670	3,780
I23.3	Rupture of cardiac wall without haemopericardium as current complication following acute myocardial infarction	9,450	5,670	3,780
I23.4	Rupture of chordae tendineae as current complication following acute myocardial infarction	9,450	5,670	3,780
I23.5	Rupture of papillary muscle as current complication following acute myocardial infarction	9,450	5,670	3,780
I23.8	Other current complications following acute myocardial infarction	9,450	5,670	3,780
I24.1	Dressler's syndrome; Postmyocardial infarction syndrome	9,450	5,670	3,780
O08.2	Embolism following abortion and ectopic and molar pregnancy; Embolism NOS; Air embolism; Amniotic fluid embolism; Blood-clot embolism; Pulmonary embolism; Pyaemic embolism; Septic or septiconvaemic embolism; Swan embolism	4,650	2,790	1,860
O08.5	Metabolic disorders following abortion and ectopic and molar pregnancy	4,650	2,790	1,860
O08.9	Complication following abortion and ectopic and molar pregnancy, unspecified	4,650	2,790	1,860
O67.8	Other intrapartum haemorrhage; Excessive intrapartum haemorrhage	4,650	2,790	1,860
O71.0	Rupture of uterus before on set of labour	4,650	2,790	1,860
O71.1	Rupture of uterus during labour; Rupture of uterus not stated as occurring before onset of labour	4,650	2,790	1,860
O71.2	Post partum inversion of uterus	4,650	2,790	1,860

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		Case Rate	Professional Fee	Health Care Institution Fee
071.3	Obstetric laceration of cervix; Annular detachment of cervix	4,650	2,790	1,860
071.5	Other obstetric injury to pelvic organs; Obstetric injury to bladder; Obstetric injury to urethra	4,650	2,790	1,860
071.7	Obstetric haematoma of pelvis; Obstetric haematoma of perineum; Obstetric haematoma of vagina; Obstetric haematoma of vulva	4,650	2,790	1,860
071.8	Other specified obstetric trauma	4,650	2,790	1,860
071.9	Obstetric trauma, unspecified	4,650	2,790	1,860
074.0	Aspiration pneumonitis due to anaesthesia during labour and delivery; Inhalation of stomach contents or secretions NOS due to anaesthesia during labour and delivery; Mendelson's syndrome due to anaesthesia during labour and delivery	4,650	2,790	1,860
074.2	Cardiac complications of anaesthesia during labour and delivery; Cardiac arrest due to anaesthesia during labour and delivery; Cardiac failure due to anaesthesia during labour and delivery	4,650	2,790	1,860
074.8	Other complications of anaesthesia during labour and delivery	4,650	2,790	1,860
075.1	Shock during or following labour and delivery; Obstetric shock	4,650	2,790	1,860
075.8	Other specified complications of labour and delivery	4,650	2,790	1,860
075.9	Complication of labour and delivery, unspecified	4,650	2,790	1,860
087.9	Venous complication in the puerperium, unspecified; Puerperal phlebitis NOS; Puerperal phlebopathy NOS; Puerperal thrombosis NOS	4,650	2,790	1,860
11000	Debridement of extensive eczematous or infected skin	10,540	5,040	5,500
11010	Debridement including removal of foreign material associated w/ open fracture(s) and/or dislocation(s); skin and subcutaneous tissues	10,540	5,040	5,500
11011	Debridement including removal of foreign material associated w/ open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle	11,980	5,880	6,100
11012	Debridement including removal of foreign material associated w/ open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone	12,120	6,720	5,400
11040	Debridement; skin, partial thickness	3,640	840	2,800
11041	Debridement; skin, full thickness	3,640	840	2,800
11042	Debridement; skin, and subcutaneous tissue	5,680	1,680	4,000
11043	Debridement; skin, subcutaneous tissue, and muscle	8,020	2,520	5,500

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11044	Debridement; skin, subcutaneous tissue, muscle, and bone	8,020	2,520	5,500
11720	Debridement of nail(s) by any method(s); one to five	3,640	840	2,800
11721	Debridement of nail(s) by any method(s); six or more	5,560	1,260	4,300
16010	Dressings and/or debridement, initial or subsequent	8,260	3,360	4,900
21627	Sternal debridement	12,288	6,888	5,400
36430	Outpatient Transfusion of Blood or Blood Products; one or more units	3,640	840	2,800
49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic)	8,020	2,520	5,500
55250	Vasectomy, unilateral or bilateral	4,000	1,000	3,000
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	4,000	1,000	3,000
77401	Radiation treatment delivery (Linear Accelerator)	3,000	800	2,200
77401	Radiation treatment delivery (Cobalt)	2,000	800	1,200
77761	Intracavitary radiation source application, 1 or more sources/ribbons (Brachytherapy), one or more sessions during the course of therapy including follow-up care for 90 days after procedure	18,000	8,400	9,600
77776	Interstitial radiation source application, 1 or more sources/ribbons (Brachytherapy), one or more sessions during the course of therapy including follow-up care for 90 days after procedure	18,000	8,400	9,600
77781	Remote after loading high intensity brachytherapy (RAHIB); 1 or more source position or catheters per session	5,680	1,680	4,000
77789	Surface application of radiation source (Brachytherapy), one or more sessions during the course of therapy including follow-up care for 90 days after procedure	9,700	4,200	5,500
90935	Hemodialysis procedure	4,000	500	3,500
90945	Dialysis procedure other than hemodialysis (e.g. peritoneal, hemofiltration)	4,000	500	3,500
96408	Chemotherapy administration	7,280	1,680	5,600
	The following procedures if done on both sides during one confinement, the second procedure shall be considered as the second case rate and shall be reimbursed at 50% of the case rate for the procedure except for the (3) cataract package surgeries:			
15820	Blepharoplasty, lower eyelid	5,060	4,048	1,012
15822	Blepharoplasty, upper eyelid;	5,060	4,048	1,012
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	5,990	4,792	1,198
19160	Mastectomy, partial;	11,000	8,800	2,200

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19162	Mastectomy, partial; with axillary lymphadenectomy	11,000	8,800	2,200
19180	Mastectomy, simple, complete	11,000	8,800	2,200
19182	Mastectomy, subcutaneous	11,000	8,800	2,200
19200	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	11,000	8,800	2,200
19220	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	11,000	8,800	2,200
19240	Mastectomy, modified radical, including axillary lymph nodes, w/ or w/o pectoralis minor muscle, but excluding pectoralis major muscle	11,000	8,800	2,200
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	18,900	15,120	3,780
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	18,900	15,120	3,780
19350	Nipple/areola reconstruction	15,150	12,120	3,030
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	18,900	15,120	3,780
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	27,500	22,000	5,500
19364	Breast reconstruction with free flap	27,500	22,000	5,500
19366	Breast reconstruction with other technique	27,500	22,000	5,500
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	27,500	22,000	5,500
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	27,500	22,000	5,500
19370	Open periprosthetic capsulotomy, breast	15,150	12,120	3,030
19371	Periprosthetic capsulectomy, breast	18,900	15,120	3,780
23515	Open treatment of clavicular fracture, w/ or w/o internal or external fixation	6,228	4,982	1,246
23520	Closed treatment of sternoclavicular dislocation	5,440	4,352	1,088
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	10,490	8,392	2,098
23532	Open treatment of sternoclavicular dislocation, w/ fascial graft (includes obtaining graft)	13,560	10,848	2,712
23540	Closed treatment of acromioclavicular dislocation	4,010	3,208	802
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	10,970	8,776	2,194
23552	Open treatment of acromioclavicular dislocation, acute or chronic; w/ fascial graft (includes obtaining graft)	10,490	8,392	2,098
23570	Closed treatment of scapular fracture	4,010	3,208	802
23585	Open treatment of scapular fracture (body, glenoid or acromion) w/ or w/o internal fixation	10,490	8,392	2,098

