

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

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

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

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

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| 15756 | Free muscle flap w/ or w/o skin graft w/ microvascular anastomosis | 38,640 | 21,840 | 16,800 |
| 15757 | Free skin flap w/ microvascular anastomosis | 38,640 | 21,840 | 16,800 |
| 15758 | Free fascial flap w/ microvascular anastomosis | 38,640 | 21,840 | 16,800 |
| 15760 | Graft; composite (e.g., full thickness of external ear or nasal ala), including primary closure, donor area | 21,940 | 9,240 | 12,700 |
| 15770 | Graft; derma-fat-fascia | 21,940 | 9,240 | 12,700 |
| | Other Procedures | | | |
| 15820 | Blepharoplasty, lower eyelid | 10,120 | 4,620 | 5,500 |
| 15822 | Blepharoplasty, upper eyelid; | 10,120 | 4,620 | 5,500 |
| 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid | 11,980 | 5,880 | 6,100 |
| 15840 | Graft for facial nerve paralysis; free fascia graft (including obtaining fascia) | 30,300 | 16,800 | 13,500 |
| 15841 | Graft for facial nerve paralysis; free muscle graft (including obtaining graft) | 30,300 | 16,800 | 13,500 |
| 15842 | Graft for facial nerve paralysis; free muscle graft by microsurgical technique | 38,640 | 21,840 | 16,800 |
| 15845 | Graft for facial nerve paralysis; regional muscle transfer | 30,300 | 16,800 | 13,500 |
| | Pressure Ulcers (Decubitus Ulcers) | | | |
| 15920 | Excision, coccygeal pressure ulcer, w/ coccygectomy; w/ primary suture | 30,740 | 13,440 | 17,300 |
| 15922 | Excision, coccygeal pressure ulcer, w/ coccygectomy; w/ flap closure | 30,300 | 16,800 | 13,500 |
| 15931 | Excision, sacral pressure ulcer, w/ primary suture | 21,940 | 9,240 | 12,700 |
| 15933 | Excision, sacral pressure ulcer, w/ primary suture w/ ostectomy | 30,740 | 13,440 | 17,300 |
| 15934 | Excision, sacral pressure ulcer, w/ skin flap closure | 12,120 | 6,720 | 5,400 |
| 15935 | Excision, sacral pressure ulcer, w/ skin flap closure w/ ostectomy | 30,300 | 16,800 | 13,500 |
| 15936 | Excision, sacral pressure ulcer, w/ muscle or myocutaneous flap closure | 38,440 | 19,740 | 18,700 |
| 15937 | Excision, sacral pressure ulcer, w/ muscle or myocutaneous flap closure w/ ostectomy | 37,800 | 21,000 | 16,800 |
| 15940 | Excision, ischial pressure ulcer, w/ primary suture | 12,120 | 6,720 | 5,400 |
| 15941 | Excision, ischial pressure ulcer, w/ primary suture w/ ostectomy (ischiectomy) | 21,940 | 9,240 | 12,700 |
| 15944 | Excision, ischial pressure ulcer, w/ skin flap closure | 30,740 | 13,440 | 17,300 |
| 15945 | Excision, ischial pressure ulcer, w/ skin flap closure w/ ostectomy | 30,300 | 16,800 | 13,500 |
| 15946 | Excision, ischial pressure ulcer, w/ ostectomy, w/ muscle or myocutaneous flap closure | 38,440 | 19,740 | 18,700 |
| 15950 | Excision, trochanteric pressure ulcer, w/ primary suture | 11,980 | 5,880 | 6,100 |
| 15951 | Excision, trochanteric pressure ulcer, w/ primary suture w/ ostectomy | 21,940 | 9,240 | 12,700 |
| 15952 | Excision, trochanteric pressure ulcer, w/ skin flap closure | 21,940 | 9,240 | 12,700 |
| 15953 | Excision, trochanteric pressure ulcer, w/ skin flap closure; w/ ostectomy | 30,740 | 13,440 | 17,300 |
| 15956 | Excision, trochanteric pressure ulcer, w/ muscle or myocutaneous flap closure | 31,140 | 17,640 | 13,500 |
| 15958 | Excision, trochanteric pressure ulcer, w/ muscle or myocutaneous flap closure; w/ ostectomy | 38,440 | 19,740 | 18,700 |
| | Burns, Local Treatment | | | |
| 16010 | Dressings and/or debridement, initial or subsequent | 8,260 | 3,360 | 4,900 |
| 16035 | Escharotomy | 30,740 | 13,440 | 17,300 |
| 16040 | Excision burn wound, w/o skin grafting, employing alloplastic dressing (e.g., synthetic mesh), any anatomic site | 9,700 | 4,200 | 5,500 |
| | Destruction, Benign or Premalignant Lesions | | | |
| 17000 | Destruction by any method, including laser, w/ or w/o surgical curettement, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; any number of lesions | 8,020 | 2,520 | 5,500 |
| 17100 | Destruction by any method, including laser, of benign skin lesions other than cutaneous vascular proliferative lesions on any area other than the face, including local anesthesia; any number of lesions | 8,020 | 2,520 | 5,500 |
| 17106 | Destruction of cutaneous vascular proliferative lesions (e.g., laser technique) | 18,000 | 8,400 | 9,600 |
| 17110 | Destruction by any method of flat warts or molluscum contagiosum, milia, all lesions | N/A | N/A | N/A |
| 17200 | Electrosurgical destruction of multiple fibrocutaneous tags; all lesions | 8,020 | 2,520 | 5,500 |
| 17250 | Chemical cauterization of granulation tissue (proud flesh, sinus or fistula) | 5,680 | 1,680 | 4,000 |
| | Destruction, Malignant Lesions, Any Method | | | |
| 17260 | Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 0.5 cm or less | 5,680 | 1,680 | 4,000 |
| 17261 | Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm | 5,680 | 1,680 | 4,000 |
| 17262 | Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm | 5,680 | 1,680 | 4,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 28116 | Ostectomy, excision of tarsal coalition | 15,380 | 7,980 | 7,400 |
| 28118 | Ostectomy, calcaneus; | 15,380 | 7,980 | 7,400 |
| 28119 | Ostectomy, calcaneus; for spur, w/ or w/o plantar fascial release | 14,960 | 7,560 | 7,400 |
| 28120 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) of bone (e.g., for osteomyelitis or talar bossing); talus or calcaneus | 21,940 | 9,240 | 12,700 |
| 28122 | Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or tarsal bossing), tarsal or metatarsal bone, except talus or calcaneus | 18,000 | 8,400 | 9,600 |
| 28124 | Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or dorsal bossing), phalanx of toe | 18,000 | 8,400 | 9,600 |
| 28126 | Resection, partial or complete, phalangeal base, single toe, each | 12,540 | 7,140 | 5,400 |
| 28130 | Talectomy (astragalectomy) | 22,660 | 11,760 | 10,900 |
| 28140 | Metatarsectomy | 18,000 | 8,400 | 9,600 |
| 28150 | Phalangectomy of toe, single, each | 12,120 | 6,720 | 5,400 |
| 28153 | Resection, head of phalanx, toe | 12,120 | 6,720 | 5,400 |
| 28160 | Hemiphalangectomy or interphalangeal joint excision, toe, single, each | 10,540 | 5,040 | 5,500 |
| 28171 | Radical resection of tumor, bone; tarsal (except talus or calcaneus) | 30,740 | 13,440 | 17,300 |
| 28173 | Radical resection of tumor, bone; metatarsal | 22,660 | 11,760 | 10,900 |
| 28175 | Radical resection of tumor, bone; phalanx of toe | 21,940 | 9,240 | 12,700 |
| | Repair, Revision, and/or Reconstruction | | | |
| 28200 | Repair or suture of tendon, foot, flexor, single; primary or secondary, w/o free graft, each tendon | 18,000 | 8,400 | 9,600 |
| 28202 | Repair or suture of tendon, foot, flexor, single; secondary w/ free graft, each tendon (includes obtaining graft) | 18,000 | 8,400 | 9,600 |
| 28208 | Repair or suture of tendon, foot, extensor, single; primary or secondary, each tendon | 12,540 | 7,140 | 5,400 |
| 28210 | Repair or suture of tendon, foot, extensor, single; secondary w/ free graft, each tendon (includes obtaining graft) | 12,540 | 7,140 | 5,400 |
| 28220 | Tenolysis, flexor, foot; single | 10,880 | 3,780 | 7,100 |
| 28222 | Tenolysis, flexor, foot; multiple (through same incision) | 10,960 | 5,460 | 5,500 |
| 28225 | Tenolysis, extensor, foot; single | 10,880 | 3,780 | 7,100 |
| 28226 | Tenolysis, extensor, foot; multiple (through same incision) | 10,960 | 5,460 | 5,500 |
| 28230 | Tenotomy, open, flexor; foot, single or multiple; | 10,960 | 5,460 | 5,500 |
| 28232 | Tenotomy, open, flexor; foot, single or multiple; toe, single | 10,880 | 3,780 | 7,100 |
| 28234 | Tenotomy, open, extensor, foot or toe | 11,132 | 4,032 | 7,100 |
| 28238 | Advancement of posterior tibial tendon w/ excision of accessory navicular bone (e.g. Kidner type procedure) | 18,420 | 8,820 | 9,600 |
| 28240 | Tenotomy, lengthening, or release, abductor hallucis muscle | 12,540 | 7,140 | 5,400 |
| 28250 | Division of plantar fascia and muscle (e.g. Steindler stripping) | 12,540 | 7,140 | 5,400 |
| 28260 | Capsulotomy, midfoot; medial release only | 12,540 | 7,140 | 5,400 |
| 28261 | Capsulotomy, midfoot; w/ tendon lengthening | 18,000 | 8,400 | 9,600 |
| 28262 | Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening as for resistant clubfoot deformity | 20,980 | 10,080 | 10,900 |
| 28264 | Capsulotomy, midtarsal (e.g. Heyman type procedure) | 12,120 | 6,720 | 5,400 |
| 28270 | Capsulotomy; metatarsophalangeal joint, w/ or w/o tenorrhaphy, single, each joint | 12,120 | 6,720 | 5,400 |
| 28272 | Capsulotomy; interphalangeal joint, single each joint | 12,900 | 6,300 | 6,600 |
| 28280 | Webbing operation (create syndactylism of toes) (e.g. Kelikian type procedure) | 20,980 | 10,080 | 10,900 |
| 28285 | Hammertoe operation, one toe (e.g., interphalangeal fusion, filleting, phalangectomy) | 15,380 | 7,980 | 7,400 |
| 28286 | Cock-up fifth toe operation w/ plastic skin closure (e.g. Ruiz-Mora type procedure) | 21,940 | 9,240 | 12,700 |
| 28288 | Ostectomy, partial, exostectomy or condylectomy, single, metatarsal head, first through fifth, each metatarsal head | 15,380 | 7,980 | 7,400 |
| 28290 | Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; simple exostectomy (e.g. Silver type procedure) | 20,980 | 10,080 | 10,900 |
| 28292 | Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; Keller, McBride, or Mayo type procedure | 21,820 | 10,920 | 10,900 |
| 28293 | Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; resection of joint w/ implant | 21,820 | 10,920 | 10,900 |
| 28294 | Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; w/ tendon transplants (Joplin type procedure) | 22,660 | 11,760 | 10,900 |
| 28296 | Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; w/ metatarsal osteotomy (e.g., Mitchell, Chevron, or concentric type procedures) | 22,660 | 11,760 | 10,900 |
| 28297 | Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; Lapidus type procedure | 22,660 | 11,760 | 10,900 |
| 28298 | Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; by phalanx osteotomy | 23,080 | 12,180 | 10,900 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 28299 | Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; by other methods (e.g., double osteotomy) | 23,080 | 12,180 | 10,900 |
| 28300 | Osteotomy; calcaneus (e.g. Dwyer or Chambers type procedure), w/ or w/o internal fixation | 21,400 | 10,500 | 10,900 |
| 28302 | Osteotomy; talus | 20,980 | 10,080 | 10,900 |
| 28304 | Osteotomy, midtarsal bones, other than calcaneus or talus; | 15,380 | 7,980 | 7,400 |
| 28305 | Osteotomy, midtarsal bones, other than calcaneus or talus; w/ autograft (includes obtaining graft)(e.g. Fowler type) | 18,420 | 8,820 | 9,600 |
| 28306 | Osteotomy, metatarsal, base or shaft, single, w/ or w/o lengthening, for shortening or angular correction; first metatarsal | 22,360 | 9,660 | 12,700 |
| 28307 | Osteotomy, metatarsal, base or shaft, single, w/ or w/o lengthening, for shortening or angular correction; first metatarsal w/ autograft | 22,360 | 9,660 | 12,700 |
| 28308 | Osteotomy, metatarsal, base or shaft, single, w/ or w/o lengthening, for shortening or angular correction; other than first metatarsal | 22,360 | 9,660 | 12,700 |
| 28309 | Osteotomy, metatarsals, multiple, for cavus foot (e.g. Swanson type procedure) | 21,940 | 9,240 | 12,700 |
| 28310 | Osteotomy for shortening, angular or rotational correction; proximal phalanx, first toe | 18,420 | 8,820 | 9,600 |
| 28312 | Osteotomy for shortening, angular or rotational correction; other phalanges, any toe | 14,960 | 7,560 | 7,400 |
| 28313 | Reconstruction, angular deformity of toe (overlapping second toe, fifth toe, curly toes), soft tissue procedures only | 22,360 | 9,660 | 12,700 |
| 28315 | Sesamoidectomy, first toe | 12,540 | 7,140 | 5,400 |
| 28320 | Repair of nonunion or malunion; tarsal bones (e.g., calcaneus, talus) | 21,940 | 9,240 | 12,700 |
| 28322 | Repair of nonunion or malunion; metatarsal, w/ or w/o bone graft (includes obtaining graft) | 14,960 | 7,560 | 7,400 |
| 28340 | Reconstruction, toe, macrodactyly; soft tissue resection | 12,120 | 6,720 | 5,400 |
| 28341 | Reconstruction, toe, macrodactyly; requiring bone resection | 12,540 | 7,140 | 5,400 |
| 28344 | Reconstruction, toe(s); polydactyly | 21,940 | 9,240 | 12,700 |
| 28345 | Reconstruction, toe(s); syndactyly, w/ or w/o skin graft(s) | 22,360 | 9,660 | 12,700 |
| 28360 | Reconstruction, cleft foot | 15,380 | 7,980 | 7,400 |
| | Fracture and/or Dislocation | | | |
| 28400 | Closed treatment of calcaneal fracture | 10,960 | 5,460 | 5,500 |
| 28406 | Percutaneous skeletal fixation of calcaneal fracture, w/ manipulation | 11,980 | 5,880 | 6,100 |
| 28415 | Open treatment of calcaneal fracture, w/ or w/o internal or external fixation; | 18,000 | 8,400 | 9,600 |
| 28420 | Open treatment of calcaneal fracture, w/ or w/o internal or external fixation; w/ primary iliac or other autogenous bone graft (includes obtaining graft) | 22,360 | 9,660 | 12,700 |
| 28430 | Closed treatment of talus fracture | 10,960 | 5,460 | 5,500 |
| 28436 | Percutaneous skeletal fixation of talus fracture, w/ manipulation | 9,700 | 4,200 | 5,500 |
| 28445 | Open treatment of talus fracture, w/ or w/o internal or external fixation | 15,380 | 7,980 | 7,400 |
| 28450 | Treatment of tarsal bone fracture (except talus and calcaneus) | 11,132 | 4,032 | 7,100 |
| 28456 | Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), w/ manipulation | 11,980 | 5,880 | 6,100 |
| 28465 | Open treatment of tarsal bone fracture (except talus and calcaneus), w/ or w/o internal or external fixation | 10,120 | 4,620 | 5,500 |
| 28470 | Closed treatment of metatarsal fracture | 10,880 | 3,780 | 7,100 |
| 28476 | Percutaneous skeletal fixation of metatarsal fracture, w/ manipulation | 8,260 | 3,360 | 4,900 |
| 28485 | Open treatment of metatarsal fracture, w/ or w/o internal or external fixation | 10,880 | 3,780 | 7,100 |
| 28490 | Closed treatment of fracture great toe, phalanx or phalanges | 10,120 | 4,620 | 5,500 |
| 28496 | Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, w/ manipulation | 10,540 | 5,040 | 5,500 |
| 28505 | Open treatment of fracture great toe, phalanx or phalanges, w/ or w/o internal or external fixation | 12,120 | 6,720 | 5,400 |
| 28510 | Closed treatment of fracture, phalanx or phalanges, other than great toe | 10,120 | 4,620 | 5,500 |
| 28525 | Open treatment of fracture, phalanx or phalanges, other than great toe, w/ or w/o internal or external fixation | 12,120 | 6,720 | 5,400 |
| 28530 | Closed treatment of sesamoid fracture | 8,260 | 3,360 | 4,900 |
| 28531 | Open treatment of sesamoid fracture, w/ or w/o internal fixation | 10,120 | 4,620 | 5,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 28540 | Closed treatment of tarsal bone dislocation, other than talotarsal | 8,260 | 3,360 | 4,900 |
| 28546 | Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, w/ manipulation | 12,540 | 7,140 | 5,400 |
| 28555 | Open treatment of tarsal bone dislocation, w/ or w/o internal or external fixation | 12,540 | 7,140 | 5,400 |
| 28570 | Closed treatment of talotarsal joint dislocation | 10,880 | 3,780 | 7,100 |
| 28576 | Percutaneous skeletal fixation of talotarsal joint dislocation, w/ manipulation | 12,540 | 7,140 | 5,400 |
| 28585 | Open treatment of talotarsal joint dislocation, w/ or w/o internal or external fixation | 18,000 | 8,400 | 9,600 |
| 28600 | Closed treatment of tarsometatarsal joint dislocation | 10,960 | 5,460 | 5,500 |
| 28606 | Percutaneous skeletal fixation of tarsometatarsal joint dislocation, w/ manipulation | 12,540 | 7,140 | 5,400 |
| 28615 | Open treatment of tarsometatarsal joint dislocation, w/ or w/o internal or external fixation | 18,000 | 8,400 | 9,600 |
| 28630 | Closed treatment of metatarsophalangeal joint dislocation | 8,260 | 3,360 | 4,900 |
| 28636 | Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, w/ manipulation | 12,540 | 7,140 | 5,400 |
| 28645 | Open treatment of metatarsophalangeal joint dislocation, w/ or w/o internal or external fixation | 18,000 | 8,400 | 9,600 |
| 28660 | Closed treatment of interphalangeal joint dislocation | 10,880 | 3,780 | 7,100 |
| 28666 | Percutaneous skeletal fixation of interphalangeal joint dislocation, w/ manipulation | 12,540 | 7,140 | 5,400 |
| 28675 | Open treatment of interphalangeal joint dislocation, w/ or w/o internal or external fixation | 18,000 | 8,400 | 9,600 |
| | Arthrodesis | | | |
| 28705 | Pantalar arthrodesis | 27,120 | 15,120 | 12,000 |
| 28715 | Triple arthrodesis | 27,960 | 15,960 | 12,000 |
| 28725 | Subtalar arthrodesis | 27,120 | 15,120 | 12,000 |
| 28730 | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; | 23,300 | 12,600 | 10,700 |
| 28735 | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; w/ osteotomy as for flatfoot correction | 23,080 | 12,180 | 10,900 |
| 28737 | Arthrodesis, midtarsal navicular-cuneiform, w/ tendon lengthening and advancement (e.g. Miller type procedure) | 21,940 | 9,240 | 12,700 |
| 28740 | Arthrodesis, midtarsal or tarsometatarsal, single joint | 18,420 | 8,820 | 9,600 |
| 28750 | Arthrodesis, great toe; metatarsophalangeal joint | 18,420 | 8,820 | 9,600 |
| 28755 | Arthrodesis, great toe; interphalangeal joint | 15,380 | 7,980 | 7,400 |
| 28760 | Arthrodesis, great toe, interphalangeal joint, w/ extensor hallucis longus transfer to first metatarsal neck (e.g. Jones type procedure) | 22,240 | 11,340 | 10,900 |
| | Amputation | | | |
| 28800 | Amputation, foot; midtarsal (e.g. Chopart type procedure) | 23,300 | 12,600 | 10,700 |
| 28802 | Deep dissection below fascia, for deep infection of foot, w/ or w/o tendon sheath involvement; single bursal space specify | 8,260 | 3,360 | 4,900 |
| 28805 | Deep dissection below fascia, for deep infection of foot, w/ or w/o tendon sheath involvement; transmetatarsal | 21,820 | 10,920 | 10,900 |
| 28810 | Amputation, metatarsal, w/ toe, single | 12,120 | 6,720 | 5,400 |
| 28820 | Amputation, toe; metatarsophalangeal joint | 18,000 | 8,400 | 9,600 |
| 28825 | Amputation, toe; interphalangeal joint | 12,120 | 6,720 | 5,400 |
| | Body and Upper Extremity | | | |
| | Casts | | | |
| 29000 | Application of halo type body cast (see 20661-20663 for insertion) | 10,540 | 5,040 | 5,500 |
| 29010 | Application of Risser jacket, localizer, body; only | 10,540 | 5,040 | 5,500 |
| 29015 | Application of Risser jacket, localizer, body; including head | 10,540 | 5,040 | 5,500 |
| 29020 | Application of turnbuckle jacket, body; only | 10,540 | 5,040 | 5,500 |
| 29025 | Application of turnbuckle jacket, body; including head | 10,540 | 5,040 | 5,500 |
| 29035 | Application of body cast, shoulder to hips; | 10,540 | 5,040 | 5,500 |
| 29040 | Application of body cast, shoulder to hips; including head, Minerva type | 10,540 | 5,040 | 5,500 |
| 29044 | Application of body cast, shoulder to hips; including one thigh | 12,120 | 6,720 | 5,400 |
| 29046 | Application of body cast, shoulder to hips; including both thighs | 12,120 | 6,720 | 5,400 |
| 29055 | Application of body cast, shoulder to hips; shoulder spica | 9,300 | 2,100 | 7,200 |
| 29058 | Application of body cast, shoulder to hips; plaster Velpeau | 5,560 | 1,260 | 4,300 |
| 29065 | Application of body cast, shoulder to hips; shoulder to hand (long arm) | 5,680 | 1,680 | 4,000 |
| 29075 | Application of body cast, shoulder to hips; elbow to finger (short arm) | 5,560 | 1,260 | 4,300 |
| 29085 | Application of body cast, shoulder to hips; hand and lower forearm (gauntlet) | 5,560 | 1,260 | 4,300 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Lower Extremity | | | |
| | Casts | | | |
| 29305 | Application of hip spica cast; one leg | 8,020 | 2,520 | 5,500 |
| 29325 | Application of hip spica cast; one and one-half spica or both legs | 8,440 | 2,940 | 5,500 |
| 29345 | Application of long leg cast (thigh to toes); | 8,020 | 2,520 | 5,500 |
| 29355 | Application of long leg cast (thigh to toes); walker or ambulatory type | 8,440 | 2,940 | 5,500 |
| 29358 | Application of long leg cast brace | 8,440 | 2,940 | 5,500 |
| 29365 | Application of cylinder cast (thigh to ankle) | 8,020 | 2,520 | 5,500 |
| 29405 | Application of short leg cast (below knee to toes); | 8,020 | 2,520 | 5,500 |
| 29425 | Application of short leg cast (below knee to toes); walking or ambulatory type | 8,020 | 2,520 | 5,500 |
| 29435 | Application of patellar tendon bearing (PTB) cast | 8,020 | 2,520 | 5,500 |
| 29445 | Application of rigid total contact leg cast | 5,680 | 1,680 | 4,000 |
| 29450 | Application of clubfoot cast w/ molding or manipulation, long or short leg | 5,680 | 1,680 | 4,000 |
| | Arthroscopy | | | |
| 29800 | Arthroscopy, temporomandibular joint, diagnostic, w/ or w/o synovial biopsy | 18,000 | 8,400 | 9,600 |
| 29804 | Arthroscopy, temporomandibular joint, surgical | 20,980 | 10,080 | 10,900 |
| 29815 | Arthroscopy, shoulder, diagnostic, w/ or w/o synovial biopsy | 18,000 | 8,400 | 9,600 |
| 29819 | Arthroscopy, shoulder, surgical; w/ removal of loose body or foreign body | 21,940 | 9,240 | 12,700 |
| 29820 | Arthroscopy, shoulder, surgical; synovectomy, partial | 20,980 | 10,080 | 10,900 |
| 29821 | Arthroscopy, shoulder, surgical; synovectomy, complete | 21,820 | 10,920 | 10,900 |
| 29822 | Arthroscopy, shoulder, surgical; debridement, limited | 20,980 | 10,080 | 10,900 |
| 29823 | Arthroscopy, shoulder, surgical; debridement, extensive | 23,300 | 12,600 | 10,700 |
| 29825 | Arthroscopy, shoulder, surgical; w/ lysis and resection of adhesions, w/ or w/o manipulation | 30,740 | 13,440 | 17,300 |
| 29826 | Arthroscopy, shoulder, surgical; decompression of subacromial space w/ partial acromioplasty, w/ or w/o coracoacromial release | 27,120 | 15,120 | 12,000 |
| 29830 | Arthroscopy, elbow, diagnostic, with or without synovial biopsy | 18,000 | 8,400 | 9,600 |
| 29834 | Arthroscopy, elbow, surgical; w/ removal of loose body or foreign body | 21,940 | 9,240 | 12,700 |
| 29835 | Arthroscopy, elbow, surgical; synovectomy, partial | 20,980 | 10,080 | 10,900 |
| 29836 | Arthroscopy, elbow, surgical; synovectomy, complete | 21,820 | 10,920 | 10,900 |
| 29837 | Arthroscopy, elbow, surgical; debridement, limited | 20,980 | 10,080 | 10,900 |
| 29838 | Arthroscopy, elbow, surgical; debridement, extensive | 23,300 | 12,600 | 10,700 |
| 29840 | Arthroscopy, wrist, diagnostic, with or without synovial biopsy | 12,120 | 6,720 | 5,400 |
| 29843 | Arthroscopy, wrist, surgical; for infection, lavage and drainage | 21,940 | 9,240 | 12,700 |
| 29844 | Arthroscopy, wrist, surgical; synovectomy, partial | 20,980 | 10,080 | 10,900 |
| 29845 | Arthroscopy, wrist, surgical; synovectomy, complete | 21,820 | 10,920 | 10,900 |
| 29846 | Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement | 23,300 | 12,600 | 10,700 |
| 29847 | Arthroscopy, wrist, surgical; internal fixation for fracture or instability | 23,300 | 12,600 | 10,700 |
| 29848 | Arthroscopy, wrist, surgical; w/ release of transverse carpal ligament | 23,300 | 12,600 | 10,700 |
| 29850 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, w/ or w/o manipulation; w/o internal or external fixation (includes arthroscopy) | 27,120 | 15,120 | 12,000 |
| 29851 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, w/ or w/o manipulation; w/ internal or external fixation (includes arthroscopy) | 27,120 | 15,120 | 12,000 |
| 29855 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, w/ or w/o internal or external fixation (includes arthroscopy) | 27,120 | 15,120 | 12,000 |
| 29856 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, w/ or w/o internal or external fixation (includes arthroscopy) | 27,960 | 15,960 | 12,000 |
| 29870 | Arthroscopy, knee, diagnostic, w/ or w/o synovial biopsy | 18,000 | 8,400 | 9,600 |
| 29871 | Arthroscopy, knee, surgical; for infection, lavage and drainage | 20,980 | 10,080 | 10,900 |
| 29874 | Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation) | 21,940 | 9,240 | 12,700 |
| 29875 | Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) | 30,740 | 13,440 | 17,300 |
| 29876 | Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral) | 31,580 | 14,280 | 17,300 |
| 29877 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) | 23,300 | 12,600 | 10,700 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling | 23,300 | 12,600 | 10,700 |
| 29880 | Arthroscopy, knee, surgical; w/ meniscectomy (medial AND lateral, including any meniscal shaving) | 30,740 | 13,440 | 17,300 |
| 29881 | Arthroscopy, knee, surgical; w/ meniscectomy (medial OR lateral, including any meniscal shaving) | 30,740 | 13,440 | 17,300 |
| 29882 | Arthroscopy, knee, surgical; w/ meniscus repair (medial OR lateral) | 27,120 | 15,120 | 12,000 |
| 29883 | Arthroscopy, knee, surgical; w/ meniscus repair (medial AND lateral) | 30,300 | 16,800 | 13,500 |
| 29884 | Arthroscopy, knee, surgical; w/ lysis of adhesions, w/ or w/o manipulation | 23,300 | 12,600 | 10,700 |
| 29885 | Arthroscopy, knee, surgical; drilling for osteochondritis dissecans w/ bone grafting, w/ or w/o internal fixation (including debridement of base of lesion) | 23,300 | 12,600 | 10,700 |
| 29886 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion | 27,120 | 15,120 | 12,000 |
| 29887 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion w/ internal fixation | 23,300 | 12,600 | 10,700 |
| 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction | 37,180 | 18,480 | 18,700 |
| 29889 | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction | 38,860 | 20,160 | 18,700 |
| 29894 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; w/ removal of loose body or foreign body | 21,940 | 9,240 | 12,700 |
| 29895 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial | 20,980 | 10,080 | 10,900 |
| 29897 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited | 20,980 | 10,080 | 10,900 |
| 29898 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive | 21,820 | 10,920 | 10,900 |
| | Respiratory System | | | |
| | Nose | | | |
| | Incision | | | |
| 30000 | Drainage abscess or hematoma, nasal, internal approach | 5,560 | 1,260 | 4,300 |
| 30020 | Drainage abscess or hematoma, nasal septum | 5,560 | 1,260 | 4,300 |
| | Excision | | | |
| 30100 | Biopsy, intranasal | 5,680 | 1,680 | 4,000 |
| 30110 | Excision, nasal polyp(s), simple | 8,020 | 2,520 | 5,500 |
| 30115 | Excision, nasal polyp(s), extensive | 9,700 | 4,200 | 5,500 |
| 30117 | Excision or destruction, any method (including laser), intranasal lesion; internal approach | 9,700 | 4,200 | 5,500 |
| 30118 | Excision or destruction, any method (including laser), intranasal lesion; external approach (lateral rhinotomy) | 9,700 | 4,200 | 5,500 |
| 30130 | Excision turbinate, partial or complete | 12,900 | 6,300 | 6,600 |
| 30140 | Submucous resection turbinate, partial or complete | 12,900 | 6,300 | 6,600 |
| | Removal of Foreign Body | | | |
| 30310 | Removal foreign body, intranasal; requiring general anesthesia | 8,020 | 2,520 | 5,500 |
| 30320 | Removal foreign body, intranasal; by lateral rhinotomy | 8,020 | 2,520 | 5,500 |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft tip and/or palate, including columellar lengthening; tip only | 30,300 | 16,800 | 13,500 |
| 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft tip and/or palate, including columellar lengthening; tip, septum, osteotomies | 30,300 | 16,800 | 13,500 |
| 30465 | Rhinoplasty for nasal vestibular stenosis | 37,800 | 21,000 | 16,800 |
| | Repair | | | |
| 30520 | Septoplasty or submucous resection, w/ or w/o cartilage scoring, contouring or replacement w/ graft | 12,900 | 6,300 | 6,600 |
| 30540 | Repair choanal atresia; intranasal | 12,900 | 6,300 | 6,600 |
| 30545 | Repair choanal atresia; transpalatine | 18,000 | 8,400 | 9,600 |
| 30560 | Lysis intranasal synechia | 8,260 | 3,360 | 4,900 |
| 30580 | Repair fistula; oromaxillary (combine w/ 31030 if antrotomy is included) | 12,120 | 6,720 | 5,400 |
| 30600 | Repair fistula; oronasal | 12,120 | 6,720 | 5,400 |
| 30630 | Repair nasal septal perforations | 12,120 | 6,720 | 5,400 |
| | Destruction | | | |
| 30801 | Cauterization and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, ; superficial | 9,700 | 4,200 | 5,500 |
| 30802 | Cauterization and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, ; intramural | 9,700 | 4,200 | 5,500 |
| | Other Procedures | | | |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 30905 | Control nasal hemorrhage, posterior, w/ posterior nasal packs and/or cauterization, any method; initial | 8,020 | 2,520 | 5,500 |
| 30915 | Ligation arteries; ethmoidal | 12,120 | 6,720 | 5,400 |
| 30920 | Ligation arteries; internal maxillary artery, transantral | 12,120 | 6,720 | 5,400 |
| 30930 | Fracture nasal turbinate(s), therapeutic | 9,700 | 4,200 | 5,500 |
| | Accessory Sinuses | | | |
| | Incision | | | |
| 31000 | Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium) | 9,300 | 2,100 | 7,200 |
| 31002 | Lavage by cannulation; sphenoid sinus | 8,020 | 2,520 | 5,500 |
| 31020 | Sinusotomy, maxillary (antrotomy); intranasal | 9,700 | 4,200 | 5,500 |
| 31030 | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) w/o removal of antrochoanal polyps | 12,120 | 6,720 | 5,400 |
| 31032 | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) w/ removal of antrochoanal polyps | 12,120 | 6,720 | 5,400 |
| 31040 | Pterygomaxillary fossa surgery, any approach | 23,300 | 12,600 | 10,700 |
| 31050 | Sinusotomy, sphenoid, w/ or w/o biopsy; | 23,300 | 12,600 | 10,700 |
| 31051 | Sinusotomy, sphenoid, w/ or w/o biopsy; w/ mucosal stripping or removal of polyp(s) | 23,300 | 12,600 | 10,700 |
| 31070 | Sinusotomy frontal; external, simple (trephine operation) | 12,120 | 6,720 | 5,400 |
| 31075 | Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type) | 12,120 | 6,720 | 5,400 |
| 31080 | Sinusotomy frontal; oblitative w/o osteoplastic flap, brow incision (includes ablation) | 12,120 | 6,720 | 5,400 |
| 31081 | Sinusotomy frontal; oblitative, w/o osteoplastic flap, coronal incision (includes ablation) | 12,120 | 6,720 | 5,400 |
| 31084 | Sinusotomy frontal; oblitative, w/ osteoplastic flap, brow incision | 12,120 | 6,720 | 5,400 |
| 31085 | Sinusotomy frontal; oblitative, w/ osteoplastic flap, coronal incision | 23,300 | 12,600 | 10,700 |
| 31086 | Sinusotomy frontal; nonoblitative, w/ osteoplastic flap, brow incision | 23,300 | 12,600 | 10,700 |
| 31087 | Sinusotomy frontal; nonoblitative, w/ osteoplastic flap, coronal incision | 23,300 | 12,600 | 10,700 |
| 31090 | Sinusotomy combined, three or more sinuses | 23,300 | 12,600 | 10,700 |
| | Excision | | | |
| 31200 | Ethmoidectomy; intranasal, anterior | 12,120 | 6,720 | 5,400 |
| 31201 | Ethmoidectomy; intranasal, total | 12,120 | 6,720 | 5,400 |
| 31205 | Ethmoidectomy; extranasal, total | 12,120 | 6,720 | 5,400 |
| 31225 | Maxillectomy; w/o orbital exenteration | 46,500 | 25,200 | 21,300 |
| 31230 | Maxillectomy; w/ orbital exenteration (en bloc) | 53,400 | 29,400 | 24,000 |
| | Endoscopy | | | |
| 31231 | Nasal endoscopy, diagnostic, unilateral or bilateral | 10,540 | 5,040 | 5,500 |
| 31233 | Nasal/sinus endoscopy, diagnostic w/ maxillary sinusoscopy (via inferior meatus or canine fossa puncture) | 10,540 | 5,040 | 5,500 |
| 31235 | Nasal/sinus endoscopy, diagnostic w/ sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium) | 10,540 | 5,040 | 5,500 |
| 31237 | Nasal/sinus endoscopy, surgical; w/ biopsy, polypectomy or debridement | 12,120 | 6,720 | 5,400 |
| 31238 | Nasal/sinus endoscopy, surgical; w/ control of epistaxis | 12,120 | 6,720 | 5,400 |
| 31239 | Nasal/sinus endoscopy, surgical; w/ dacrylocystorhinostomy | 12,120 | 6,720 | 5,400 |
| 31240 | Nasal/sinus endoscopy, surgical; w/ concha bullosa resection | 18,000 | 8,400 | 9,600 |
| 31254 | Nasal/sinus endoscopy, surgical; w/ ethmoidectomy, partial (anterior) | 18,000 | 8,400 | 9,600 |
| 31255 | Nasal/sinus endoscopy, surgical; w/ ethmoidectomy, total (anterior and posterior) | 18,000 | 8,400 | 9,600 |
| 31256 | Nasal/sinus endoscopy, surgical, w/ maxillary antrostomy | 18,000 | 8,400 | 9,600 |
| 31267 | Nasal/sinus endoscopy, surgical, w/ maxillary antrostomy w/ removal of tissue from maxillary sinus | 18,000 | 8,400 | 9,600 |
| 31276 | Nasal/sinus endoscopy, surgical w/ frontal sinus exploration, w/ or w/o removal of tissue from frontal sinus | 18,000 | 8,400 | 9,600 |
| 31287 | Nasal/sinus endoscopy, surgical, w/ sphenoidotomy | 18,000 | 8,400 | 9,600 |
| 31288 | Nasal/sinus endoscopy, surgical, w/ removal of tissue from the sphenoid sinus | 18,000 | 8,400 | 9,600 |
| 31290 | Nasal/sinus endoscopy, surgical, w/ repair of cerebrospinal fluid leak; ethmoid region | 18,000 | 8,400 | 9,600 |
| 31291 | Nasal/sinus endoscopy, surgical, sphenoid region | 18,000 | 8,400 | 9,600 |
| 31292 | Nasal/sinus endoscopy, surgical; w/ medial or inferior orbital wall decompression | 18,000 | 8,400 | 9,600 |
| 31293 | Nasal/sinus endoscopy, surgical; w/ medial orbital wall and inferior orbital wall decompression | 18,000 | 8,400 | 9,600 |
| 31294 | Nasal/sinus endoscopy, surgical; w/ optic nerve decompression | 23,300 | 12,600 | 10,700 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Larynx | | | |
| | Excision | | | |
| 31300 | Laryngotomy (thyrotomy, laryngofissure); w/ removal of tumor or laryngocele, cordectomy | 18,000 | 8,400 | 9,600 |
| 31360 | Laryngectomy; total, w/o radical neck dissection | 31,140 | 17,640 | 13,500 |
| 31365 | Laryngectomy; total, w/ radical neck dissection | 37,800 | 21,000 | 16,800 |
| 31367 | Laryngectomy; subtotal supraglottic, w/o radical neck dissection | 37,180 | 18,480 | 18,700 |
| 31368 | Laryngectomy; subtotal supraglottic, w/ radical neck dissection | 38,860 | 20,160 | 18,700 |
| 31370 | Partial laryngectomy (hemilaryngectomy); horizontal | 31,140 | 17,640 | 13,500 |
| 31375 | Partial laryngectomy (hemilaryngectomy); lateroververtical | 31,140 | 17,640 | 13,500 |
| 31380 | Partial laryngectomy (hemilaryngectomy); anterovertical | 31,140 | 17,640 | 13,500 |
| 31382 | Partial laryngectomy (hemilaryngectomy); antero-latero-vertical | 31,140 | 17,640 | 13,500 |
| 31390 | Pharyngolaryngectomy, w/ radical neck dissection; w/o reconstruction | 37,800 | 21,000 | 16,800 |
| 31395 | Pharyngolaryngectomy, w/ radical neck dissection; w/ reconstruction | 46,500 | 25,200 | 21,300 |
| 31400 | Arytenoidectomy or arytenoidopexy, external approach | 30,300 | 16,800 | 13,500 |
| 31420 | Epiglottidectomy | 23,300 | 12,600 | 10,700 |
| | Endoscopy | | | |
| 31515 | Laryngoscopy direct, w/ or w/o tracheoscopy; for aspiration | 8,020 | 2,520 | 5,500 |
| 31520 | Laryngoscopy direct, w/ or w/o tracheoscopy; diagnostic, newborn | 9,700 | 4,200 | 5,500 |
| 31525 | Laryngoscopy direct, w/ or w/o tracheoscopy; diagnostic, except newborn | 8,020 | 2,520 | 5,500 |
| 31526 | Laryngoscopy direct, w/ or w/o tracheoscopy; diagnostic, w/ operating microscope | 9,700 | 4,200 | 5,500 |
| 31527 | Laryngoscopy direct, w/ or w/o tracheoscopy; w/ insertion of obturator | 8,020 | 2,520 | 5,500 |
| 31528 | Laryngoscopy direct, w/ or w/o tracheoscopy; w/ dilatation, initial | 8,020 | 2,520 | 5,500 |
| 31529 | Laryngoscopy direct, w/ or w/o tracheoscopy; w/ dilatation, subsequent | 8,020 | 2,520 | 5,500 |
| 31530 | Laryngoscopy, direct, operative, w/ foreign body removal; | 12,120 | 6,720 | 5,400 |
| 31531 | Laryngoscopy, direct, operative, w/ foreign body removal; w/ operating microscope | 12,120 | 6,720 | 5,400 |
| 31535 | Laryngoscopy, direct, operative, w/ biopsy; | 12,120 | 6,720 | 5,400 |
| 31536 | Laryngoscopy, direct, operative, w/ biopsy; w/ operating microscope | 12,120 | 6,720 | 5,400 |
| 31540 | Laryngoscopy, direct, operative, w/ excision of tumor and/or stripping of vocal cords or epiglottis; | 12,120 | 6,720 | 5,400 |
| 31541 | Laryngoscopy, direct, operative, w/ excision of tumor and/or stripping of vocal cords or epiglottis; w/ operating microscope | 12,120 | 6,720 | 5,400 |
| 31560 | Laryngoscopy, direct, operative, w/ arytenoidectomy; | 30,300 | 16,800 | 13,500 |
| 31561 | Laryngoscopy, direct, operative, w/ arytenoidectomy; w/ operating microscope | 30,300 | 16,800 | 13,500 |
| 31570 | Laryngoscopy, direct, w/ injection into vocal cord(s), therapeutic; | 12,120 | 6,720 | 5,400 |
| 31571 | Laryngoscopy, direct, w/ injection into vocal cord(s), therapeutic; w/ operating microscope | 12,120 | 6,720 | 5,400 |
| 31575 | Laryngoscopy, flexible fiberoptic; diagnostic | 12,120 | 6,720 | 5,400 |
| 31576 | Laryngoscopy, flexible fiberoptic; w/ biopsy | 12,120 | 6,720 | 5,400 |
| 31577 | Laryngoscopy, flexible fiberoptic; w/ removal of foreign body | 12,120 | 6,720 | 5,400 |
| 31578 | Laryngoscopy, flexible fiberoptic; w/ removal of lesion | 12,120 | 6,720 | 5,400 |
| 31579 | Laryngoscopy, flexible or rigid fiberoptic, w/ stroboscopy | 12,120 | 6,720 | 5,400 |
| | Repair | | | |
| 31580 | Laryngoplasty; for laryngeal web, two stage, w/ keel insertion and removal | 30,300 | 16,800 | 13,500 |
| 31582 | Laryngoplasty; for laryngeal stenosis, w/ graft or core mold, including tracheotomy | 30,300 | 16,800 | 13,500 |
| 31584 | Laryngoplasty; w/ open reduction of fracture | 30,300 | 16,800 | 13,500 |
| 31586 | Laryngoplasty; w/ closed manipulative reduction | 30,300 | 16,800 | 13,500 |
| 31587 | Laryngoplasty, cricoid split | 30,300 | 16,800 | 13,500 |
| 31588 | Laryngoplasty, not otherwise specified (e.g., for burns, reconstruction after partial laryngectomy) | 30,300 | 16,800 | 13,500 |
| 31590 | Laryngeal reinnervation by neuromuscular pedicle | 30,300 | 16,800 | 13,500 |
| | Destruction | | | |
| 31595 | Section recurrent laryngeal nerve, therapeutic , unilateral | 23,300 | 12,600 | 10,700 |
| | Trachea and Bronchi | | | |
| | Incision | | | |
| 31600 | Tracheostomy, planned ; | 12,120 | 6,720 | 5,400 |
| 31601 | Tracheostomy, planned ; under two years | 12,540 | 7,140 | 5,400 |
| 31603 | Tracheostomy, emergency procedure; transtracheal | 7,140 | 4,760 | 2,380 |
| 31605 | Tracheostomy, emergency procedure; cricothyroid membrane | 12,540 | 7,140 | 5,400 |
| 31610 | Tracheostomy, fenestration procedure with skin flaps | 12,540 | 7,140 | 5,400 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 32810 | Closure of chest wall following open flap drainage for empyema (Clagett type procedure) | 23,300 | 12,600 | 10,700 |
| 32815 | Open closure of major bronchial fistula | 46,500 | 25,200 | 21,300 |
| 32820 | Major reconstruction, chest wall (posttraumatic) | 46,500 | 25,200 | 21,300 |
| | Lung Transplant | | | |
| 32850 | Donor pneumonectomy(ies) w/ preparation and maintenance of allograft (cadaver) | 55,000 | 33,600 | 21,400 |
| 32851 | Lung transplant, single; w/o cardiopulmonary bypass | 63,000 | 42,000 | 21,000 |
| 32852 | Lung transplant, single; w/ cardiopulmonary bypass | 64,680 | 43,680 | 21,000 |
| 32853 | Lung transplant, double (bilateral sequential or en bloc); w/o cardiopulmonary bypass | 65,520 | 44,520 | 21,000 |
| 32854 | Lung transplant, double (bilateral sequential or en bloc); w/ cardiopulmonary bypass | 65,520 | 44,520 | 21,000 |
| | Surgical Relapse Therapy; Thoracoplasty | | | |
| 32900 | Resection of ribs, extrapleural, all stages | 46,500 | 25,200 | 21,300 |
| 32905 | Thoracoplasty, Schede type or extrapleural (all stages); | 46,500 | 25,200 | 21,300 |
| 32906 | Thoracoplasty, Schede type or extrapleural (all stages); w/ closure of bronchial fistula | 46,500 | 25,200 | 21,300 |
| 32940 | Pneumonolysis, extraperiosteal, including filling or packing procedures | 30,300 | 16,800 | 13,500 |
| 32960 | Pneumothorax, therapeutic, intrapleural injection of air | 5,560 | 1,260 | 4,300 |
| | Cardiovascular System | | | |
| | Heart and Pericardium | | | |
| | Pericardium | | | |
| 33010 | Pericardiocentesis | 8,020 | 2,520 | 5,500 |
| 33015 | Tube pericardiostomy | 9,700 | 4,200 | 5,500 |
| 33020 | Pericardiotomy for removal of clot or foreign body (primary procedure) | 18,000 | 8,400 | 9,600 |
| 33025 | Creation of pericardial window or partial resection for drainage | 32,000 | 14,700 | 17,300 |
| 33030 | Pericardiectomy, subtotal or complete; w/o cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33031 | Pericardiectomy, subtotal or complete; w/ cardiopulmonary bypass | 58,800 | 37,800 | 21,000 |
| 33050 | Excision of pericardial cyst or tumor | 37,800 | 21,000 | 16,800 |
| | Cardiac Tumor | | | |
| 33120 | Excision of intracardiac tumor, resection w/ cardiopulmonary bypass | 60,900 | 39,900 | 21,000 |
| 33130 | Resection of external cardiac tumor | 39,900 | 23,100 | 16,800 |
| | Pacemaker or Defibrillator | | | |
| 33200 | Insertion of permanent pacemaker w/ epicardial electrode(s); by thoracotomy | 21,400 | 10,500 | 10,900 |
| 33201 | Insertion of permanent pacemaker w/ epicardial electrode(s); by xiphoid approach | 21,400 | 10,500 | 10,900 |
| 33206 | Insertion or replacement of permanent pacemaker w/ transvenous electrode(s); atrial | 18,000 | 8,400 | 9,600 |
| 33207 | Insertion or replacement of permanent pacemaker w/ transvenous electrode(s); ventricular | 18,000 | 8,400 | 9,600 |
| 33208 | Insertion or replacement of permanent pacemaker w/ transvenous electrode(s); atrial and ventricular | 21,400 | 10,500 | 10,900 |
| 33210 | Insertion or placement of temporary transvenous single chamber cardiac electrodes | 9,700 | 4,200 | 5,500 |
| 33211 | Insertion or replacement of temporary transvenous dual chamber cardiac electrodes | 9,700 | 4,200 | 5,500 |
| 33212 | Insertion or replacement of pacemaker pulse generator only; single chamber | 9,700 | 4,200 | 5,500 |
| 33213 | Insertion or replacement of pacemaker pulse generator only; dual chamber | 12,900 | 6,300 | 6,600 |
| 33214 | Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator) | 32,000 | 14,700 | 17,300 |
| 33216 | Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); single chamber, atrial or ventricular | 12,900 | 6,300 | 6,600 |
| 33217 | Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); dual chamber | 18,000 | 8,400 | 9,600 |
| 33218 | Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator | 23,300 | 12,600 | 10,700 |
| 33220 | Repair of two transvenous electrode for a dual chamber, permanent pacemaker or dual chamber pacing cardioverter-defibrillator | 23,300 | 12,600 | 10,700 |
| 33222 | Revision or relocation of skin pocket for pacemaker | 18,000 | 8,400 | 9,600 |
| 33223 | Revision or relocation of skin pocket for single or dual chamber pacing cardioverter-defibrillator | 18,000 | 8,400 | 9,600 |
| 33233 | Removal of transvenous pacemaker pulse generator | 12,900 | 6,300 | 6,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 33234 | Removal of permanent of transvenous pacemaker electrode(s); single lead system, atrial or ventricular | 23,300 | 12,600 | 10,700 |
| 33235 | Removal of permanent of transvenous pacemaker electrode(s); dual lead chamber | 32,000 | 14,700 | 17,300 |
| 33236 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular | 30,300 | 16,800 | 13,500 |
| 33237 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead chamber | 37,600 | 18,900 | 18,700 |
| 33238 | Removal of permanent transvenous electrode(s) by thoracotomy | 30,300 | 16,800 | 13,500 |
| 33240 | Insertion or replacement of implantable cardioverter-defibrillator pulse generator | 18,000 | 8,400 | 9,600 |
| 33241 | Removal of implantable cardioverter-defibrillator pulse generator | 18,000 | 8,400 | 9,600 |
| 33243 | Removal of implantable cardioverter-defibrillator pulse generator and/or lead system; by thoracotomy | 30,300 | 16,800 | 13,500 |
| 33244 | Removal of implantable cardioverter-defibrillator pulse generator and/or lead system; by transvenous extraction | 30,300 | 16,800 | 13,500 |
| 33245 | Implantation or replacement of implantable cardioverter-defibrillator pads by thoracotomy, w/ or w/o sensing electrodes; | 12,900 | 6,300 | 6,600 |
| 33246 | Implantation or replacement of implantable cardioverter-defibrillator pads by thoracotomy, w/ or w/o sensing electrodes; w/ insertion of implantable cardioverter-defibrillator pulse generator | 21,400 | 10,500 | 10,900 |
| 33249 | Implantation or replacement of implantable cardioverter-defibrillator pads by thoracotomy, w/ or w/o sensing electrodes; w/ insertion of cardio-defibrillator pulse generator | 18,000 | 8,400 | 9,600 |
| 33250 | Operative ablation of supraventricular arrhythmogenic focus or pathway (e.g., Wolff-Parkinson-White, A-V node reentry), tract(s) and/or focus (foci); w/o cardiopulmonary bypass | 37,600 | 18,900 | 18,700 |
| 33251 | Operative ablation of supraventricular arrhythmogenic focus or pathway (e.g., Wolff-Parkinson-White, A-V node reentry), tract(s) and/or focus (foci); w/ cardiopulmonary bypass | 53,400 | 29,400 | 24,000 |
| 33253 | Operative incisions and reconstruction of atria for treatment of atrial fibrillation or atrial flutter (e.g., maze procedure) | 58,800 | 37,800 | 21,000 |
| 33261 | Operative ablation of ventricular arrhythmogenic focus w/ cardiopulmonary bypass | 58,800 | 37,800 | 21,000 |
| Wounds of the Heart and Great Vessels | | | | |
| 33300 | Repair of cardiac wound; w/o bypass | 46,500 | 25,200 | 21,300 |
| 33305 | Repair of cardiac wound; w/ cardiopulmonary bypass | 58,800 | 37,800 | 21,000 |
| 33310 | Cardiotomy, exploratory (includes removal of foreign body); w/o bypass | 46,500 | 25,200 | 21,300 |
| 33315 | Cardiotomy, exploratory (includes removal of foreign body); w/ cardiopulmonary bypass | 58,800 | 37,800 | 21,000 |
| 33320 | Suture repair of aorta or great vessels; w/o shunt or cardiopulmonary bypass | 30,300 | 16,800 | 13,500 |
| 33321 | Suture repair of aorta or great vessels; w/ shunt bypass | 58,800 | 37,800 | 21,000 |
| 33322 | Suture repair of aorta or great vessels; w/ cardiopulmonary bypass | 58,800 | 37,800 | 21,000 |
| 33330 | Insertion of graft, aorta or great vessels; w/o shunt, or cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33332 | Insertion of graft, aorta or great vessels; w/ shunt bypass | 63,000 | 42,000 | 21,000 |
| 33335 | Insertion of graft, aorta or great vessels; w/ cardiopulmonary bypass | 63,000 | 42,000 | 21,000 |
| Aortic Valve | | | | |
| 33400 | Valvuloplasty, aortic valve; open, w/ cardiopulmonary bypass | 53,400 | 29,400 | 24,000 |
| 33401 | Valvuloplasty, aortic valve; open, w/ inflow occlusion | 53,400 | 29,400 | 24,000 |
| 33403 | Valvuloplasty, aortic valve; using transventricular dilation, w/ cardiopulmonary bypass | 55,000 | 33,600 | 21,400 |
| 33404 | Construction of apica-aortic conduit | 58,800 | 37,800 | 21,000 |
| 33405 | Replacement, aortic valve, w/ cardiopulmonary bypass; w/ prosthetic valve other than homograft | 53,400 | 29,400 | 24,000 |
| 33406 | Replacement, aortic valve, w/ cardiopulmonary bypass; w/ homograft valve (freehand) | 58,800 | 37,800 | 21,000 |
| 33411 | Replacement, aortic valve; w/ aortic annulus enlargement, noncoronary cusp | 55,000 | 33,600 | 21,400 |
| 33412 | Replacement, aortic valve; w/ transventricular aortic annulus enlargement (Konno procedure) | 58,800 | 37,800 | 21,000 |
| 33413 | Replacement, aortic valve; w/ translocation of autologous pulmonary valve w/ hemograft replacement of pulmonary valve (Ross procedure) | 71,400 | 50,400 | 21,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 33414 | Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract | 46,500 | 25,200 | 21,300 |
| 33415 | Resection or incision of subvalvular tissue for discrete subaortic stenosis (e.g., asymmetric septal hypertrophy) | 46,500 | 25,200 | 21,300 |
| 33416 | Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (e.g., asymmetric septal hypertrophy) | 55,000 | 33,600 | 21,400 |
| 33417 | Aortoplasty (gusset) for supravalvular stenosis | 46,500 | 25,200 | 21,300 |
| | Mitral Valve | | | |
| 33420 | Valvotomy, mitral valve; closed heart | 37,800 | 21,000 | 16,800 |
| 33422 | Valvotomy, mitral valve; open heart, w/ cardiopulmonary bypass | 53,400 | 29,400 | 24,000 |
| 33425 | Valvuloplasty, mitral valve, w/ cardiopulmonary bypass; | 55,000 | 33,600 | 21,400 |
| 33426 | Valvuloplasty, mitral valve, w/ cardiopulmonary bypass; w/ prosthetic ring | 57,100 | 35,700 | 21,400 |
| 33427 | Valvuloplasty, mitral valve, w/ cardiopulmonary bypass; radical reconstruction, w/ or w/o ring | 58,800 | 37,800 | 21,000 |
| 33430 | Replacement, mitral valve, w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| | Tricuspid Valve | | | |
| 33460 | Valvectomy, tricuspid valve, w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33463 | Valvuloplasty, tricuspid valve; w/o ring insertion | 53,400 | 29,400 | 24,000 |
| 33464 | Valvuloplasty, tricuspid valve; w/ ring insertion | 55,000 | 33,600 | 21,400 |
| 33465 | Replacement, tricuspid valve, w/ cardiopulmonary bypass | 53,400 | 29,400 | 24,000 |
| 33468 | Tricuspid valve repositioning and plication for Ebstein anomaly | 58,800 | 37,800 | 21,000 |
| | Pulmonary Valve | | | |
| 33470 | Valvotomy, pulmonary valve, closed heart; transventricular | 30,300 | 16,800 | 13,500 |
| 33471 | Valvotomy, pulmonary valve, closed heart; via pulmonary artery | 23,300 | 12,600 | 10,700 |
| 33472 | Valvotomy, pulmonary valve, open heart; w/ inflow occlusion | 46,500 | 25,200 | 21,300 |
| 33474 | Valvotomy, pulmonary valve, open heart; w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33475 | Replacement, pulmonary valve | 53,400 | 29,400 | 24,000 |
| 33476 | Right ventricular resection for infundibular stenosis, with or without commissurotomy | 46,500 | 25,200 | 21,300 |
| 33478 | Outflow tract augmentation (gusset), w/ or w/o commissurotomy or infundibular resection | 53,400 | 29,400 | 24,000 |
| | Coronary Artery Anomalies | | | |
| 33500 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33501 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; w/o cardiopulmonary bypass | 30,300 | 16,800 | 13,500 |
| 33502 | Repair of anomalous coronary artery; by ligation | 30,300 | 16,800 | 13,500 |
| 33503 | Repair of anomalous coronary artery; by graft, w/o cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33504 | Repair of anomalous coronary artery; by graft, w/ cardiopulmonary bypass | 53,400 | 29,400 | 24,000 |
| 33505 | Repair of anomalous coronary artery; with construction of intrapulmonary artery tunnel (Takeuchi procedure) | 53,400 | 29,400 | 24,000 |
| 33506 | Repair of anomalous coronary artery; by translocation from pulmonary artery to aorta | 53,400 | 29,400 | 24,000 |
| | Venous Grafting Only for Coronary Artery Bypass | | | |
| 33510 | Coronary artery bypass, vein only; single coronary venous graft | 53,400 | 29,400 | 24,000 |
| 33511 | Coronary artery bypass, vein only; two coronary venous grafts | 53,400 | 29,400 | 24,000 |
| 33512 | Coronary artery bypass, vein only; three coronary venous grafts | 55,000 | 33,600 | 21,400 |
| 33513 | Coronary artery bypass, vein only; four coronary venous grafts | 58,800 | 37,800 | 21,000 |
| 33514 | Coronary artery bypass, vein only; five coronary venous grafts | 58,800 | 37,800 | 21,000 |
| 33516 | Coronary artery bypass, vein only; six or more coronary venous grafts | 58,800 | 37,800 | 21,000 |
| | Combined Arterial-Venous Grafting for Coronary Bypass | | | |
| 33517 | Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for arterial graft) | 53,400 | 29,400 | 24,000 |
| 33518 | Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (list separately in addition to code for arterial graft) | 53,400 | 29,400 | 24,000 |
| 33519 | Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (list separately in addition to code for arterial graft) | 55,000 | 33,600 | 21,400 |
| 33521 | Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (list separately in addition to code for arterial graft) | 58,800 | 37,800 | 21,000 |
| 33522 | Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (list separately in addition to code for arterial graft) | 58,800 | 37,800 | 21,000 |
| 33523 | Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (list separately in addition to code for arterial graft) | 58,800 | 37,800 | 21,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 33530 | Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (list separately in addition to code for primary procedure) | 63,000 | 42,000 | 21,000 |
| | Arterial Grafting for Coronary Artery Bypass | | | |
| 33533 | Coronary artery bypass, using arterial graft(s); single arterial graft | 53,400 | 29,400 | 24,000 |
| 33534 | Coronary artery bypass, using arterial graft(s); two coronary arterial grafts | 53,400 | 29,400 | 24,000 |
| 33535 | Coronary artery bypass, using arterial graft(s); three coronary arterial grafts | 55,000 | 33,600 | 21,400 |
| 33536 | Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts | 58,800 | 37,800 | 21,000 |
| 33542 | Myocardial resection (e.g., ventricular aneurysmectomy) | 63,000 | 42,000 | 21,000 |
| 33545 | Repair of postinfarction ventricular septal defect, w/ or w/o myocardial resection | 63,000 | 42,000 | 21,000 |
| | Coronary Endarterectomy | | | |
| 33572 | Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction w/ coronary artery bypass graft procedure, each vessel (list separately in addition to primary procedure) | 9,700 | 4,200 | 5,500 |
| | Single Ventricle and Other Complex Cardiac Anomalies | | | |
| 33600 | Closure of atrioventricular valve (mitral or tricuspid) by suture or patch | 46,500 | 25,200 | 21,300 |
| 33602 | Closure of semilunar valve (aortic or pulmonary) by suture or patch | 46,500 | 25,200 | 21,300 |
| 33606 | Anastomosis of pulmonary artery to aorta (Damas-Kaye-Stansel procedure) | 53,400 | 29,400 | 24,000 |
| 33608 | Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery | 55,000 | 33,600 | 21,400 |
| 33610 | Repair of complex cardiac anomalies (e.g., single ventricle with subaortic obstruction) by surgical enlargement of interventricular septal defect | 55,000 | 33,600 | 21,400 |
| 33611 | Repair of double outlet right ventricle with intraventricular tunnel repair | 55,000 | 33,600 | 21,400 |
| 33612 | Repair of double outlet right ventricle with intraventricular tunnel repair with repair of right ventricular outflow tract obstruction | 55,000 | 33,600 | 21,400 |
| 33615 | Repair of complex cardiac anomalies (e.g., tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure) | 55,000 | 33,600 | 21,400 |
| 33617 | Repair of complex cardiac anomalies (e.g., single ventricle) by modified Fontan procedure | 55,000 | 33,600 | 21,400 |
| 33619 | Repair of single ventricle w/ aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (e.g., Norwood procedure) | 63,000 | 42,000 | 21,000 |
| | Septal Defect | | | |
| 33641 | Repair atrial septal defect, secundum, w/ cardiopulmonary bypass, w/ or w/o patch | 46,500 | 25,200 | 21,300 |
| 33645 | Direct or patch closure, sinus venosus, w/ or w/o anomalous pulmonary venous drainage | 53,400 | 29,400 | 24,000 |
| 33647 | Repair of atrial septal defect and ventricular septal defect, w/ direct or patch closure | 55,000 | 33,600 | 21,400 |
| 33660 | Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), w/ or w/o atrioventricular valve repair | 55,000 | 33,600 | 21,400 |
| 33665 | Repair of intermediate or transitional atrioventricular canal, w/ or w/o atrioventricular valve repair | 55,000 | 33,600 | 21,400 |
| 33670 | Repair of complete atrioventricular canal, w/ or w/o prosthetic valve | 58,800 | 37,800 | 21,000 |
| 33681 | Closure of ventricular septal defect, w/ or w/o patch; | 46,500 | 25,200 | 21,300 |
| 33684 | Closure of ventricular septal defect, w/ or w/o patch; with pulmonary valvotomy or infundibular resection (acyanotic) | 55,000 | 33,600 | 21,400 |
| 33688 | Closure of ventricular septal defect, w/ or w/o patch; with removal of pulmonary artery band, w/ or w/o gusset | 55,000 | 33,600 | 21,400 |
| 33690 | Banding of pulmonary artery | 21,400 | 10,500 | 10,900 |
| 33692 | Complete repair of tetralogy of Fallot w/o pulmonary atresia; | 55,000 | 33,600 | 21,400 |
| 33694 | Complete repair of tetralogy of Fallot w/o pulmonary atresia; with transannular patch | 55,000 | 33,600 | 21,400 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 33697 | Complete repair of tetralogy of Fallot w/ pulmonary atresia including construction of conduit right ventricle to pulmonary artery and closure of ventricular septal defect | 55,000 | 33,600 | 21,400 |
| | Sinus of Valsalva | | | |
| 33702 | Repair sinus of Valsalva fistula, w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33710 | Repair sinus of Valsalva fistula, w/ cardiopulmonary bypass with repair of ventricular septal defect | 55,000 | 33,600 | 21,400 |
| 33720 | Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass | 53,400 | 29,400 | 24,000 |
| 33722 | Closure of aortico-left ventricular tunnel | 53,400 | 29,400 | 24,000 |
| | Total Anomalous Pulmonary Venous Drainage | | | |
| 33730 | Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types) | 55,000 | 33,600 | 21,400 |
| 33732 | Repair of cor triatum or supra-ventricular mitral ring by resection of left atrial membrane | 55,000 | 33,600 | 21,400 |
| | Shunting Procedures | | | |
| 33735 | Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation) | 21,400 | 10,500 | 10,900 |
| 33736 | Atrial septectomy or septostomy; open heart w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33737 | Atrial septectomy or septostomy; open heart w/ inflow occlusion | 46,500 | 25,200 | 21,300 |
| 33750 | Shunt; subclavian to pulmonary artery (Blalock- Taussig type operation) | 30,300 | 16,800 | 13,500 |
| 33764 | Shunt; central, w/ prosthetic graft | 23,300 | 12,600 | 10,700 |
| 33766 | Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure) | 30,300 | 16,800 | 13,500 |
| 33767 | Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure) | 46,500 | 25,200 | 21,300 |
| | Transposition of Great Vessels | | | |
| 33770 | Repair of transposition of great arteries w/ ventricular septal defect and subpulmonary stenosis; w/o surgical enlargement of ventricular septal defect | 58,800 | 37,800 | 21,000 |
| 33771 | Repair of transposition of great arteries w/ ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect | 58,800 | 37,800 | 21,000 |
| 33774 | Repair of transposition of the great arteries, atrial baffle procedure (e.g., Mustard or Senning type) w/ cardiopulmonary bypass | 58,800 | 37,800 | 21,000 |
| 33775 | Repair of transposition of the great arteries, atrial baffle procedure (e.g., Mustard or Senning type) w/ removal of pulmonary band | 60,900 | 39,900 | 21,000 |
| 33776 | Repair of transposition of the great arteries, atrial baffle procedure (e.g., Mustard or Senning type) w/ closure of ventricular septal defect | 60,900 | 39,900 | 21,000 |
| 33777 | Repair of transposition of the great arteries, atrial baffle procedure (e.g., Mustard or Senning type) w/ repair of subpulmonic obstruction | 60,900 | 39,900 | 21,000 |
| 33778 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (e.g., Jatene type) | 63,000 | 42,000 | 21,000 |
| 33779 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (e.g., Jatene type) w/ removal of pulmonary band | 65,100 | 44,100 | 21,000 |
| 33780 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (e.g., Jatene type) w/ closure of ventricular septal defect | 71,400 | 50,400 | 21,000 |
| 33781 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (e.g., Jatene type) w/ repair of subpulmonic obstruction | 71,400 | 50,400 | 21,000 |
| | Truncus Arteriosus | | | |
| 33786 | Total repair, truncus arteriosus (Rastelli type operation) | 58,800 | 37,800 | 21,000 |
| 33788 | Reimplantation of an anomalous pulmonary artery | 55,000 | 33,600 | 21,400 |
| | Aortic Anomalies | | | |
| 33800 | Aortic suspension (aortopexy) for tracheal decompression (e.g., for tracheomalacia) | 21,400 | 10,500 | 10,900 |
| 33802 | Division of aberrant vessel (vascular ring) | 21,400 | 10,500 | 10,900 |
| 33803 | Division of aberrant vessel (vascular ring) w/ reanastomosis | 23,300 | 12,600 | 10,700 |
| 33814 | Division of aberrant vessel (vascular ring) w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33820 | Repair of patent ductus arteriosus; by ligation | 32,000 | 14,700 | 17,300 |
| 33822 | Repair of patent ductus arteriosus; by division, under 18 years | 30,300 | 16,800 | 13,500 |
| 33824 | Repair of patent ductus arteriosus; by division, 18 years and older | 30,300 | 16,800 | 13,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 33840 | Excision of coarctation of aorta, w/ or w/o associated patent ductus arteriosus; w/ direct anastomosis | 30,300 | 16,800 | 13,500 |
| 33845 | Excision of coarctation of aorta, w/ or w/o associated patent ductus arteriosus; with graft | 30,300 | 16,800 | 13,500 |
| 33851 | Excision of coarctation of aorta, w/ or w/o associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement | 30,300 | 16,800 | 13,500 |
| 33852 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; w/o cardiopulmonary bypass | 30,300 | 16,800 | 13,500 |
| 33853 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| | Thoracic Aortic Aneurysm | | | |
| 33860 | Ascending aorta graft, w/ cardiopulmonary bypass, w/ or w/o valve suspension; | 55,000 | 33,600 | 21,400 |
| 33861 | Ascending aorta graft, w/ cardiopulmonary bypass, w/ or w/o valve suspension; w/ coronary reconstruction | 58,800 | 37,800 | 21,000 |
| 33863 | Ascending aorta graft, w/ cardiopulmonary bypass, w/ or w/o valve suspension; w/ aortic root replacement using composite prosthesis and coronary reconstruction | 71,400 | 50,400 | 21,000 |
| 33870 | Transverse arch graft, w/ cardiopulmonary bypass | 71,400 | 50,400 | 21,000 |
| 33875 | Descending thoracic aorta graft, w/ or w/o bypass | 63,000 | 42,000 | 21,000 |
| 33877 | Repair of thoracoabdominal aortic aneurysm w/ graft, w/ or w/o cardiopulmonary bypass | 71,400 | 50,400 | 21,000 |
| | Pulmonary Artery | | | |
| 33910 | Pulmonary artery embolectomy; w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33915 | Pulmonary artery embolectomy; w/o cardiopulmonary bypass | 30,300 | 16,800 | 13,500 |
| 33916 | Pulmonary endarterectomy, w/ or w/o embolectomy, w/ cardiopulmonary bypass | 53,400 | 29,400 | 24,000 |
| 33917 | Repair of pulmonary artery stenosis by reconstruction w/ patch or graft | 53,400 | 29,400 | 24,000 |
| 33918 | Repair of pulmonary atresia w/ ventricular septal defect, by unifocalization of pulmonary arteries; w/o cardiopulmonary bypass | 30,300 | 16,800 | 13,500 |
| 33919 | Repair of pulmonary atresia w/ ventricular septal defect, by unifocalization of pulmonary arteries; w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33920 | Repair of pulmonary atresia w/ ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery | 58,800 | 37,800 | 21,000 |
| 33922 | Transection of pulmonary artery w/ cardiopulmonary bypass | 46,500 | 25,200 | 21,300 |
| 33924 | Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction w/ a congenital heart procedure (List separately in addition to code for primary procedure) | 18,000 | 8,400 | 9,600 |
| | Heart/Lung Transplantation | | | |
| 33930 | Donor cardiectomy-pneumonectomy, w/ preparation and maintenance of allograft | 46,500 | 25,200 | 21,300 |
| 33935 | Heart-lung transplant w/ recipient cardiectomy-pneumonectomy | 75,600 | 54,600 | 21,000 |
| 33940 | Donor cardiectomy, w/ preparation and maintenance of allograft | 46,500 | 25,200 | 21,300 |
| 33945 | Heart transplant, w/ or w/o recipient cardiectomy | 75,600 | 54,600 | 21,000 |
| | Cardiac Assist | | | |
| 33970 | Insertion of intra-aortic balloon assist device through the femoral artery, open approach | 12,900 | 6,300 | 6,600 |
| 33971 | Removal of intra-aortic balloon assist device including repair of femoral artery w/ or w/o graft | 9,700 | 4,200 | 5,500 |
| 33973 | Insertion of intra-aortic balloon assist device through the ascending aorta | 21,400 | 10,500 | 10,900 |
| 33974 | Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, w/ or w/o graft | 30,300 | 16,800 | 13,500 |
| 33975 | Implantation of ventricular assist device; single ventricle support | 46,500 | 25,200 | 21,300 |
| 33976 | Implantation of ventricular assist device; biventricular support | 55,000 | 33,600 | 21,400 |
| 33977 | Removal of ventricular assist device; single ventricle support | 37,800 | 21,000 | 16,800 |
| 33978 | Removal of ventricular assist device; biventricular support | 46,500 | 25,200 | 21,300 |
| | Arteries and Veins | | | |
| | Embolectomy/Thrombectomy, Arterial, with or Without Catheter | | | |
| 34001 | Embolectomy or thrombectomy, w/ or w/o catheter; carotid, subclavian or innominate artery, by neck incision | 32,000 | 14,700 | 17,300 |
| 34051 | Embolectomy or thrombectomy, w/ or w/o catheter; innominate, subclavian artery, by thoracic incision | 32,000 | 14,700 | 17,300 |
| 34101 | Embolectomy or thrombectomy, w/ or w/o catheter; axillary, brachial, innominate, subclavian artery, by arm incision | 23,300 | 12,600 | 10,700 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 34111 | Embolectomy or thrombectomy, w/ or w/o catheter; radial or ulnar artery, by arm incision | 23,300 | 12,600 | 10,700 |
| 34151 | Embolectomy or thrombectomy, w/ or w/o catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision | 30,300 | 16,800 | 13,500 |
| 34201 | Embolectomy or thrombectomy, w/ or w/o catheter; femoropopliteal, aortoiliac artery, by leg incision | 23,300 | 12,600 | 10,700 |
| 34203 | Embolectomy or thrombectomy, w/ or w/o catheter; popliteal-tibio-peroneal artery, by leg incision | 23,300 | 12,600 | 10,700 |
| | Venous, Direct or With Catheter | | | |
| 34401 | Thrombectomy, direct or w/ catheter; vena cava, iliac vein, by abdominal incision | 30,300 | 16,800 | 13,500 |
| 34421 | Thrombectomy, direct or w/ catheter; vena cava, iliac, femoropopliteal vein, by leg incision | 32,000 | 14,700 | 17,300 |
| 34451 | Thrombectomy, direct or w/ catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision | 37,600 | 18,900 | 18,700 |
| 34471 | Thrombectomy, direct or w/ catheter; subclavian vein, by neck incision | 32,000 | 14,700 | 17,300 |
| 34490 | Thrombectomy, direct or w/ catheter; axillary and subclavian vein, by arm incision | 23,300 | 12,600 | 10,700 |
| | Venous Reconstruction | | | |
| 34501 | Valvuloplasty, femoral vein | 30,300 | 16,800 | 13,500 |
| 34502 | Reconstruction of vena cava, any method | 30,300 | 16,800 | 13,500 |
| 34510 | Venous valve transposition, any vein donor | 30,300 | 16,800 | 13,500 |
| 34520 | Cross-over vein graft to venous system | 30,300 | 16,800 | 13,500 |
| 34530 | Saphenopopliteal vein anastomosis | 30,300 | 16,800 | 13,500 |
| | Direct Repair of Aneurysm or Excision (Partial or Total) and Graft Insertion for Aneurysm, False Aneurysm, Ruptured Aneurysm, and Associated Occlusive Disease | | | |
| 35001 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision | 23,300 | 12,600 | 10,700 |
| 35002 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision | 30,300 | 16,800 | 13,500 |
| 35005 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, vertebral artery | 30,300 | 16,800 | 13,500 |
| 35011 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision | 18,000 | 8,400 | 9,600 |
| 35013 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision | 23,300 | 12,600 | 10,700 |
| 35021 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision | 23,300 | 12,600 | 10,700 |
| 35022 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision | 30,300 | 16,800 | 13,500 |