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		Case Rate	Professional Fee	Health Care Institution Fee
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture	5,270	4,216	1,054
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);	11,650	9,320	2,330
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	23,670	18,936	4,734
23620	Closed treatment of greater tuberosity fracture	4,850	3,880	970
23630	Open treatment of greater tuberosity fracture, w/ or w/o internal or external fixation	11,650	9,320	2,330
23650	Closed treatment of shoulder dislocation	5,270	4,216	1,054
23660	Open treatment of acute shoulder dislocation	13,560	10,848	2,712
23665	Closed treatment of shoulder dislocation,/ fracture of greater tuberosity	5,990	4,792	1,198
23670	Open treatment of shoulder dislocation, w/ fracture of greater tuberosity, w/ or w/o internal or external fixation	13,560	10,848	2,712
23675	Closed treatment of shoulder dislocation, w/ surgical or anatomical neck fracture	6,060	4,848	1,212
23680	Open treatment of shoulder dislocation, w/ surgical or anatomical neck fracture, w/ or w/o internal or external fixation	13,560	10,848	2,712
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	4,850	3,880	970
23900	Interthoracoscupal amputation (forequarter)	15,150	12,120	3,030
23920	Disarticulation of shoulder;	13,560	10,848	2,712
24500	Closed treatment of humeral shaft fracture	5,060	4,048	1,012
24515	Open treatment of humeral shaft fracture w/ plate/screws, w/ or w/o cerclage	15,370	12,296	3,074
24516	Open treatment of humeral shaft fracture, w/ insertion of intramedullary implant, w/ or w/o cerclage and/or locking screws	15,370	12,296	3,074
24530	Closed treatment of supracondylar or transcondylar humeral fracture, w/ or w/o intercondylar extension	5,060	4,048	1,012
24545	Open treatment of humeral supracondylar or transcondylar fracture, w/ or w/o internal or external fixation; w/o intercondylar extension	6,228	4,982	1,246
24546	Open treatment of humeral supracondylar or transcondylar fracture, w/ or w/o internal or external fixation; w/ intercondylar extension	16,000	12,800	3,200
24560	Closed treatment of humeral epicondylar fracture, medial or lateral;	5,440	4,352	1,088
24575	Open treatment of humeral epicondylar fracture, medial or lateral, w/ or w/o internal or external fixation	9,000	7,200	1,800

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24576	Closed treatment of humeral condylar fracture, medial or lateral	5,440	4,352	1,088
24579	Open treatment of humeral condylar fracture, medial or lateral, w/ or w/o internal or external fixation	9,000	7,200	1,800
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	11,330	9,064	2,266
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	18,900	15,120	3,780
24600	Treatment of closed elbow dislocation	5,270	4,216	1,054
24615	Open treatment of acute or chronic elbow dislocation	11,650	9,320	2,330
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna w/ dislocation of radial head)	5,440	4,352	1,088
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	10,970	8,776	2,194
24640	Closed treatment of radial head subluxation in child, "nursemaid elbow"	2,840	2,272	568
24650	Closed treatment of radial head or neck fracture	5,440	4,352	1,088
24665	Open treatment of radial head or neck fracture, w/ or w/o internal fixation or radial head excision;	10,490	8,392	2,098
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	13,560	10,848	2,712
24670	Closed treatment of ulnar fracture, proximal end (olecranon process)	5,440	4,352	1,088
24685	Open treatment of ulnar fracture proximal end (olecranon process), w/ or w/o internal or external fixation	10,970	8,776	2,194
24900	Amputation, arm through humerus; w/ primary closure	9,000	7,200	1,800
24920	Amputation, arm through humerus; open, circular (guillotine)	6,060	4,848	1,212
24925	Amputation, arm through humerus; secondary closure or scar revision	5,480	4,384	1,096
24930	Amputation, arm through humerus; re-amputation	7,480	5,984	1,496
24931	Amputation, arm through humerus; w/ implant	7,480	5,984	1,496
25500	Closed treatment of radial shaft fracture	4,850	3,880	970
25515	Open treatment of radial shaft fracture, w/ or w/o internal or external fixation	10,970	8,776	2,194

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25520	Closed treatment of radial shaft fracture, w/ dislocation of distal radio-ulnar joint (Galeazzi fracture/dislocation)	4,850	3,880	970
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	10,490	8,392	2,098
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	11,330	9,064	2,266
25530	Closed treatment of ulnar shaft fracture	4,130	3,304	826
25545	Open treatment of ulnar shaft fracture, w/ or w/o internal or external fixation	9,000	7,200	1,800
25560	Closed treatment of radial and ulnar shaft fractures	4,850	3,880	970
25574	Open treatment of radial and ulnar shaft fractures, w/ internal or external fixation; of radius or ulna	13,980	11,184	2,796
25575	Open treatment of radial and ulnar shaft fractures, w/ internal or external fixation; of radius and ulna	13,560	10,848	2,712
25600	Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, w/ or w/o fracture of ulnar styloid	4,130	3,304	826
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	11,650	9,320	2,330
25622	Closed treatment of carpal scaphoid (navicular) fracture	4,130	3,304	826
25628	Open treatment of carpal scaphoid (navicular) fracture, w/ or w/o internal or external fixation	10,910	8,728	2,182
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular))	4,130	3,304	826
25645	Open treatment of carpal bone fracture (excluding carpal scaphoid (navicular)), each bone	10,952	8,762	2,190
25650	Closed treatment of ulnar styloid fracture	4,220	3,376	844
25660	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones	4,130	3,304	826
25670	Open treatment of radiocarpal or intercarpal dislocation, one or more bones	9,000	7,200	1,800
25675	Closed treatment of distal radioulnar dislocation	4,130	3,304	826
25676	Open treatment of distal radioulnar dislocation, acute or chronic	10,910	8,728	2,182
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation	4,130	3,304	826