| 35045 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, radial or ulnar artery | 18,000 | 8,400 | 9,600 |
| 35081 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta | 46,500 | 25,200 | 21,300 |
| 35082 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, abdominal aorta | 53,400 | 29,400 | 24,000 |
| 35091 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal) | 53,400 | 29,400 | 24,000 |
| 35092 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal) | 55,000 | 33,600 | 21,400 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 35102 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external) | 46,500 | 25,200 | 21,300 |
| 35103 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external) | 53,400 | 29,400 | 24,000 |
| 35111 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, splenic artery | 46,500 | 25,200 | 21,300 |
| 35112 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, splenic artery | 53,400 | 29,400 | 24,000 |
| 35121 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery | 46,500 | 25,200 | 21,300 |
| 35122 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery | 53,400 | 29,400 | 24,000 |
| 35131 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external) | 23,300 | 12,600 | 10,700 |
| 35132 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external) | 30,300 | 16,800 | 13,500 |
| 35141 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral) | 23,300 | 12,600 | 10,700 |
| 35142 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral) | 30,300 | 16,800 | 13,500 |
| 35151 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, popliteal artery | 30,300 | 16,800 | 13,500 |
| 35152 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, popliteal artery | 37,800 | 21,000 | 16,800 |
| 35161 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm, false aneurysm, and associated occlusive disease, other arteries | 30,300 | 16,800 | 13,500 |
| 35162 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for ruptured aneurysm, other arteries | 37,800 | 21,000 | 16,800 |
| | Repair Arteriovenous Fistula | | | |
| 35180 | Repair, congenital arteriovenous fistula; head and neck | 23,300 | 12,600 | 10,700 |
| 35182 | Repair, congenital arteriovenous fistula; thorax and abdomen | 30,300 | 16,800 | 13,500 |
| 35184 | Repair, congenital arteriovenous fistula; extremities | 23,300 | 12,600 | 10,700 |
| 35188 | Repair, acquired or traumatic arteriovenous fistula; head and neck | 23,300 | 12,600 | 10,700 |
| 35189 | Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen | 30,300 | 16,800 | 13,500 |
| 35190 | Repair, acquired or traumatic arteriovenous fistula; extremities | 23,300 | 12,600 | 10,700 |
| | Repair Blood Vessel Other Than for Fistula, With or Without Patch Angioplasty | | | |
| 35201 | Repair blood vessel, direct; neck | 18,000 | 8,400 | 9,600 |
| 35206 | Repair blood vessel, direct; upper extremity | 18,000 | 8,400 | 9,600 |
| 35207 | Repair blood vessel, direct; hand, finger | 18,000 | 8,400 | 9,600 |
| 35211 | Repair blood vessel, direct; intrathoracic, w/ bypass | 46,500 | 25,200 | 21,300 |
| 35216 | Repair blood vessel, direct; intrathoracic, w/o bypass | 30,300 | 16,800 | 13,500 |
| 35221 | Repair blood vessel, direct; intra-abdominal | 18,000 | 8,400 | 9,600 |
| 35226 | Repair blood vessel, direct; lower extremity | 18,000 | 8,400 | 9,600 |
| 35231 | Repair blood vessel w/ vein graft; neck | 23,300 | 12,600 | 10,700 |
| 35236 | Repair blood vessel w/ vein graft; upper extremity | 18,000 | 8,400 | 9,600 |
| 35241 | Repair blood vessel w/ vein graft; intrathoracic, w/ bypass | 46,500 | 25,200 | 21,300 |
| 35246 | Repair blood vessel w/ vein graft; intrathoracic, w/o bypass | 30,300 | 16,800 | 13,500 |
| 35251 | Repair blood vessel w/ vein graft; intra-abdominal | 23,300 | 12,600 | 10,700 |
| 35256 | Repair blood vessel w/ vein graft; lower extremity | 18,000 | 8,400 | 9,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 35261 | Repair blood vessel w/ graft other than vein; neck | 23,300 | 12,600 | 10,700 |
| 35266 | Repair blood vessel w/ graft other than vein; upper extremity | 18,000 | 8,400 | 9,600 |
| 35271 | Repair blood vessel w/ graft other than vein; intrathoracic, w/ bypass | 46,500 | 25,200 | 21,300 |
| 35276 | Repair blood vessel w/ graft other than vein; intrathoracic, w/o bypass | 30,300 | 16,800 | 13,500 |
| 35281 | Repair blood vessel w/ graft other than vein; intra-abdominal | 23,300 | 12,600 | 10,700 |
| 35286 | Repair blood vessel w/ graft other than vein; lower extremity | 18,000 | 8,400 | 9,600 |
| | Thromboendarterectomy | | | |
| 35301 | Thromboendarterectomy, w/ or w/o patch graft; carotid, vertebral, subclavian, by neck incision | 37,600 | 18,900 | 18,700 |
| 35311 | Thromboendarterectomy, w/ or w/o patch graft; subclavian, innominate, by thoracic incision | 37,600 | 18,900 | 18,700 |
| 35321 | Thromboendarterectomy, w/ or w/o patch graft; axillary-brachial | 37,600 | 18,900 | 18,700 |
| 35331 | Thromboendarterectomy, w/ or w/o patch graft; abdominal aorta | 37,600 | 18,900 | 18,700 |
| 35341 | Thromboendarterectomy, w/ or w/o patch graft; mesenteric, celiac, or renal | 37,600 | 18,900 | 18,700 |
| 35351 | Thromboendarterectomy, w/ or w/o patch graft; iliac | 30,300 | 16,800 | 13,500 |
| 35355 | Thromboendarterectomy, w/ or w/o patch graft; iliofemoral | 30,300 | 16,800 | 13,500 |
| 35361 | Thromboendarterectomy, w/ or w/o patch graft; combined aortoiliac | 46,500 | 25,200 | 21,300 |
| 35363 | Thromboendarterectomy, w/ or w/o patch graft; combined aortiliofemoral | 23,300 | 12,600 | 10,700 |
| 35371 | Thromboendarterectomy, w/ or w/o patch graft; common femoral | 23,300 | 12,600 | 10,700 |
| 35372 | Thromboendarterectomy, w/ or w/o patch graft; deep (profunda) femoral | 23,300 | 12,600 | 10,700 |
| 35381 | Thromboendarterectomy, w/ or w/o patch graft; femoral and/or popliteal, and/or tibioperoneal | 30,300 | 16,800 | 13,500 |
| | Transluminal Angioplasty Open | | | |
| 35450 | Transluminal balloon angioplasty, open; renal or other visceral artery | 21,400 | 10,500 | 10,900 |
| 35452 | Transluminal balloon angioplasty, open; aortic | 21,400 | 10,500 | 10,900 |
| 35454 | Transluminal balloon angioplasty, open; iliac | 21,400 | 10,500 | 10,900 |
| 35456 | Transluminal balloon angioplasty, open; femoral-popliteal | 21,400 | 10,500 | 10,900 |
| 35458 | Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel | 21,400 | 10,500 | 10,900 |
| 35459 | Transluminal balloon angioplasty, open; tibioperoneal trunk and branches | 21,400 | 10,500 | 10,900 |
| 35460 | Transluminal balloon angioplasty, open; venous | 21,400 | 10,500 | 10,900 |
| | Percutaneous | | | |
| 35470 | Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel | 12,900 | 6,300 | 6,600 |
| 35471 | Transluminal balloon angioplasty, percutaneous; renal or visceral artery | 12,900 | 6,300 | 6,600 |
| 35472 | Transluminal balloon angioplasty, percutaneous; aortic | 12,900 | 6,300 | 6,600 |
| 35473 | Transluminal balloon angioplasty, percutaneous; iliac | 12,900 | 6,300 | 6,600 |
| 35474 | Transluminal balloon angioplasty, percutaneous; femoral-popliteal | 12,900 | 6,300 | 6,600 |
| 35475 | Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel | 12,900 | 6,300 | 6,600 |
| 35476 | Transluminal balloon angioplasty, percutaneous; venous | 12,900 | 6,300 | 6,600 |
| | Transluminal Atherectomy Open | | | |
| 35480 | Transluminal peripheral atherectomy, open; renal or other visceral artery | 23,300 | 12,600 | 10,700 |
| 35481 | Transluminal peripheral atherectomy, open; aortic | 23,300 | 12,600 | 10,700 |
| 35482 | Transluminal peripheral atherectomy, open; iliac | 23,300 | 12,600 | 10,700 |
| 35483 | Transluminal peripheral atherectomy, open; femoral-popliteal | 23,300 | 12,600 | 10,700 |
| 35484 | Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel | 23,300 | 12,600 | 10,700 |
| 35485 | Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches | 23,300 | 12,600 | 10,700 |
| | Percutaneous | | | |
| 35490 | Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery | 21,400 | 10,500 | 10,900 |
| 35491 | Transluminal peripheral atherectomy, percutaneous; aortic | 21,400 | 10,500 | 10,900 |
| 35492 | Transluminal peripheral atherectomy, percutaneous; iliac | 21,400 | 10,500 | 10,900 |
| 35493 | Transluminal peripheral atherectomy, percutaneous; femoral-popliteal | 21,400 | 10,500 | 10,900 |
| 35494 | Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel | 21,400 | 10,500 | 10,900 |
| 35495 | Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches | 21,400 | 10,500 | 10,900 |
| | Vein | | | |
| 35501 | Bypass graft, w/ vein; carotid | 37,600 | 18,900 | 18,700 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 35700 | Reoperation, femoral-popliteal or femoral (popliteal) -anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation (List separately in addition to code for primary procedure) | 18,000 | 8,400 | 9,600 |
| 35701 | Exploration (not followed by surgical repair), w/ or w/o lysis of artery; carotid artery | 18,000 | 8,400 | 9,600 |
| 35721 | Exploration (not followed by surgical repair), w/ or w/o lysis of artery; femoral artery | 18,000 | 8,400 | 9,600 |
| 35741 | Exploration (not followed by surgical repair), w/ or w/o lysis of artery; popliteal artery | 18,000 | 8,400 | 9,600 |
| 35761 | Exploration (not followed by surgical repair), w/ or w/o lysis of artery; other vessels | 18,000 | 8,400 | 9,600 |
| 35800 | Exploration for postoperative hemorrhage, thrombosis or infection; neck | 9,700 | 4,200 | 5,500 |
| 35820 | Exploration for postoperative hemorrhage, thrombosis or infection; chest | 18,000 | 8,400 | 9,600 |
| 35840 | Exploration for postoperative hemorrhage, thrombosis or infection; abdomen | 18,000 | 8,400 | 9,600 |
| 35860 | Exploration for postoperative hemorrhage, thrombosis or infection; extremity | 9,700 | 4,200 | 5,500 |
| 35870 | Repair of graft-enteric fistula | 23,300 | 12,600 | 10,700 |
| 35875 | Thrombectomy of arterial or venous graft; | 23,300 | 12,600 | 10,700 |
| 35876 | Thrombectomy of arterial or venous graft; w/ revision of arterial or venous graft | 23,300 | 12,600 | 10,700 |
| 35901 | Excision of infected graft; neck | 30,300 | 16,800 | 13,500 |
| 35903 | Excision of infected graft; extremity | 30,300 | 16,800 | 13,500 |
| 35905 | Excision of infected graft; thorax | 37,800 | 21,000 | 16,800 |
| 35907 | Excision of infected graft; abdomen | 30,300 | 16,800 | 13,500 |
| | Vascular Injection Procedures Intravenous | | | |
| 36010 | Introduction of catheter, superior or inferior vena cava | 3,640 | 840 | 2,800 |
| 36011 | Selective catheter placement, venous system; first order branch (e.g., renal vein, jugular vein) | 9,300 | 2,100 | 7,200 |
| 36012 | Selective catheter placement, venous system; second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus) | 8,020 | 2,520 | 5,500 |
| 36013 | Introduction of catheter, right heart or main pulmonary artery | 8,020 | 2,520 | 5,500 |
| 36014 | Selective catheter placement, left or right pulmonary artery | 8,020 | 2,520 | 5,500 |
| 36015 | Selective catheter placement, segmental or subsegmental pulmonary artery | 8,440 | 2,940 | 5,500 |
| | Intra-Arterial-Intra-Aortic | | | |
| 36100 | Introduction of needle or intracatheter, carotid or vertebral artery | 8,440 | 2,940 | 5,500 |
| 36120 | Introduction of needle or intracatheter; retrograde brachial artery | 9,300 | 2,100 | 7,200 |
| 36140 | Introduction of needle or intracatheter; extremity artery | 9,300 | 2,100 | 7,200 |
| 36145 | Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft) | 8,260 | 3,360 | 4,900 |
| 36200 | Introduction of catheter, aorta | 9,300 | 2,100 | 7,200 |
| 36215 | Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, w/in a vascular family | 9,300 | 2,100 | 7,200 |
| 36216 | Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, w/in a vascular family | 9,300 | 2,100 | 7,200 |
| 36217 | Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, w/in a vascular family | 8,020 | 2,520 | 5,500 |
| 36245 | Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, w/in a vascular family | 9,300 | 2,100 | 7,200 |
| 36246 | Selective catheter placement, arterial system; initial second order abdominal, pelvic or lower extremity artery branch, w/in a vascular family | 9,300 | 2,100 | 7,200 |
| 36247 | Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic or lower extremity artery branch, w/in a vascular family | 8,020 | 2,520 | 5,500 |
| 36260 | Insertion of implantable intra-arterial infusion pump (e.g., for chemotherapy of liver) | 23,300 | 12,600 | 10,700 |
| 36261 | Revision of implanted intra-arterial infusion pump | 9,700 | 4,200 | 5,500 |
| 36262 | Removal of implanted intra-arterial infusion pump | 9,700 | 4,200 | 5,500 |
| | Venous | | | |
| 36430 | Outpatient Transfusion of Blood or Blood Products; one or more units | 3,640 | 840 | 2,800 |
| 36450 | Exchange transfusion, blood | 5,680 | 1,680 | 4,000 |
| 36481 | Percutaneous portal vein catheterization by any method | 9,300 | 2,100 | 7,200 |
| 36488 | Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous or cutdown | 9,700 | 4,200 | 5,500 |
| 36510 | Catheterization of umbilical vein for diagnosis or therapy, newborn | 3,640 | 840 | 2,800 |
| 36511 | Therapeutic apheresis | 3,640 | 840 | 2,800 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 36568 | Insertion of peripherally inserted central venous catheter (PICC) | 9,700 | 4,200 | 5,500 |
| | Arterial | | | |
| 36640 | Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown | 3,640 | 840 | 2,800 |
| 36660 | Catheterization, umbilical artery, newborn, for diagnosis or therapy | 5,680 | 1,680 | 4,000 |
| | Intervascular Cannulization or Shunt | | | |
| 36781 | Percutaneous portal vein catheterization by any method | 9,300 | 2,100 | 7,200 |
| 36800 | Insertion of cannula for hemodialysis, other purpose ; vein to vein | 9,300 | 2,100 | 7,200 |
| 36810 | Insertion of cannula for hemodialysis, other purpose ; arteriovenous, external (e.g. Scribner type) | 9,700 | 4,200 | 5,500 |
| 36815 | Insertion of cannula for hemodialysis, other purpose ; arteriovenous, external revision, or closure | 9,700 | 4,200 | 5,500 |
| 36821 | Arteriovenous anastomosis, direct, any site (e.g., Cimino type) | 9,700 | 4,200 | 5,500 |
| 36822 | Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) | 18,000 | 8,400 | 9,600 |
| 36825 | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis ; autogenous graft | 12,900 | 6,300 | 6,600 |
| 36830 | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis ; nonautogenous graft | 12,900 | 6,300 | 6,600 |
| 36832 | Revision of an arteriovenous fistula, w/ or w/o thrombectomy, autogenous or nonautogenous graft | 9,700 | 4,200 | 5,500 |
| 36834 | Plastic repair of arteriovenous aneurysm | 8,260 | 3,360 | 4,900 |
| 36835 | Insertion of Thomas shunt | 9,300 | 2,100 | 7,200 |
| | Portal Decompression Procedures | | | |
| 37140 | Venous anastomosis; portocaval | 30,300 | 16,800 | 13,500 |
| 37145 | Venous anastomosis; renoportal | 37,800 | 21,000 | 16,800 |
| 37160 | Venous anastomosis; caval-mesenteric | 30,300 | 16,800 | 13,500 |
| 37180 | Venous anastomosis; splenorenal, proximal | 37,600 | 18,900 | 18,700 |
| 37181 | Venous anastomosis; splenorenal, distal (selective decompression of esophagogastric varices, any technique) | 37,800 | 21,000 | 16,800 |
| 37182 | Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) includes venous access, hepatic and portal vein catheterization, portography, hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation) | 53,400 | 29,400 | 24,000 |
| 37184 | Primary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial or arterial bypass graft including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections; one or more vessels | 46,500 | 25,200 | 21,300 |
| 37187 | Percutaneous transluminal mechanical thrombectomy, veins, including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance; one or more vessels | 46,500 | 25,200 | 21,300 |
| | Transcatheter Procedures | | | |
| 37200 | Transcatheter biopsy | 8,260 | 3,360 | 4,900 |
| 37201 | Transcatheter therapy, infusion for thrombolysis other than coronary | 8,020 | 2,520 | 5,500 |
| 37202 | Transcatheter therapy, infusion other than for thrombolysis, any type (e.g., spasmolytic, vasoconstrictive) | 8,020 | 2,520 | 5,500 |
| 37203 | Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter) | 9,700 | 4,200 | 5,500 |
| 37204 | Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck | 46,500 | 25,200 | 21,300 |
| 37205 | Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; initial vessel | 46,500 | 25,200 | 21,300 |
| 37207 | Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; initial vessel | 23,300 | 12,600 | 10,700 |
| | Ligation and Other Procedures | | | |
| 37565 | Ligation, internal jugular vein | 5,680 | 1,680 | 4,000 |
| 37600 | Ligation; external carotid artery | 5,680 | 1,680 | 4,000 |
| 37605 | Ligation; internal or common carotid artery | 18,000 | 8,400 | 9,600 |
| 37606 | Ligation; internal or common carotid artery, w/ gradual occlusion, as w/ Selverstone or Crutchfield clamp | 21,940 | 9,240 | 12,700 |
| 37607 | Ligation or banding of angioaccess arteriovenous fistula | 9,300 | 2,100 | 7,200 |
| 37609 | Ligation or biopsy, temporal artery | 9,300 | 2,100 | 7,200 |
| 37615 | Ligation, major artery (e.g., post-traumatic, rupture); neck | 18,000 | 8,400 | 9,600 |
| 37616 | Ligation, major artery (e.g., post-traumatic, rupture); chest | 21,400 | 10,500 | 10,900 |
| 37617 | Ligation, major artery (e.g., post-traumatic, rupture); abdomen | 18,000 | 8,400 | 9,600 |
| 37618 | Ligation, major artery (e.g., post-traumatic, rupture); extremity | 12,900 | 6,300 | 6,600 |
| 37620 | Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device) | 23,300 | 12,600 | 10,700 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 37650 | Ligation of femoral vein | 9,300 | 2,100 | 7,200 |
| 37660 | Ligation of common iliac vein | 12,900 | 6,300 | 6,600 |
| 37700 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions | 9,300 | 2,100 | 7,200 |
| 37720 | Ligation and division and complete stripping of long or short saphenous veins | 12,900 | 6,300 | 6,600 |
| 37730 | Ligation and division and complete stripping of long and short saphenous veins | 18,000 | 8,400 | 9,600 |
| 37735 | Ligation and division and complete stripping of long or short saphenous veins w/ radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, w/ excision of deep fascia | 21,400 | 10,500 | 10,900 |
| 37760 | Ligation of perforators, subfascial, radical (Linton type), w/ or w/o skin graft | 21,400 | 10,500 | 10,900 |
| 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction | 9,700 | 4,200 | 5,500 |
| 37788 | Penile revascularization, artery, w/ or w/o vein graft | 46,500 | 25,200 | 21,300 |
| 37790 | Penile venous occlusive procedure | 23,300 | 12,600 | 10,700 |
| | Hemic and Lymphatic System | | | |
| | Spleen | | | |
| | Excision | | | |
| 38100 | Splenectomy; total | 30,740 | 13,440 | 17,300 |
| 38101 | Splenectomy; partial | 23,300 | 12,600 | 10,700 |
| 38102 | Splenectomy; total, en bloc for extensive disease, in conjunction w/ other procedure | 32,000 | 14,700 | 17,300 |
| | Repair | | | |
| 38115 | Repair of ruptured spleen (splenorrhaphy) w/ or w/o partial splenectomy | 30,300 | 16,800 | 13,500 |
| | Laparoscopy | | | |
| 38120 | Laparoscopy, surgical; splenectomy | 30,740 | 13,440 | 17,300 |
| | Bone Marrow or Stem Cell Services and Procedures | | | |
| 38205 | Blood-derived hematopoietic progenitor cell harvesting for transplantation | 10,880 | 3,780 | 7,100 |
| 38220 | Bone marrow aspiration or biopsy | 10,880 | 3,780 | 7,100 |
| 38230 | Bone marrow harvesting for transplantation | 18,000 | 8,400 | 9,600 |
| 38240 | Bone marrow or peripheral blood derived peripheral stem cell transplantation | 37,800 | 21,000 | 16,800 |
| | Lymph Nodes and Lymphatic Channels | | | |
| | Incision | | | |
| 38300 | Drainage of lymph node abscess or lymphadenitis | 8,260 | 3,360 | 4,900 |
| 38380 | Suture and/or ligation of thoracic duct; cervical approach | 30,300 | 16,800 | 13,500 |
| 38381 | Suture and/or ligation of thoracic duct; thoracic approach | 30,300 | 16,800 | 13,500 |
| 38382 | Suture and/or ligation of thoracic duct; abdominal approach | 30,300 | 16,800 | 13,500 |
| | Excision | | | |
| 38500 | Biopsy or excision or lymph node(s); superficial | 5,680 | 1,680 | 4,000 |
| 38505 | Biopsy or excision or lymph node(s); by needle, superficial (e.g., cervical, inguinal, axillary) | 5,680 | 1,680 | 4,000 |
| 38510 | Biopsy or excision or lymph node(s); deep cervical node(s) | 8,260 | 3,360 | 4,900 |
| 38520 | Biopsy or excision or lymph node(s); deep cervical node(s) w/ excision scalene fat pad | 9,300 | 2,100 | 7,200 |
| 38525 | Biopsy or excision or lymph node(s); deep axillary node(s) | 9,300 | 2,100 | 7,200 |
| 38530 | Biopsy or excision or lymph node(s); internal mammary node(s) | 9,300 | 2,100 | 7,200 |
| 38542 | Dissection, deep jugular node(s) | 21,940 | 9,240 | 12,700 |
| 38550 | Excision of cystic hygroma, axillary or cervical; w/o deep neurovascular dissection | 37,800 | 21,000 | 16,800 |
| 38555 | Excision of cystic hygroma, axillary or cervical; w/ deep neurovascular dissection | 46,500 | 25,200 | 21,300 |
| | Laparoscopy | | | |
| 38570 | Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple | 27,120 | 15,120 | 12,000 |
| 38571 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy | 30,300 | 16,800 | 13,500 |
| 38572 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple | 58,800 | 37,800 | 21,000 |
| | Radical Lymphadenectomy (Radical Resection of Lymph Nodes) | | | |
| 38700 | Suprahyoid lymphadenectomy | 27,120 | 15,120 | 12,000 |
| 38720 | Cervical lymphadenectomy (complete) | 30,300 | 16,800 | 13,500 |
| 38724 | Cervical lymphadenectomy (modified radical neck dissection) | 30,300 | 16,800 | 13,500 |
| 38740 | Axillary lymphadenectomy; superficial | 23,300 | 12,600 | 10,700 |
| 38745 | Axillary lymphadenectomy; complete | 30,300 | 16,800 | 13,500 |
| 38746 | Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes | 37,800 | 21,000 | 16,800 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 38747 | Abdominal lymphadenectomy, regional, including celiac, para-aortic and venal caval nodes | 23,300 | 12,600 | 10,700 |
| 38760 | Inguinofemoral lymphadenectomy, superficial, including Cloquet's node | 23,300 | 12,600 | 10,700 |
| 38765 | Inguinofemoral lymphadenectomy, superficial, in continuity w/ pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes | 23,300 | 12,600 | 10,700 |
| 38770 | Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes | 37,800 | 21,000 | 16,800 |
| 38780 | Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes | 37,800 | 21,000 | 16,800 |
| | Mediastinum and Diaphragm | | | |
| | Mediastinum | | | |
| | Incision | | | |
| 39000 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach | 18,000 | 8,400 | 9,600 |
| 39010 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy | 23,300 | 12,600 | 10,700 |
| | Excision | | | |
| 39200 | Excision of mediastinal cyst | 37,800 | 21,000 | 16,800 |
| 39220 | Excision of mediastinal tumor | 41,160 | 24,360 | 16,800 |
| | Endoscopy | | | |
| 39400 | Mediastinoscopy, with or without biopsy | 14,960 | 7,560 | 7,400 |
| | Diaphragm Repair | | | |
| 39501 | Repair, laceration of diaphragm, any approach | 37,800 | 21,000 | 16,800 |
| 39502 | Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal | 40,320 | 23,520 | 16,800 |
| 39503 | Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia | 40,320 | 23,520 | 16,800 |
| 39520 | Repair, diaphragmatic hernia (esophageal hiatal); transthoracic | 40,320 | 23,520 | 16,800 |
| 39530 | Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal | 40,320 | 23,520 | 16,800 |
| 39531 | Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty) | 40,320 | 23,520 | 16,800 |
| 39540 | Repair, diaphragmatic hernia (other than neonatal), traumatic; acute | 40,320 | 23,520 | 16,800 |
| 39541 | Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic | 46,500 | 25,200 | 21,300 |
| 39545 | Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic | 40,320 | 23,520 | 16,800 |
| | Digestive System | | | |
| | Lips | | | |
| | Excision | | | |
| 40490 | Biopsy of lip | 5,560 | 1,260 | 4,300 |
| 40500 | Vermilionectomy (lip shave), w/ mucosal advancement | 8,020 | 2,520 | 5,500 |
| 40510 | Excision of lip; transverse wedge excision w/ primary closure | 8,020 | 2,520 | 5,500 |
| 40520 | V-excision w/ primary defect linear closure; | 8,020 | 2,520 | 5,500 |
| 40525 | V-excision w/ primary defect linear closure; full thickness, reconstruction w/ local flap (e.g., Estlander or fan) | 23,300 | 12,600 | 10,700 |
| 40527 | V-excision w/ primary defect linear closure; full thickness, reconstruction w/ cross lip flap (e.g. Abbe-Estlander) | 30,740 | 13,440 | 17,300 |
| 40530 | Resection of lip, more than one-fourth, w/o reconstruction | 8,260 | 3,360 | 4,900 |
| | Repair (Cheiloplasty) | | | |
| 40650 | Repair lip, full thickness; vermilion only | 9,700 | 4,200 | 5,500 |
| 40652 | Repair lip, full thickness; up to half vertical height | 9,700 | 4,200 | 5,500 |
| 40654 | Repair lip, full thickness; over one-half vertical height, or complex | 9,700 | 4,200 | 5,500 |
| 40700 | Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral | 37,800 | 21,000 | 16,800 |
| 40701 | Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure | 37,800 | 21,000 | 16,800 |
| 40702 | Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages | 30,300 | 16,800 | 13,500 |
| 40720 | Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure | 30,300 | 16,800 | 13,500 |
| 40761 | Plastic repair of cleft lip/nasal deformity; w/ cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle | 37,800 | 21,000 | 16,800 |
| | Vestibule of Mouth | | | |
| | Incision | | | |
| 40800 | Drainage of abscess, cyst, hematoma, vestibule of mouth | 5,680 | 1,680 | 4,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Excision, Destruction | | | |
| 40808 | Biopsy, vestibule of mouth | 5,680 | 1,680 | 4,000 |
| 40810 | Excision of lesion of mucosa and submucosa, vestibule of mouth | 5,680 | 1,680 | 4,000 |
| 40818 | Excision of mucosa of vestibule of mouth as donor graft | 8,440 | 2,940 | 5,500 |
| 40819 | Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy) | 9,300 | 2,100 | 7,200 |
| | Repair | | | |
| 40830 | Closure of laceration, vestibule of mouth; 2.5 cm or less | 5,680 | 1,680 | 4,000 |
| 40831 | Closure of laceration, vestibule of mouth; over 2.5 cm or complex | 5,680 | 1,680 | 4,000 |
| 40840 | Vestibuloplasty; anterior | 12,120 | 6,720 | 5,400 |
| 40842 | Vestibuloplasty; posterior, unilateral | 12,120 | 6,720 | 5,400 |
| 40843 | Vestibuloplasty; posterior, bilateral | 12,120 | 6,720 | 5,400 |
| 40844 | Vestibuloplasty; entire arch | 18,000 | 8,400 | 9,600 |
| 40845 | Vestibuloplasty; complex (including ridge extension, muscle repositioning) | 18,000 | 8,400 | 9,600 |
| | Tongue and Floor of Mouth | | | |
| | Incision | | | |
| 41000 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual | 5,680 | 1,680 | 4,000 |
| 41005 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial | 5,680 | 1,680 | 4,000 |
| 41006 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid | 5,680 | 1,680 | 4,000 |
| 41007 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space | 5,680 | 1,680 | 4,000 |
| 41008 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space | 5,680 | 1,680 | 4,000 |
| 41009 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space | 5,680 | 1,680 | 4,000 |
| 41015 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual | 5,680 | 1,680 | 4,000 |
| 41016 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental | 5,680 | 1,680 | 4,000 |
| 41017 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular | 5,680 | 1,680 | 4,000 |
| 41018 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space | 5,680 | 1,680 | 4,000 |
| | Excision | | | |
| 41100 | Biopsy of tongue; anterior two-thirds | 5,560 | 1,260 | 4,300 |
| 41105 | Biopsy of tongue; posterior one-third | 5,560 | 1,260 | 4,300 |
| 41108 | Biopsy of floor of mouth | 5,560 | 1,260 | 4,300 |
| 41110 | Excision of lesion of tongue w/o closure | 9,300 | 2,100 | 7,200 |
| 41112 | Excision of lesion of tongue w/ closure; anterior two-thirds | 9,300 | 2,100 | 7,200 |
| 41113 | Excision of lesion of tongue w/ closure; posterior one-third | 9,300 | 2,100 | 7,200 |
| 41114 | Excision of lesion of tongue w/ closure; w/ local tongue flap | 9,300 | 2,100 | 7,200 |
| 41115 | Excision of lingual frenum (frenulectomy) | 9,300 | 2,100 | 7,200 |
| 41116 | Excision, lesion of floor of mouth | 9,300 | 2,100 | 7,200 |
| 41120 | Glossectomy; less than one-half tongue | 8,260 | 3,360 | 4,900 |
| 41130 | Glossectomy; hemiglossectomy | 10,880 | 3,780 | 7,100 |
| 41135 | Glossectomy; partial, w/ unilateral radical neck dissection | 37,800 | 21,000 | 16,800 |
| 41140 | Glossectomy; complete or total, w/ or w/o tracheostomy, w/o radical neck dissection | 37,800 | 21,000 | 16,800 |
| 41145 | Glossectomy; complete or total, w/ or w/o tracheostomy, w/ unilateral radical neck dissection | 37,800 | 21,000 | 16,800 |
| 41150 | Glossectomy; composite procedure w/ resection floor of mouth and mandibular resection, w/o radical neck dissection | 40,320 | 23,520 | 16,800 |
| 41153 | Glossectomy; composite procedure w/ resection floor of mouth, w/ suprahyoid neck dissection | 46,500 | 25,200 | 21,300 |
| 41155 | Glossectomy; composite procedure w/ resection floor of mouth, mandibular resection, and radical neck dissection (Commando type) | 53,400 | 29,400 | 24,000 |
| | Repair | | | |
| 41250 | Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue | 9,700 | 4,200 | 5,500 |
| 41251 | Repair of laceration 2.5 cm or less; posterior one-third of tongue | 9,700 | 4,200 | 5,500 |
| 41252 | Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex | 9,700 | 4,200 | 5,500 |
| | Other Procedures | | | |
| 41500 | Frenoplasty (surgical revision of frenum, eg, w/ Z-plasty) | 9,700 | 4,200 | 5,500 |
| 41510 | Suture of tongue to lip for micrognathia (Douglas type procedure) | 9,700 | 4,200 | 5,500 |
| 41520 | Frenoplasty (surgical revision of frenum, eg, w/ Z-plasty) | 9,700 | 4,200 | 5,500 |
| | Dentoalveolar Structures | | | |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Incision | | | |
| 41800 | Drainage of abscess, cyst, hematoma from dentoalveolar structures | 5,680 | 1,680 | 4,000 |
| 41805 | Removal of embedded foreign body from dentoalveolar structures; soft tissues | 3,640 | 840 | 2,800 |
| 41806 | Removal of embedded foreign body from dentoalveolar structures; bone | 3,640 | 840 | 2,800 |
| | Excision, Destruction | | | |
| 41820 | Gingivectomy, excision gingiva | 8,020 | 2,520 | 5,500 |
| 41821 | Operculectomy, excision pericoronaral tissues | 8,020 | 2,520 | 5,500 |
| 41822 | Excision of fibrous tuberosities, dentoalveolar structures | 8,020 | 2,520 | 5,500 |
| 41823 | Excision of osseous tuberosities, dentoalveolar structures | 8,020 | 2,520 | 5,500 |
| 41825 | Excision of lesion or or tumor (except listed above), dentoalveolar structures | 8,020 | 2,520 | 5,500 |
| 41828 | Excision of hyperplastic alveolar mucosa | 8,020 | 2,520 | 5,500 |
| 41830 | Alveolectomy, including curettage of osteitis or sequestrectomy | 8,260 | 3,360 | 4,900 |
| 41850 | Destruction of lesion (except excision), dentoalveolar structures | 8,260 | 3,360 | 4,900 |
| | Other Procedures | | | |
| 41870 | Periodontal mucosal grafting | 8,260 | 3,360 | 4,900 |
| 41872 | Gingivoplasty | 18,000 | 8,400 | 9,600 |
| 41874 | Alveoloplasty | 18,000 | 8,400 | 9,600 |
| | Palate and Uvula | | | |
| | Incision | | | |
| 42000 | Drainage of abscess of palate, uvula | 8,020 | 2,520 | 5,500 |
| | Excision, Destruction | | | |
| 42100 | Biopsy of palate, uvula | 5,560 | 1,260 | 4,300 |
| 42104 | Excision, lesion of palate , uvula; w/o closure | 5,680 | 1,680 | 4,000 |
| 42106 | Excision, lesion of palate , uvula; w/ simple primary closure | 9,300 | 2,100 | 7,200 |
| 42107 | Excision, lesion of palate , uvula; w/ local flap closure | 9,300 | 2,100 | 7,200 |
| 42120 | Resection of palate or extensive resection of lesion | 20,980 | 10,080 | 10,900 |
| 42140 | Uvulectomy, excision of uvula | 12,120 | 6,720 | 5,400 |
| 42145 | Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) | 23,300 | 12,600 | 10,700 |
| 42160 | Destruction of lesion, palate or uvula (thermal, cryo or chemical) | 10,540 | 5,040 | 5,500 |
| | Repair | | | |
| 42180 | Repair, laceration of palate; up to 2 cm | 12,120 | 6,720 | 5,400 |
| 42182 | Repair, laceration of palate; over 2 cm or complex | 18,000 | 8,400 | 9,600 |
| 42200 | Palatoplasty for cleft palate, soft and/or hard palate only | 20,980 | 10,080 | 10,900 |
| 42205 | Palatoplasty for cleft palate, w/ closure of alveolar ridge; soft tissue only | 21,820 | 10,920 | 10,900 |
| 42210 | Palatoplasty for cleft palate, w/ closure of alveolar ridge; w/ bone graft to alveolar ridge (includes obtaining graft) | 22,660 | 11,760 | 10,900 |
| 42215 | Palatoplasty for cleft palate; major revision | 23,300 | 12,600 | 10,700 |
| 42220 | Palatoplasty for cleft palate; secondary lengthening procedure | 23,300 | 12,600 | 10,700 |
| 42225 | Palatoplasty for cleft palate; attachment pharyngeal flap | 30,740 | 13,440 | 17,300 |
| 42226 | Lengthening of palate, and pharyngeal flap | 23,300 | 12,600 | 10,700 |
| 42227 | Lengthening of palate, w/ island flap | 23,300 | 12,600 | 10,700 |
| 42235 | Repair of anterior palate, including vomer flap | 23,300 | 12,600 | 10,700 |
| 42260 | Repair of nasolabial fistula | 12,120 | 6,720 | 5,400 |
| | Salivary Gland and Ducts | | | |
| | Incision | | | |
| 42300 | Drainage of abscess; parotid | 5,680 | 1,680 | 4,000 |
| 42310 | Drainage of abscess; submaxillary or sublingual, intraoral | 5,680 | 1,680 | 4,000 |
| 42320 | Drainage of abscess; submaxillary, external | 5,680 | 1,680 | 4,000 |
| 42325 | Fistulization of sublingual salivary cyst (ranula); | 5,680 | 1,680 | 4,000 |
| 42326 | Fistulization of sublingual salivary cyst (ranula); w/ prosthesis | 9,300 | 2,100 | 7,200 |
| 42330 | Sialolithotomy; submandibular (submaxillary), sublingual or parotid, intraoral | 9,300 | 2,100 | 7,200 |
| | Excision | | | |
| 42400 | Biopsy of salivary gland; needle | 5,560 | 1,260 | 4,300 |
| 42405 | Biopsy of salivary gland; incisional | 5,560 | 1,260 | 4,300 |
| 42408 | Excision of sublingual salivary cyst (ranula) | 9,300 | 2,100 | 7,200 |
| 42409 | Marsupialization of sublingual salivary cyst (ranula) | 9,300 | 2,100 | 7,200 |
| 42410 | Excision of parotid tumor or parotid gland; lateral lobe, w/o nerve dissection | 23,300 | 12,600 | 10,700 |
| 42415 | Excision of parotid tumor or parotid gland; lateral lobe, w/ dissection and preservation of facial nerve | 30,300 | 16,800 | 13,500 |
| 42420 | Excision of parotid tumor or parotid gland; total, w/ dissection and preservation of facial nerve | 30,300 | 16,800 | 13,500 |
| 42425 | Excision of parotid tumor or parotid gland; total, en bloc removal w/ sacrifice of facial nerve | 30,300 | 16,800 | 13,500 |
| 42426 | Excision of parotid tumor or parotid gland; total, w/ unilateral radical neck dissection | 37,800 | 21,000 | 16,800 |
| 42440 | Excision of submandibular (submaxillary) gland | 18,000 | 8,400 | 9,600 |
| 42450 | Excision of sublingual gland | 18,000 | 8,400 | 9,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Repair | | | |
| 42500 | Plastic repair of salivary duct, sialodochoplasty; primary or simple | 18,000 | 8,400 | 9,600 |
| 42505 | Plastic repair of salivary duct, sialodochoplasty; secondary or complicated | 18,000 | 8,400 | 9,600 |
| 42507 | Parotid duct diversion, bilateral (Wilke type procedure); | 18,000 | 8,400 | 9,600 |
| 42508 | Parotid duct diversion, bilateral (Wilke type procedure); w/ excision of one submandibular gland | 18,000 | 8,400 | 9,600 |
| 42509 | Parotid duct diversion, bilateral (Wilke type procedure); w/ excision of both submandibular glands | 18,000 | 8,400 | 9,600 |
| 42510 | Parotid duct diversion, bilateral (Wilke type procedure); w/ ligation of both submandibular (Whartons) ducts | 18,000 | 8,400 | 9,600 |
| | Other Procedures | | | |
| 42600 | Closure salivary fistula | 8,260 | 3,360 | 4,900 |
| 42665 | Ligation salivary duct, intraoral | 8,260 | 3,360 | 4,900 |
| | Pharynx, Adenoids, and Tonsils | | | |
| | Incision | | | |
| 42700 | Incision and drainage abscess; peritonsillar | 8,260 | 3,360 | 4,900 |
| 42720 | Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach | 8,260 | 3,360 | 4,900 |
| 42725 | Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach | 8,260 | 3,360 | 4,900 |
| | Excision, Destruction | | | |
| 42800 | Biopsy; oropharynx | 8,020 | 2,520 | 5,500 |
| 42802 | Biopsy; hypopharynx | 8,020 | 2,520 | 5,500 |
| 42804 | Biopsy; nasopharynx, visible lesion, simple | 8,020 | 2,520 | 5,500 |
| 42806 | Biopsy; nasopharynx, survey for unknown primary lesion | 8,020 | 2,520 | 5,500 |
| 42808 | Excision or destruction of lesion of pharynx, any method | 8,020 | 2,520 | 5,500 |
| 42809 | Removal of foreign body from pharynx | 8,020 | 2,520 | 5,500 |
| 42810 | Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues | 18,000 | 8,400 | 9,600 |
| 42815 | Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx | 18,000 | 8,400 | 9,600 |
| 42820 | Tonsillectomy and adenoidectomy | 18,000 | 8,400 | 9,600 |
| 42825 | Tonsillectomy, primary or secondary | 18,000 | 8,400 | 9,600 |
| 42830 | Adenoidectomy, primary | 18,000 | 8,400 | 9,600 |
| 42835 | Adenoidectomy, secondary | 18,000 | 8,400 | 9,600 |
| 42842 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; w/o closure | 10,540 | 5,040 | 5,500 |
| 42844 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure w/ local flap (e.g., tongue, buccal) | 12,120 | 6,720 | 5,400 |
| 42845 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure w/ other flap | 12,120 | 6,720 | 5,400 |
| 42860 | Excision of tonsil tags | 8,020 | 2,520 | 5,500 |
| 42870 | Excision or destruction lingual tonsil, any method | 8,020 | 2,520 | 5,500 |
| 42890 | Limited pharyngectomy | 37,800 | 21,000 | 16,800 |
| 42892 | Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls | 46,500 | 25,200 | 21,300 |
| 42894 | Resection of pharyngeal wall requiring closure w/ myocutaneous flap | 53,400 | 29,400 | 24,000 |
| | Repair | | | |
| 42900 | Suture pharynx for wound or injury | 20,980 | 10,080 | 10,900 |
| 42950 | Pharyngoplasty (plastic or reconstructive operation on pharynx) | 20,980 | 10,080 | 10,900 |
| 42953 | Pharyngoesophageal repair | 23,300 | 12,600 | 10,700 |
| | Other Procedures | | | |
| 42955 | Pharyngostomy (fistulization of pharynx, external for feeding) | 8,020 | 2,520 | 5,500 |
| | Esophagus | | | |
| | Incision | | | |
| 43020 | Esophagotomy, cervical approach, w/ removal of foreign body | 12,120 | 6,720 | 5,400 |
| 43030 | Cricopharyngeal myotomy | 18,000 | 8,400 | 9,600 |
| 43045 | Esophagotomy, thoracic approach, w/ removal of foreign body | 37,800 | 21,000 | 16,800 |
| | Excision | | | |
| 43100 | Excision of lesion, esophagus, w/ primary repair; cervical approach | 23,300 | 12,600 | 10,700 |
| 43101 | Excision of lesion, esophagus, w/ primary repair; thoracic or abdominal approach | 37,800 | 21,000 | 16,800 |
| 43107 | Total or near esophagectomy, w/o thoracotomy; w/ pharyngogastrostomy or cervical esophagogastrostomy, w/ or w/o pyloroplasty (transhiatal) | 55,000 | 33,600 | 21,400 |
| 43108 | Total or near esophagectomy, w/o thoracotomy; w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es) | 58,800 | 37,800 | 21,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 43112 | Total or near total esophagectomy, w/ thoracotomy; w/ pharyngogastrostomy, or cervical esophagogastrotomy, w/ or w/o pyloroplasty | 59,640 | 38,640 | 21,000 |
| 43113 | Total or near total esophagectomy, w/ thoracotomy; w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es) | 63,000 | 42,000 | 21,000 |
| 43116 | Partial esophagectomy, cervical, w/ free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction | 55,000 | 33,600 | 21,400 |
| 43117 | Partial esophagectomy, distal two-thirds, w/ thoracotomy and separate abdominal incision, w/ or w/o proximal gastrectomy; w/ thoracic esophagogastrotomy, w/ or w/o pyloroplasty (Ivor Lewis) | 55,000 | 33,600 | 21,400 |
| 43118 | Partial esophagectomy, distal two-thirds, w/ thoracotomy and separate abdominal incision, w/ or w/o proximal gastrectomy; w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(es) | 58,800 | 37,800 | 21,000 |
| 43121 | Partial esophagectomy, distal two-thirds, w/ thoracotomy only, w/ or w/o proximal gastrectomy, w/ thoracic esophagogastrotomy, w/ or w/o pyloroplasty | 55,000 | 33,600 | 21,400 |
| 43122 | Partial esophagectomy, thoracoabdominal or abdominal approach, w/ or w/o proximal gastrectomy; w/ esophagogastrotomy, w/ or w/o pyloroplasty | 55,000 | 33,600 | 21,400 |
| 43123 | Partial esophagectomy, thoracoabdominal or abdominal approach, w/ or w/o proximal gastrectomy; w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(es) | 58,800 | 37,800 | 21,000 |
| 43124 | Total or partial esophagectomy, w/o reconstruction (any approach), w/ cervical esophagostomy | 46,500 | 25,200 | 21,300 |
| 43130 | Diverticulectomy of hypopharynx, or esophagus, w/ or w/o myotomy; cervical approach | 23,300 | 12,600 | 10,700 |
| 43135 | Diverticulectomy of hypopharynx, or esophagus, w/ or w/o myotomy; thoracic approach | 37,800 | 21,000 | 16,800 |
| | Endoscopy | | | |
| 43200 | Esophagoscopy, rigid or flexible; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 10,540 | 5,040 | 5,500 |
| 43202 | Esophagoscopy, rigid or flexible; w/ biopsy, single or multiple | 10,540 | 5,040 | 5,500 |
| 43204 | Esophagoscopy, rigid or flexible; w/ injection sclerosis of esophageal varices | 14,960 | 7,560 | 7,400 |
| 43205 | Esophagoscopy, rigid or flexible; w/ band ligation of esophageal varices | 14,960 | 7,560 | 7,400 |
| 43215 | Esophagoscopy, rigid or flexible; w/ removal of foreign body | 14,960 | 7,560 | 7,400 |
| 43216 | Esophagoscopy, rigid or flexible; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | 11,980 | 5,880 | 6,100 |
| 43217 | Esophagoscopy, rigid or flexible; w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique | 12,120 | 6,720 | 5,400 |
| 43219 | Esophagoscopy, rigid or flexible; w/ insertion of plastic tube or stent | 18,000 | 8,400 | 9,600 |
| 43220 | Esophagoscopy, rigid or flexible; w/ balloon dilation (less than 30 mm diameter) | 18,000 | 8,400 | 9,600 |
| 43226 | Esophagoscopy, rigid or flexible; w/ insertion of guide wire followed by dilation over guide wire | 18,000 | 8,400 | 9,600 |
| 43227 | Esophagoscopy, rigid or flexible; w/ control of bleeding, any method | 14,960 | 7,560 | 7,400 |
| 43228 | Esophagoscopy, rigid or flexible; w/ ablation of tumor(s) polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 18,000 | 8,400 | 9,600 |
| 43234 | Upper gastrointestinal endoscopy, simple primary examination (e.g. w/ small diameter flexible endoscope) | 10,540 | 5,040 | 5,500 |
| 43235 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 10,540 | 5,040 | 5,500 |
| 43239 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ biopsy, single or multiple | 10,540 | 5,040 | 5,500 |
| 43241 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ transendoscopic tube or catheter placement | 12,120 | 6,720 | 5,400 |
| 43243 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ injection sclerosis of esophageal and/or gastric varices | 14,960 | 7,560 | 7,400 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 43244 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ band ligation of esophageal and/or gastric varices | 14,960 | 7,560 | 7,400 |
| 43245 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ dilation of gastric outlet for obstruction, any method | 18,000 | 8,400 | 9,600 |
| 43246 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ directed placement of percutaneous gastrostomy tube | 18,000 | 8,400 | 9,600 |
| 43247 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ removal of foreign body | 14,960 | 7,560 | 7,400 |
| 43248 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ insertion of guide wire followed by dilation of esophagus over guide wire | 18,000 | 8,400 | 9,600 |
| 43249 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ balloon dilation of esophagus (less than 30 mm diameter) | 18,000 | 8,400 | 9,600 |
| 43250 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | 11,980 | 5,880 | 6,100 |
| 43251 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique | 12,120 | 6,720 | 5,400 |
| 43255 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ control of bleeding, any method | 14,960 | 7,560 | 7,400 |
| 43258 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 18,000 | 8,400 | 9,600 |
| 43259 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; w/ endoscopic ultrasound examination | 14,960 | 7,560 | 7,400 |
| 43260 | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 20,980 | 10,080 | 10,900 |
| 43261 | Endoscopic retrograde cholangiopancreatography (ERCP); w/ biopsy, single or multiple | 20,980 | 10,080 | 10,900 |
| 43262 | Endoscopic retrograde cholangiopancreatography (ERCP); w/ sphincterotomy/papillotomy | 21,820 | 10,920 | 10,900 |
| 43263 | Endoscopic retrograde cholangiopancreatography (ERCP); w/ pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct) | 21,820 | 10,920 | 10,900 |
| 43264 | Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde removal of stone(s) from biliary and/or pancreatic ducts | 23,300 | 12,600 | 10,700 |
| 43265 | Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde destruction, lithotripsy of stone(s), any method | 30,740 | 13,440 | 17,300 |
| 43267 | Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube | 22,660 | 11,760 | 10,900 |
| 43268 | Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde insertion of tube or stent into bile or pancreatic duct | 22,660 | 11,760 | 10,900 |
| 43269 | Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde removal of foreign body and/or change of tube or stent | 22,660 | 11,760 | 10,900 |
| 43271 | Endoscopic retrograde cholangiopancreatography (ERCP); w/ endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s) | 23,300 | 12,600 | 10,700 |
| 43272 | Endoscopic retrograde cholangiopancreatography (ERCP); w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 23,300 | 12,600 | 10,700 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Laparoscopy | | | |
| 43280 | Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) | 46,500 | 25,200 | 21,300 |
| | Repair | | | |
| 43300 | Esophagoplasty, (plastic repair or reconstruction), cervical approach; w/o repair of tracheoesophageal fistula | 30,300 | 16,800 | 13,500 |
| 43305 | Esophagoplasty, (plastic repair or reconstruction), cervical approach; w/ repair of tracheoesophageal fistula | 30,300 | 16,800 | 13,500 |
| 43310 | Esophagoplasty, (plastic repair or reconstruction), thoracic approach; w/o repair of tracheoesophageal fistula | 46,500 | 25,200 | 21,300 |
| 43312 | Esophagoplasty, (plastic repair or reconstruction), thoracic approach; w/ repair of tracheoesophageal fistula | 53,400 | 29,400 | 24,000 |
| 43320 | Esophagogastronomy (cardioplasty), w/ or w/o vagotomy and pyloroplasty, transabdominal or transthoracic approach | 46,500 | 25,200 | 21,300 |
| 43324 | Esophagogastric fundoplasty (e.g., Nissen, Belsey IV, Hill procedures) | 46,500 | 25,200 | 21,300 |
| 43325 | Esophagogastric fundoplasty; w/ fundic patch (Thal-Nissen procedure) | 46,500 | 25,200 | 21,300 |
| 43326 | Esophagogastric fundoplasty; w/ gastroplasty (e.g., Collis) | 48,600 | 27,300 | 21,300 |
| 43330 | Esophagomyotomy (Heller type); abdominal approach | 37,800 | 21,000 | 16,800 |
| 43331 | Esophagomyotomy (Heller type); thoracic approach | 46,500 | 25,200 | 21,300 |
| 43340 | Esophagojejunostomy (w/o total gastrectomy); abdominal approach | 37,800 | 21,000 | 16,800 |
| 43341 | Esophagojejunostomy (w/o total gastrectomy); thoracic approach | 46,500 | 25,200 | 21,300 |
| 43350 | Esophagostomy, fistulization of esophagus, external; abdominal approach | 23,300 | 12,600 | 10,700 |
| 43351 | Esophagostomy, fistulization of esophagus, external; thoracic approach | 30,300 | 16,800 | 13,500 |
| 43352 | Esophagostomy, fistulization of esophagus, external; cervical approach | 12,120 | 6,720 | 5,400 |
| 43360 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; w/ stomach, w/ or w/o pyloroplasty | 58,800 | 37,800 | 21,000 |
| 43361 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(es) | 63,000 | 42,000 | 21,000 |
| 43400 | Ligation, direct, esophageal varices | 37,800 | 21,000 | 16,800 |
| 43401 | Transection of esophagus w/ repair, for esophageal varices | 37,800 | 21,000 | 16,800 |
| 43405 | Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation | 37,800 | 21,000 | 16,800 |
| 43410 | Suture of esophageal wound or injury; cervical approach | 12,120 | 6,720 | 5,400 |
| 43415 | Suture of esophageal wound or injury; transthoracic or transabdominal approach | 37,800 | 21,000 | 16,800 |
| 43420 | Closure of esophagostomy or fistula; cervical approach | 12,120 | 6,720 | 5,400 |
| 43425 | Closure of esophagostomy or fistula; transthoracic or transabdominal approach | 37,800 | 21,000 | 16,800 |
| | Manipulation | | | |
| 43450 | Dilation of esophagus, by unguided sound or bougie, single or multiple passes | 8,260 | 3,360 | 4,900 |
| 43453 | Dilation of esophagus, over guide wire | 8,260 | 3,360 | 4,900 |
| 43456 | Dilation of esophagus, by balloon or dilator, retrograde | 8,260 | 3,360 | 4,900 |
| 43458 | Dilation of esophagus w/ balloon (30 mm diameter or larger) for achalasia | 8,260 | 3,360 | 4,900 |
| 43460 | Esophagogastric tamponade, w/ balloon (Sengstaaken type) | 9,700 | 4,200 | 5,500 |
| 43496 | Free jejunum transfer w/ microvascular anastomosis | 58,800 | 37,800 | 21,000 |
| | Stomach | | | |
| | Incision | | | |
| 43500 | Gastrotomy; w/ exploration or foreign body removal | 30,300 | 16,800 | 13,500 |
| 43501 | Gastrotomy; w/ suture repair of bleeding ulcer | 38,020 | 19,320 | 18,700 |
| 43502 | Gastrotomy; w/ suture repair of pre-existing esophagogastric laceration (e.g., Mallory-Weiss) | 38,020 | 19,320 | 18,700 |
| 43510 | Gastrotomy; w/ esophageal dilation and insertion of permanent intraluminal tube (e.g., Celestin or Mousseaux-Barbin) | 38,020 | 19,320 | 18,700 |
| 43520 | Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation) | 38,020 | 19,320 | 18,700 |
| | Excision | | | |
| 43600 | Biopsy of stomach; by capsule, tube, peroral (one or more specimens) | 8,260 | 3,360 | 4,900 |
| 43605 | Biopsy of stomach; by laparotomy | 30,300 | 16,800 | 13,500 |
| 43610 | Excision, local; ulcer or benign tumor of stomach | 38,020 | 19,320 | 18,700 |
| 43611 | Excision, local; malignant tumor of stomach | 38,020 | 19,320 | 18,700 |
| 43620 | Gastrectomy, total; w/ esophagoenterostomy | 63,000 | 42,000 | 21,000 |
| 43621 | Gastrectomy, total; w/ Roux-en-Y reconstruction | 67,200 | 46,200 | 21,000 |
| 43622 | Gastrectomy, total; w/ formation of intestinal pouch, any type | 67,200 | 46,200 | 21,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 43631 | Gastrectomy, partial, distal; w/ gastroduodenostomy | 55,000 | 33,600 | 21,400 |
| 43632 | Gastrectomy, partial, distal; w/ gastrojejunostomy | 55,000 | 33,600 | 21,400 |
| 43633 | Gastrectomy, partial, distal; w/ Roux-en-Y reconstruction | 63,000 | 42,000 | 21,000 |
| 43634 | Gastrectomy, partial, distal; w/ formation of intestinal pouch | 63,000 | 42,000 | 21,000 |
| 43638 | Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, w/ vagotomy; | 63,000 | 42,000 | 21,000 |
| 43639 | Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, w/ vagotomy; w/ pyloroplasty or pyloromyotomy | 67,200 | 46,200 | 21,000 |
| 43640 | Vagotomy including pyloroplasty, w/ or w/o gastrostomy; truncal or selective | 37,800 | 21,000 | 16,800 |
| 43641 | Vagotomy including pyloroplasty, w/ or w/o gastrostomy; parietal cell (highly selective) | 46,500 | 25,200 | 21,300 |
| | Laparoscopy | | | |
| 43651 | Laparoscopy, surgical; transection of vagus nerves, truncal | 18,000 | 8,400 | 9,600 |
| 43652 | Laparoscopy, surgical; transection of vagus nerve, selective or highly selective | 21,940 | 9,240 | 12,700 |
| 43653 | Laparoscopy, surgical; gastrostomy, without construction of gastric tube (e.g., Stamm Procedure) | 18,000 | 8,400 | 9,600 |
| 43750 | Percutaneous placement of gastrostomy tube | 8,020 | 2,520 | 5,500 |
| 43760 | Change of gastrostomy tube | 5,560 | 1,260 | 4,300 |
| | Other Procedures | | | |
| 43800 | Pyloroplasty | 37,800 | 21,000 | 16,800 |
| 43810 | Gastroduodenostomy | 63,000 | 42,000 | 21,000 |
| 43820 | Gastrojejunostomy; w/o vagotomy | 46,500 | 25,200 | 21,300 |
| 43825 | Gastrojejunostomy; w/ vagotomy, any type | 53,400 | 29,400 | 24,000 |
| 43830 | Gastrostomy, temporary (tube, rubber or plastic) ; | 37,800 | 21,000 | 16,800 |
| 43831 | Gastrostomy, temporary (tube, rubber or plastic) ; neonatal, for feeding | 37,800 | 21,000 | 16,800 |
| 43832 | Gastrostomy, permanent, w/ construction of gastric tube | 37,800 | 21,000 | 16,800 |
| 43840 | Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury | 46,500 | 25,200 | 21,300 |
| 43842 | Gastric restrictive procedure, w/o gastric bypass, for morbid obesity; vertical-banded gastroplasty | 55,000 | 33,600 | 21,400 |
| 43843 | Gastric restrictive procedure, w/o gastric bypass, for morbid obesity; other than vertical-banded gastroplasty | 58,800 | 37,800 | 21,000 |
| 43846 | Gastric restrictive procedure, w/ gastric bypass for morbid obesity; w/ short limb (less than 100 cm) Roux-en-Y gastroenterostomy | 58,800 | 37,800 | 21,000 |
| 43847 | Gastric restrictive procedure, w/ gastric bypass for morbid obesity; w/ small bowel reconstruction to limit absorption | 58,800 | 37,800 | 21,000 |
| 43848 | Revision of gastric restrictive procedure for morbid obesity | 58,800 | 37,800 | 21,000 |
| 43850 | Revision of gastroduodenal anastomosis (gastroduodenostomy) w/ reconstruction; w/o vagotomy | 58,800 | 37,800 | 21,000 |
| 43855 | Revision of gastroduodenal anastomosis (gastroduodenostomy) w/ reconstruction; w/ vagotomy | 63,000 | 42,000 | 21,000 |
| 43860 | Revision of gastrojejunal anastomosis (gastrojejunostomy) w/ reconstruction, w/ or w/o partial gastrectomy or bowel resection; w/o vagotomy | 58,800 | 37,800 | 21,000 |
| 43865 | Revision of gastrojejunal anastomosis (gastrojejunostomy) w/ reconstruction, w/ or w/o partial gastrectomy or bowel resection; w/ vagotomy | 63,000 | 42,000 | 21,000 |
| 43870 | Closure of gastrostomy, surgical | 46,500 | 25,200 | 21,300 |
| 43880 | Closure of gastrocolic fistula | 58,800 | 37,800 | 21,000 |
| | Intestines (Except Rectum) | | | |
| | Incision | | | |
| 44005 | Enterolysis (freeing of intestinal adhesion) | 58,800 | 37,800 | 21,000 |
| 44010 | Duodenotomy, for exploration, biopsy(s), or foreign body removal | 53,400 | 29,400 | 24,000 |
| 44020 | Enterotomy, small bowel, other than duodenum; for exploration, biopsy(s), or foreign body removal; | 37,800 | 21,000 | 16,800 |
| 44021 | Enterotomy, small bowel, other than duodenum; for exploration, biopsy(s), or foreign body removal; for decompression (e.g., Baker tube) | 37,800 | 21,000 | 16,800 |
| 44025 | Colotomy, for exploration, biopsy(s), or foreign body removal | 37,800 | 21,000 | 16,800 |
| 44050 | Reduction of volvulus, intussusception, internal hernia, by laparotomy | 53,400 | 29,400 | 24,000 |
| 44055 | Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (e.g., Ladd procedure) | 55,000 | 33,600 | 21,400 |
| | Excision | | | |
| 44100 | Biopsy of intestine by capsule, tube, peroral (one or more specimens) | 18,000 | 8,400 | 9,600 |
| 44110 | Excision of one or more lesions of small or large bowel not requiring anastomosis, exteriorization, or fistulization; single enterotomy | 37,800 | 21,000 | 16,800 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 44111 | Excision of one or more lesions of small or large bowel not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies | 46,500 | 25,200 | 21,300 |
| 44120 | Enterectomy, resection of small intestine; single resection and anastomosis | 46,500 | 25,200 | 21,300 |
| 44125 | Enterectomy, resection of small intestine; w/ enterostomy | 46,500 | 25,200 | 21,300 |
| 44130 | Enteroenterostomy, anastomosis of intestine, w/ or w/o cutaneous enterostomy | 53,400 | 29,400 | 24,000 |
| 44140 | Colectomy, partial; w/ anastomosis | 58,800 | 37,800 | 21,000 |
| 44141 | Colectomy, partial; w/ skin level cecostomy or colostomy | 58,800 | 37,800 | 21,000 |
| 44143 | Colectomy, partial; w/ end colostomy and closure of distal segment (Hartmann type procedure) | 58,800 | 37,800 | 21,000 |
| 44144 | Colectomy, partial; w/ resection, w/ colostomy or ileostomy and creation of mucofistula | 58,800 | 37,800 | 21,000 |
| 44145 | Colectomy, partial; w/ coloproctostomy (low pelvic anastomosis) | 56,680 | 35,280 | 21,400 |
| 44146 | Colectomy, partial; w/ coloproctostomy (low pelvic anastomosis), w/ colostomy | 58,800 | 37,800 | 21,000 |
| 44147 | Colectomy, partial; abdominal and transanal approach | 63,000 | 42,000 | 21,000 |
| 44150 | Colectomy, total, abdominal, w/o proctectomy; w/ ileostomy or ileoproctostomy | 63,000 | 42,000 | 21,000 |
| 44151 | Colectomy, total, abdominal, w/o proctectomy; w/ continent ileostomy | 63,000 | 42,000 | 21,000 |
| 44152 | Colectomy, total, abdominal, w/o proctectomy; w/ rectal mucosectomy, ileoanal anastomosis, w/ or w/o loop ileostomy | 67,200 | 46,200 | 21,000 |
| 44153 | Colectomy, total, abdominal, w/o proctectomy; w/ rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), w/ or w/o loop ileostomy | 67,200 | 46,200 | 21,000 |
| 44155 | Colectomy, total, abdominal, w/ proctectomy; w/ ileostomy | 67,200 | 46,200 | 21,000 |
| 44156 | Colectomy, total, abdominal, w/ proctectomy; w/ continent ileostomy | 67,200 | 46,200 | 21,000 |
| 44160 | Colectomy w/ removal of terminal ileum and ileocolostomy | 67,200 | 46,200 | 21,000 |
| | Laparoscopy | | | |
| 44180 | Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) | 18,000 | 8,400 | 9,600 |
| 44186 | Laparoscopy, surgical; jejunostomy (e.g., for decompression or feeding); | 12,120 | 6,720 | 5,400 |
| 44187 | Laparoscopy, surgical; jejunostomy (e.g., for decompression or feeding); ileostomy or jejunostomy, non-tube | 12,120 | 6,720 | 5,400 |
| 44188 | Laparoscopy, surgical, colostomy or skin level cecostomy | 18,000 | 8,400 | 9,600 |
| 44202 | Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis | 23,300 | 12,600 | 10,700 |
| 44204 | Laparoscopy, surgical; colectomy, partial, with anastomosis | 37,800 | 21,000 | 16,800 |
| 44205 | Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy | 58,800 | 37,800 | 21,000 |
| 44206 | Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure) | 37,800 | 21,000 | 16,800 |
| 44207 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) | 55,000 | 33,600 | 21,400 |
| 44208 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy | 58,800 | 37,800 | 21,000 |
| 44210 | Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy | 55,000 | 33,600 | 21,400 |
| 44211 | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileo-anal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy | 58,800 | 37,800 | 21,000 |
| 44212 | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy | 55,000 | 33,600 | 21,400 |
| 44227 | Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection and anastomosis | 23,300 | 12,600 | 10,700 |
| | Enterostomy - External Fistulization of Intestines | | | |
| 44300 | Enterostomy or cecostomy, tube (e.g., for decompression or feeding) | 18,000 | 8,400 | 9,600 |
| 44310 | Ileostomy or jejunostomy, non- tube | 21,820 | 10,920 | 10,900 |
| 44312 | Revision of ileostomy; simple (release of superficial scar) | 23,300 | 12,600 | 10,700 |
| 44314 | Revision of ileostomy; complicated (reconstruction in-depth) | 21,820 | 10,920 | 10,900 |
| 44316 | Continent ileostomy (Koch procedure) | 30,300 | 16,800 | 13,500 |
| 44320 | Colostomy or skin level cecostomy; | 23,300 | 12,600 | 10,700 |
| 44322 | Colostomy or skin level cecostomy; w/ multiple biopsies (e.g., for Hirschsprung disease) | 30,300 | 16,800 | 13,500 |
| 44340 | Revision of colostomy; simple (release of superficial scar) | 23,300 | 12,600 | 10,700 |
| 44345 | Revision of colostomy; complicated (reconstruction in - depth) | 30,300 | 16,800 | 13,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 44346 | Revision of colostomy; w/ repair of paracolostomy hernia | 30,300 | 16,800 | 13,500 |
| | Endoscopy, Small Bowel and Stomal | | | |
| 44360 | Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 14,960 | 7,560 | 7,400 |
| 44361 | Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ biopsy, single or multiple | 14,960 | 7,560 | 7,400 |
| 44363 | Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ removal of foreign body | 18,000 | 8,400 | 9,600 |
| 44364 | Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ removal of tumor(s), polyp(s), or other lesions(s) by snare technique | 18,000 | 8,400 | 9,600 |
| 44365 | Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | 18,000 | 8,400 | 9,600 |
| 44366 | Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ control of bleeding, any method | 18,000 | 8,400 | 9,600 |
| 44369 | Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 21,940 | 9,240 | 12,700 |
| 44372 | Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ placement of percutaneous jejunostomy tube | 21,940 | 9,240 | 12,700 |
| 44373 | Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; w/ conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube | 21,940 | 9,240 | 12,700 |
| 44376 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 18,000 | 8,400 | 9,600 |
| 44377 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum;w/ biopsy, single or multiple | 18,000 | 8,400 | 9,600 |
| 44378 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum;w/ control of bleeding, any method | 21,940 | 9,240 | 12,700 |
| 44380 | Ileoscopy, through stoma; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 14,960 | 7,560 | 7,400 |
| 44382 | Ileoscopy, through stoma; w/ biopsy, single or multiple | 14,960 | 7,560 | 7,400 |
| 44385 | Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 14,960 | 7,560 | 7,400 |
| 44386 | Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; w/ biopsy, single or multiple | 14,960 | 7,560 | 7,400 |
| 44388 | Colonoscopy through stoma; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 14,960 | 7,560 | 7,400 |
| 44389 | Colonoscopy through stoma; w/ biopsy, single or multiple | 14,960 | 7,560 | 7,400 |
| 44390 | Colonoscopy through stoma; w/ removal of foreign body | 18,000 | 8,400 | 9,600 |
| 44391 | Colonoscopy through stoma; w/ control of bleeding, any method | 18,000 | 8,400 | 9,600 |
| 44392 | Colonoscopy through stoma; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | 18,000 | 8,400 | 9,600 |
| 44393 | Colonoscopy through stoma; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 21,940 | 9,240 | 12,700 |
| 44394 | Colonoscopy through stoma; w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique | 21,940 | 9,240 | 12,700 |
| | Introduction | | | |
| 44500 | Introduction of long gastrointestinal tube (e.g., Miller-Abbott) | 8,020 | 2,520 | 5,500 |
| | Repair | | | |
| 44602 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation | 37,800 | 21,000 | 16,800 |
| 44603 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforation | 37,800 | 21,000 | 16,800 |
| 44604 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); w/o colostomy | 37,800 | 21,000 | 16,800 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 44605 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); w/ colostomy | 37,800 | 21,000 | 16,800 |
| 44615 | Intestinal stricturoplasty (enterotomy and enterorrhaphy) w/ or w/o dilation, for intestinal obstruction | 37,800 | 21,000 | 16,800 |
| 44620 | Closure of enterostomy, large or small intestine; | 30,300 | 16,800 | 13,500 |
| 44625 | Closure of enterostomy, large or small intestine; w/ resection and anastomosis | 30,300 | 16,800 | 13,500 |
| 44640 | Closure of intestinal cutaneous fistula | 30,300 | 16,800 | 13,500 |
| 44650 | Closure of enteroenteric or enterocolic fistula | 30,300 | 16,800 | 13,500 |
| 44660 | Closure of enterovesical fistula; w/o intestinal or bladder resection | 37,800 | 21,000 | 16,800 |
| 44661 | Closure of enterovesical fistula; w/ bowel and/or bladder resection | 37,800 | 21,000 | 16,800 |
| | Meckel's Diverticulum and the Mesentery | | | |
| | Excision | | | |
| 44800 | Excision of Meckels diverticulum (diverticulectomy) or omphalomesenteric duct | 18,000 | 8,400 | 9,600 |
| 44820 | Excision of lesion of mesentery | 18,000 | 8,400 | 9,600 |
| | Suture | | | |
| 44850 | Suture of mesentery | 12,120 | 6,720 | 5,400 |
| | Appendix | | | |
| | Incision | | | |
| 44900 | Incision and drainage of appendiceal abscess, transabdominal | 10,540 | 5,040 | 5,500 |
| | Excision | | | |
| 44950 | Appendectomy; | 24,000 | 9,600 | 14,400 |
| 44960 | Appendectomy; for ruptured appendix w/ abscess or generalized peritonitis | 24,000 | 9,600 | 14,400 |
| | Laparoscopy | | | |
| 44970 | Laparoscopy, surgical; appendectomy | 24,000 | 9,600 | 14,400 |
| | Rectum | | | |
| | Incision | | | |
| 45000 | Transrectal drainage of pelvic abscess | 30,300 | 16,800 | 13,500 |
| 45005 | Incision and drainage of submucosal abscess, rectum | 18,000 | 8,400 | 9,600 |
| 45020 | Incision and drainage of deep supravaleator, pelvirectal, or retrorectal abscess | 30,300 | 16,800 | 13,500 |
| | Excision | | | |
| 45100 | Biopsy of anorectal wall, anal approach (e.g., congenital megacolon) | 23,300 | 12,600 | 10,700 |
| 45108 | Anorectal myomectomy | 30,300 | 16,800 | 13,500 |
| 45110 | Proctectomy; complete, combined abdominoperineal, w/ colostomy | 55,000 | 33,600 | 21,400 |
| 45111 | Proctectomy; partial resection of rectum, transabdominal approach | 55,000 | 33,600 | 21,400 |
| 45112 | Proctectomy, combined abdominoperineal, pull-through procedure (e.g., colo-anal anastomosis) | 55,000 | 33,600 | 21,400 |
| 45113 | Proctectomy, partial, w/ rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), w/ or w/o loop ileostomy | 58,800 | 37,800 | 21,000 |
| 45114 | Proctectomy, partial, w/ anastomosis; abdominal and transsacral approach | 58,800 | 37,800 | 21,000 |
| 45116 | Proctectomy, partial, w/ anastomosis; transsacral approach only (Kraske type) | 55,000 | 33,600 | 21,400 |
| 45120 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; w/ pull-through procedure and anastomosis (e.g., Swenson, Duhamel, or Soave type operation) | 58,800 | 37,800 | 21,000 |
| 45121 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; w/ subtotal or total colectomy, w/ multiple biopsies | 58,800 | 37,800 | 21,000 |
| 45123 | Proctectomy, partial, w/o anastomosis, perineal approach | 55,000 | 33,600 | 21,400 |
| 45130 | Excision of rectal procidentia, w/ anastomosis; perineal approach | 53,400 | 29,400 | 24,000 |
| 45135 | Excision of rectal procidentia, w/ anastomosis; abdominal and perineal approach | 55,000 | 33,600 | 21,400 |
| 45150 | Division of stricture of rectum | 12,120 | 6,720 | 5,400 |
| 45160 | Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach | 55,000 | 33,600 | 21,400 |
| 45170 | Excision of rectal tumor, transanal approach | 18,000 | 8,400 | 9,600 |