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25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	10,490	8,392	2,098
25690	Closed treatment of lunate dislocation	4,130	3,304	826
25695	Open treatment of lunate dislocation	10,970	8,776	2,194
25900	Amputation, forearm, through, radius and ulna;	9,000	7,200	1,800
25905	Amputation, forearm, through, open, circular (guillotine)	6,060	4,848	1,212
25907	Amputation, forearm, through, secondary closure or scar revision	5,480	4,384	1,096
25909	Amputation, forearm, through, re-amputation	7,480	5,984	1,496
25920	Disarticulation through wrist;	7,480	5,984	1,496
25922	Disarticulation through wrist; secondary closure or scar revision	4,220	3,376	844
25924	Disarticulation through wrist; re-amputation	7,480	5,984	1,496
25927	Transmetacarpal amputation;	7,480	5,984	1,496
25929	Transmetacarpal amputation; secondary closure or scar revision	4,220	3,376	844
25931	Transmetacarpal amputation; re-amputation	7,480	5,984	1,496
26600	Closed treatment of metacarpal fracture, single	5,060	4,048	1,012
26607	Closed treatment of metacarpal fracture, w/ internal or external fixation	6,450	5,160	1,290
26615	Open treatment of metacarpal fracture, single, w/ or w/o internal or external fixation, each bone	6,060	4,848	1,212
26641	Closed treatment of carpometacarpal dislocation, thumb	5,270	4,216	1,054
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture)	6,060	4,848	1,212
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), w/ or w/o internal or external fixation	7,480	5,984	1,496
26670	Closed treatment of carpometacarpal dislocation, other than thumb (Bennett fracture); single	5,270	4,216	1,054
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	5,270	4,216	1,054
26686	Open treatment of carpometacarpal dislocation, other than thumb (Bennett fracture); single, complex, multiple or delayed reduction	5,990	4,792	1,198
26700	Closed treatment of metacarpophalangeal dislocation, single	5,270	4,216	1,054
26715	Open treatment of metacarpophalangeal dislocation, single, w/ or w/o internal or external fixation	6,270	5,016	1,254
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb	5,060	4,048	1,012
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, w/ or w/o internal or external fixation, each	7,480	5,984	1,496

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint	5,060	4,048	1,012
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, w/ or w/o internal or external fixation, each	6,270	5,016	1,254
26750	Closed treatment of distal phalangeal fracture, finger or thumb	5,060	4,048	1,012
26765	Open treatment of distal phalangeal fracture, finger or thumb, w/ or w/o internal or external fixation, each	6,060	4,848	1,212
26770	Closed treatment of interphalangeal joint dislocation, single	5,440	4,352	1,088
26785	Open treatment of interphalangeal joint dislocation, w/ or w/o internal or external fixation, single	6,270	5,016	1,254
26910	Amputation, metacarpal, w/ finger or thumb (ray amputation), single, w/ or w/o interosseous transfer	6,060	4,848	1,212
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; w/ direct closure	5,990	4,792	1,198
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; w/ local advancement flaps (V-Y, hood)	10,970	8,776	2,194
27175	Treatment of slipped femoral epiphysis; by traction, w/o reduction	11,650	9,320	2,330
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	15,150	12,120	3,030
27177	Open treatment of slipped femoral epiphysis; single of multiple pinning or bone graft (includes obtaining graft)	15,570	12,456	3,114
27178	Open treatment of slipped femoral epiphysis; closed manipulation w/ single or multiple pinning	15,570	12,456	3,114
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	15,570	12,456	3,114
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	18,590	14,872	3,718
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	18,900	15,120	3,780
27217	Open treatment of anterior ring fracture and/or dislocation w/ internal fixation (includes pubic symphysis and/or rami)	23,250	18,600	4,650
27218	Open treatment of posterior ring fracture and/or dislocation w/ internal fixation (includes ilium, sacroiliac joint and/or sacrum)	23,250	18,600	4,650
27220	Closed treatment of acetabulum (hip socket) fracture(s)	15,370	12,296	3,074

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
27226	Open treatment of posterior or anterior acetabular wall fracture, w/ internal fixation	19,320	15,456	3,864
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, w/ internal fixation	20,160	16,128	4,032
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	23,250	18,600	4,650
27230	Closed treatment of femoral fracture, proximal end, neck	11,650	9,320	2,330
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement (direct fracture exposure)	23,250	18,600	4,650
27238	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture	11,650	9,320	2,330
27244	Open treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; w/ plate/screw type implant, w/ or w/o cerclage	23,250	18,600	4,650
27245	Open treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; w/ intramedullary implant, w/ or w/o interlocking screws and/or cerclage	15,570	12,456	3,114
27246	Closed treatment of greater trochanteric fracture	11,650	9,320	2,330
27248	Open treatment of greater trochanteric fracture, w/ or w/o internal or external fixation	13,560	10,848	2,712
27250	Closed treatment of hip dislocation, traumatic	11,650	9,320	2,330
27253	Open treatment of hip dislocation, traumatic, w/o internal fixation	18,590	14,872	3,718
27254	Open treatment of hip dislocation, traumatic w/ acetabular wall and femoral head fracture, w/ or w/o internal or external fixation	20,160	16,128	4,032
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc):	15,150	12,120	3,030
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	18,590	14,872	3,718
27265	Closed treatment of post hip arthroplasty dislocation	9,000	7,200	1,800
27290	Interpelviabdominal amputation (hindquarter amputation)	23,250	18,600	4,650
27295	Disarticulation of hip	15,150	12,120	3,030

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
27501	Closed treatment of supracondylar or transcondylar femoral fracture w/ or w/o intercondylar extension	7,480	5,984	1,496
27502	Closed treatment of femoral shaft fracture, w/ or w/o skin or skeletal traction	9,210	7,368	1,842
27503	Closed treatment of supracondylar or transcondylar femoral fracture w/ or w/o intercondylar extension, w/ or w/o skin or skeletal traction	9,210	7,368	1,842
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	15,370	12,296	3,074
27507	Open treatment of femoral shaft fracture w/ plate/screws, w/ or w/o cerclage	15,370	12,296	3,074
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle	9,210	7,368	1,842
27511	Open treatment of femoral supracondylar or transcondylar fracture w/o intercondylar extension, w/ or w/o internal or external fixation	18,590	14,872	3,718
27513	Open treatment of femoral supracondylar or transcondylar fracture w/ intercondylar extension, w/ or w/o internal or external fixation	18,900	15,120	3,780
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, w/ or w/o internal or external fixation	15,370	12,296	3,074
27516	Closed treatment of distal femoral epiphyseal separation	11,650	9,320	2,330
27519	Open treatment of distal femoral epiphyseal separation, w/ or w/o internal or external fixation	11,330	9,064	2,266
27520	Closed treatment of patellar fracture	10,490	8,392	2,098
27524	Open treatment of patellar fracture, w/ internal fixation and/or partial or complete patellectomy and soft tissue repair	10,490	8,392	2,098
27530	Closed treatment of tibial fracture, proximal (plateau)	9,210	7,368	1,842
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, w/ or w/o internal or external fixation	15,370	12,296	3,074
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, w/ or w/o internal fixation	13,560	10,848	2,712
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee	5,270	4,216	1,054
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, w/ or w/o internal or external fixation	10,910	8,728	2,182
27550	Closed treatment of knee dislocation	5,270	4,216	1,054

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
27556	Open treatment of knee dislocation, w/ or w/o internal or external fixation; w/o primary ligamentous repair or augmentation/reconstruction	13,560	10,848	2,712
27557	Open treatment of knee dislocation, w/ or w/o internal or external fixation; w/ primary ligamentous repair	13,980	11,184	2,796
27558	Open treatment of knee dislocation, w/ or w/o internal or external fixation; w/ primary ligamentous repair, w/ augmentation/reconstruction	18,900	15,120	3,780
27560	Closed treatment of patellar dislocation	10,490	8,392	2,098
27566	Open treatment of patellar dislocation, w/ or w/o partial or total patellectomy	13,560	10,848	2,712
27590	Amputation, thigh, through femur, any level;	15,150	12,120	3,030
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	11,650	9,320	2,330
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	11,650	9,320	2,330
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	5,990	4,792	1,198
27596	Amputation, thigh, through femur, any level; re-amputaion	11,330	9,064	2,266
27598	Disarticulation at knee	13,560	10,848	2,712
27750	Closed treatment of tibial shaft fracture (w/ or w/o fibular fracture)	6,060	4,848	1,212
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	6,060	4,848	1,212
27758	Open treatment of tibial shaft fracture (w/ or w/o fibular fracture) w/ plate/screws, w/ or w/o cerclage	11,330	9,064	2,266
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	13,560	10,848	2,712
27760	Closed treatment of medial malleolus fracture	5,480	4,384	1,096
27766	Open treatment of medial malleolus fracture, w/ or w/o internal or external fixation	6,060	4,848	1,212
27780	Closed treatment of proximal fibula or shaft fracture	5,480	4,384	1,096
27784	Open treatment of proximal fibula or shaft fracture, w/ or w/o internal or external fixation	11,330	9,064	2,266
27786	Closed treatment of distal fibular fracture (lateral malleolus)	5,270	4,216	1,054
27792	Open treatment of distal fibular fracture (lateral malleolus), w/ or w/o internal or external fixation w/o manipulation	10,490	8,392	2,098
27808	Closed treatment of bimalleolar ankle fracture, (including Potts)	6,450	5,160	1,290
27814	Open treatment of bimalleolar ankle fracture, w/ or w/o internal or external fixation	11,650	9,320	2,330
27816	Closed treatment of trimalleolar ankle fracture	11,650	9,320	2,330

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
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	11,650	9,320	2,330
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	11,650	9,320	2,330
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (e.g., pilon or tibial plafond)	5,270	4,216	1,054
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	10,490	8,392	2,098
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	10,970	8,776	2,194
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	10,910	8,728	2,182
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, w/ or w/o internal or external fixation	10,490	8,392	2,098
27830	Closed treatment of proximal tibiofibular joint dislocation	5,480	4,384	1,096
27832	Open treatment of proximal tibiofibular joint dislocation, w/ or w/o internal or external fixation, or w/ excision of proximal fibula	5,990	4,792	1,198
27840	Closed treatment of ankle dislocation	5,480	4,384	1,096
27846	Open treatment of ankle dislocation, w/ or w/o percutaneous skeletal fixation; w/o repair or internal fixation	11,330	9,064	2,266
27848	Open treatment of ankle dislocation, w/ or w/o percutaneous skeletal fixation; w/ repair or internal or external fixation	11,860	9,488	2,372
27880	Amputation, leg, through tibia and fibula;	15,150	12,120	3,030
27881	Amputation, leg, through tibia and fibula; w/ immediate fitting technique including application of first cast	15,370	12,296	3,074
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	9,000	7,200	1,800
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	6,060	4,848	1,212
27886	Amputation, leg, through tibia and fibula; re-amputation	11,650	9,320	2,330
27888	Amputation, ankle, through malleoli of tibia and fibula (Syme, Pirogoff type procedures), w/ plastic closure and resection of nerves	11,650	9,320	2,330
27889	Ankle disarticulation	10,970	8,776	2,194

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
28400	Closed treatment of calcaneal fracture	5,480	4,384	1,096
28415	Open treatment of calcaneal fracture, w/ or w/o internal or external fixation;	9,000	7,200	1,800
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)	11,180	8,944	2,236
28430	Closed treatment of talus fracture	5,480	4,384	1,096
28445	Open treatment of talus fracture, w/ or w/o internal or external fixation	7,690	6,152	1,538
28450	Treatment of tarsal bone fracture (except talus and calcaneus)	5,566	4,453	1,113
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), w/ or w/o internal or external fixation	5,060	4,048	1,012
28470	Closed treatment of metatarsal fracture	5,440	4,352	1,088
28485	Open treatment of metatarsal fracture, w/ or w/o internal or external fixation	5,440	4,352	1,088
28490	Closed treatment of fracture great toe, phalanx or phalanges	5,060	4,048	1,012
28505	Open treatment of fracture great toe, phalanx or phalanges, w/ or w/o internal or external fixation	6,060	4,848	1,212
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe	5,060	4,048	1,012
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, w/ or w/o internal or external fixation	6,060	4,848	1,212
28530	Closed treatment of sesamoid fracture	4,130	3,304	826
28531	Open treatment of sesamoid fracture, w/ or w/o internal fixation	5,060	4,048	1,012
28540	Closed treatment of tarsal bone dislocation, other than talotarsal	4,130	3,304	826
28555	Open treatment of tarsal bone dislocation, w/ or w/o internal or external fixation	6,270	5,016	1,254
28570	Closed treatment of talotarsal joint dislocation	5,440	4,352	1,088
28585	Open treatment of talotarsal joint dislocation, w/ or w/o internal or external fixation	9,000	7,200	1,800
28600	Closed treatment of tarsometatarsal joint dislocation	5,480	4,384	1,096
28615	Open treatment of tarsometatarsal joint dislocation, w/ or w/o internal or external fixation	9,000	7,200	1,800
28630	Closed treatment of metatarsophalangeal joint dislocation	4,130	3,304	826
28645	Open treatment of metatarsophalangeal joint dislocation, w/ or w/o internal or external fixation	9,000	7,200	1,800
28660	Closed treatment of interphalangeal joint dislocation	5,440	4,352	1,088