| | Destruction | | | |
| 45190 | Destruction of rectal tumor, any method (e.g., electrodesiccation) transanal approach | 18,000 | 8,400 | 9,600 |
| | Endoscopy | | | |
| 45300 | Proctosigmoidoscopy, rigid; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 8,020 | 2,520 | 5,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 45303 | Proctosigmoidoscopy, rigid; w/ dilation, any method | 9,700 | 4,200 | 5,500 |
| 45305 | Proctosigmoidoscopy, rigid; w/ biopsy, single or multiple | 8,020 | 2,520 | 5,500 |
| 45307 | Proctosigmoidoscopy, rigid; w/ removal of foreign body | 8,260 | 3,360 | 4,900 |
| 45308 | Proctosigmoidoscopy, rigid; w/ removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery | 9,700 | 4,200 | 5,500 |
| 45309 | Proctosigmoidoscopy, rigid; w/ removal of single tumor, polyp, or other lesion by snare technique | 9,700 | 4,200 | 5,500 |
| 45315 | Proctosigmoidoscopy, rigid; w/ removal of multiple tumors, polyps or other lesions by hot biopsy forceps, bipolar cautery or snare technique | 10,540 | 5,040 | 5,500 |
| 45317 | Proctosigmoidoscopy, rigid; w/ control of bleeding, any method | 10,540 | 5,040 | 5,500 |
| 45320 | Proctosigmoidoscopy, rigid; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (e.g., laser) | 10,540 | 5,040 | 5,500 |
| 45321 | Proctosigmoidoscopy, rigid; w/ decompression of volvulus | 10,540 | 5,040 | 5,500 |
| 45330 | Sigmoidoscopy, flexible; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 8,260 | 3,360 | 4,900 |
| 45331 | Sigmoidoscopy, flexible; w/ biopsy, single or multiple | 8,260 | 3,360 | 4,900 |
| 45332 | Sigmoidoscopy, flexible; w/ removal of foreign body | 9,700 | 4,200 | 5,500 |
| 45333 | Sigmoidoscopy, flexible; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | 9,700 | 4,200 | 5,500 |
| 45334 | Sigmoidoscopy, flexible; w/ control of bleeding, any method | 10,540 | 5,040 | 5,500 |
| 45337 | Sigmoidoscopy, flexible; w/ decompression of volvulus, any method | 12,120 | 6,720 | 5,400 |
| 45338 | Sigmoidoscopy, flexible; w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique | 10,540 | 5,040 | 5,500 |
| 45339 | Sigmoidoscopy, flexible; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 11,980 | 5,880 | 6,100 |
| 45355 | Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple | 10,540 | 5,040 | 5,500 |
| 45378 | Colonoscopy, flexible, proximal to splenic flexure; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing, w/ or w/o colon decompression | 12,120 | 6,720 | 5,400 |
| 45379 | Colonoscopy, flexible, proximal to splenic flexure; w/ removal of foreign body | 12,120 | 6,720 | 5,400 |
| 45380 | Colonoscopy, flexible, proximal to splenic flexure; w/ biopsy, single or multiple | 12,120 | 6,720 | 5,400 |
| 45382 | Colonoscopy, flexible, proximal to splenic flexure; w/ control of bleeding, any method | 18,000 | 8,400 | 9,600 |
| 45383 | Colonoscopy, flexible, proximal to splenic flexure; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 14,960 | 7,560 | 7,400 |
| 45384 | Colonoscopy, flexible, proximal to splenic flexure; w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | 14,960 | 7,560 | 7,400 |
| 45385 | Colonoscopy, flexible, proximal to splenic flexure; w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique | 18,000 | 8,400 | 9,600 |
| | Laparoscopy | | | |
| 45395 | Laparoscopy, surgical; proctectomy, complete combined abdominoperineal, with colostomy | 55,000 | 33,600 | 21,400 |
| 45397 | Laparoscopy, surgical; proctectomy, combined abdominoperineal pull through procedure (e.g., colo-anal anastomosis), with creation of colonic reservoir (e.g., J-pouch), with diverting enterostomy, when performed | 55,000 | 33,600 | 21,400 |
| 45400 | Laparoscopy, surgical; proctopexy (for prolapse) | 27,120 | 15,120 | 12,000 |
| 45402 | Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection | 30,300 | 16,800 | 13,500 |
| | Repair | | | |
| 45500 | Proctoplasty; for stenosis | 18,000 | 8,400 | 9,600 |
| 45505 | Proctoplasty; for prolapse of mucous membrane | 18,000 | 8,400 | 9,600 |
| 45540 | Proctopexy for prolapse; abdominal approach | 27,120 | 15,120 | 12,000 |
| 45541 | Proctopexy for prolapse; perineal approach | 27,120 | 15,120 | 12,000 |
| 45550 | Proctopexy combined w/ sigmoid resection, abdominal approach | 30,300 | 16,800 | 13,500 |
| 45560 | Repair of rectocele | 18,000 | 8,400 | 9,600 |
| 45562 | Exploration, repair and presacral drainage for rectal injury; | 23,300 | 12,600 | 10,700 |
| 45563 | Exploration, repair and presacral drainage for rectal injury; w/ colostomy | 27,120 | 15,120 | 12,000 |
| 45800 | Closure of rectovesical fistula; | 30,300 | 16,800 | 13,500 |
| 45805 | Closure of rectovesical fistula; w/ colostomy | 37,800 | 21,000 | 16,800 |
| 45820 | Closure of rectourethral fistula; | 30,300 | 16,800 | 13,500 |
| 45825 | Closure of rectourethral fistula; w/ colostomy | 37,800 | 21,000 | 16,800 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Manipulation | | | |
| 45905 | Dilation of anal sphincter under anesthesia other than local | 8,260 | 3,360 | 4,900 |
| 45910 | Dilation of rectal stricture under anesthesia other than local | 8,260 | 3,360 | 4,900 |
| 45915 | Removal of fecal impaction or foreign body under anesthesia | 8,260 | 3,360 | 4,900 |
| | Anus | | | |
| | Incision | | | |
| 46040 | Incision and drainage of ischiorectal and/or perirectal abscess | 8,260 | 3,360 | 4,900 |
| 46045 | Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia | 9,700 | 4,200 | 5,500 |
| 46050 | Incision and drainage, perianal abscess, superficial | 8,260 | 3,360 | 4,900 |
| 46060 | Incision and drainage of ischiorectal or intramural abscess, w/ fistulectomy or fistulotomy, submuscular, w/ or w/o placement of seton | 9,700 | 4,200 | 5,500 |
| 46070 | Incision, anal septum (infant) | 9,700 | 4,200 | 5,500 |
| 46080 | Sphincterotomy, anal, division of sphincter | 9,700 | 4,200 | 5,500 |
| 46083 | Incision of thrombosed hemorrhoid, external | 8,020 | 2,520 | 5,500 |
| | Excision | | | |
| 46200 | Fissurectomy, w/ or w/o sphincterotomy | 8,260 | 3,360 | 4,900 |
| 46210 | Cryptectomy; single | 8,260 | 3,360 | 4,900 |
| 46211 | Cryptectomy; multiple | 9,700 | 4,200 | 5,500 |
| 46220 | Papillectomy or excision of single tag, anus | 8,260 | 3,360 | 4,900 |
| 46221 | Hemorrhoidectomy, by simple ligature (e.g., rubber band) | 12,120 | 6,720 | 5,400 |
| 46230 | Excision of external hemorrhoid tags and/or multiple papillae | 12,120 | 6,720 | 5,400 |
| 46250 | Hemorrhoidectomy, external, complete | 12,120 | 6,720 | 5,400 |
| 46255 | Hemorrhoidectomy, internal and external, simple; | 12,120 | 6,720 | 5,400 |
| 46257 | Hemorrhoidectomy, internal and external, simple; w/ fissurectomy | 12,120 | 6,720 | 5,400 |
| 46258 | Hemorrhoidectomy, internal and external, simple; w/ fistulectomy, w/ or w/o fissurectomy | 12,120 | 6,720 | 5,400 |
| 46260 | Hemorrhoidectomy, internal and external, complex or extensive; | 12,120 | 6,720 | 5,400 |
| 46261 | Hemorrhoidectomy, internal and external, complex or extensive; w/ fissurectomy | 12,120 | 6,720 | 5,400 |
| 46262 | Hemorrhoidectomy, internal and external, complex or extensive; w/ fistulectomy, w/ or w/o fissurectomy | 12,120 | 6,720 | 5,400 |
| 46270 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous | 12,120 | 6,720 | 5,400 |
| 46275 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular | 12,120 | 6,720 | 5,400 |
| 46280 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, w/ or w/o placement of seton | 12,120 | 6,720 | 5,400 |
| 46285 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage | 12,120 | 6,720 | 5,400 |
| 46288 | Closure of anal fistula w/ rectal advancement flap | 18,000 | 8,400 | 9,600 |
| 46320 | Enucleation or excision of external thrombotic hemorrhoid | 12,120 | 6,720 | 5,400 |
| | Endoscopy | | | |
| 46600 | Anoscopy; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing | 5,680 | 1,680 | 4,000 |
| 46604 | Anoscopy; w/ dilation, any method | 5,680 | 1,680 | 4,000 |
| 46606 | Anoscopy; w/ biopsy, single or multiple | 5,680 | 1,680 | 4,000 |
| 46608 | Anoscopy; w/ removal of foreign body | 5,680 | 1,680 | 4,000 |
| 46610 | Anoscopy; w/ removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery | 8,020 | 2,520 | 5,500 |
| 46611 | Anoscopy; w/ removal of single tumor, polyp or other lesion by snare technique | 8,260 | 3,360 | 4,900 |
| 46612 | Anoscopy; w/ removal of multiple tumor, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique | 8,260 | 3,360 | 4,900 |
| 46614 | Anoscopy; w/ control of bleeding, any method | 8,020 | 2,520 | 5,500 |
| 46615 | Anoscopy; w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 9,700 | 4,200 | 5,500 |
| | Repair | | | |
| 46700 | Anoplasty, plastic operation for stricture; adult | 12,900 | 6,300 | 6,600 |
| 46705 | Anoplasty, plastic operation for stricture; infant | 23,300 | 12,600 | 10,700 |
| 46715 | Repair of low imperforate anus; w/ anoperineal fistula ("cut-back" procedure) | 23,300 | 12,600 | 10,700 |
| 46716 | Repair of low imperforate anus; w/ transportation of anoperineal or anovestibular fistula | 37,800 | 21,000 | 16,800 |
| 46730 | Repair of high imperforate anus w/o fistula; perineal or sacroperineal approach | 37,800 | 21,000 | 16,800 |
| 46735 | Repair of high imperforate anus w/o fistula; combined transabdominal and sacroperineal approaches | 46,500 | 25,200 | 21,300 |
| 46740 | Repair of high imperforate anus w/ rectourethral or rectovaginal fistula; perineal or sacroperineal approach | 30,300 | 16,800 | 13,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 47361 | Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, w/ or w/o packing of liver | 37,800 | 21,000 | 16,800 |
| 47362 | Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing | 37,800 | 21,000 | 16,800 |
| | Laparoscopy | | | |
| 47370 | Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency | 18,000 | 8,400 | 9,600 |
| 47371 | Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical | 18,000 | 8,400 | 9,600 |
| | Other Procedures | | | |
| 47380 | Ablation, open, of or more liver tumor(s); radiofrequency | 9,700 | 4,200 | 5,500 |
| 47381 | Ablation, open, of or more liver tumor(s); cryosurgical | 9,700 | 4,200 | 5,500 |
| 47382 | Ablation, one or more liver tumor(s), percutaneous radiofrequency | 9,700 | 4,200 | 5,500 |
| | Biliary Tract | | | |
| | Incision | | | |
| 47400 | Hepaticotomy or hepaticostomy w/ exploration, drainage, or removal of calculus | 53,400 | 29,400 | 24,000 |
| 47420 | Choledochotomy or choledochostomy w/ exploration, drainage, or removal of calculus, w/ or w/o cholecystotomy; w/o transduodenal sphincterotomy or sphincteroplasty | 37,800 | 21,000 | 16,800 |
| 47425 | Choledochotomy or choledochostomy w/ exploration, drainage, or removal of calculus, w/ or w/o cholecystotomy; w/ transduodenal sphincterotomy or sphincteroplasty | 46,500 | 25,200 | 21,300 |
| 47460 | Transduodenal sphincterotomy or sphincteroplasty, w/ or w/o transduodenal extraction of calculus | 46,500 | 25,200 | 21,300 |
| 47480 | Cholecystotomy or cholecystostomy w/ exploration, drainage, or removal of calculus | 30,300 | 16,800 | 13,500 |
| 47490 | Percutaneous cholecystostomy | 30,300 | 16,800 | 13,500 |
| | Introduction | | | |
| 47510 | Introduction of percutaneous transhepatic catheter for biliary drainage | 30,300 | 16,800 | 13,500 |
| 47511 | Introduction of percutaneous transhepatic stent for internal and external biliary drainage | 30,300 | 16,800 | 13,500 |
| 47525 | Change of percutaneous biliary drainage catheter | 8,020 | 2,520 | 5,500 |
| 47530 | Revision and/or reinsertion of transhepatic tube | 8,260 | 3,360 | 4,900 |
| | Endoscopy | | | |
| 47552 | Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing | 23,300 | 12,600 | 10,700 |
| 47553 | Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing w/ biopsy, single or multiple | 23,300 | 12,600 | 10,700 |
| 47554 | Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing w/ removal of stone(s) | 23,300 | 12,600 | 10,700 |
| 47555 | Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing w/ dilation of biliary duct stricture(s) w/o stent | 23,300 | 12,600 | 10,700 |
| 47556 | Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing w/ dilation of biliary duct stricture(s) w/ stent | 23,300 | 12,600 | 10,700 |
| | Laparoscopy | | | |
| 47560 | Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy | 31,000 | 12,400 | 18,600 |
| 47561 | Laparoscopy, surgical; with guided transhepatic cholangiography, with biopsy | 31,000 | 12,400 | 18,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 47562 | Laparoscopy, surgical; cholecystectomy (any method) | 31,000 | 12,400 | 18,600 |
| 47563 | Laparoscopy, surgical; cholecystectomy with cholangiography | 31,000 | 12,400 | 18,600 |
| 47564 | Laparoscopy, surgical; cholecystectomy with exploration of common duct | 46,500 | 25,200 | 21,300 |
| 47570 | Laparoscopy, surgical; cholecystoenterostomy | 31,000 | 12,400 | 18,600 |
| | Excision | | | |
| 47600 | Cholecystectomy; | 31,000 | 12,400 | 18,600 |
| 47605 | Cholecystectomy; w/ cholangiography | 31,000 | 12,400 | 18,600 |
| 47610 | Cholecystectomy w/ exploration of common duct; | 46,500 | 25,200 | 21,300 |
| 47612 | Cholecystectomy w/ exploration of common duct; w/ choledochenterostomy | 53,400 | 29,400 | 24,000 |
| 47620 | Cholecystectomy w/ exploration of common duct; w/ transduodenal sphincterotomy or sphincteroplasty, w/ or w/o cholangiography | 46,500 | 25,200 | 21,300 |
| 47630 | Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (e.g., Burhenne technique) | 23,300 | 12,600 | 10,700 |
| 47700 | Exploration for congenital atresia of bile ducts, w/o repair, w/ or w/o liver biopsy, w/ or w/o cholangiography | 53,400 | 29,400 | 24,000 |
| 47701 | Portoenterostomy (e.g., Kasai procedure) | 55,000 | 33,600 | 21,400 |
| 47711 | Excision of bile duct tumor, w/ or w/o primary repair of bile duct; extrahepatic | 55,000 | 33,600 | 21,400 |
| 47712 | Excision of bile duct tumor, w/ or w/o primary repair of bile duct; intrahepatic | 58,800 | 37,800 | 21,000 |
| 47715 | Excision of choledochal cyst | 55,000 | 33,600 | 21,400 |
| 47716 | Anastomosis, choledochal cyst, w/o excision | 46,500 | 25,200 | 21,300 |
| | Repair | | | |
| 47720 | Cholecystoenterostomy; direct | 37,800 | 21,000 | 16,800 |
| 47721 | Cholecystoenterostomy; w/ gastroenterostomy | 46,500 | 25,200 | 21,300 |
| 47740 | Roux-en-Y | 53,400 | 29,400 | 24,000 |
| 47741 | Roux-en-Y w/ gastroenterostomy | 53,400 | 29,400 | 24,000 |
| 47760 | Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract | 46,500 | 25,200 | 21,300 |
| 47765 | Anastomosis, of intrahepatic ducts and gastrointestinal tract | 53,400 | 29,400 | 24,000 |
| 47780 | Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract | 46,500 | 25,200 | 21,300 |
| 47785 | Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract | 53,400 | 29,400 | 24,000 |
| 47800 | Reconstruction, plastic, of extrahepatic biliary ducts w/ end-to-end anastomosis | 46,500 | 25,200 | 21,300 |
| 47801 | Placement of choledochal stent | 37,800 | 21,000 | 16,800 |
| 47802 | U-tube hepaticoenterostomy | 37,800 | 21,000 | 16,800 |
| 47900 | Suture of extrahepatic biliary duct for pre-existing injury | 46,500 | 25,200 | 21,300 |
| | Pancreas | | | |
| | Incision | | | |
| 48000 | Placement of drains, peripancreatic, for acute pancreatitis; | 23,300 | 12,600 | 10,700 |
| 48001 | Placement of drains, peripancreatic, for acute pancreatitis; w/ cholecystostomy, gastrostomy, and jejunostomy | 46,500 | 25,200 | 21,300 |
| 48005 | Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis | 46,500 | 25,200 | 21,300 |
| 48020 | Removal of pancreatic calculus | 37,800 | 21,000 | 16,800 |
| | Excision | | | |
| 48100 | Biopsy of pancreas, open, any method (e.g., fine needle aspiration, needle core biopsy, wedge biopsy) | 12,120 | 6,720 | 5,400 |
| 48102 | Biopsy of pancreas, percutaneous needle | 9,700 | 4,200 | 5,500 |
| 48120 | Excision of lesion of pancreas (e.g., cyst, adenoma) | 30,300 | 16,800 | 13,500 |
| 48140 | Pancreatectomy, distal subtotal, w/ or w/o splenectomy; w/o pancreaticojejunostomy | 46,500 | 25,200 | 21,300 |
| 48145 | Pancreatectomy, distal subtotal, w/ or w/o splenectomy; w/ pancreaticojejunostomy | 53,400 | 29,400 | 24,000 |
| 48146 | Pancreatectomy, distal, near-total w/ preservation of duodenum (Child-type procedure) | 53,400 | 29,400 | 24,000 |
| 48148 | Excision of ampulla of Vater | 46,500 | 25,200 | 21,300 |
| 48150 | Pancreatectomy, proximal subtotal w/ total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); w/ pancreaticojejunostomy | 58,800 | 37,800 | 21,000 |
| 48152 | Pancreatectomy, proximal subtotal w/ total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); w/o pancreaticojejunostomy | 55,000 | 33,600 | 21,400 |
| 48153 | Pancreatectomy, proximal subtotal w/ near total duodenectomy, choledochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); w/ pancreaticojejunostomy | 63,000 | 42,000 | 21,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 48154 | Pancreatectomy, proximal subtotal w/ near total duodenectomy, choledochointerostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure): w/o pancreatojejunostomy | 58,800 | 37,800 | 21,000 |
| 48155 | Pancreatectomy, total | 63,000 | 42,000 | 21,000 |
| 48160 | Pancreatectomy, total or subtotal, w/ autologous transplantation of pancreas or pancreatic islets | 63,000 | 42,000 | 21,000 |
| 48180 | Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation) | 55,000 | 33,600 | 21,400 |
| | Repair | | | |
| 48500 | Marsupialization of cyst of pancreas | 30,300 | 16,800 | 13,500 |
| 48510 | External drainage, pseudocyst of pancreas | 23,300 | 12,600 | 10,700 |
| 48520 | Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct | 46,500 | 25,200 | 21,300 |
| 48540 | Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y | 46,500 | 25,200 | 21,300 |
| 48545 | Pancreatorrhaphy for trauma | 53,400 | 29,400 | 24,000 |
| 48547 | Duodenal exclusion w/ gastrojejunostomy for pancreatic trauma | 53,400 | 29,400 | 24,000 |
| | Pancreas Transplantation | | | |
| 48550 | Donor pancreatectomy, w/ preparation and maintenance of allograft from cadaver donor, w/ or w/o duodenal segment for transplantation | 30,300 | 16,800 | 13,500 |
| 48554 | Transplantation of pancreatic allograft | 30,300 | 16,800 | 13,500 |
| 48556 | Removal of transplanted pancreatic allograft | 23,300 | 12,600 | 10,700 |
| | Abdomen, Peritoneum, and Omentum | | | |
| | Incision | | | |
| 49000 | Exploratory laparotomy, exploratory celiotomy w/ or w/o biopsy(s) | 23,300 | 12,600 | 10,700 |
| 49010 | Exploration, retroperitoneal area w/ or w/o biopsy(s) | 23,300 | 12,600 | 10,700 |
| 49020 | Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open | 23,300 | 12,600 | 10,700 |
| 49021 | Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous | 8,260 | 3,360 | 4,900 |
| 49040 | Drainage of subdiaphragmatic or subphrenic abscess | 23,300 | 12,600 | 10,700 |
| 49060 | Drainage of retroperitoneal abscess | 23,300 | 12,600 | 10,700 |
| 49080 | Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic) | 8,020 | 2,520 | 5,500 |
| 49085 | Removal of peritoneal foreign body from peritoneal cavity | 23,300 | 12,600 | 10,700 |
| | Excision, Destruction | | | |
| 49180 | Biopsy, abdominal or retroperitoneal mass, percutaneous needle | 8,260 | 3,360 | 4,900 |
| 49200 | Excision or destruction by any method of intra-abdominal or retroperitoneal tumors or cysts or endometriomas; | 37,800 | 21,000 | 16,800 |
| 49201 | Excision or destruction by any method of intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive | 53,400 | 29,400 | 24,000 |
| 49215 | Excision of presacral or sacrococcygeal tumor | 46,500 | 25,200 | 21,300 |
| 49220 | Staging celiotomy (laparotomy) for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning) | 23,300 | 12,600 | 10,700 |
| 49250 | Umbilectomy, omphalectomy, excision of umbilicus | 9,700 | 4,200 | 5,500 |
| 49255 | Omentectomy, epiploectomy, resection of omentum | 9,700 | 4,200 | 5,500 |
| | Laparoscopy | | | |
| 49320 | Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing | 5,680 | 1,680 | 4,000 |
| 49321 | Laparoscopy, surgical; with biopsy (single or multiple) | 9,700 | 4,200 | 5,500 |
| 49322 | Laparoscopy, surgical; with aspiration of cavity or cyst (single or multiple) | 12,120 | 6,720 | 5,400 |
| 49323 | Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity | 8,260 | 3,360 | 4,900 |
| | Introduction, Revision, and/or Removal | | | |
| 49420 | Insertion of intraperitoneal cannula or catheter for drainage or dialysis | 8,260 | 3,360 | 4,900 |
| 49425 | Insertion of peritoneal-venous shunt | 18,000 | 8,400 | 9,600 |
| | Repair Hernioplasty, Herniorrhaphy, Herniotomy | | | |
| 49495 | Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; reducible | 21,000 | 8,400 | 12,600 |
| 49496 | Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; incarcerated | 21,000 | 8,400 | 12,600 |
| 49497 | Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; strangulated | 21,000 | 8,400 | 12,600 |
| 49500 | Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; reducible | 21,000 | 8,400 | 12,600 |
| 49501 | Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; incarcerated | 21,000 | 8,400 | 12,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 49502 | Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; strangulated | 21,000 | 8,400 | 12,600 |
| 49505 | Repair initial inguinal hernia, age 5 years or over; reducible | 21,000 | 8,400 | 12,600 |
| 49507 | Repair initial inguinal hernia, age 5 years or over; incarcerated | 21,000 | 8,400 | 12,600 |
| 49509 | Repair initial inguinal hernia, age 5 years or over; strangulated | 21,000 | 8,400 | 12,600 |
| 49520 | Repair recurrent inguinal hernia, any age; reducible | 21,000 | 8,400 | 12,600 |
| 49521 | Repair recurrent inguinal hernia, any age; incarcerated | 21,000 | 8,400 | 12,600 |
| 49522 | Repair recurrent inguinal hernia, any age; strangulated | 21,000 | 8,400 | 12,600 |
| 49525 | Repair inguinal hernia, sliding, any age | 21,000 | 8,400 | 12,600 |
| 49540 | Repair lumbar hernia | 21,000 | 8,400 | 12,600 |
| 49550 | Repair initial femoral hernia, any age; reducible | 21,000 | 8,400 | 12,600 |
| 49553 | Repair initial femoral hernia, any age; incarcerated | 21,000 | 8,400 | 12,600 |
| 49554 | Repair initial femoral hernia, any age; strangulated | 21,000 | 8,400 | 12,600 |
| 49555 | Repair recurrent femoral hernia; reducible | 21,000 | 8,400 | 12,600 |
| 49557 | Repair recurrent femoral hernia; incarcerated | 21,000 | 8,400 | 12,600 |
| 49558 | Repair recurrent femoral hernia; strangulated | 21,000 | 8,400 | 12,600 |
| 49560 | Repair initial incisional hernia; reducible | 21,000 | 8,400 | 12,600 |
| 49561 | Repair initial incisional hernia; incarcerated | 21,000 | 8,400 | 12,600 |
| 49562 | Repair initial incisional hernia; strangulated | 21,000 | 8,400 | 12,600 |
| 49565 | Repair recurrent incisional hernia; reducible | 21,000 | 8,400 | 12,600 |
| 49566 | Repair recurrent incisional hernia; incarcerated | 21,000 | 8,400 | 12,600 |
| 49567 | Repair recurrent incisional hernia; strangulated | 21,000 | 8,400 | 12,600 |
| 49570 | Repair epigastric hernia (e.g., preperitoneal fat); reducible | 21,000 | 8,400 | 12,600 |
| 49572 | Repair epigastric hernia (e.g., preperitoneal fat); incarcerated | 21,000 | 8,400 | 12,600 |
| 49573 | Repair epigastric hernia (e.g., preperitoneal fat); strangulated | 21,000 | 8,400 | 12,600 |
| 49580 | Repair umbilical hernia, under age 5 years; reducible | 21,000 | 8,400 | 12,600 |
| 49582 | Repair umbilical hernia, under age 5 years; incarcerated | 21,000 | 8,400 | 12,600 |
| 49583 | Repair umbilical hernia, under age 5 years; strangulated | 21,000 | 8,400 | 12,600 |
| 49585 | Repair umbilical hernia, age 5 years or over; reducible | 21,000 | 8,400 | 12,600 |
| 49587 | Repair umbilical hernia, age 5 years or over; incarcerated | 21,000 | 8,400 | 12,600 |
| 49588 | Repair umbilical hernia, age 5 years or over; strangulated | 21,000 | 8,400 | 12,600 |
| 49590 | Repair spigelian hernia | 21,000 | 8,400 | 12,600 |
| 49600 | Repair of small omphalocele, w/ primary closure | 23,300 | 12,600 | 10,700 |
| 49605 | Repair large omphalocele or gastroschisis; w/ or w/o prosthesis | 37,800 | 21,000 | 16,800 |
| 49606 | Repair large omphalocele or gastroschisis; w/ removal of prosthesis, final reduction and closure, in operating room | 30,300 | 16,800 | 13,500 |
| 49610 | Repair of omphalocele (Gross type operation); first stage | 23,300 | 12,600 | 10,700 |
| 49611 | Repair of omphalocele (Gross type operation); second stage | 30,300 | 16,800 | 13,500 |
| | Laparoscopy | | | |
| 49650 | Laparoscopy, surgical; repair of initial inguinal hernia | 21,000 | 8,400 | 12,600 |
| 49651 | Laparoscopy, surgical; repair of recurrent inguinal hernia | 21,000 | 8,400 | 12,600 |
| | Other Procedures | | | |
| 49900 | Suture, secondary, of abdominal wall for evisceration or dehiscence | 18,000 | 8,400 | 9,600 |
| 49905 | Omental flap (e.g., for reconstruction of sternal and chest wall defects) (list separately in addition to code for primary procedure) | 23,300 | 12,600 | 10,700 |
| 49906 | Free omental flap w/ microvascular anastomosis | 30,300 | 16,800 | 13,500 |
| | Urinary System | | | |
| | Kidney | | | |
| | Incision | | | |
| 50010 | Renal exploration, not necessitating other specific procedures | 20,980 | 10,080 | 10,900 |
| 50020 | Drainage of perirenal or renal abscess | 18,000 | 8,400 | 9,600 |
| 50040 | Nephrostomy, nephrotomy w/ drainage | 18,000 | 8,400 | 9,600 |
| 50045 | Nephrotomy, w/ exploration | 18,000 | 8,400 | 9,600 |
| 50060 | Nephrolithotomy; removal of calculus | 27,120 | 15,120 | 12,000 |
| 50065 | Nephrolithotomy; secondary surgical operation for calculus | 30,300 | 16,800 | 13,500 |
| 50070 | Nephrolithotomy; complicated by congenital kidney abnormality | 27,120 | 15,120 | 12,000 |
| 50075 | Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy) | 37,800 | 21,000 | 16,800 |
| 50080 | Percutaneous nephrostolithotomy or pyelostolithotomy, w/ or w/o dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm | 30,300 | 16,800 | 13,500 |
| 50081 | Percutaneous nephrostolithotomy or pyelostolithotomy, w/ or w/o dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm | 30,300 | 16,800 | 13,500 |
| 50100 | Transection or repositioning of aberrant renal vessels | 30,300 | 16,800 | 13,500 |
| 50120 | Pyelotomy; w/ exploration | 18,000 | 8,400 | 9,600 |
| 50125 | Pyelotomy; w/ drainage, pyelostomy | 18,000 | 8,400 | 9,600 |
| 50130 | Pyelotomy; w/ removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy) | 23,300 | 12,600 | 10,700 |
| 50135 | Pyelotomy; complicated (e.g., secondary operation, congenital kidney abnormality) | 31,580 | 14,280 | 17,300 |
| | Excision | | | |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 50200 | Renal biopsy; percutaneous, by trocar or needle | 8,020 | 2,520 | 5,500 |
| 50205 | Renal biopsy; by surgical exposure of kidney | 18,000 | 8,400 | 9,600 |
| 50220 | Nephrectomy, including partial ureterectomy, any approach including rib resection; | 27,120 | 15,120 | 12,000 |
| 50225 | Nephrectomy, including partial ureterectomy, any approach including rib resection; complicated because of previous surgery on same kidney | 30,300 | 16,800 | 13,500 |
| 50230 | Nephrectomy, including partial ureterectomy, any approach including rib resection; radical, w/ regional lymphadenectomy and/or vena caval thrombectomy | 30,300 | 16,800 | 13,500 |
| 50234 | Nephrectomy w/ total ureterectomy and bladder cuff; through same incision | 30,300 | 16,800 | 13,500 |
| 50236 | Nephrectomy w/ total ureterectomy and bladder cuff; through separate incision | 30,300 | 16,800 | 13,500 |
| 50240 | Nephrectomy, partial | 27,120 | 15,120 | 12,000 |
| 50250 | Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed | 9,700 | 4,200 | 5,500 |
| 50280 | Excision or unroofing of cyst(s) of kidney | 20,980 | 10,080 | 10,900 |
| 50290 | Excision of perinephric cyst | 20,980 | 10,080 | 10,900 |
| | Renal Transplantation | | | |
| 50320 | Donor nephrectomy, w/ preparation and maintenance of allograft; from living donor | 27,120 | 15,120 | 12,000 |
| 50340 | Recipient nephrectomy | 23,300 | 12,600 | 10,700 |
| 50360 | Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy | 46,500 | 25,200 | 21,300 |
| 50365 | Renal allotransplantation, implantation of graft; w/ recipient nephrectomy | 61,320 | 40,320 | 21,000 |
| 50370 | Removal of transplanted renal allograft | 30,300 | 16,800 | 13,500 |
| 50380 | Renal autotransplantation, reimplantation of kidney | 53,400 | 29,400 | 24,000 |
| | Introduction | | | |
| 50390 | Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous | 5,680 | 1,680 | 4,000 |
| 50391 | Instillation of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube | 9,700 | 4,200 | 5,500 |
| 50392 | Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous | 9,700 | 4,200 | 5,500 |
| 50393 | Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous | 9,700 | 4,200 | 5,500 |
| 50395 | Introduction of guide into renal pelvis and/or ureter w/ dilation to establish nephrostomy tract, percutaneous | 8,260 | 3,360 | 4,900 |
| | Repair | | | |
| 50400 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, w/ or w/o plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple | 30,300 | 16,800 | 13,500 |
| 50405 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, w/ or w/o plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calyccoplasty) | 37,180 | 18,480 | 18,700 |
| 50500 | Nephrorrhaphy, suture of kidney wound or injury | 23,300 | 12,600 | 10,700 |
| 50520 | Closure of nephrocutaneous or pyelocutaneous fistula | 18,000 | 8,400 | 9,600 |
| 50525 | Closure of nephrovisceral fistula (e.g., renocolic), including visceral repair; abdominal approach | 23,300 | 12,600 | 10,700 |
| 50526 | Closure of nephrovisceral fistula (e.g., renocolic), including visceral repair; thoracic approach | 30,300 | 16,800 | 13,500 |
| 50540 | Symphysiotomy for horseshoe kidney w/ or w/o pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation) | 30,300 | 16,800 | 13,500 |
| | Laparoscopy | | | |
| 50541 | Laparoscopy, surgical; ablation of renal cysts | 10,540 | 5,040 | 5,500 |
| 50542 | Laparoscopy, surgical; ablation of renal mass lesion(s) | 9,700 | 4,200 | 5,500 |
| 50543 | Laparoscopy, surgical; partial nephrectomy | 30,300 | 16,800 | 13,500 |
| 50544 | Laparoscopy, surgical; pyeloplasty | 27,120 | 15,120 | 12,000 |
| 50545 | Laparoscopy, surgical; radical nephrectomy (includes removal of Gerotas fascia and surrounding fatty tissue, removal of regional lymph nodes and adrenalectomy) | 27,120 | 15,120 | 12,000 |
| 50546 | Laparoscopy, surgical; nephrectomy, including partial ureterectomy | 23,300 | 12,600 | 10,700 |
| 50547 | Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor | 23,300 | 12,600 | 10,700 |
| 50548 | Laparoscopy, surgical; nephrectomy with total ureterectomy | 30,300 | 16,800 | 13,500 |
| | Endoscopy | | | |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 50551 | Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service: | 8,692 | 3,192 | 5,500 |
| 50553 | Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ ureteral catheterization, w/ or w/o dilation of ureter | 8,260 | 3,360 | 4,900 |
| 50555 | Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service: w/ biopsy | 10,880 | 3,780 | 7,100 |
| 50557 | Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ fulguration and/or incision, w/ or w/o biopsy | 8,104 | 2,604 | 5,500 |
| 50559 | Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ insertion of radioactive substance w/ or w/out biopsy and/or fulguration | 8,356 | 2,856 | 5,500 |
| 50561 | Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ removal of foreign body or calculus | 9,700 | 4,200 | 5,500 |
| 50570 | Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; | 8,260 | 3,360 | 4,900 |
| 50572 | Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ ureteral catheterization, w/ or w/o dilation of ureter | 8,260 | 3,360 | 4,900 |
| 50574 | Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ biopsy | 8,260 | 3,360 | 4,900 |
| 50575 | Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent) | 9,700 | 4,200 | 5,500 |
| 50576 | Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ fulguration and/or incision, w/ or w/o biopsy | 9,700 | 4,200 | 5,500 |
| 50578 | Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ insertion of radioactive substance, w/ or w/o biopsy and/or fulguration | 9,700 | 4,200 | 5,500 |
| 50580 | Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ removal of foreign body or calculus | 9,700 | 4,200 | 5,500 |
| | Other Procedures | | | |
| 50590 | Lithotripsy, extracorporeal shock wave | 18,000 | 8,400 | 9,600 |
| 50592 | Ablation, one or more renal tumor(s), percutaneous, unilateral frequency | 9,700 | 4,200 | 5,500 |
| | Ureter | | | |
| 50600 | Ureterotomy w/ exploration or drainage | 12,120 | 6,720 | 5,400 |
| 50605 | Ureterotomy for insertion of indwelling stent, all types | 12,120 | 6,720 | 5,400 |
| 50610 | Ureterolithotomy; upper one-third of ureter | 21,820 | 10,920 | 10,900 |
| 50620 | Ureterolithotomy; middle one-third of ureter | 20,980 | 10,080 | 10,900 |
| 50630 | Ureterolithotomy; lower one-third of ureter | 21,820 | 10,920 | 10,900 |
| | Excision | | | |
| 50650 | Ureterectomy, w/ bladder cuff | 21,820 | 10,920 | 10,900 |
| 50660 | Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach | 20,980 | 10,080 | 10,900 |
| | Repair | | | |
| 50700 | Ureteroplasty, plastic operation on ureter (e.g., stricture) | 21,820 | 10,920 | 10,900 |
| 50715 | Ureterolysis, w/ or w/o repositioning of ureter for retroperitoneal fibrosis | 21,820 | 10,920 | 10,900 |
| 50722 | Ureterolysis for ovarian vein syndrome | 20,980 | 10,080 | 10,900 |
| 50725 | Ureterolysis for retrocaval ureter, w/ reanastomosis of upper urinary tract or vena cava | 23,300 | 12,600 | 10,700 |
| 50727 | Revision of urinary-cutaneous anastomosis (any type urostomy); | 22,660 | 11,760 | 10,900 |
| 50728 | Revision of urinary-cutaneous anastomosis (any type urostomy); w/ repair of fascial defect and hernia | 22,660 | 11,760 | 10,900 |
| 50740 | Ureteropyelostomy, anastomosis of ureter and renal pelvis | 23,300 | 12,600 | 10,700 |
| 50750 | Ureterocalycostomy, anastomosis of ureter to renal calyx | 27,120 | 15,120 | 12,000 |
| 50760 | Ureteroureterostomy | 21,820 | 10,920 | 10,900 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 50770 | Transureteroureterostomy, anastomosis of ureter to contralateral ureter | 27,120 | 15,120 | 12,000 |
| 50780 | Ureteroneocystostomy; anastomosis of single ureter to bladder | 27,120 | 15,120 | 12,000 |
| 50782 | Ureteroneocystostomy; anastomosis of duplicated ureter to bladder | 30,300 | 16,800 | 13,500 |
| 50783 | Ureteroneocystostomy; w/ extensive ureteral tailoring | 37,800 | 21,000 | 16,800 |
| 50785 | Ureteroneocystostomy; w/ vesico-psoas hitch or bladder flap | 30,300 | 16,800 | 13,500 |
| 50800 | Ureteroenterostomy, direct anastomosis of ureter to intestine | 30,740 | 13,440 | 17,300 |
| 50810 | Ureterosigmoidostomy, w/ creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including bowel anastomosis | 37,800 | 21,000 | 16,800 |
| 50815 | Ureterocolon conduit, including bowel anastomosis | 37,800 | 21,000 | 16,800 |
| 50820 | Ureteroileal conduit (ileal bladder), including bowel anastomosis (Bricker operation) | 40,320 | 23,520 | 16,800 |
| 50825 | Continent diversion, including bowel anastomosis using any segment of small and/or large bowel (Kock pouch or Camey enterocystoplasty) | 46,500 | 25,200 | 21,300 |
| 50830 | Urinary undiversion (e.g., taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy w/ ureteroureterostomy or ureteroneocystostomy) | 37,800 | 21,000 | 16,800 |
| 50840 | Replacement of all or part of ureter by bowel segment, including bowel anastomosis | 37,800 | 21,000 | 16,800 |
| 50845 | Cutaneous appendico-vesicostomy | 30,300 | 16,800 | 13,500 |
| 50860 | Ureterostomy, transplantation of ureter to skin | 20,980 | 10,080 | 10,900 |
| 50900 | Ureterorrhaphy, suture of ureter | 18,000 | 8,400 | 9,600 |
| 50920 | Closure of ureterocutaneous fistula | 20,980 | 10,080 | 10,900 |
| 50930 | Closure of ureterovisceral fistula (including visceral repair) | 23,300 | 12,600 | 10,700 |
| 50940 | Deligation of ureter | 21,820 | 10,920 | 10,900 |
| | Laparoscopy | | | |
| 50945 | Laparoscopy, surgical; ureterolithotomy | 21,940 | 9,240 | 12,700 |
| 50947 | Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement | 23,300 | 12,600 | 10,700 |
| 50948 | Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement | 23,300 | 12,600 | 10,700 |
| | Endoscopy | | | |
| 50951 | Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; | 8,260 | 3,360 | 4,900 |
| 50953 | Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ ureteral catheterization, w/ or w/o dilation of ureter | 8,260 | 3,360 | 4,900 |
| 50955 | Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ biopsy | 8,260 | 3,360 | 4,900 |
| 50957 | Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ fulguration and/or incision, w/ or w/o biopsy | 10,880 | 3,780 | 7,100 |
| 50959 | Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ insertion of radioactive substance, w/ or w/o biopsy and/or fulguration (not including provision of material) | 9,700 | 4,200 | 5,500 |
| 50961 | Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ removal of foreign body or calculus | 11,980 | 5,880 | 6,100 |
| 50970 | Ureteral endoscopy through ureterotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; | 8,260 | 3,360 | 4,900 |
| 50972 | Ureteral endoscopy through ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ ureteral catheterization, w/ or w/o dilation of ureter | 8,260 | 3,360 | 4,900 |
| 50974 | Ureteral endoscopy through ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ biopsy | 8,260 | 3,360 | 4,900 |
| 50976 | Ureteral endoscopy through ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ fulguration and/or incision, w/ or w/o biopsy | 10,880 | 3,780 | 7,100 |
| 50978 | Ureteral endoscopy through ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ insertion of radioactive substance, w/ or w/o biopsy and/or fulguration (not including provision of material) | 9,700 | 4,200 | 5,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 50980 | Ureteral endoscopy through ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ removal of foreign body or calculus | 11,980 | 5,880 | 6,100 |
| | Bladder | | | |
| | Incision | | | |
| 51010 | Aspiration of bladder; by trocar or intracatheter w/ insertion of suprapubic catheter | 5,680 | 1,680 | 4,000 |
| 51020 | Cystotomy or cystostomy; w/ fulguration and/or insertion of radioactive material | 9,700 | 4,200 | 5,500 |
| 51030 | Cystotomy or cystostomy; w/ cryosurgical destruction of intravesical lesion | 9,700 | 4,200 | 5,500 |
| 51040 | Cystostomy, cystostomy w/ drainage | 9,700 | 4,200 | 5,500 |
| 51045 | Cystotomy, w/ insertion of ureteral catheter or stent | 10,540 | 5,040 | 5,500 |
| 51050 | Cystolithotomy, cystostomy w/ removal of calculus, w/o vesical neck resection | 12,540 | 7,140 | 5,400 |
| 51060 | Transvesical ureterolithotomy | 21,820 | 10,920 | 10,900 |
| 51065 | Cystotomy, w/ stone basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus | 21,820 | 10,920 | 10,900 |
| 51080 | Drainage of perivesical or prevesical space abscess | 10,540 | 5,040 | 5,500 |
| | Excision | | | |
| 51500 | Excision of urachal cyst or sinus, w/ or w/o umbilical hernia repair | 30,300 | 16,800 | 13,500 |
| 51520 | Cystotomy; for simple excision of vesical neck | 20,980 | 10,080 | 10,900 |
| 51525 | Cystotomy; for excision of bladder diverticulum, single or multiple | 27,120 | 15,120 | 12,000 |
| 51530 | Cystotomy; for excision of bladder tumor | 27,120 | 15,120 | 12,000 |
| 51535 | Cystotomy for excision, incision, or repair of ureterocele | 23,300 | 12,600 | 10,700 |
| 51550 | Cystectomy, partial | 30,740 | 13,440 | 17,300 |
| 51555 | Cystectomy, complicated (e.g., postradiation, previous surgery, difficult location) | 37,800 | 21,000 | 16,800 |
| 51565 | Cystectomy, partial, w/ reimplantation of ureter(s) into bladder (ureteroneocystostomy) | 30,300 | 16,800 | 13,500 |
| 51570 | Cystectomy, complete; | 37,800 | 21,000 | 16,800 |
| 51575 | Cystectomy, complete; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes | 46,500 | 25,200 | 21,300 |
| 51580 | Cystectomy, complete, w/ ureterosigmoidostomy or ureterocutaneous transplantations; | 40,320 | 23,520 | 16,800 |
| 51585 | Cystectomy, complete, w/ ureterosigmoidostomy or ureterocutaneous transplantations; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes | 53,400 | 29,400 | 24,000 |
| 51590 | Cystectomy, complete, w/ ureteroileal conduit or sigmoid bladder, including bowel anastomosis; | 55,920 | 31,920 | 24,000 |
| 51595 | Cystectomy, complete, w/ ureteroileal conduit or sigmoid bladder, including bowel anastomosis; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes | 55,840 | 34,440 | 21,400 |
| 51596 | Cystectomy, complete, w/ continent diversion, any technique, using any segment of small and/or large bowel to construct neobladder | 58,800 | 37,800 | 21,000 |
| 51597 | Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, w/ removal of bladder and ureteral transplantations, w/ or w/o hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof | 71,400 | 50,400 | 21,000 |
| | Introduction | | | |
| 51600 | Injection procedure for cystography or voiding urethrocytography | 8,020 | 2,520 | 5,500 |
| 51720 | Bladder instillation of anticarcinogenic agent | 8,020 | 2,520 | 5,500 |
| | Repair | | | |
| 51800 | Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, w/ or w/o wedge resection of posterior vesical neck | 20,980 | 10,080 | 10,900 |
| 51820 | Cystourethroplasty w/ unilateral or bilateral ureteroneocystostomy | 27,120 | 15,120 | 12,000 |
| 51840 | Anterior vesicourethropexy, or urethropexy (Marshall-Marchetti-Krantz type) | 20,980 | 10,080 | 10,900 |
| 51841 | Anterior vesicourethropexy, or urethropexy (Marshall-Marchetti-Krantz type) complicated (e.g., secondary repair) | 30,740 | 13,440 | 17,300 |
| 51845 | Abdomino-vaginal vesical neck suspension, w/ or w/o endoscopic control (e.g., Stamey, Raz, modified Pereyra) | 20,980 | 10,080 | 10,900 |
| 51860 | Cystorrhaphy, suture of bladder wound, injury or rupture | 12,120 | 6,720 | 5,400 |
| 51880 | Closure of cystostomy | 10,880 | 3,780 | 7,100 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 51900 | Closure of vesicovaginal fistula, abdominal approach | 23,300 | 12,600 | 10,700 |
| 51920 | Closure of vesicouterine fistula; | 23,300 | 12,600 | 10,700 |
| 51925 | Closure of vesicouterine fistula; w/ hysterectomy | 30,300 | 16,800 | 13,500 |
| 51940 | Closure of bladder exstrophy | 30,300 | 16,800 | 13,500 |
| 51960 | Enterocystoplasty, including bowel anastomosis | 30,740 | 13,440 | 17,300 |
| 51980 | Cutaneous vesicostomy | 12,120 | 6,720 | 5,400 |
| | Laparoscopy | | | |
| 51990 | Laparoscopy, surgical; urethral suspension for stress incontinence | 30,300 | 16,800 | 13,500 |
| 51992 | Laparoscopy, surgical; sling operation for stress incontinence (e.g., fascia or synthetic) | 30,300 | 16,800 | 13,500 |
| | Endoscopy - Cystoscopy, Urethroscopy, Cystourethroscopy | | | |
| 52000 | Cystourethroscopy | 8,260 | 3,360 | 4,900 |
| 52005 | Cystourethroscopy, w/ ureteral catheterization, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; | 9,700 | 4,200 | 5,500 |
| 52007 | Cystourethroscopy, w/ ureteral catheterization, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ brush biopsy of ureter and/or renal pelvis | 8,260 | 3,360 | 4,900 |
| 52010 | Cystourethroscopy, w/ ejaculatory duct catheterization, w/ or w/o irrigation, instillation, or duct radiography, exclusive of radiologic service | 8,260 | 3,360 | 4,900 |
| | Transurethral Surgery Urethra and Bladder | | | |
| | Transurethral Surgery, Urethra and Bladder | | | |
| 52204 | Cystourethroscopy, w/ biopsy | 10,540 | 5,040 | 5,500 |
| 52214 | Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands | 11,980 | 5,880 | 6,100 |
| 52224 | Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) w/ or w/o biopsy | 11,980 | 5,880 | 6,100 |
| 52234 | Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 cm to 2.0 cm) | 20,980 | 10,080 | 10,900 |
| 52235 | Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (2.0 to 5.0 cm) | 22,240 | 11,340 | 10,900 |
| 52240 | Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s) | 23,300 | 12,600 | 10,700 |
| 52250 | Cystourethroscopy w/ insertion of radioactive substance, w/ or w/o biopsy or fulguration | 30,740 | 13,440 | 17,300 |
| 52260 | Cystourethroscopy, w/ dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia | 11,980 | 5,880 | 6,100 |
| 52265 | Cystourethroscopy, w/ dilation of bladder for interstitial cystitis; local anesthesia | 8,020 | 2,520 | 5,500 |
| 52270 | Cystourethroscopy, w/ internal urethrotomy; female | 12,900 | 6,300 | 6,600 |
| 52275 | Cystourethroscopy, w/ internal urethrotomy; male | 12,900 | 6,300 | 6,600 |
| 52276 | Cystourethroscopy w/ direct vision internal urethrotomy | 12,540 | 7,140 | 5,400 |
| 52277 | Cystourethroscopy, w/ resection of external sphincter (sphincterotomy) | 12,120 | 6,720 | 5,400 |
| 52281 | Cystourethroscopy, w/ calibration and/or dilation of urethral stricture or stenosis, w/ or w/o meatotomy and injection procedure for cystography, male or female | 8,020 | 2,520 | 5,500 |
| 52283 | Cystourethroscopy, w/ steroid injection into stricture | 8,020 | 2,520 | 5,500 |
| 52285 | Cystourethroscopy, for treatment of the female urethral syndrome w/ any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone | 10,540 | 5,040 | 5,500 |
| 52290 | Cystourethroscopy; w/ ureteral meatotomy, unilateral or bilateral | 11,980 | 5,880 | 6,100 |
| 52300 | Cystourethroscopy; w/ resection or fulguration of orthotopic ureteroceles, unilateral or bilateral | 21,940 | 9,240 | 12,700 |
| 52301 | Cystourethroscopy; w/ resection or fulguration of ectopic ureterocele(s), unilateral or bilateral | 21,940 | 9,240 | 12,700 |
| 52305 | Cystourethroscopy; w/ incision or resection of orifice of bladder diverticulum, single or multiple | 12,120 | 6,720 | 5,400 |
| 52310 | Cystourethroscopy, w/ removal of foreign body, calculus, or ureteral stent from urethra or bladder | 10,540 | 5,040 | 5,500 |
| 52317 | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm) | 18,000 | 8,400 | 9,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 52318 | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm) | 21,940 | 9,240 | 12,700 |
| | Ureter and Pelvis | | | |
| 52320 | Cystourethroscopy (including ureteral catheterization); w/ removal of ureteral calculus | 11,980 | 5,880 | 6,100 |
| 52325 | Cystourethroscopy (including ureteral catheterization); w/ fragmentation of ureteral calculus (e.g., ultrasonic or electro-hydraulic technique) | 18,000 | 8,400 | 9,600 |
| 52327 | Cystourethroscopy (including ureteral catheterization); w/ subureteric injection of implant material | 9,700 | 4,200 | 5,500 |
| 52330 | Cystourethroscopy (including ureteral catheterization); w/ manipulation, w/o removal of ureteral calculus | 10,540 | 5,040 | 5,500 |
| 52332 | Cystourethroscopy, w/ insertion of indwelling ureteral stent (e.g., Gibbons or double-J type) | 10,540 | 5,040 | 5,500 |
| 52334 | Cystourethroscopy w/ insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde | 9,700 | 4,200 | 5,500 |
| 52335 | Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); | 12,120 | 6,720 | 5,400 |
| 52336 | Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); w/ removal or manipulation of calculus (ureteral catheterization is included) | 12,120 | 6,720 | 5,400 |
| 52337 | Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); w/ lithotripsy (ureteral catheterization is included) | 21,940 | 9,240 | 12,700 |
| 52338 | Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); w/ biopsy and/or fulguration of lesion | 21,940 | 9,240 | 12,700 |
| 52339 | Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); w/ resection of tumor | 12,120 | 6,720 | 5,400 |
| | Vesical Neck and Prostate | | | |
| | Vesical Neck and Prostate | | | |
| 52340 | Cystourethroscopy w/ incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds | 21,940 | 9,240 | 12,700 |
| 52450 | Transurethral incision of prostate | 23,300 | 12,600 | 10,700 |
| 52500 | Transurethral resection of bladder neck | 23,300 | 12,600 | 10,700 |
| 52510 | Transurethral balloon dilation of the prostatic urethra, any method | 12,120 | 6,720 | 5,400 |
| 52601 | Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) | 37,800 | 21,000 | 16,800 |
| 52606 | Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time | 18,000 | 8,400 | 9,600 |
| 52612 | Transurethral resection of prostate; first stage of two-stage resection (partial resection) | 21,940 | 9,240 | 12,700 |
| 52614 | Transurethral resection of prostate; second stage of two-stage resection (resection completed) | 21,940 | 9,240 | 12,700 |
| 52620 | Transurethral resection; of residual obstructive tissue after 90 days postoperative | 20,980 | 10,080 | 10,900 |
| 52630 | Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative | 37,800 | 21,000 | 16,800 |
| 52640 | Transurethral resection; of postoperative bladder neck contracture | 20,980 | 10,080 | 10,900 |
| 52647 | Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) | 27,120 | 15,120 | 12,000 |
| 52648 | Contact laser vaporization w/ or w/o transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) | 27,120 | 15,120 | 12,000 |
| 52649 | High intensity focused ultrasound (HIFU) of the prostate including transurethral resection of the prostate (TURP) | 37,800 | 21,000 | 16,800 |
| 52700 | Transurethral drainage of prostatic abscess | 18,000 | 8,400 | 9,600 |
| | Urethra | | | |
| | Incision | | | |
| 53000 | Urethrotomy or urethrostomy, external ; pendulous urethra | 5,680 | 1,680 | 4,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 53010 | Urethrotomy or urethrostomy, external ; perineal urethra, external | 8,260 | 3,360 | 4,900 |
| 53020 | Meatotomy, cutting of meatus ; except infant | 5,560 | 1,260 | 4,300 |
| 53025 | Meatotomy, cutting of meatus ; infant | 8,260 | 3,360 | 4,900 |
| 53040 | Drainage of deep periurethral abscess | 9,300 | 2,100 | 7,200 |
| 53060 | Drainage of Skenes gland abscess or cyst | 5,560 | 1,260 | 4,300 |
| 53080 | Drainage of perineal urinary extravasation | 8,020 | 2,520 | 5,500 |
| | Excision | | | |
| 53200 | Biopsy of urethra | 5,560 | 1,260 | 4,300 |
| 53210 | Urethrectomy, total, including cystostomy; female | 21,940 | 9,240 | 12,700 |
| 53215 | Urethrectomy, total, including cystostomy; male | 21,820 | 10,920 | 10,900 |
| 53220 | Excision of fulguration of carcinoma of urethra | 9,700 | 4,200 | 5,500 |
| 53230 | Excision of urethral diverticulum ; female | 18,000 | 8,400 | 9,600 |
| 53235 | Excision of urethral diverticulum ; male | 14,960 | 7,560 | 7,400 |
| 53240 | Marsupialization of urethral diverticulum, male or female | 9,300 | 2,100 | 7,200 |
| 53250 | Excision of bulbourethral gland (Cowpers gland) | 12,120 | 6,720 | 5,400 |
| 53260 | Excision or fulguration; urethral polyp(s), distal urethra | 5,560 | 1,260 | 4,300 |
| 53265 | Excision or fulguration; urethral caruncle | 5,560 | 1,260 | 4,300 |
| 53270 | Skene's glands | 5,560 | 1,260 | 4,300 |
| 53275 | Skene's glands urethral prolapse | 9,300 | 2,100 | 7,200 |
| | Repair | | | |
| 53400 | Urethroplasty; first stage, for fistula, diverticulum, or stricture (e.g., Johannsen type) | 30,300 | 16,800 | 13,500 |
| 53405 | Urethroplasty; second stage (formation of urethra), including urinary diversion | 27,120 | 15,120 | 12,000 |
| 53410 | Urethroplasty, one-stage reconstruction of male anterior urethra | 14,960 | 7,560 | 7,400 |
| 53415 | Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra | 40,320 | 23,520 | 16,800 |
| 53420 | Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage | 37,800 | 21,000 | 16,800 |
| 53425 | Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage | 27,120 | 15,120 | 12,000 |
| 53430 | Urethroplasty, reconstruction of female urethra | 18,000 | 8,400 | 9,600 |
| 53440 | Operation for correction of male urinary incontinence, w/ or w/o introduction of prosthesis | 18,000 | 8,400 | 9,600 |
| 53442 | Removal of perineal prosthesis introduced for continence | 18,000 | 8,400 | 9,600 |
| 53443 | Urethroplasty w/ tubularization of posterior urethra and/or lower bladder for incontinence (e.g., Tenago, Leadbetter procedure) | 31,140 | 17,640 | 13,500 |
| 53445 | Operation for correction of urinary incontinence w/ placement of inflatable urethral or bladder neck sphincter, including placement of pump and/or reservoir | 37,180 | 18,480 | 18,700 |
| 53447 | Removal, repair, or replacement of inflatable sphincter including pump and/or reservoir and/or cuff | 40,320 | 23,520 | 16,800 |
| 53449 | Surgical correction of hydraulic abnormality of inflatable sphincter device | 18,000 | 8,400 | 9,600 |
| 53450 | Urethromeatoplasty, w/ mucosal advancement | 8,260 | 3,360 | 4,900 |
| 53460 | Urethromeatoplasty, w/ partial excision of distal urethral segment (Richardson type procedure) | 8,260 | 3,360 | 4,900 |
| 53502 | Urethrorrhaphy, suture of urethral wound or injury, female | 9,700 | 4,200 | 5,500 |
| 53505 | Urethrorrhaphy, suture of urethral wound or injury; penile | 9,700 | 4,200 | 5,500 |
| 53510 | Urethrorrhaphy, suture of urethral wound or injury; perineal | 10,540 | 5,040 | 5,500 |
| 53515 | Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous | 10,540 | 5,040 | 5,500 |
| 53520 | Closure of urethrostomy or urethrocutaneous fistula, male | 8,020 | 2,520 | 5,500 |
| | Manipulation | | | |
| 53600 | Dilation of urethral stricture by passage of sound or urethral dilator, male | 5,680 | 1,680 | 4,000 |
| 53605 | Dilation of urethral stricture or vesical neck, male, general or conduction (spinal) anesthesia | 5,680 | 1,680 | 4,000 |
| 53665 | Dilation of female urethra, general or conduction (spinal) anesthesia | 5,680 | 1,680 | 4,000 |
| | Other Procedures | | | |
| 53850 | Transurethral destruction of prostate tissue; by microwave thermotherapy i.e. Transurethral Microwave Thermotherapy (TUMT) | 37,800 | 21,000 | 16,800 |
| 53852 | Transurethral destruction of prostate tissue; by radiofrequency ablation i.e., Transurethral Needle Ablation (TUNA), transurethral laser incision of the prostate (TULIP) | 37,800 | 21,000 | 16,800 |
| | Male Genital System | | | |
| | Penis | | | |
| | Incision | | | |
| 54015 | Incision and drainage of penis | 3,640 | 840 | 2,800 |
| | Destruction | | | |
| 54050 | Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), any method | 3,640 | 840 | 2,800 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Excision | | | |
| 54100 | Biopsy of penis | 3,504 | 504 | 3,000 |
| 54110 | Excision of penile plaque (Peyronie disease); | 9,300 | 2,100 | 7,200 |
| 54111 | Excision of penile plaque (Peyronie disease); w/ graft to 5 cm in length | 10,540 | 5,040 | 5,500 |
| 54112 | Excision of penile plaque (Peyronie disease); w/ graft greater than 5 cm in length | 11,980 | 5,880 | 6,100 |
| 54115 | Removal of foreign body from deep penile tissue (e.g., plastic implant) | 8,260 | 3,360 | 4,900 |
| 54120 | Amputation of penis; partial | 10,540 | 5,040 | 5,500 |
| 54125 | Amputation of penis; complete | 21,400 | 10,500 | 10,900 |
| 54130 | Amputation of penis, radical; w/ bilateral inguofemoral lymphadenectomy | 37,800 | 21,000 | 16,800 |
| 54135 | Amputation of penis, radical; in continuity w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes | 46,500 | 25,200 | 21,300 |
| 54150 | Circumcision, using clamp or other device; newborn | 1,260 | 840 | 420 |
| 54152 | Circumcision, using clamp or other device; except newborn | 1,260 | 840 | 420 |
| 54160 | Circumcision, surgical excision other than clamp, device or dorsal slit; newborn | 1,260 | 840 | 420 |
| 54161 | Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn | 1,260 | 840 | 420 |
| | Introduction | | | |
| 54200 | Injection procedure for Peyronie disease; | 5,560 | 1,260 | 4,300 |
| 54205 | Injection procedure for Peyronie disease;w/ surgical exposure of plaque | 5,680 | 1,680 | 4,000 |
| 54220 | Irrigation of corpora cavernosa for priapism | 8,020 | 2,520 | 5,500 |
| | Repair | | | |
| 54300 | Plastic operation of penis for straightening of chordee (e.g., hypospadias), w/ or w/o mobilization of urethra | 9,700 | 4,200 | 5,500 |
| 54304 | Plastic operation on penis for correction of chordee or for first stage hypospadias repair w/ or w/o transplantation of prepuce and/or skin flaps | 14,960 | 7,560 | 7,400 |
| 54308 | Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm | 23,300 | 12,600 | 10,700 |
| 54312 | Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm | 23,300 | 12,600 | 10,700 |
| 54316 | Urethroplasty for second stage hypospadias repair (including urinary diversion) w/ free skin graft obtained from site other than genitalia | 23,300 | 12,600 | 10,700 |
| 54318 | Urethroplasty for third stage hypospadias repair to release penis from scrotum (e.g., third stage Cecil repair) | 12,120 | 6,720 | 5,400 |
| 54322 | One stage distal hypospadias repair (w/ or w/o chordee or circumcision); w/ simple meatal advancement (e.g., Maggi, V-flap) | 27,120 | 15,120 | 12,000 |
| 54324 | One stage distal hypospadias repair (w/ or w/o chordee or circumcision); w/ urethroplasty by local skin flaps (e.g., flip-flap, prepuce flap) | 27,120 | 15,120 | 12,000 |
| 54326 | One stage distal hypospadias repair (w/ or w/o chordee or circumcision); w/ urethroplasty by local skin flaps and mobilization of urethra | 27,120 | 15,120 | 12,000 |
| 54328 | One stage distal hypospadias repair (w/ or w/o chordee or circumcision); w/ extensive dissection to correct chordee and urethroplasty w/ local skin flaps, skin graft patch, and/or island flap | 30,300 | 16,800 | 13,500 |
| 54332 | One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap | 37,180 | 18,480 | 18,700 |
| 54336 | One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap | 37,180 | 18,480 | 18,700 |
| 54340 | Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple | 37,180 | 18,480 | 18,700 |
| 54344 | Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty w/ flap or patch graft | 18,000 | 8,400 | 9,600 |
| 54348 | Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty w/ flap, patch or tubed graft (includes urinary diversion) | 20,980 | 10,080 | 10,900 |
| 54352 | Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts | 37,800 | 21,000 | 16,800 |
| 54380 | Plastic operation on penis for epispadias distal to external sphincter; | 30,300 | 16,800 | 13,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 54385 | Plastic operation on penis for epispadias distal to external sphincter;w/ incontinence | 37,180 | 18,480 | 18,700 |
| 54390 | Plastic operation on penis for epispadias distal to external sphincter;w/ exstrophy of bladder | 37,800 | 21,000 | 16,800 |
| 54420 | Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral | 12,120 | 6,720 | 5,400 |
| 54430 | Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral | 12,120 | 6,720 | 5,400 |
| 54435 | Corpora cavernosa-glans penis fistulization (e.g., biopsy needle, Winter procedure, rongeur, or punch) for priapism | 8,260 | 3,360 | 4,900 |
| 54440 | Plastic operation of penis for injury | 12,120 | 6,720 | 5,400 |
| | Testis | | | |
| | Excision | | | |
| 54500 | Biopsy of testis, needle | 3,504 | 504 | 3,000 |
| 54505 | Biopsy of testis, incisional | 5,680 | 1,680 | 4,000 |
| 54510 | Excision of local lesion of testis | 5,680 | 1,680 | 4,000 |
| 54520 | Orchiectomy, simple (including subcapsular), w/ or w/o testicular prosthesis, scrotal or inguinal approach | 10,540 | 5,040 | 5,500 |
| 54530 | Orchiectomy, radical, for tumor; inguinal approach | 10,960 | 5,460 | 5,500 |
| 54535 | Orchiectomy, radical, for tumor; w/ abdominal exploration | 12,540 | 7,140 | 5,400 |
| 54550 | Exploration for undescended testis (inguinal or scrotal area) | 10,540 | 5,040 | 5,500 |
| 54560 | Exploration for undescended testis w/ abdominal exploration | 12,540 | 7,140 | 5,400 |
| | Repair | | | |
| 54600 | Reduction of torsion of testis, surgical, w/ or w/o fixation of contralateral testis | 10,960 | 5,460 | 5,500 |
| 54620 | Fixation of contralateral testis | 9,300 | 2,100 | 7,200 |
| 54640 | Orchiopexy, inguinal approach, w/ or w/o hernia repair | 10,540 | 5,040 | 5,500 |
| 54650 | Orchiopexy, abdominal approach, for intra-abdominal testis (e.g., Fowler-Stephens) | 12,540 | 7,140 | 5,400 |
| 54670 | Suture or repair of testicular injury | 9,700 | 4,200 | 5,500 |
| 54680 | Transplantation of testis(es) to thigh (because of scrotal destruction) | 8,260 | 3,360 | 4,900 |
| | Laparoscopy | | | |
| 54690 | Laparoscopy, surgical; orchiectomy | 9,700 | 4,200 | 5,500 |
| 54692 | Laparoscopy, surgical; orchiopexy for intra-abdominal testis | 11,980 | 5,880 | 6,100 |
| | Epididymis | | | |
| | Incision | | | |
| 54700 | Incision and drainage of epididymis, testis and/or scrotal space (e.g., abscess or hematoma) | 4,108 | 1,008 | 3,100 |
| | Excision | | | |
| 54800 | Biopsy of epididymis, needle | 3,504 | 504 | 3,000 |
| 54820 | Exploration of epididymis, w/ or w/o biopsy | 9,300 | 2,100 | 7,200 |
| 54830 | Excision of local lesion of epididymis | 5,680 | 1,680 | 4,000 |
| 54840 | Excision of spermatocele, w/ or w/o epididymectomy | 8,020 | 2,520 | 5,500 |
| 54860 | Epididymectomy; unilateral | 9,300 | 2,100 | 7,200 |
| 54861 | Epididymectomy; bilateral | 8,440 | 2,940 | 5,500 |
| | Repair | | | |
| 54900 | Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral | 10,540 | 5,040 | 5,500 |
| 54901 | Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral | 18,000 | 8,400 | 9,600 |
| | Tunica Vaginalis | | | |
| | Incision | | | |
| 55000 | Puncture aspiration of hydrocele, tunica vaginalis, w/ or w/o injection of medication | 3,504 | 504 | 3,000 |
| | Excision | | | |
| 55040 | Excision of hydrocele; unilateral | 9,700 | 4,200 | 5,500 |
| 55041 | Excision of hydrocele; bilateral | 18,000 | 8,400 | 9,600 |
| | Repair | | | |
| 55060 | Repair of tunica vaginalis hydrocele (Bottle type) | 9,700 | 4,200 | 5,500 |
| | Scrotum | | | |
| | Incision | | | |
| 55100 | Drainage of scrotal wall abscess | 3,504 | 504 | 3,000 |
| 55101 | Drainage and debridement of Fourniers gangrene of the scrotum | 9,300 | 2,100 | 7,200 |
| 55110 | Scrotal exploration | 9,300 | 2,100 | 7,200 |
| 55120 | Removal of foreign body in scrotum | 4,108 | 1,008 | 3,100 |
| | Excision | | | |
| 55150 | Resection of scrotum | 5,560 | 1,260 | 4,300 |
| | Repair | | | |
| 55175 | Scrotoplasty | 5,680 | 1,680 | 4,000 |
| | Vas Deferens | | | |
| | Incision | | | |
| 55200 | Vasotomy, cannulization w/ or w/o incision of vas, unilateral or bilateral | 5,680 | 1,680 | 4,000 |
| 55250 | Vasectomy, unilateral or bilateral | 4,000 | 1,000 | 3,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Repair | | | |
| 55400 | Vasovasostomy, vasovasorrhaphy | 10,540 | 5,040 | 5,500 |
| | Spermatic Cord | | | |
| | Excision | | | |
| 55500 | Excision of hydrocele of spermatic cord, unilateral | 9,700 | 4,200 | 5,500 |
| 55520 | Excision of lesion of spermatic cord | 8,260 | 3,360 | 4,900 |
| 55530 | Excision of varicocele or ligation of spermatic veins for varicocele; | 12,900 | 6,300 | 6,600 |
| 55535 | Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach | 14,960 | 7,560 | 7,400 |
| 55540 | Excision of varicocele or ligation of spermatic veins for varicocele; w/ hernia repair | 14,960 | 7,560 | 7,400 |
| | Laparoscopy | | | |
| 55550 | Laparoscopy, surgical; with ligation of spermatic veins for varicocele | 14,960 | 7,560 | 7,400 |
| | Seminal Vesicles | | | |
| | Incision | | | |
| 55600 | Vesiculotomy; | 10,120 | 4,620 | 5,500 |
| | Excision | | | |
| 55650 | Vesiculectomy, any approach | 18,000 | 8,400 | 9,600 |
| 55680 | Excision of Mullerian duct cyst | 18,000 | 8,400 | 9,600 |
| | Prostate | | | |
| | Incision | | | |
| 55700 | Biopsy, prostate; needle or punch, single or multiple, any approach | 9,300 | 2,100 | 7,200 |
| 55720 | Prostatotomy, external drainage of prostatic abscess, any approach | 5,680 | 1,680 | 4,000 |
| | Excision | | | |
| 55801 | Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy) | 38,860 | 20,160 | 18,700 |
| 55810 | Prostatectomy, perineal radical; | 46,500 | 25,200 | 21,300 |
| 55812 | Prostatectomy, perineal radical; w/ lymph node biopsy(s) (limited pelvic lymphadenectomy) | 48,180 | 26,880 | 21,300 |
| 55815 | Prostatectomy, perineal radical; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes | 48,180 | 26,880 | 21,300 |
| 55821 | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages | 38,860 | 20,160 | 18,700 |
| 55831 | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal | 30,300 | 16,800 | 13,500 |
| 55840 | Prostatectomy, retropubic radical, w/ or w/o nerve sparing; | 46,500 | 25,200 | 21,300 |
| 55842 | Prostatectomy, retropubic radical, w/ or w/o nerve sparing; w/ lymph node biopsy(s) (limited pelvic lymphadenectomy) | 48,180 | 26,880 | 21,300 |
| 55845 | Prostatectomy, retropubic radical, w/ or w/o nerve sparing; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes | 48,180 | 26,880 | 21,300 |
| 55859 | Transperineal placement of needles, catheters or pellets into prostate for interstitial radioelement application, with or without cystoscopy, ultrasound or CT scan guidance | 18,000 | 8,400 | 9,600 |
| 55860 | Exposure of prostate, any approach, for insertion of radioactive substance; | 9,700 | 4,200 | 5,500 |
| 55862 | Exposure of prostate, any approach, for insertion of radioactive substance; w/ lymph node biopsy(s) (limited pelvic lymphadenectomy) | 18,000 | 8,400 | 9,600 |
| 55865 | Exposure of prostate, any approach, for insertion of radioactive substance; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes | 23,300 | 12,600 | 10,700 |
| | Laparoscopy | | | |
| 55866 | Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing | 46,500 | 25,200 | 21,300 |
| | Other Procedures | | | |
| 55873 | Cryosurgical ablation of the prostate (cryotherapy of the prostate) | 55,000 | 33,600 | 21,400 |
| | Female Genital System | | | |
| | Vulva, Perineum and Introitus | | | |
| | Incision | | | |
| 56405 | Incision and drainage of vulva or perineal abscess | 5,560 | 1,260 | 4,300 |
| 56420 | Incision and drainage of Bartholins gland abscess | 9,300 | 2,100 | 7,200 |
| 56440 | Marsupialization of Bartholins gland cyst | 9,700 | 4,200 | 5,500 |
| 56441 | Lysis of labial adhesions | 9,300 | 2,100 | 7,200 |
| | Destruction | | | |
| 56501 | Destruction of lesion(s), vulva; any method | 9,300 | 2,100 | 7,200 |
| | Excision | | | |
| 56605 | Biopsy of vulva or perineum ; one lesion | 9,300 | 2,100 | 7,200 |
| 56620 | Vulvectomy simple; partial | 12,120 | 6,720 | 5,400 |
| 56625 | Vulvectomy simple; complete | 23,300 | 12,600 | 10,700 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 56630 | Vulvectomy, radical, partial; | 27,120 | 15,120 | 12,000 |
| 56631 | Vulvectomy, radical, partial; w/ unilateral inguinofemoral lymphadenectomy | 30,300 | 16,800 | 13,500 |
| 56632 | Vulvectomy, radical, partial; w/ bilateral inguinofemoral lymphadenectomy | 37,800 | 21,000 | 16,800 |
| 56633 | Vulvectomy, radical, complete; | 46,500 | 25,200 | 21,300 |