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
28675	Open treatment of interphalangeal joint dislocation, w/ or w/o internal or external fixation	9,000	7,200	1,800
28800	Amputation, foot; midtarsal (Chopart type procedure)	11,650	9,320	2,330
28810	Amputation, metatarsal, w/ toe, single	6,060	4,848	1,212
28820	Amputation, toe; metatarsophalangeal joint	9,000	7,200	1,800
28825	Amputation, toe; interphalangeal joint	6,060	4,848	1,212
29058	Application of body cast, shoulder to hips; plaster Velpeau	2,780	2,224	556
29065	Application of body cast, shoulder to hips; shoulder to hand (long arm)	2,840	2,272	568
29075	Application of body cast, shoulder to hips; elbow to finger (short arm)	2,780	2,224	556
29085	Application of body cast, shoulder to hips; hand and lower forearm (gauntlet)	2,780	2,224	556
29305	Application of hip spica cast; one leg	4,010	3,208	802
29325	Application of hip spica cast; one and one-half spica or both legs	4,220	3,376	844
29345	Application of long leg cast (thigh to toes);	4,010	3,208	802
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	4,220	3,376	844
29358	Application of long leg cast brace	4,220	3,376	844
29365	Application of cylinder cast (thigh to ankle)	4,010	3,208	802
29405	Application of short leg cast (below knee to toes);	4,010	3,208	802
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	4,010	3,208	802
29435	Application of patellar tendon bearing (PTB) cast	4,010	3,208	802
29445	Application of rigid total contact leg cast	2,840	2,272	568
29450	Application of clubfoot cast w/ molding or manipulation, long or short leg	2,840	2,272	568
49495	Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; reducible	10,500	8,400	2,100
49496	Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; incarcerated	10,500	8,400	2,100
49497	Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; strangulated	10,500	8,400	2,100
49500	Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; reducible	10,500	8,400	2,100
49501	Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; incarcerated	10,500	8,400	2,100
49502	Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; strangulated	10,500	8,400	2,100
49505	Repair initial inguinal hernia, age 5 years or over; reducible	10,500	8,400	2,100
49507	Repair initial inguinal hernia, age 5 years or over; incarcerated	10,500	8,400	2,100

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
49509	Repair initial inguinal hernia, age 5 years or over; strangulated	10,500	8,400	2,100
49520	Repair recurrent inguinal hernia, any age; reducible	10,500	8,400	2,100
49521	Repair recurrent inguinal hernia, any age; incarcerated	10,500	8,400	2,100
49522	Repair recurrent inguinal hernia, any age; strangulated	10,500	8,400	2,100
49525	Repair inguinal hernia, sliding, any age	10,500	8,400	2,100
49540	Repair lumbar hernia	10,500	8,400	2,100
49550	Repair initial femoral hernia, any age; reducible	10,500	8,400	2,100
49553	Repair initial femoral hernia, any age; incarcerated	10,500	8,400	2,100
49554	Repair initial femoral hernia, any age; strangulated	10,500	8,400	2,100
49555	Repair recurrent femoral hernia; reducible	10,500	8,400	2,100
49557	Repair recurrent femoral hernia; incarcerated	10,500	8,400	2,100
49558	Repair recurrent femoral hernia; strangulated	10,500	8,400	2,100
49560	Repair initial incisional hernia; reducible	10,500	8,400	2,100
49561	Repair initial incisional hernia; incarcerated	10,500	8,400	2,100
49562	Repair initial incisional hernia; strangulated	10,500	8,400	2,100
49565	Repair recurrent incisional hernia; reducible	10,500	8,400	2,100
49566	Repair recurrent incisional hernia; incarcerated	10,500	8,400	2,100
49567	Repair recurrent incisional hernia; strangulated	10,500	8,400	2,100
49590	Repair spigelian hernia	10,500	8,400	2,100
49650	Laparoscopy, surgical; repair of initial inguinal hernia	10,500	8,400	2,100
49651	Laparoscopy, surgical; repair of recurrent inguinal hernia	10,500	8,400	2,100
54520	Orchiectomy, simple (including subcapsular), w/ or w/o testicular prosthesis, scrotal or inguinal approach	5,270	4,216	1,054
54530	Orchiectomy, radical, for tumor; inguinal approach	5,480	4,384	1,096
54535	Orchiectomy, radical, for tumor; w/ abdominal exploration	6,270	5,016	1,254
54550	Exploration for undescended testis (inguinal or scrotal area)	5,270	4,216	1,054
54560	Exploration for undescended testis w/ abdominal exploration	6,270	5,016	1,254
54600	Reduction of torsion of testis, surgical, w/ or w/o fixation of contralateral testis	5,480	4,384	1,096
54620	Fixation of contralateral testis	4,650	3,720	930
54640	Orchiopexy, inguinal approach, w/ or w/o hernia repair	5,270	4,216	1,054
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (e.g., Fowler-Stephens)	6,270	5,016	1,254
54670	Suture or repair of testicular injury	4,850	3,880	970
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	4,130	3,304	826
54690	Laparoscopy, surgical; orchiectomy	4,850	3,880	970

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	5,990	4,792	1,198
61330	Decompression of orbit only, transcranial approach	23,250	18,600	4,650
61332	Exploration of orbit (transcranial approach); w/ biopsy	26,700	21,360	5,340
61333	Exploration of orbit (transcranial approach); w/ removal of lesion	26,700	21,360	5,340
61334	Exploration of orbit (transcranial approach); w/ removal of foreign body	26,700	21,360	5,340
65091	Evisceration of ocular contents; w/o implant	6,060	4,848	1,212
65093	Evisceration of ocular contents; w/ implant	6,060	4,848	1,212
65101	Enucleation of eye; w/o implant	6,060	4,848	1,212
65103	Enucleation of eye; w/ implant, muscles not attached to implant	6,060	4,848	1,212
65105	Enucleation of eye; w/ implant, muscles attached to implant	6,060	4,848	1,212
65110	Exenteration of orbit without skin graft, removal of orbital contents; only	18,900	15,120	3,780
65112	Exenteration of orbit without skin graft, removal of orbital contents; w/ therapeutic removal of bone	19,320	15,456	3,864
65114	Exenteration of orbit without skin graft, removal of orbital contents; w/ muscle or myocutaneous flap	19,740	15,792	3,948
65130	Insertion of ocular implant; after evisceration, in scleral shell	5,480	4,384	1,096
65135	Insertion of ocular implant; after enucleation, muscles not attached to implant	5,480	4,384	1,096
65140	Insertion of ocular implant; after enucleation, muscles attached to implant	5,990	4,792	1,198
65150	Reinsertion of ocular implant; with or without conjunctival graft	5,990	4,792	1,198
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	5,990	4,792	1,198
65175	Removal of ocular implant	4,850	3,880	970
65205	Removal of foreign body, external eye; conjunctival, superficial	1,820	1,456	364
65210	Removal of foreign body, external eye; subconjunctival or scleral, with slit lamp	4,010	3,208	802
65222	Removal of foreign body, external eye; cornea, with slit lamp	4,010	3,208	802
65235	Removal of foreign body, intraocular; from anterior chamber or lens	9,000	7,200	1,800
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	26,700	21,360	5,340
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	27,500	22,000	5,500
65270	Repair of laceration; conjunctiva, w/ or w/o nonperforating laceration sclera, direct closure	4,010	3,208	802

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement	4,010	3,208	802
65275	Repair of laceration; cornea, nonperforating, w/ or w/o removal foreign body	4,850	3,880	970
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	10,490	8,392	2,098
65285	Repair of laceration; cornea and/or sclera, perforating, w/ reposition or resection of uveal tissue	11,650	9,320	2,330
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	4,850	3,880	970
65290	Repair of wound, extraocular muscle, tendon and/ or Tenons capsule	4,850	3,880	970
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	4,010	3,208	802
65710	Keratoplasty (corneal transplant); lamellar	15,150	12,120	3,030
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia)	15,150	12,120	3,030
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	15,150	12,120	3,030
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	15,150	12,120	3,030
65760	Keratomileusis	9,000	7,200	1,800
65765	Keratophakia	5,270	4,216	1,054
65767	Epikeratoplasty	9,000	7,200	1,800
65770	Keratoprosthesis	15,150	12,120	3,030
65771	Radial keratotomy	7,480	5,984	1,496
65772	Corneal relaxing incision for correction of surgically induced astigmatism	7,480	5,984	1,496
65775	Corneal wedge resection for correction of surgically induced astigmatism	7,480	5,984	1,496
65780	Ocular surface reconstruction; amniotic membrane transplantation	15,150	12,120	3,030
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	15,150	12,120	3,030
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	15,150	12,120	3,030
65805	Paracentesis of anterior chamber of eye; w/ therapeutic release of aqueous	4,010	3,208	802
65810	Paracentesis of anterior chamber of eye; w/ removal of vitreous and/or discission of anterior hyaloid membrane, w/ or w/o air injection	4,850	3,880	970
65815	Paracentesis of anterior chamber of eye; w/ removal of blood, w/ or w/o irrigation and/or air injection	4,850	3,880	970
65820	Goniotomy	11,650	9,320	2,330
65850	Trabeculotomy ab externo	11,650	9,320	2,330
65855	Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)	6,060	4,848	1,212
65860	Severing adhesions of anterior segment, laser technique	5,270	4,216	1,054

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
65865	Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); goniosynechia	5,270	4,216	1,054
65870	Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); anterior synechia, except goniosynechia	5,270	4,216	1,054
65875	Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); posterior synechia	5,270	4,216	1,054
65880	Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); corneovitreal adhesions	5,270	4,216	1,054
65900	Removal of epithelial material, anterior segment eye	5,270	4,216	1,054
65920	Removal of implanted material, anterior segment eye	6,060	4,848	1,212
66150	Fistulization of sclera for glaucoma; trephination w/ iridectomy	9,000	7,200	1,800
66155	Fistulization of sclera for glaucoma; thermocauterization w/ iridectomy	9,000	7,200	1,800
66160	Fistulization of sclera for glaucoma; sclerectomy w/ punch or scissors, w/ iridectomy	9,000	7,200	1,800
66165	Fistulization of sclera for glaucoma; iridencleisis or iridotaxis	9,000	7,200	1,800
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	9,000	7,200	1,800
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo w/ scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	13,560	10,848	2,712
66180	Aqueous shunt to extraocular reservoir (e.g., Molteno, Schocket, Denver-Krupin)	15,150	12,120	3,030
66185	Revision of aqueous shunt to extraocular reservoir	15,150	12,120	3,030
66220	Repair of scleral staphyloma; w/o graft	6,060	4,848	1,212
66225	Repair of scleral staphyloma; w/ graft	11,650	9,320	2,330
66500	Iridotomy by stab incision; except transfixion	5,270	4,216	1,054
66505	Iridotomy by stab incision; w/ transfixion as for iris bombe	5,270	4,216	1,054
66600	Iridectomy, w/ corneoscleral or corneal section; for removal of lesion	6,060	4,848	1,212
66605	Iridectomy, w/ corneoscleral or corneal section; w/ cyclectomy	9,000	7,200	1,800
66625	Iridectomy, w/ corneoscleral or corneal section; peripheral for glaucoma	6,060	4,848	1,212
66630	Iridectomy, w/ corneoscleral or corneal section; sector for glaucoma	6,060	4,848	1,212
66680	Repair of iris, ciliary body (as for iridodialysis)	9,000	7,200	1,800
66682	Suture of iris, ciliary body w/ retrieval of suture through small incision (e.g., McCannel suture)	7,480	5,984	1,496

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
66700	Ciliary body destruction; diathermy	5,990	4,792	1,198
66710	Ciliary body destruction; cyclophotocoagulation	5,990	4,792	1,198
66720	Ciliary body destruction; cryotherapy	5,990	4,792	1,198
66740	Ciliary body destruction; cyclodialysis	5,990	4,792	1,198
66761	Iridotomy/iridectomy by laser surgery (e.g., for glaucoma) (one or more sessions)	5,270	4,216	1,054
66762	Iridoplasty by photocoagulation (one or more sessions) (e.g., for improvement of vision, for widening of anterior chamber angle)	6,060	4,848	1,212
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	5,270	4,216	1,054
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	6,060	4,848	1,212
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	4,130	3,304	826
66825	Repositioning of intraocular lens prosthesis, requiring an incision	9,000	7,200	1,800
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)	6,060	4,848	1,212
66840	Removal of lens material; aspiration technique, one or more stages	8,000	6,400	1,600
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (e.g., phacoemulsification), w/ aspiration	8,000	6,400	1,600
66852	Removal of lens material; pars plana approach, with or without vitrectomy	8,000	6,400	1,600
66920	Removal of lens material; intracapsular	8,000	6,400	1,600
66930	Removal of lens material; intracapsular, for dislocated lens	8,000	6,400	1,600
66940	Removal of lens material; extracapsular	8,000	6,400	1,600
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in rout	8,000	6,400	1,600
66983*	Intracapsular cataract extraction w/ insertion of intraocular lens prosthesis (one stage procedure)	16,000	6,400	9,600
66984*	Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., irrigation and aspiration)	16,000	6,400	9,600
66985	Insertion of intraocular lens prosthesis, not associated with cataract removal	8,000	6,400	1,600

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
66986	Exchange of intraocular lens	8,000	6,400	1,600
66987*	Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., phacoemulsification)	16,000	6,400	9,600
66991	Revision of failed filter; with or without explantation/exchange of shunt	18,900	15,120	3,780
66992	Revision of failed filter; with excision of bleb cyst	18,900	15,120	3,780
66993	Revision of failed filter; with choroidal tap	15,150	12,120	3,030
66994	Revision of failed filter; with posterior sclerotomy	15,150	12,120	3,030
66995	Revision of failed filter; with anterior chamber reformation	15,150	12,120	3,030
66996	Revision of filtering bleb, needling technique; without injection of anti-metabolite	6,060	4,848	1,212
66997	Revision of filtering bleb, needling technique; with injection of anti-metabolite	9,000	7,200	1,800
66998	Release of scleral flap suture by laser suture lysis (new code)	4,850	3,880	970
66999	Revision of overfiltering bleb (includes autologous blood injection, cryotherapy, mattress sutures, etc.)	9,000	7,200	1,800
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	18,900	15,120	3,780
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal w/ mechanical vitrectomy	26,700	21,360	5,340
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	4,850	3,880	970
67036	Vitrectomy, mechanical, pars plana approach;	23,250	18,600	4,650
67038	Vitrectomy, mechanical, pars plana approach; w/ epiretinal membrane stripping	23,250	18,600	4,650
67039	Vitrectomy, mechanical, pars plana approach; w/ focal endolaser photocoagulation	23,250	18,600	4,650
67040	Vitrectomy, mechanical, pars plana approach; w/ endolaser panretinal photocoagulation	23,250	18,600	4,650
67041	Vitrectomy, mechanical, pars plana approach; with internal limiting membrane (ILM) peeling	23,250	18,600	4,650
67042	Vitrectomy, mechanical, pars plana approach; with radial optic nerve neurotomy (RON)	23,250	18,600	4,650
67043	Vitrectomy, mechanical, pars plana approach; with sheathotomy for branch retinal vein occlusion	23,250	18,600	4,650
67044	Vitrectomy, mechanical, pars plana approach; with macular translocation (limited by retinotomy and/or scleral imbrication)	23,250	18,600	4,650
67045	Vitrectomy, mechanical, pars plana approach; with macular translocation (total)	23,250	18,600	4,650
67046	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membranes	23,250	18,600	4,650