| 56634 | Vulvectomy, radical, complete; w/ unilateral inguinofemoral lymphadenectomy | 53,400 | 29,400 | 24,000 |
| 56637 | Vulvectomy, radical, complete; w/ bilateral inguinofemoral lymphadenectomy | 55,000 | 33,600 | 21,400 |
| 56640 | Vulvectomy, radical, complete, w/ inguinofemoral, iliac, and pelvic lymphadenectomy | 58,800 | 37,800 | 21,000 |
| 56700 | Partial hymenectomy or revision of hymenal ring | 9,700 | 4,200 | 5,500 |
| 56720 | Hymenotomy, simple incision | 9,300 | 2,100 | 7,200 |
| 56740 | Excision of Bartholins gland or cyst | 9,700 | 4,200 | 5,500 |
| | Vagina | | | |
| | Incision | | | |
| 57000 | Colpotomy; w/ exploration | 12,120 | 6,720 | 5,400 |
| 57020 | Colpocentesis | 5,680 | 1,680 | 4,000 |
| 57061 | Destruction of vaginal lesion(s) | 5,680 | 1,680 | 4,000 |
| 57100 | Biopsy of vaginal mucosa | 5,680 | 1,680 | 4,000 |
| 57108 | Colpectomy, obliteration of vagina; partial | 23,300 | 12,600 | 10,700 |
| 57110 | Colpectomy, obliteration of vagina; complete | 30,300 | 16,800 | 13,500 |
| 57120 | Colpocleisis (Le Fort type) | 27,120 | 15,120 | 12,000 |
| 57130 | Excision of vaginal septum | 9,300 | 2,100 | 7,200 |
| 57135 | Excision of vaginal cyst or tumor | 9,700 | 4,200 | 5,500 |
| | Introduction | | | |
| 57155 | Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy | 9,700 | 4,200 | 5,500 |
| | Repair | | | |
| 57200 | Colporrhaphy, suture of injury of vagina (nonobsterical) | 8,020 | 2,520 | 5,500 |
| 57210 | Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobsterical) | 10,540 | 5,040 | 5,500 |
| 57220 | Plastic operation on urethral sphincter, vaginal approach (e.g., Kelly urethral plication) | 12,120 | 6,720 | 5,400 |
| 57230 | Plastic repair of urethrocele | 12,120 | 6,720 | 5,400 |
| 57240 | Anterior colporrhaphy, repair of cystocele w/ or w/o repair of urethrocele | 20,980 | 10,080 | 10,900 |
| 57250 | Posterior colporrhaphy, repair of rectocele w/ or w/o perineorrhaphy | 20,980 | 10,080 | 10,900 |
| 57260 | Combined anteroposterior colporrhaphy; | 23,300 | 12,600 | 10,700 |
| 57265 | Combined anteroposterior colporrhaphy; w/ enterocele repair | 30,300 | 16,800 | 13,500 |
| 57268 | Repair of enterocele, vaginal approach | 23,300 | 12,600 | 10,700 |
| 57270 | Repair of enterocele, abdominal approach | 27,120 | 15,120 | 12,000 |
| 57280 | Colpopexy, abdominal approach | 27,120 | 15,120 | 12,000 |
| 57282 | Sacrospinous ligament fixation for prolapse of vagina | 27,120 | 15,120 | 12,000 |
| 57284 | Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse) | 27,120 | 15,120 | 12,000 |
| 57288 | Sling operation for stress incontinence (e.g., fascia or synthetic) | 30,300 | 16,800 | 13,500 |
| 57289 | Pereyra procedure, including anterior colporrhaphy | 30,300 | 16,800 | 13,500 |
| 57300 | Closure of rectovaginal fistula; vaginal or transanal approach | 20,980 | 10,080 | 10,900 |
| 57305 | Closure of rectovaginal fistula; abdominal approach | 23,300 | 12,600 | 10,700 |
| 57307 | Closure of rectovaginal fistula; abdominal approach, w/ concomitant colostomy | 30,300 | 16,800 | 13,500 |
| 57310 | Closure of urethrovaginal fistula; | 20,980 | 10,080 | 10,900 |
| 57311 | Closure of urethrovaginal fistula; w/ bulbocavernosus transplant | 30,300 | 16,800 | 13,500 |
| 57320 | Closure of vesicovaginal fistula; vaginal approach | 23,300 | 12,600 | 10,700 |
| 57330 | Closure of vesicovaginal fistula; transvesical and vaginal approach | 30,300 | 16,800 | 13,500 |
| | Manipulation | | | |
| 57415 | Removal of impacted vaginal foreign body under anesthesia | 8,260 | 3,360 | 4,900 |
| | Laparoscopy | | | |
| 57425 | Laparoscopy, surgical, colpopexy (suspension of vaginal apex) | 27,120 | 15,120 | 12,000 |
| | Endoscopy | | | |
| 57452 | Colposcopy (Vaginoscopy) | 8,020 | 2,520 | 5,500 |
| 57454 | Colposcopy; w/ biopsy(s) of the cervix and/or endocervical curettage | 8,260 | 3,360 | 4,900 |
| 57460 | Colposcopy; w/ loop electrode excision procedure of the cervix | 9,700 | 4,200 | 5,500 |
| | Cervix Uteri | | | |
| | Excision | | | |
| 57500 | Biopsy, single or multiple, or local excision of lesion, w/ or w/o fulguration | 5,680 | 1,680 | 4,000 |
| 57510 | Cauterization of cervix; any method | 5,680 | 1,680 | 4,000 |
| 57520 | Conization of cervix, w/ or w/o fulguration, w/ or w/o dilation and curettage, w/ or w/o repair; cold knife or laser | 9,700 | 4,200 | 5,500 |
| 57522 | Conization of cervix, w/ or w/o fulguration, w/ or w/o dilation and curettage, w/ or w/o repair; loop electrode excision | 12,900 | 6,300 | 6,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 57530 | Trachelectomy (cervicectomy), amputation of cervix | 18,000 | 8,400 | 9,600 |
| 57540 | Excision of cervical stump, abdominal approach; | 30,300 | 16,800 | 13,500 |
| 57545 | Excision of cervical stump, abdominal approach; w/ pelvic floor repair | 37,800 | 21,000 | 16,800 |
| 57550 | Excision of cervical stump, vaginal approach; | 23,300 | 12,600 | 10,700 |
| 57555 | Excision of cervical stump, vaginal approach; w/ anterior and/or posterior repair | 37,800 | 21,000 | 16,800 |
| 57556 | Excision of cervical stump, vaginal approach; w/ repair of enterocele | 39,900 | 23,100 | 16,800 |
| | Repair | | | |
| 57700 | Cerclage of uterine cervix, nonobstetrical | 9,700 | 4,200 | 5,500 |
| 57720 | Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach | 18,000 | 8,400 | 9,600 |
| | Corpus Uteri | | | |
| | Excision | | | |
| 58100 | Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy), w/o cervical dilation, any method | 11,000 | 4,400 | 6,600 |
| 58120 | Dilation and curettage | 11,000 | 4,400 | 6,600 |
| 58140 | Myomectomy, excision of fibroid tumor of uterus, single or multiple ; abdominal approach | 23,300 | 12,600 | 10,700 |
| 58145 | Myomectomy, excision of fibroid tumor of uterus, single or multiple ; vaginal approach | 18,000 | 8,400 | 9,600 |
| 58150 | Total abdominal hysterectomy (corpus and cervix), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s); | 30,000 | 12,000 | 18,000 |
| 58152 | Total abdominal hysterectomy (corpus and cervix), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s); w/ colpo-urethrocytopexy (Marshall-Marchetti-Krantz type) | 30,000 | 12,000 | 18,000 |
| 58180 | Supracervical abdominal hysterectomy (subtotal hysterectomy), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s) | 30,000 | 12,000 | 18,000 |
| 58200 | Total abdominal hysterectomy, including partial vaginectomy, w/ para-aortic and pelvic lymph node sampling, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s) | 30,000 | 12,000 | 18,000 |
| 58210 | Radical abdominal hysterectomy, w/ bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s) | 55,000 | 33,600 | 21,400 |
| 58240 | Pelvic exenteration for gynecologic malignancy, w/ total abdominal hysterectomy or cervicectomy, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s), w/ removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof | 71,400 | 50,400 | 21,000 |
| 58260 | Vaginal hysterectomy; | 30,300 | 16,800 | 13,500 |
| 58262 | Vaginal hysterectomy; w/ removal of tube(s), and/or ovary(s) | 30,300 | 16,800 | 13,500 |
| 58263 | Vaginal hysterectomy; w/ removal of tube(s), and/or ovary(s), w/ repair of enterocele | 37,800 | 21,000 | 16,800 |
| 58267 | Vaginal hysterectomy; w/ colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type, w/ or w/o endoscopic control) | 46,500 | 25,200 | 21,300 |
| 58270 | Vaginal hysterectomy; w/ repair of enterocele | 46,500 | 25,200 | 21,300 |
| 58275 | Vaginal hysterectomy, w/ total or partial colpectomy; | 37,800 | 21,000 | 16,800 |
| 58280 | Vaginal hysterectomy, w/ total or partial colpectomy; w/ repair of enterocele | 46,500 | 25,200 | 21,300 |
| 58285 | Vaginal hysterectomy, radical (Schauta type operation) | 46,500 | 25,200 | 21,300 |
| | Introduction | | | |
| 58300 | Insertion of intrauterine device (IUD) | 2,000 | 800 | 1,200 |
| 58345 | Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), w/ or w/o hysterosalpingography | 18,000 | 8,400 | 9,600 |
| 58346 | Insertion of heyman capsules for brachytherapy | 9,700 | 4,200 | 5,500 |
| | Repair | | | |
| 58400 | Uterine suspension, w/ or w/o shortening of round ligaments, w/ or w/o shortening of sacrouterine ligaments; | 23,300 | 12,600 | 10,700 |
| 58410 | Uterine suspension, w/ or w/o shortening of round ligaments, w/ or w/o shortening of sacrouterine ligaments; w/ presacral sympathectomy | 27,120 | 15,120 | 12,000 |
| 58520 | Hysterorrhaphy, repair of ruptured uterus (nonobstetrical) | 23,300 | 12,600 | 10,700 |
| 58540 | Hysteroplasty, repair of uterine anomaly (Strassman type) | 37,800 | 21,000 | 16,800 |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral | 4,000 | 1,000 | 3,000 |
| | Laparoscopy | | | |
| 58545 | Laparoscopy, surgical, myomectomy, excision; intramural myomas and/or removal of surface myomas | 23,300 | 12,600 | 10,700 |
| 58550 | Laparoscopy surgical, with vaginal hysterectomy; | 30,300 | 16,800 | 13,500 |
| 58552 | Laparoscopy surgical, with vaginal hysterectomy; with removal of tube(s) and/or ovary(s) | 30,300 | 16,800 | 13,500 |
| 58555 | Hysteroscopy, diagnostic | 9,700 | 4,200 | 5,500 |
| 58558 | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C | 12,900 | 6,300 | 6,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 58559 | Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method) | 18,000 | 8,400 | 9,600 |
| 58560 | Hysteroscopy, surgical; with division or resection of intrauterine septum (any method) | 18,000 | 8,400 | 9,600 |
| 58561 | Hysteroscopy, surgical; with removal of leiomyomata | 23,300 | 12,600 | 10,700 |
| 58562 | Hysteroscopy, surgical; with removal of impacted foreign body | 12,900 | 6,300 | 6,600 |
| 58563 | Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation thermoablation) | 12,120 | 6,720 | 5,400 |
| 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants | 5,680 | 1,680 | 4,000 |
| | Oviduct | | | |
| | Laparoscopy | | | |
| 58660 | Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) | 21,400 | 10,500 | 10,900 |
| 58661 | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) | 53,400 | 29,400 | 24,000 |
| 58662 | Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method | 14,960 | 7,560 | 7,400 |
| 58670 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) | 14,960 | 7,560 | 7,400 |
| 58671 | Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring) | 12,900 | 6,300 | 6,600 |
| 58672 | Laparoscopy, surgical; with fimbrioplasty | 21,400 | 10,500 | 10,900 |
| 58673 | Laparoscopy, surgical; with salpingostomy (salpingoneostomy) | 23,300 | 12,600 | 10,700 |
| | Excision | | | |
| 58700 | Salpingectomy, complete or partial, unilateral or bilateral | 20,980 | 10,080 | 10,900 |
| 58720 | Salpingo-oophorectomy, complete or partial, unilateral or bilateral | 23,300 | 12,600 | 10,700 |
| | Repair | | | |
| 58740 | Lysis of adhesions (salpingolysis, ovariolysis) | 23,300 | 12,600 | 10,700 |
| 58750 | Tubotubal anastomosis | 18,000 | 8,400 | 9,600 |
| 58760 | Fimbrioplasty | 23,300 | 12,600 | 10,700 |
| 58770 | Salpingostomy (salpingoneostomy) | 23,300 | 12,600 | 10,700 |
| | Ovary | | | |
| | Incision | | | |
| 58800 | Drainage of ovarian cyst(s), unilateral or bilateral ; vaginal approach | 20,980 | 10,080 | 10,900 |
| 58805 | Drainage of ovarian cyst(s), unilateral or bilateral ; abdominal approach | 20,980 | 10,080 | 10,900 |
| 58820 | Drainage of ovarian abscess; vaginal approach | 20,980 | 10,080 | 10,900 |
| 58822 | Drainage of ovarian abscess; abdominal approach | 20,980 | 10,080 | 10,900 |
| 58825 | Transposition, ovary(s) | 20,980 | 10,080 | 10,900 |
| | Excision | | | |
| 58900 | Biopsy of ovary, unilateral or bilateral | 18,000 | 8,400 | 9,600 |
| 58920 | Wedge resection or bisection of ovary, unilateral or bilateral | 18,000 | 8,400 | 9,600 |
| 58925 | Ovarian cystectomy, unilateral or bilateral | 23,300 | 12,600 | 10,700 |
| 58940 | Oophorectomy, partial or total, unilateral or bilateral; | 18,000 | 8,400 | 9,600 |
| 58943 | Oophorectomy, partial or total, unilateral or bilateral; for ovarian malignancy, w/ para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, w/ or w/o salpingectomy(s) w/ or w/o omentectomy | 30,300 | 16,800 | 13,500 |
| 58950 | Resection of ovarian malignancy w/ bilateral salpingo-oophorectomy and omentectomy; | 53,400 | 29,400 | 24,000 |
| 58951 | Resection of ovarian malignancy w/ bilateral salpingo-oophorectomy and omentectomy; w/ total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy | 55,000 | 33,600 | 21,400 |
| 58952 | Resection of ovarian malignancy w/ bilateral salpingo-oophorectomy and omentectomy; w/ radical dissection for debulking | 58,800 | 37,800 | 21,000 |
| 58960 | Laparotomy, for staging or restaging of ovarian malignancy ("second look"), w/ or w/o omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment w/ pelvic and limited para-aortic lymphadenectomy | 27,120 | 15,120 | 12,000 |
| | Maternity Care and Delivery | | | |
| | Excision | | | |
| 59100 | Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion) | 23,300 | 12,600 | 10,700 |
| 59120 | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach | 27,120 | 15,120 | 12,000 |
| 59121 | Surgical treatment of ectopic pregnancy; tubal or ovarian, w/o salpingectomy and/or oophorectomy | 27,120 | 15,120 | 12,000 |
| 59130 | Surgical treatment of ectopic pregnancy; abdominal pregnancy | 46,500 | 25,200 | 21,300 |
| 59135 | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy | 37,800 | 21,000 | 16,800 |
| 59136 | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy w/ partial resection of uterus | 37,600 | 18,900 | 18,700 |
| 59140 | Surgical treatment of ectopic pregnancy; cervical, w/ evacuation | 30,300 | 16,800 | 13,500 |
| | Laparoscopy | | | |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 59150 | Laparoscopic treatment of ectopic pregnancy; w/o salpingectomy and/or oophorectomy | 27,120 | 15,120 | 12,000 |
| 59151 | Laparoscopic treatment of ectopic pregnancy; w/ salpingectomy and/or oophorectomy | 27,120 | 15,120 | 12,000 |
| | Repair | | | |
| 59320 | Cerclage of cervix, during pregnancy; vaginal | 18,000 | 8,400 | 9,600 |
| 59325 | Cerclage of cervix, during pregnancy; abdominal | 18,000 | 8,400 | 9,600 |
| 59350 | Hysterorrhaphy of ruptured uterus | 30,300 | 16,800 | 13,500 |
| | Vaginal Delivery, Antepartum and Postpartum Care | | | |
| 59409 | Vaginal delivery only (w/ episiotomy) | 9,700 | 4,200 | 5,500 |
| 59411 | Breech extraction | 12,120 | 6,720 | 5,400 |
| | Cesarean Delivery | | | |
| 59513 | Cesarean section, primary | 19,000 | 7,600 | 11,400 |
| 59514 | Cesarean delivery | 19,000 | 7,600 | 11,400 |
| 59525 | Subtotal or total hysterectomy after cesarean delivery | 30,000 | 12,000 | 18,000 |
| | Delivery After Previous Cesarean Delivery | | | |
| 59612 | Vaginal delivery only, after previous cesarean delivery (w/ or w/o episiotomy) | 12,120 | 6,720 | 5,400 |
| 59620 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; | 19,000 | 7,600 | 11,400 |
| | Abortion | | | |
| 59812 | Treatment of incomplete abortion, any trimester, completed surgically | 11,000 | 4,400 | 6,600 |
| 59814 | Manual vacuum aspiration for spontaneous abortion | 11,000 | 4,400 | 6,600 |
| | Other Procedures | | | |
| 59870 | Uterine evacuation and curettage for hydatidiform mole | 12,120 | 6,720 | 5,400 |
| | Endocrine System | | | |
| | Thyroid Gland | | | |
| | Incision | | | |
| 60000 | Incision and drainage of thyroglossal cyst, infected | 3,504 | 504 | 3,000 |
| | Excision | | | |
| 60001 | Aspiration and/or injection, thyroid cyst | 8,260 | 3,360 | 4,900 |
| 60100 | Biopsy thyroid, percutaneous core needle | 8,260 | 3,360 | 4,900 |
| 60200 | Excision of cyst or adenoma of thyroid , or transection of isthmus | 20,980 | 10,080 | 10,900 |
| 60210 | Partial thyroid lobectomy, unilateral; w/ or w/o isthmusectomy | 31,000 | 12,400 | 18,600 |
| 60212 | Partial thyroid lobectomy, unilateral; w/ contralateral subtotal lobectomy, including isthmusectomy | 31,000 | 12,400 | 18,600 |
| 60220 | Total thyroid lobectomy, unilateral; w/ or w/o isthmusectomy | 31,000 | 12,400 | 18,600 |
| 60225 | Total thyroid lobectomy, unilateral; w/ contralateral subtotal lobectomy, including isthmusectomy | 31,000 | 12,400 | 18,600 |
| 60240 | Thyroidectomy, total or complete | 31,000 | 12,400 | 18,600 |
| 60252 | Thyroidectomy, total or subtotal for malignancy; w/ limited neck dissection | 31,000 | 12,400 | 18,600 |
| 60254 | Thyroidectomy, total or subtotal for malignancy; w/ radical neck dissection | 46,500 | 25,200 | 21,300 |
| 60260 | Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid | 31,000 | 12,400 | 18,600 |
| 60270 | Thyroidectomy, including substernal thyroid gland; sternal split or transthoracic approach | 46,500 | 25,200 | 21,300 |
| 60271 | Thyroidectomy, including substernal thyroid gland; cervical approach | 46,500 | 25,200 | 21,300 |
| 60280 | Excision of thyroglossal duct cyst or sinus; | 20,980 | 10,080 | 10,900 |
| 60281 | Excision of thyroglossal duct cyst or sinus; recurrent | 23,300 | 12,600 | 10,700 |
| | Parathyroid, Thymus, Adrenal Glands, and Carotid Body | | | |
| | Excision | | | |
| 60500 | Parathyroidectomy or exploration of parathyroid(s); | 30,740 | 13,440 | 17,300 |
| 60502 | Parathyroidectomy or exploration of parathyroid(s); re-exploration | 27,120 | 15,120 | 12,000 |
| 60505 | Parathyroidectomy or exploration of parathyroid(s); w/ mediastinal exploration, sternal split or transthoracic approach | 39,900 | 23,100 | 16,800 |
| 60512 | Parathyroid autotransplantation | 30,300 | 16,800 | 13,500 |
| 60520 | Thymectomy, partial or total; transcervical approach | 39,900 | 23,100 | 16,800 |
| 60521 | Thymectomy, partial or total; sternal split or transthoracic approach, w/o radical mediastinal dissection | 39,900 | 23,100 | 16,800 |
| 60522 | Thymectomy, partial or total; sternal split or transthoracic approach, w/ radical mediastinal dissection | 39,900 | 23,100 | 16,800 |
| 60540 | Adrenalectomy, partial or complete, or exploration of adrenal gland w/ or w/o biopsy, transabdominal, lumbar or dorsal; | 30,300 | 16,800 | 13,500 |
| 60545 | Adrenalectomy, partial or complete, or exploration of adrenal gland w/ or w/o biopsy, transabdominal, lumbar or dorsal; w/ excision of adjacent retroperitoneal tumor | 37,600 | 18,900 | 18,700 |
| 60600 | Excision of carotid body tumor; w/o excision of carotid artery | 30,300 | 16,800 | 13,500 |
| 60605 | Excision of carotid body tumor; w/ excision of carotid artery | 37,800 | 21,000 | 16,800 |
| | Laparoscopy | | | |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 60650 | Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal | 30,300 | 16,800 | 13,500 |
| | Nervous System Skull, Meninges, and Brain Injection, Drainage, or Aspiration | | | |
| 61000 | Subdural tap through fontanelle, or suture, infant, unilateral or bilateral | 5,680 | 1,680 | 4,000 |
| 61020 | Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir | 5,680 | 1,680 | 4,000 |
| 61050 | Cisternal or lateral cervical (C1-C2) puncture | 10,540 | 5,040 | 5,500 |
| | Twist Drill, Burr Hole(s), or Trephine | | | |
| 61105 | Twist drill hole for subdural or ventricular puncture; not followed by other surgery | 18,000 | 8,400 | 9,600 |
| 61106 | Twist drill hole for subdural or ventricular puncture; followed by other surgery | 18,420 | 8,820 | 9,600 |
| 61107 | Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device | 30,300 | 16,800 | 13,500 |
| 61108 | Twist drill hole for subdural or ventricular puncture; for evacuation and/or drainage of subdural hematoma | 37,800 | 21,000 | 16,800 |
| 61120 | Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material); not followed by other surgery | 23,300 | 12,600 | 10,700 |
| 61130 | Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material); followed by other surgery | 22,240 | 11,340 | 10,900 |
| 61140 | Burr hole(s) or trephine; w/ biopsy of brain or intracranial lesion | 37,800 | 21,000 | 16,800 |
| 61150 | Burr hole(s) or trephine; w/ drainage of brain abscess or cyst | 37,800 | 21,000 | 16,800 |
| 61154 | Burr hole(s) w/ evacuation and/or drainage of hematoma, extradural or subdural | 37,800 | 21,000 | 16,800 |
| 61156 | Burr hole(s); w/ aspiration of hematoma or cyst, intracerebral | 37,800 | 21,000 | 16,800 |
| 61250 | Burr hole(s) or trephine, supratentorial | 23,300 | 12,600 | 10,700 |
| 61253 | Burr hole(s) or trephine, infratentorial, unilateral or bilateral | 30,300 | 16,800 | 13,500 |
| | Craniectomy or Craniotomy | | | |
| 61304 | Craniectomy or craniotomy, exploratory; supratentorial | 37,800 | 21,000 | 16,800 |
| 61305 | Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa) | 46,500 | 25,200 | 21,300 |
| 61312 | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural | 46,500 | 25,200 | 21,300 |
| 61313 | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral | 46,500 | 25,200 | 21,300 |
| 61314 | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural | 53,400 | 29,400 | 24,000 |
| 61315 | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar | 53,400 | 29,400 | 24,000 |
| 61320 | Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial | 46,500 | 25,200 | 21,300 |
| 61321 | Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial | 53,400 | 29,400 | 24,000 |
| 61330 | Decompression of orbit only, transcranial approach | 46,500 | 25,200 | 21,300 |
| 61332 | Exploration of orbit (transcranial approach); w/ biopsy | 53,400 | 29,400 | 24,000 |
| 61333 | Exploration of orbit (transcranial approach); w/ removal of lesion | 53,400 | 29,400 | 24,000 |
| 61334 | Exploration of orbit (transcranial approach); w/ removal of foreign body | 53,400 | 29,400 | 24,000 |
| 61340 | Other cranial decompression (e.g., subtemporal), supratentorial | 37,800 | 21,000 | 16,800 |
| 61343 | Craniectomy, suboccipital w/ cervical laminectomy for decompression of medulla and spinal cord, w/ or w/o dural graft (e.g., Arnold-Chiari malformation) | 53,400 | 29,400 | 24,000 |
| 61345 | Other cranial decompression, posterior fossa | 46,500 | 25,200 | 21,300 |
| 61440 | Craniotomy for section of tentorium cerebelli | 46,500 | 25,200 | 21,300 |
| 61450 | Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion | 53,400 | 29,400 | 24,000 |
| 61458 | Craniectomy, suboccipital; for exploration or decompression of cranial nerves | 53,400 | 29,400 | 24,000 |
| 61460 | Craniectomy, suboccipital; for section of one or more cranial nerves | 55,000 | 33,600 | 21,400 |
| 61470 | Craniectomy, suboccipital; for medullary tractotomy | 55,000 | 33,600 | 21,400 |
| 61480 | Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy | 55,000 | 33,600 | 21,400 |
| 61490 | Craniotomy for lobotomy, including cingulotomy | 46,500 | 25,200 | 21,300 |
| | Anterior Cranial Fossa | | | |
| 61500 | Craniectomy; w/ excision of tumor or other bone lesion of skull | 55,000 | 33,600 | 21,400 |
| 61501 | Craniectomy; for osteomyelitis | 37,800 | 21,000 | 16,800 |
| 61510 | Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma | 55,000 | 33,600 | 21,400 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 61512 | Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial | 63,000 | 42,000 | 21,000 |
| 61514 | Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial | 53,400 | 29,400 | 24,000 |
| 61516 | Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial | 53,400 | 29,400 | 24,000 |
| 61518 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull | 65,100 | 44,100 | 21,000 |
| 61519 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma | 67,200 | 46,200 | 21,000 |
| 61520 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor | 71,400 | 50,400 | 21,000 |
| 61521 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull | 71,400 | 50,400 | 21,000 |
| 61522 | Craniectomy, infratentorial or posterior fossa; for excision of brain abscess | 55,000 | 33,600 | 21,400 |
| 61524 | Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst, | 55,000 | 33,600 | 21,400 |
| 61526 | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; | 75,600 | 54,600 | 21,000 |
| 61530 | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined w/ middle/posterior fossa craniotomy/ craniectomy | 75,600 | 54,600 | 21,000 |
| 61531 | Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring | 53,400 | 29,400 | 24,000 |
| 61533 | Craniotomy w/ elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring | 53,400 | 29,400 | 24,000 |
| 61534 | Craniotomy w/ elevation of bone flap; for excision of epileptogenic focus w/o electrocorticography during surgery | 53,400 | 29,400 | 24,000 |
| 61535 | Craniotomy w/ elevation of bone flap; for removal of epidural or subdural electrode array, w/o excision of cerebral tissue | 53,400 | 29,400 | 24,000 |
| 61536 | Craniotomy w/ elevation of bone flap; for excision of cerebral epileptogenic focus, w/ electrocorticography during surgery (includes removal of electrode array) | 55,000 | 33,600 | 21,400 |
| 61538 | Craniotomy w/ elevation of bone flap; for lobectomy w/ electrocorticography during surgery, temporal lobe | 53,400 | 29,400 | 24,000 |
| 61539 | Craniotomy w/ elevation of bone flap; for lobectomy w/ electrocorticography during surgery, other than temporal lobe, partial or total | 53,400 | 29,400 | 24,000 |
| 61541 | Craniotomy w/ elevation of bone flap; for transection of corpus callosum | 53,400 | 29,400 | 24,000 |
| 61542 | Craniotomy w/ elevation of bone flap; for total hemispherectomy | 67,200 | 46,200 | 21,000 |
| 61543 | Craniotomy w/ elevation of bone flap; for partial or subtotal hemispherectomy | 63,000 | 42,000 | 21,000 |
| 61544 | Craniotomy w/ elevation of bone flap; for excision of coagulation of choroid plexus | 53,400 | 29,400 | 24,000 |
| 61545 | Craniotomy w/ elevation of bone flap; for excision of craniopharyngioma | 63,000 | 42,000 | 21,000 |
| 61546 | Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach | 63,000 | 42,000 | 21,000 |
| 61548 | Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic | 63,000 | 42,000 | 21,000 |
| 61550 | Craniectomy for craniostylosis; single cranial suture | 37,800 | 21,000 | 16,800 |
| 61552 | Craniectomy for craniostylosis; multiple cranial sutures | 46,500 | 25,200 | 21,300 |
| 61556 | Craniotomy for craniostylosis; frontal or parietal bone flap | 46,500 | 25,200 | 21,300 |
| 61557 | Craniotomy for craniostylosis; bifrontal bone flap | 46,500 | 25,200 | 21,300 |
| 61558 | Extensive craniectomy for multiple cranial suture craniostylosis (e.g., cloverleaf skull); not requiring bone grafts | 58,800 | 37,800 | 21,000 |
| 61559 | Extensive craniectomy for multiple cranial suture craniostylosis (e.g., cloverleaf skull); recontouring w/ multiple osteotomies and bone autografts (e.g., barrel-stave procedure) (includes obtaining grafts) | 58,800 | 37,800 | 21,000 |
| 61563 | Excision, intra and extracranial, benign tumor of cranial bone (e.g., fibrous dysplasia); w/o optic nerve decompression | 58,800 | 37,800 | 21,000 |
| 61564 | Excision, intra and extracranial, benign tumor of cranial bone (e.g., fibrous dysplasia); w/ optic nerve decompression | 58,800 | 37,800 | 21,000 |
| 61570 | Craniectomy or craniotomy; w/ excision of foreign body from brain | 53,400 | 29,400 | 24,000 |
| 61571 | Craniectomy or craniotomy; w/ treatment of penetrating wound of brain | 55,500 | 31,500 | 24,000 |
| 61575 | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; | 75,600 | 54,600 | 21,000 |
| 61576 | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy) | 75,600 | 54,600 | 21,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Surgery of Skull Base Approach Procedures | | | |
| | Anterior Cranial Fossa | | | |
| 61580 | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, w/o maxillectomy or orbital exenteration | 63,000 | 42,000 | 21,000 |
| 61581 | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy | 63,000 | 42,000 | 21,000 |
| 61582 | Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa | 63,000 | 42,000 | 21,000 |
| 61583 | Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa | 63,000 | 42,000 | 21,000 |
| 61584 | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s): w/o orbital exenteration | 63,000 | 42,000 | 21,000 |
| 61585 | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s): w/ orbital exenteration | 63,000 | 42,000 | 21,000 |
| 61586 | Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa w/ or w/o internal fixation, w/o bone graft | 63,000 | 42,000 | 21,000 |
| | Middle Cranial Fossa | | | |
| 61590 | Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), w/ or w/o disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of th | 71,400 | 50,400 | 21,000 |
| 61591 | Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, w/ or w/o decompression and/or mo | 71,400 | 50,400 | 21,000 |
| 61592 | Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe | 67,200 | 46,200 | 21,000 |
| | Posterior Cranial Fossa | | | |
| 61595 | Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, w/ or w/o mobilization | 71,400 | 50,400 | 21,000 |
| 61596 | Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, w/ or w/o mobilization of facial nerve and/or petrous carotid artery | 71,400 | 50,400 | 21,000 |
| 61597 | Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, w/ or w/o mobilization | 71,400 | 50,400 | 21,000 |
| 61598 | Transpetrosal approach to posterior cranial fossa, clivus or framen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus | 71,400 | 50,400 | 21,000 |
| | Definite Procedures | | | |
| | Base of Anterior Cranial Fossa | | | |
| 61600 | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural | 67,200 | 46,200 | 21,000 |
| 61601 | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair,w/ or w/o graft | 67,200 | 46,200 | 21,000 |
| | Base of Middle Cranial Fossa | | | |
| 61605 | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural | 71,400 | 50,400 | 21,000 |
| 61606 | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, w/ or w/o graft | 71,400 | 50,400 | 21,000 |
| 61607 | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural | 71,400 | 50,400 | 21,000 |
| 61608 | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, w/ or w/o graft | 71,400 | 50,400 | 21,000 |
| 61609 | Transection or ligation, carotid artery in cavernous sinus; w/o repair | 71,400 | 50,400 | 21,000 |
| 61610 | Transection or ligation, carotid artery in cavernous sinus; w/ repair by anastomosis or graft | 71,400 | 50,400 | 21,000 |
| 61611 | Transection or ligation , carotid artery in petrous canal; w/o repair | 63,000 | 42,000 | 21,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 61612 | Transection or ligation , carotid artery in petrous canal; w/ repair by anastomosis or graft | 71,400 | 50,400 | 21,000 |
| 61613 | Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection w/in cavernous sinus | 71,400 | 50,400 | 21,000 |
| | Base of Posterior Cranial Fossa | | | |
| 61615 | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural | 71,400 | 50,400 | 21,000 |
| 61616 | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, w/ or w/o graft | 71,400 | 50,400 | 21,000 |
| | Repair and / or Reconstruction of Surgical Defects of Skull Base | | | |
| 61618 | Secondary repair of dura for CSF leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (e.g., pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts) | 67,200 | 46,200 | 21,000 |
| 61619 | Secondary repair of dura for CSF leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea,temporalis, frontalis or occipitalis muscle) | 63,000 | 42,000 | 21,000 |
| | Endovascular Therapy | | | |
| 61624 | Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) | 71,400 | 50,400 | 21,000 |
| 61626 | Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch) | 55,000 | 33,600 | 21,400 |
| | Surgery for Aneurysm, Arteriovenous Malformation or Vascular Disease | | | |
| 61680 | Surgery of intracranial arteriovenous malformation; supratentorial, simple | 63,000 | 42,000 | 21,000 |
| 61682 | Surgery of intracranial arteriovenous malformation; supratentorial, complex | 71,400 | 50,400 | 21,000 |
| 61684 | Surgery of intracranial arteriovenous malformation; infratentorial, simple | 63,000 | 42,000 | 21,000 |
| 61686 | Surgery of intracranial arteriovenous malformation; infratentorial, complex | 71,400 | 50,400 | 21,000 |
| 61690 | Surgery of intracranial arteriovenous malformation; dural, simple | 55,000 | 33,600 | 21,400 |
| 61692 | Surgery of intracranial arteriovenous malformation; dural, complex | 63,000 | 42,000 | 21,000 |
| 61700 | Surgery of intracranial aneurysm, intracranial approach; carotid circulation | 71,400 | 50,400 | 21,000 |
| 61702 | Surgery of intracranial aneurysm, intracranial approach; vertebral-basilar circulation | 75,600 | 54,600 | 21,000 |
| 61703 | Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type) | 23,300 | 12,600 | 10,700 |
| 61705 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery | 71,400 | 50,400 | 21,000 |
| 61708 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis | 37,800 | 21,000 | 16,800 |
| 61710 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure or balloon catheter | 63,000 | 42,000 | 21,000 |
| 61711 | Anastomosis, arterial, extracranial-intracranial (e.g., middle cerebral/cortical) arteries | 67,200 | 46,200 | 21,000 |
| 61712 | Microdissection, intracranial or spinal procedure (list separately in addition to code for primary procedure) | 67,200 | 46,200 | 21,000 |
| | Stereotaxis | | | |
| 61720 | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus | 67,200 | 46,200 | 21,000 |
| 61735 | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus | 63,000 | 42,000 | 21,000 |
| 61750 | Stereotactic biopsy, aspiration, or excision,including burr hole(s), for intracranial lesion; | 63,000 | 42,000 | 21,000 |