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
67047	Vitrectomy, mechanical, pars plana approach; with removal of choroidal neovascular membrane	23,250	18,600	4,650
67048	Vitrectomy, mechanical, pars plana approach; with endodrainage of subretinal hemorrhage (with or without tPA injection)	23,250	18,600	4,650
67049	Vitrectomy, mechanical, pars plana approach; with removal of dropped IOL	23,250	18,600	4,650
67050	Vitrectomy, mechanical, pars plana approach; with phacofragmentation for dropped lens material	23,250	18,600	4,650
67051	Vitrectomy, mechanical, pars plana approach; with internal tamponade with air, gas, silicone oil, perfluorocarbon liquid	23,250	18,600	4,650
67052	Vitrectomy, mechanical, pars plana approach; with insertion of scleral fixated intraocular lens, with or without anterior vitrectomy	18,900	15,120	3,780
67101	Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, w/ or w/o drainage of subretinal fluid	23,250	18,600	4,650
67105	Repair of retinal detachment, one or more sessions; photocoagulation, w/ or w/o drainage of subretinal fluid	18,590	14,872	3,718
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	23,250	18,600	4,650
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	23,250	18,600	4,650
67110	Repair of retinal detachment; by injection of air or other gas (e.g., pneumatic retinopexy)	15,150	12,120	3,030
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	23,250	18,600	4,650
67115	Release of encircling material (posterior segment)	6,060	4,848	1,212
67120	Removal of implanted material, posterior segment; extraocular	6,060	4,848	1,212
67121	Removal of implanted material, posterior segment; intraocular	10,490	8,392	2,098
67208	Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), one or more sessions; cryotherapy, diathermy	6,060	4,848	1,212

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
67210	Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), one or more sessions; photocoagulation (laser or xenon arc)	6,060	4,848	1,212
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)	6,060	4,848	1,212
67220	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photocoagulation (e.g., laser), one or more sessions	6,060	4,848	1,212
67221	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy (includes intravenous infusions)	6,060	4,848	1,212
67222	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); transpupillary thermotherapy	6,060	4,848	1,212
67227	Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), one or more sessions; cryotherapy, diathermy	6,060	4,848	1,212
67228	Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), one or more sessions; photocoagulation (laser or xenon arc)	6,060	4,848	1,212
67250	Scleral reinforcement	6,060	4,848	1,212
67311	Strabismus surgery, recession or resection procedure (patient not previously operated on); one horizontal muscle	5,060	4,048	1,012
67312	Strabismus surgery, recession or resection procedure (patient not previously operated on); two horizontal muscles	6,060	4,848	1,212
67314	Strabismus surgery, recession or resection procedure (patient not previously operated on); one vertical muscle (excluding superior oblique)	6,060	4,848	1,212
67316	Strabismus surgery, recession or resection procedure (patient not previously operated on); two or more vertical muscles (excluding superior oblique)	9,000	7,200	1,800
67318	Strabismus surgery, any procedure (patient not previously operated on), superior oblique muscle	9,000	7,200	1,800
67320	Transposition procedure (e.g., for paretic extraocular muscle), any extraocular muscle (specify)	9,000	7,200	1,800
67331	Strabismus surgery on patient w/ previous eye surgery or injury that did not involve the extraocular muscles	9,000	7,200	1,800

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
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)	10,970	8,776	2,194
67334	Strabismus surgery by posterior fixation suture technique, w/ or w/o muscle recession	5,990	4,792	1,198
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s)	11,330	9,064	2,266
67343	Release of extensive scar tissue w/o detaching extraocular muscle	9,000	7,200	1,800
67345	Chemodeneration of extraocular muscle	4,850	3,880	970
67400	Orbitotomy w/o bone flap (frontal or transconjunctival approach); for exploration, w/ or w/o biopsy	23,250	18,600	4,650
67405	Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ drainage only	23,250	18,600	4,650
67412	Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ removal of lesion	23,250	18,600	4,650
67413	Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ removal of foreign body	23,250	18,600	4,650
67414	Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ removal of bone for decompression	23,250	18,600	4,650
67415	Fine needle aspiration of orbital contents	23,250	18,600	4,650
67420	Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ removal of lesion	23,250	18,600	4,650
67430	Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ removal of foreign body	23,250	18,600	4,650
67440	Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ drainage	23,250	18,600	4,650
67445	Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ removal of bone for decompression	23,250	18,600	4,650
67550	Orbital implant (implant outside muscle cone); insertion	5,480	4,384	1,096
67560	Orbital implant (implant outside muscle cone); removal or revision	5,480	4,384	1,096
67580	Repair of anophthalmic socket; with insertion or removal of orbital implant within muscle cone	6,060	4,848	1,212
67581	Repair of anophthalmic socket; with exchange or orbital implant	10,490	8,392	2,098
67582	Repair of anophthalmic socket; with exchange of orbital implant and reattachment of muscles	10,490	8,392	2,098
67583	Repair of anophthalmic socket; with fornix reconstruction using sutures	10,490	8,392	2,098
67584	Repair of anophthalmic socket; with fornix reconstruction using buccal mucosal graft or amnion graft, including harvesting of graft	10,490	8,392	2,098

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
67585	Repair of anophthalmic socket; with revision of implant and fornix reconstruction using sutures	10,490	8,392	2,098
67586	Repair of anophthalmic socket; with revision of implant and fornix reconstruction using buccal mucosal graft, or amnion graft (including harvesting of graft)	10,490	8,392	2,098
67700	Blepharotomy, drainage of abscess, eyelid	2,840	2,272	568
67710	Severing of tarsorrhaphy	2,840	2,272	568
67715	Canthotomy	2,840	2,272	568
67800	Excision of chalazion	2,840	2,272	568
67825	Repair of trichiasis; by electroepilation, electrosurgery, cryotherapy or laser surgery	2,840	2,272	568
67830	Repair of trichiasis; incision of lid margin	1,820	1,456	364
67835	Repair of trichiasis; incision of lid margin, with free mucous membrane graft	4,650	3,720	930
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	2,780	2,224	556
67875	Temporary closure of eyelids suture (e.g., frost suture)	2,840	2,272	568
67880	Construction of intermargin adhesions, median tarsorrhaphy, or canthorrhaphy;	2,840	2,272	568
67882	Construction of intermargin adhesions, median tarsorrhaphy, or canthorrhaphy; with transportation of tarsal plate	4,010	3,208	802
67900	Repair of brow ptosis (supraciliary, midforehead or coronal approach)	9,000	7,200	1,800
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	9,000	7,200	1,800
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)	10,490	8,392	2,098
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	9,000	7,200	1,800
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	9,000	7,200	1,800
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	9,000	7,200	1,800
67908	Repair of blepharoptosis; conjunctivo-tarso-Mullers muscle-levator resection (Fasanella-Servat type)	9,000	7,200	1,800
67911	Repair of lid retraction (eyelid recession); without spacer	10,700	8,560	2,140
67912	Correction of lagophthalmos, with implantation of upper eyelid load	16,000	12,800	3,200
67914	Repair of ectropion; suture	4,010	3,208	802
67915	Repair of ectropion; thermocauterization	4,010	3,208	802
67916	Blepharoplasty, excision tarsal wedge	4,850	3,880	970
67917	Blepharoplasty, extensive (e.g., Kuhnt-Szymanowski or tarsal strip operations)	6,450	5,160	1,290
67921	Repair of entropion; suture	2,840	2,272	568
67922	Repair of entropion; thermocauterization	2,840	2,272	568

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
67923	Blepharoplasty, excision tarsal wedge	4,850	3,880	970
67924	Blepharoplasty, extensive (e.g., Wheeler operation)	6,450	5,160	1,290
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/ or palpebral conjunctiva direct closure; partial thickness	4,850	3,880	970
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/ or palpebral conjunctiva direct closure; full thickness	6,060	4,848	1,212
67950	Canthoplasty (reconstruction of canthus)	6,060	4,848	1,212
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	15,370	12,296	3,074
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	13,560	10,848	2,712
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	15,150	12,120	3,030
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage	18,900	15,120	3,780
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage	18,900	15,120	3,780
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	15,150	12,120	3,030
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	5,270	4,216	1,054
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	6,060	4,848	1,212
68326	Conjunctivoplasty reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	7,480	5,984	1,496
68328	Conjunctivoplasty reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	9,000	7,200	1,800
68330	Repair of symblepharon; conjunctivoplasty, without graft	7,480	5,984	1,496
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	10,970	8,776	2,194

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	9,000	7,200	1,800
68360	Conjunctival flap; bridge or partial	5,990	4,792	1,198
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	5,990	4,792	1,198
68371	Harvesting conjunctival allograft, living donor	10,490	8,392	2,098
68400	Incision, drainage of lacrimal gland	2,840	2,272	568
68420	Incision, drainage of lacrimal sac (dacryocystostomy)	2,840	2,272	568
68440	Snip incision of lacrimal punctum	2,840	2,272	568
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor	6,060	4,848	1,212
68520	Excision of lacrimal sac (dacryocystectomy)	6,060	4,848	1,212
68530	Removal of foreign body or dacryolith, lacrimal passages	2,840	2,272	568
68540	Excision of lacrimal gland tumor; frontal approach	9,000	7,200	1,800
68550	Excision of lacrimal gland tumor; involving osteotomy	9,000	7,200	1,800
68700	Plastic repair of canaliculi	4,850	3,880	970
68705	Correction of everted punctum, cautery	1,820	1,456	364
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	9,000	7,200	1,800
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	9,000	7,200	1,800
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	10,490	8,392	2,098
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	4,010	3,208	802
68770	Closure of lacrimal fistula	5,440	4,352	1,088
68811	Probing of nasolacrimal duct; requiring general anesthesia	4,010	3,208	802
68815	Probing of nasolacrimal duct; with insertion of tube or stent	4,850	3,880	970
69310	Reconstruction of external auditory canal (meatoplasty) (e.g., for stenosis due to trauma, infection)	11,650	9,320	2,330
69320	Reconstruction external auditory canal for congenital atresia, single stage	11,650	9,320	2,330
69400	Eustachian tube inflation, transnasal; w/ catheterization	2,906	2,325	581
69405	Eustachian tube catheterization, transtympanic	2,840	2,272	568
69420	Myringotomy including aspiration and/or eustachian tube inflation	2,840	2,272	568
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	4,010	3,208	802
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	4,130	3,304	826

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
69436	Tympanostomy (requiring insertion of ventilating tube), w/ general anesthesia	4,130	3,304	826
69440	Middle ear exploration through postauricular or ear canal incision	9,000	7,200	1,800
69450	Tympanolysis, transcanal	4,850	3,880	970
69535	Resection temporal bone, external approach	23,250	18,600	4,650
69620	Myringoplasty (surgery confined to drumhead and donor area)	10,490	8,392	2,098
69650	Stapes mobilization	18,900	15,120	3,780
69660	Stapedectomy or stapedotomy w/ reestablishment of ossicular continuity, w/ or w/o use of foreign material;	19,320	15,456	3,864
69661	Stapedectomy or stapedotomy w/ reestablishment of ossicular continuity, w/ or w/o use of foreign material; w/ footplate drill out	19,320	15,456	3,864
69662	Revision of stapedectomy or stapedotomy	19,320	15,456	3,864
69666	Repair oval window fistula	19,320	15,456	3,864
69667	Repair round window fistula	19,320	15,456	3,864
69670	Mastoid obliteration	15,790	12,632	3,158
69676	Tympanic neurectomy	15,150	12,120	3,030
69700	Closure postauricular fistula, mastoid	5,270	4,216	1,054
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	15,150	12,120	3,030
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	15,150	12,120	3,030
69740	Suture facial nerve, intratemporal, w/ or w/o graft or decompression; lateral to geniculate ganglion	18,900	15,120	3,780
69745	Suture facial nerve, intratemporal, w/ or w/o graft or decompression; including medial to geniculate ganglion	18,900	15,120	3,780
69801	Labyrinthotomy, w/ or w/o cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions): transcanal	19,320	15,456	3,864
69802	Labyrinthotomy, w/ or w/o cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); w/ mastoidectomy	19,740	15,792	3,948
69805	Endolymphatic sac operation; w/o shunt	23,250	18,600	4,650
69806	Endolymphatic sac operation; w/ shunt	26,700	21,360	5,340
69820	Fenestration semicircular canal	23,250	18,600	4,650
69840	Revision fenestration operation	26,700	21,360	5,340
69905	Labyrinthectomy; transcanal	23,250	18,600	4,650
69910	Labyrinthectomy; w/ mastoidectomy	26,700	21,360	5,340
69915	Vestibular nerve section, translabyrinthine approach	26,700	21,360	5,340
69930	Cochlear device implantation, w/ or w/o mastoidectomy	27,500	22,000	5,500
69950	Vestibular nerve section, transcranial approach	27,500	22,000	5,500

ANNEX 3. LIST OF MEDICAL CONDITIONS AND PROCEDURES ALLOWED AS SECOND CASE RATE

ICD/RVS CODE	DESCRIPTION	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
69955	Total facial nerve decompression and/or repair (may include graft)	27,500	22,000	5,500
69960	Decompression internal auditory canal	26,700	21,360	5,340
69970	Removal of tumor, temporal bone	23,250	18,600	4,650

***subject to policies contained in PC 17 s 2013**