| 61751 | Stereotactic biopsy, aspiration, or excision,including burr hole(s), for intracranial lesion; w/ computerized axial tomography | 63,000 | 42,000 | 21,000 |
| 61760 | Stereotactic implantation of depth electrodes into the cerebrum for long term seizure monitoring | 63,000 | 42,000 | 21,000 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 61770 | Stereotactic localization , any method, including burr hole(s), w/ insertion of catheter(s) for brachytherapy | 30,300 | 16,800 | 13,500 |
| 61790 | Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); gasserian ganglion | 37,800 | 21,000 | 16,800 |
| 61791 | Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract | 37,800 | 21,000 | 16,800 |
| 61793 | Stereotactic radiosurgery (particle beam,gamma ray or linear accelerator) | 63,000 | 42,000 | 21,000 |
| 61795 | Stereotactic computer assisted volumetric intracranial procedure | 63,000 | 42,000 | 21,000 |
| | Neurostimulators (Intracranial) | | | |
| 61850 | Twist drill or burr hole(s) for implantation of neurostimulator electrodes; cortical | 53,400 | 29,400 | 24,000 |
| 61855 | Twist drill or burr hole(s) for implantation of neurostimulator electrodes; subcortical | 67,200 | 46,200 | 21,000 |
| 61860 | Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical | 58,800 | 37,800 | 21,000 |
| 61865 | Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; subcortical | 46,500 | 25,200 | 21,300 |
| 61870 | Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical | 58,800 | 37,800 | 21,000 |
| 61875 | Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical | 67,200 | 46,200 | 21,000 |
| 61885 | Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling | 37,800 | 21,000 | 16,800 |
| | Repair | | | |
| 62000 | Elevation of depressed skull fracture; simple, extradural | 30,300 | 16,800 | 13,500 |
| 62005 | Elevation of depressed skull fracture; compound or comminuted, extradural | 37,800 | 21,000 | 16,800 |
| 62010 | Elevation of depressed skull fracture; w/ repair of dura and /or debridement of brain | 46,500 | 25,200 | 21,300 |
| 62100 | Craniotomy for repair of dural /CSF leak, including surgery for rhinorrhea/otorrhea | 71,400 | 50,400 | 21,000 |
| 62115 | Reduction of craniomegaly skull (e.g., treated hydrocephalus); not requiring bone grafts or cranioplasty | 37,800 | 21,000 | 16,800 |
| 62116 | Reduction of craniomegaly skull (e.g., treated hydrocephalus); w/ simple cranioplasty | 46,500 | 25,200 | 21,300 |
| 62117 | Reduction of craniomegaly skull (e.g., treated hydrocephalus); requiring craniotomy and reconstruction w/ or w/o bone graft (includes obtaining grafts) | 53,400 | 29,400 | 24,000 |
| 62120 | Repair of encephalocele, skull vault, including cranioplasty | 58,800 | 37,800 | 21,000 |
| 62121 | Craniotomy for repair of encephalocele , skull base | 55,000 | 33,600 | 21,400 |
| 62140 | Cranioplasty for skull defect; up to 5 cm diameter | 30,300 | 16,800 | 13,500 |
| 62141 | Cranioplasty for skull defect; larger than 5 cm diameter | 30,300 | 16,800 | 13,500 |
| 62142 | Removal of bone flap or prosthetic plate of skull | 30,300 | 16,800 | 13,500 |
| 62143 | Replacement of bone flap or prosthetic plate of skull | 30,300 | 16,800 | 13,500 |
| 62145 | Cranioplasty for skull defect w/ reparative brain surgery | 53,400 | 29,400 | 24,000 |
| 62146 | Cranioplasty w/ autograft (includes obtaining bone grafts); up to 5 cm diameter | 53,400 | 29,400 | 24,000 |
| 62147 | Cranioplasty w/ autograft (includes obtaining bone grafts); larger than 5 cm diameter | 55,000 | 33,600 | 21,400 |
| | Neuroendoscopy | | | |
| 62160 | Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage | 37,800 | 21,000 | 16,800 |
| 62161 | Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cyst (including placement, replacement or removal of ventricular catheter) | 46,500 | 25,200 | 21,300 |
| 62162 | Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage | 46,500 | 25,200 | 21,300 |
| 62163 | Neuroendoscopy, intracranial; with retrieval of foreign body | 46,500 | 25,200 | 21,300 |
| 62165 | Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or transphenoidal approach | 46,500 | 25,200 | 21,300 |
| | CSF Shunt | | | |
| 62180 | Ventriculocisternostomy (Torkildsen type operation) | 37,800 | 21,000 | 16,800 |
| 62190 | Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular | 23,300 | 12,600 | 10,700 |
| 62192 | Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus | 23,300 | 12,600 | 10,700 |
| 62200 | Ventriculocisternostomy, third ventricle; | 37,800 | 21,000 | 16,800 |
| 62201 | Ventriculocisternostomy, third ventricle; stereotactic method | 46,500 | 25,200 | 21,300 |
| 62220 | Creation of shunt; ventriculo-atrial, -jugular,-auricular | 30,300 | 16,800 | 13,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 62223 | Creation of shunt; ventriculo-peritoneal,-pleural, other terminus | 30,300 | 16,800 | 13,500 |
| 62230 | Replacement or revision of CSF (VP) shunt, obstructed valve, or distal catheter in shunt system | 23,300 | 12,600 | 10,700 |
| | Spine and Spinal Cord | | | |
| | Injection, Drainage or Aspiration | | | |
| 62268 | Percutaneous aspiration, spinal cord cyst or syrinx | 12,900 | 6,300 | 6,600 |
| 62269 | Biopsy of spinal cord, percutaneous needle | 12,900 | 6,300 | 6,600 |
| 62270 | Spinal puncture, lumbar, diagnostic | 5,680 | 1,680 | 4,000 |
| 62272 | Spinal puncture , therapeutic, for drainage of spinal fluid (by needle or catheter) | 5,560 | 1,260 | 4,300 |
| 62287 | Aspiration procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar | 23,300 | 12,600 | 10,700 |
| | Catheter Implantation | | | |
| 62350 | Implantation, revision or repositioning of intrathecal or epidural catheter, for implantable reservoir or implantable infusion pump; w/o laminectomy | 18,000 | 8,400 | 9,600 |
| 62351 | Implantation, revision or repositioning of intrathecal or epidural catheter, for implantable reservoir or implantable infusion pump; w/ laminectomy | 37,800 | 21,000 | 16,800 |
| | Reservoir/ Pump Implantation | | | |
| 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir | 9,700 | 4,200 | 5,500 |
| 62361 | Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump | 18,000 | 8,400 | 9,600 |
| 62362 | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, w/ or w/o programming | 23,300 | 12,600 | 10,700 |
| 62464 | Implantation or replacement of device for intrathecal or epidural drug infusion; with excision of brain tumor, including placement of external ventricular catheter for drainage | 46,500 | 25,200 | 21,300 |
| | Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Disks | | | |
| 63001 | Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), one or two vertebral segments: cervical | 55,000 | 33,600 | 21,400 |
| 63003 | Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), one or two vertebral segments: thoracic | 53,400 | 29,400 | 24,000 |
| 63005 | Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), one or two vertebral segments; lumbar,except for spondylolisthesis | 37,800 | 21,000 | 16,800 |
| 63011 | Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), one or two vertebral segments: sacral | 37,800 | 21,000 | 16,800 |
| 63012 | Laminectomy w/ removal of abnormal facets and/or pars inter-articularis w/ decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure) | 53,400 | 29,400 | 24,000 |
| 63015 | Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis) , more than 2 vertebral segments: cervical | 55,000 | 33,600 | 21,400 |
| 63016 | Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis) , more than 2 vertebral segments: thoracic | 53,400 | 29,400 | 24,000 |
| 63017 | Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis) , more than 2 vertebral segments: lumbar | 46,500 | 25,200 | 21,300 |
| 63020 | Laminotomy (hemilaminectomy), w/ decompression of nerve root (s), including partial facetectomy , foraminotomy and/or excision of herniated intervertebral disk: one interspace, cervical | 55,000 | 33,600 | 21,400 |
| 63030 | Laminotomy (hemilaminectomy), w/ decompression of nerve root (s), including partial facetectomy , foraminotomy and/or excision of herniated intervertebral disk: one interspace, lumbar | 46,500 | 25,200 | 21,300 |
| 63040 | Laminotomy (hemilaminectomy), w/ decompression of nerve root (s), including partial facetectomy , foraminotomy and/or excision or herniated intervertebral disk: re-exploration: cervical | 53,400 | 29,400 | 24,000 |
| 63042 | Laminotomy (hemilaminectomy), w/ decompression of nerve root (s), including partial facetectomy , foraminotomy and/or excision or herniated intervertebral disk: re-exploration: lumbar | 46,500 | 25,200 | 21,300 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 63045 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral w/ decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis), single vertebral segment; cervical | 55,000 | 33,600 | 21,400 |
| 63046 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral w/ decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis), single vertebral segment; thoracic | 53,400 | 29,400 | 24,000 |
| 63047 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral w/ decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis), single vertebral segment; lumbar | 46,500 | 25,200 | 21,300 |
| | Transpedicular or Costovertebral Approach for Posterolateral Extradural Exploration/ Decompression | | | |
| 63055 | Transpedicular approach w/ decompression of spinal cord, equina and/ or nerve root(s) (e.g., herniated intervertebral disk), single segment; thoracic | 53,400 | 29,400 | 24,000 |
| 63056 | Transpedicular approach w/ decompression of spinal cord, equina and/ or nerve root(s) (e.g., herniated intervertebral disk), single segment; lumbar | 46,500 | 25,200 | 21,300 |
| 63064 | Costovertebral approach w/ decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disk), thoracic; single segment | 53,400 | 29,400 | 24,000 |
| | Anterior or Anterolateral Approach for Extradural Exploration/Decompression | | | |
| 63075 | Discectomy, anterior, w/ decompression of spinal cord and/ or nerve root(s), including osteophyctomy; cervical, single interspace | 55,000 | 33,600 | 21,400 |
| 63077 | Discectomy, anterior, w/ decompression of spinal cord and/ or nerve root(s), including osteophyctomy; thoracic, single interspace | 37,800 | 21,000 | 16,800 |
| 63081 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach w/ decompression of spinal cord and/ or nerve root(s); cervical, single segment | 55,000 | 33,600 | 21,400 |
| 63085 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach w/ decompression of spinal cord and/ or nerve root(s); thoracic, single segment | 53,400 | 29,400 | 24,000 |
| 63087 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach w/ decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment | 46,500 | 25,200 | 21,300 |
| 63090 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach w/ decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment | 53,400 | 29,400 | 24,000 |
| | Incision | | | |
| 63170 | Laminectomy w/ myelotomy (e.g., Bischof or DREZ type), cervical thoracic, or thoracolumbar | 58,800 | 37,800 | 21,000 |
| 63172 | Laminectomy w/ drainage of intramedullary cyst/ syrinx; to subarachnoid space | 53,400 | 29,400 | 24,000 |
| 63173 | Laminectomy w/ drainage of intramedullary cyst/ syrinx; to peritoneal space | 55,000 | 33,600 | 21,400 |
| 63180 | Laminectomy and section of dentate ligaments, w/ or w/o dural graft, cervical; one of two segments | 55,000 | 33,600 | 21,400 |
| 63182 | Laminectomy and section of dentate ligaments, w/ or w/o dural graft, cervical; more than two segments | 55,000 | 33,600 | 21,400 |
| 63185 | Laminectomy w/ rhizotomy; one or two segments | 53,400 | 29,400 | 24,000 |
| 63190 | Laminectomy w/ rhizotomy; more than two segments | 53,400 | 29,400 | 24,000 |
| 63191 | Laminectomy w/ section of spinal accessory nerve | 57,520 | 36,120 | 21,400 |
| 63194 | Laminectomy w/ cordotomy, w/ section of one spinothalamic tract, one stage; cervical | 55,000 | 33,600 | 21,400 |
| 63195 | Laminectomy w/ cordotomy, w/ section of one spinothalamic tract, one stage; thoracic | 53,400 | 29,400 | 24,000 |
| 63196 | Laminectomy w/ cordotomy w/ section of both spinothalamic tracts, one stage; cervical | 55,000 | 33,600 | 21,400 |
| 63197 | Laminectomy w/ cordotomy w/ section of both spinothalamic tracts, one stage; thoracic | 53,400 | 29,400 | 24,000 |
| 63198 | Laminectomy w/ cordotomy w/ section of both spinothalamic tracts, two stages w/in 14 days; cervical | 55,000 | 33,600 | 21,400 |
| 63199 | Laminectomy w/ cordotomy w/ section of both spinothalamic tracts, two stages w/in 14 days; thoracic | 53,400 | 29,400 | 24,000 |
| 63200 | Laminectomy, w/ release of tethered spinal cord, lumbar | 49,020 | 27,720 | 21,300 |
| | Excision by Laminectomy of Lesion Other Than Herniated Disk | | | |
| 63250 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical | 55,000 | 33,600 | 21,400 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 63251 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic | 53,400 | 29,400 | 24,000 |
| 63252 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar | 46,500 | 25,200 | 21,300 |
| 63265 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; cervical | 55,000 | 33,600 | 21,400 |
| 63266 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; thoracic | 53,400 | 29,400 | 24,000 |
| 63267 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; lumbar | 46,500 | 25,200 | 21,300 |
| 63268 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; sacral | 37,800 | 21,000 | 16,800 |
| 63270 | Laminectomy for excision of intraspinal lesion other than neoplasm; intradural; cervical | 55,000 | 33,600 | 21,400 |
| 63271 | Laminectomy for excision of intraspinal lesion other than neoplasm; intradural; thoracic | 53,400 | 29,400 | 24,000 |
| 63272 | Laminectomy for excision of intraspinal lesion other than neoplasm; intradural; lumbar | 46,500 | 25,200 | 21,300 |
| 63273 | Laminectomy for excision of intraspinal lesion other than neoplasm; intradural; sacral | 37,800 | 21,000 | 16,800 |
| 63275 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, cervical | 55,000 | 33,600 | 21,400 |
| 63276 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, extradural, thoracic | 53,400 | 29,400 | 24,000 |
| 63277 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, extradural, lumbar | 46,500 | 25,200 | 21,300 |
| 63278 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, extradural, sacral | 37,800 | 21,000 | 16,800 |
| 63280 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, extramedullary, cervical | 58,800 | 37,800 | 21,000 |
| 63281 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, extramedullary, thoracic | 55,000 | 33,600 | 21,400 |
| 63282 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, extramedullary, lumbar | 53,400 | 29,400 | 24,000 |
| 63283 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, sacral | 46,500 | 25,200 | 21,300 |
| 63285 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, intramedullary, cervical | 58,800 | 37,800 | 21,000 |
| 63286 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, intramedullary, thoracic | 55,000 | 33,600 | 21,400 |
| 63287 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, intradural, intramedullary, thoracolumbar | 53,400 | 29,400 | 24,000 |
| 63290 | Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, combined extradural-intradural lesion, any level | 46,500 | 25,200 | 21,300 |
| | Excision, Anterior or Anterolateral Approach, Intraspinous Lesion | | | |
| 63300 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical | 55,000 | 33,600 | 21,400 |
| 63301 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach | 53,400 | 29,400 | 24,000 |
| 63302 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach | 53,400 | 29,400 | 24,000 |
| 63303 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach | 53,400 | 29,400 | 24,000 |
| 63304 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical | 55,000 | 33,600 | 21,400 |
| 63305 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach | 53,400 | 29,400 | 24,000 |
| 63306 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach | 53,400 | 29,400 | 24,000 |
| 63307 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach | 53,400 | 29,400 | 24,000 |
| | Stereotaxis | | | |
| 63600 | Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/ or recording) | 30,300 | 16,800 | 13,500 |
| 63610 | Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery | 30,300 | 16,800 | 13,500 |
| 63615 | Stereotactic biopsy, aspiration, or excision of lesion, spinal cord | 37,600 | 18,900 | 18,700 |
| | Neurostimulators (Spinal) | | | |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 63650 | Percutaneous implantation of neurostimulator electrodes; epidural | 8,020 | 2,520 | 5,500 |
| 63655 | Laminectomy for implantation of neurostimulator electrodes; epidural | 46,500 | 25,200 | 21,300 |
| 63685 | Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling | 21,820 | 10,920 | 10,900 |
| | Repair | | | |
| 63700 | Repair of meningocele; less than 5 cm diameter | 30,300 | 16,800 | 13,500 |
| 63702 | Repair of meningocele; larger than 5 diameter | 37,180 | 18,480 | 18,700 |
| 63704 | Repair of myelomeningocele; less than 5 cm diameter | 37,800 | 21,000 | 16,800 |
| 63706 | Repair of myelomeningocele; larger than 5 diameter | 46,500 | 25,200 | 21,300 |
| 63707 | Repair of dural/ CSF leak, not requiring laminectomy | 30,300 | 16,800 | 13,500 |
| 63709 | Repair of dural/ CSF leak or pseudomeningocele, w/ laminectomy | 46,500 | 25,200 | 21,300 |
| 63710 | Dural graft, spinal | 46,500 | 25,200 | 21,300 |
| | Shunt, Spinal CSF | | | |
| 63740 | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy | 30,300 | 16,800 | 13,500 |
| 63741 | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy | 23,300 | 12,600 | 10,700 |
| | Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System | | | |
| | Neuroplasty (Exploration, Neurolysis or Nerve Decompression) | | | |
| 64702 | Neuroplasty; digital, one or both, same digit | 12,120 | 6,720 | 5,400 |
| 64704 | Neuroplasty; nerve of hand or foot | 12,120 | 6,720 | 5,400 |
| 64708 | Neuroplasty, major peripheral nerve, arm or leg; other than specified | 18,000 | 8,400 | 9,600 |
| 64712 | Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve | 20,980 | 10,080 | 10,900 |
| 64713 | Neuroplasty, major peripheral nerve, arm or leg; brachial plexus | 20,980 | 10,080 | 10,900 |
| 64714 | Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus | 20,980 | 10,080 | 10,900 |
| 64716 | Neuroplasty and/or transposition; cranial nerve (specify) | 37,800 | 21,000 | 16,800 |
| 64718 | Neuroplasty and/or transposition; ulnar nerve at elbow | 18,000 | 8,400 | 9,600 |
| 64719 | Neuroplasty and/or transposition; ulnar nerve at wrist | 18,000 | 8,400 | 9,600 |
| 64721 | Neuroplasty and/or transposition; median nerve at carpal tunnel | 18,000 | 8,400 | 9,600 |
| 64722 | Decompression; unspecified nerve(s) (specify) | 18,000 | 8,400 | 9,600 |
| 64726 | Decompression; plantar digital nerve | 18,000 | 8,400 | 9,600 |
| 64727 | Internal neurolysis, requiring use of operating microscope (list separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis) | 30,300 | 16,800 | 13,500 |
| | Transection or Avulsion | | | |
| 64732 | Transection or avulsion of; supraorbital nerve | 9,700 | 4,200 | 5,500 |
| 64734 | Transection or avulsion of; infraorbital nerve | 9,700 | 4,200 | 5,500 |
| 64736 | Transection or avulsion of; mental nerve | 9,700 | 4,200 | 5,500 |
| 64738 | Transection or avulsion of; inferior alveolar nerve by osteotomy | 9,700 | 4,200 | 5,500 |
| 64740 | Transection or avulsion of; lingual nerve | 9,700 | 4,200 | 5,500 |
| 64742 | Transection or avulsion of; facial nerve, differential or complete | 12,120 | 6,720 | 5,400 |
| 64744 | Transection or avulsion of; greater occipital nerve | 9,700 | 4,200 | 5,500 |
| 64746 | Transection or avulsion of; phrenic nerve | 12,120 | 6,720 | 5,400 |
| 64752 | Transection or avulsion of; vagus nerve (vagotomy), transthoracic | 21,940 | 9,240 | 12,700 |
| 64755 | Transection or avulsion of; vagi limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy) | 21,940 | 9,240 | 12,700 |
| 64760 | Transection or avulsion of; vagus nerve (vagotomy), abdominal | 18,000 | 8,400 | 9,600 |
| 64761 | Transection or avulsion of; pudendal nerve | 9,700 | 4,200 | 5,500 |
| 64763 | Transection or avulsion of obturator nerve, extrapelvic, w/ or w/o adductor tenotomy | 18,000 | 8,400 | 9,600 |
| 64766 | Transection or avulsion of obturator nerve, intrapelvic, w/ or w/o adductor tenotomy | 18,000 | 8,400 | 9,600 |
| 64771 | Transection or avulsion of other cranial nerve, intradural | 37,800 | 21,000 | 16,800 |
| 64772 | Transection or avulsion of other spinal nerve, extradural | 30,300 | 16,800 | 13,500 |
| | Somatic Nerves | | | |
| 64774 | Excision of neuroma; cutaneous nerve, surgically identifiable | 8,020 | 2,520 | 5,500 |
| 64776 | Excision of neuroma; digital nerve, one or both, same digit | 8,020 | 2,520 | 5,500 |
| 64782 | Excision of neuroma; hand or foot, except digital nerve | 8,020 | 2,520 | 5,500 |
| 64784 | Excision of neuroma; major peripheral nerve, except sciatic | 8,020 | 2,520 | 5,500 |
| 64786 | Excision of neuroma; sciatic nerve | 9,700 | 4,200 | 5,500 |
| 64788 | Excision of neurofibroma or neurolemmoma; cutaneous nerve | 8,020 | 2,520 | 5,500 |
| 64790 | Excision of neurofibroma or neurolemmoma; major peripheral nerve | 8,020 | 2,520 | 5,500 |
| 64792 | Excision of neurofibroma or neurolemmoma; extensive (including malignant type) | 9,700 | 4,200 | 5,500 |
| 64795 | Biopsy of nerve | 8,020 | 2,520 | 5,500 |
| | Sympathetic Nerves | | | |
| 64802 | Sympathectomy, cervical | 18,000 | 8,400 | 9,600 |
| 64804 | Sympathectomy, cervicothoracic | 18,000 | 8,400 | 9,600 |
| 64809 | Sympathectomy, thoracolumbar | 18,000 | 8,400 | 9,600 |
| 64818 | Sympathectomy, lumbar | 18,000 | 8,400 | 9,600 |
| 64820 | Sympathectomy, digital arteries, w/ magnification, each digit | 12,120 | 6,720 | 5,400 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-----------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Neurorrhaphy | | | |
| 64830 | Microdissection and/or microrepair of nerve (list separately in addition to code for nerve repair) | 20,980 | 10,080 | 10,900 |
| 64831 | Suture of digital nerve, hand or foot; one nerve | 18,000 | 8,400 | 9,600 |
| 64832 | Suture of digital nerve, hand or foot; each additional digital nerve | 8,020 | 2,520 | 5,500 |
| 64834 | Suture of one nerve, hand or foot; common sensory nerve | 18,000 | 8,400 | 9,600 |
| 64835 | Suture of one nerve, hand or foot; median motor thenar | 18,000 | 8,400 | 9,600 |
| 64836 | Suture of one nerve, hand or foot; ulnar motor | 18,000 | 8,400 | 9,600 |
| 64837 | Suture of each additional nerve, hand or foot | 8,020 | 2,520 | 5,500 |
| 64840 | Suture of posterior tibial nerve | 18,000 | 8,400 | 9,600 |
| 64856 | Suture of major peripheral nerve, arm or leg, except sciatic; including transposition | 20,980 | 10,080 | 10,900 |
| 64857 | Suture of major peripheral nerve, arm or leg, except sciatic; w/o transposition | 18,000 | 8,400 | 9,600 |
| 64858 | Suture of sciatic nerve | 18,000 | 8,400 | 9,600 |
| 64859 | Suture of each additional major peripheral nerve | 8,020 | 2,520 | 5,500 |
| 64861 | Suture of; brachial plexus | 20,980 | 10,080 | 10,900 |
| 64862 | Suture of; lumbar plexus | 20,980 | 10,080 | 10,900 |
| 64864 | Suture of facial nerve; extracranial | 20,980 | 10,080 | 10,900 |
| 64865 | Suture of facial nerve; infratemporal, w/ or w/o grafting | 20,980 | 10,080 | 10,900 |
| 64866 | Anastomosis; facial-spinal accessory | 23,300 | 12,600 | 10,700 |
| 64868 | Anastomosis; facial-hypoglossal | 23,300 | 12,600 | 10,700 |
| 64870 | Anastomosis; facial-phrenic | 23,300 | 12,600 | 10,700 |
| | Neurorrhaphy w/ Nerve Graft | | | |
| 64885 | Nerve graft (includes obtaining graft), head or neck; up to 4cm in length | 23,300 | 12,600 | 10,700 |
| 64886 | Nerve graft (includes obtaining graft), head or neck; more than 4 cm length | 31,580 | 14,280 | 17,300 |
| 64890 | Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length | 30,300 | 16,800 | 13,500 |
| 64891 | Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length | 30,300 | 16,800 | 13,500 |
| 64892 | Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length | 23,300 | 12,600 | 10,700 |
| 64893 | Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length | 31,580 | 14,280 | 17,300 |
| 64895 | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length | 27,120 | 15,120 | 12,000 |
| 64896 | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length | 30,300 | 16,800 | 13,500 |
| 64897 | Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length | 23,300 | 12,600 | 10,700 |
| 64898 | Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length | 31,580 | 14,280 | 17,300 |
| 64901 | Nerve graft, each additional nerve; single strand | 8,020 | 2,520 | 5,500 |
| 64902 | Nerve graft, each additional nerve; multiple strands (cable) | 8,020 | 2,520 | 5,500 |
| 64905 | Nerve pedicle transfer; first stage | 20,980 | 10,080 | 10,900 |
| 64907 | Nerve pedicle transfer; second stage | 20,980 | 10,080 | 10,900 |
| | Eye and Ocular Adnexa | | | |
| | Eyeball | | | |
| | Removal of Eye | | | |
| 65091 | Evisceration of ocular contents; w/o implant | 12,120 | 6,720 | 5,400 |
| 65093 | Evisceration of ocular contents; w/ implant | 12,120 | 6,720 | 5,400 |
| 65101 | Enucleation of eye; w/o implant | 12,120 | 6,720 | 5,400 |
| 65103 | Enucleation of eye; w/ implant, muscles not attached to implant | 12,120 | 6,720 | 5,400 |
| 65105 | Enucleation of eye; w/ implant, muscles attached to implant | 12,120 | 6,720 | 5,400 |
| 65110 | Exenteration of orbit without skin graft, removal of orbital contents; only | 37,800 | 21,000 | 16,800 |
| 65112 | Exenteration of orbit without skin graft, removal of orbital contents; w/ therapeutic removal of bone | 38,640 | 21,840 | 16,800 |
| 65114 | Exenteration of orbit without skin graft, removal of orbital contents; w/ muscle or myocutaneous flap | 39,480 | 22,680 | 16,800 |
| | Secondary Implant(s) Procedures | | | |
| 65130 | Insertion of ocular implant; after evisceration, in scleral shell | 10,960 | 5,460 | 5,500 |
| 65135 | Insertion of ocular implant; after enucleation, muscles not attached to implant | 10,960 | 5,460 | 5,500 |
| 65140 | Insertion of ocular implant; after enucleation, muscles attached to implant | 11,980 | 5,880 | 6,100 |
| 65150 | Reinsertion of ocular implant; with or without conjunctival graft | 11,980 | 5,880 | 6,100 |
| 65155 | Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant | 11,980 | 5,880 | 6,100 |
| 65175 | Removal of ocular implant | 9,700 | 4,200 | 5,500 |
| | Removal of Foreign Body | | | |
| 65205 | Removal of foreign body, external eye; conjunctival, superficial | 3,500 | 1,000 | 2,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 65210 | Removal of foreign body, external eye; subconjunctival or scleral, with slit lamp | 4,500 | 2,000 | 2,500 |
| 65222 | Removal of foreign body, external eye; cornea, with slit lamp | 8,020 | 2,520 | 5,500 |
| 65235 | Removal of foreign body, intraocular; from anterior chamber or lens | 18,000 | 8,400 | 9,600 |
| 65260 | Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route | 53,400 | 29,400 | 24,000 |
| 65265 | Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction | 55,000 | 33,600 | 21,400 |
| | Repair of Laceration | | | |
| 65270 | Repair of laceration; conjunctiva, w/ or w/o nonperforating laceration sclera, direct closure | 8,020 | 2,520 | 5,500 |
| 65273 | Repair of laceration; conjunctiva, by mobilization and rearrangement | 8,020 | 2,520 | 5,500 |
| 65275 | Repair of laceration; cornea, nonperforating, w/ or w/o removal foreign body | 9,700 | 4,200 | 5,500 |
| 65280 | Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue | 20,980 | 10,080 | 10,900 |
| 65285 | Repair of laceration; cornea and/or sclera, perforating, w/ reposition or resection of uveal tissue | 23,300 | 12,600 | 10,700 |
| 65286 | Repair of laceration; application of tissue glue, wounds of cornea and/or sclera | 9,700 | 4,200 | 5,500 |
| 65290 | Repair of wound, extraocular muscle, tendon and/ or Tenons capsule | 9,700 | 4,200 | 5,500 |
| | Anterior Segment | | | |
| | Cornea | | | |
| | Excision | | | |
| 65400 | Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium | 8,260 | 3,360 | 4,900 |
| 65410 | Biopsy of cornea | 8,020 | 2,520 | 5,500 |
| 65420 | Excision or transposition of pterygium; without graft | 8,260 | 3,360 | 4,900 |
| 65426 | Excision or transposition of pterygium; with graft | 9,700 | 4,200 | 5,500 |
| | Removal or Destruction | | | |
| 65450 | Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization | 8,020 | 2,520 | 5,500 |
| 65710 | Keratoplasty (corneal transplant); lamellar | 30,300 | 16,800 | 13,500 |
| 65730 | Keratoplasty (corneal transplant); penetrating (except in aphakia) | 30,300 | 16,800 | 13,500 |
| 65750 | Keratoplasty (corneal transplant); penetrating (in aphakia) | 30,300 | 16,800 | 13,500 |
| 65755 | Keratoplasty (corneal transplant); penetrating (in pseudophakia) | 30,300 | 16,800 | 13,500 |
| | Other Procedures | | | |
| 65760 | Keratomileusis | N/A | N/A | N/A |
| 65765 | Keratophakia | 10,540 | 5,040 | 5,500 |
| 65767 | Epikeratoplasty | 18,000 | 8,400 | 9,600 |
| 65770 | Keratoprosthesis | 30,300 | 16,800 | 13,500 |
| 65771 | Radial keratotomy | 14,960 | 7,560 | 7,400 |
| 65772 | Corneal relaxing incision for correction of surgically induced astigmatism | 14,960 | 7,560 | 7,400 |
| 65775 | Corneal wedge resection for correction of surgically induced astigmatism | 14,960 | 7,560 | 7,400 |
| 65780 | Ocular surface reconstruction; amniotic membrane transplantation | 30,300 | 16,800 | 13,500 |
| 65781 | Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor) | 30,300 | 16,800 | 13,500 |
| 65782 | Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft) | 30,300 | 16,800 | 13,500 |
| | Anterior Chamber | | | |
| | Incision | | | |
| 65805 | Paracentesis of anterior chamber of eye; w/ therapeutic release of aqueous | 8,020 | 2,520 | 5,500 |
| 65810 | Paracentesis of anterior chamber of eye; w/ removal of vitreous and/or discission of anterior hyaloid membrane, w/ or w/o air injection | 9,700 | 4,200 | 5,500 |
| 65815 | Paracentesis of anterior chamber of eye; w/ removal of blood, w/ or w/o irrigation and/or air injection | 9,700 | 4,200 | 5,500 |
| 65820 | Goniotomy | 23,300 | 12,600 | 10,700 |
| 65850 | Trabeculotomy ab externo | 23,300 | 12,600 | 10,700 |
| 65855 | Trabeculoplasty by laser surgery, one or more sessions (defined treatment series) | 12,120 | 6,720 | 5,400 |
| 65860 | Severing adhesions of anterior segment, laser technique | 10,540 | 5,040 | 5,500 |
| | Other Procedures | | | |
| 65865 | Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); goniosynechia | 10,540 | 5,040 | 5,500 |
| 65870 | Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); anterior synechia, except goniosynechia | 10,540 | 5,040 | 5,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 65875 | Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); posterior synechiae | 10,540 | 5,040 | 5,500 |
| 65880 | Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid); corneovitreal adhesions | 10,540 | 5,040 | 5,500 |
| 65900 | Removal of epithelial material, anterior segment eye | 10,540 | 5,040 | 5,500 |
| 65920 | Removal of implanted material, anterior segment eye | 12,120 | 6,720 | 5,400 |
| 65930 | Removal of blood clot, anterior segment eye | 8,020 | 2,520 | 5,500 |
| | Anterior Sclera | | | |
| | Excision | | | |
| 66130 | Excision of lesion, sclera | 8,260 | 3,360 | 4,900 |
| 66150 | Fistulization of sclera for glaucoma; trephination w/ iridectomy | 18,000 | 8,400 | 9,600 |
| 66155 | Fistulization of sclera for glaucoma; thermocauterization w/ iridectomy | 18,000 | 8,400 | 9,600 |
| 66160 | Fistulization of sclera for glaucoma; sclerectomy w/ punch or scissors, w/ iridectomy | 18,000 | 8,400 | 9,600 |
| 66165 | Fistulization of sclera for glaucoma; iridencleisis or iridotasis | 18,000 | 8,400 | 9,600 |
| 66170 | Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery | 18,000 | 8,400 | 9,600 |
| 66172 | Fistulization of sclera for glaucoma; trabeculectomy ab externo w/ scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents) | 27,120 | 15,120 | 12,000 |
| 66180 | Aqueous shunt to extraocular reservoir (e.g., Molteno, Schocket, Denver-Krupin) | 30,300 | 16,800 | 13,500 |
| 66185 | Revision of aqueous shunt to extraocular reservoir | 30,300 | 16,800 | 13,500 |
| | Repair or Revision | | | |
| 66220 | Repair of scleral staphyloma; w/o graft | 12,120 | 6,720 | 5,400 |
| 66225 | Repair of scleral staphyloma; w/ graft | 23,300 | 12,600 | 10,700 |
| 66250 | Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure | 14,960 | 7,560 | 7,400 |
| | Iris, Ciliary Body | | | |
| | Incision | | | |
| 66500 | Iridotomy by stab incision; except transfixion | 10,540 | 5,040 | 5,500 |
| 66505 | Iridotomy by stab incision; w/ transfixion as for iris bombe | 10,540 | 5,040 | 5,500 |
| | Excision | | | |
| 66600 | Iridectomy, w/ corneoscleral or corneal section; for removal of lesion | 12,120 | 6,720 | 5,400 |
| 66605 | Iridectomy, w/ corneoscleral or corneal section; w/ cyclectomy | 18,000 | 8,400 | 9,600 |
| 66625 | Iridectomy, w/ corneoscleral or corneal section; peripheral for glaucoma | 12,120 | 6,720 | 5,400 |
| 66630 | Iridectomy, w/ corneoscleral or corneal section; sector for glaucoma | 12,120 | 6,720 | 5,400 |
| | Repair | | | |
| 66680 | Repair of iris, ciliary body (as for iridodialysis) | 18,000 | 8,400 | 9,600 |
| 66682 | Suture of iris, ciliary body w/ retrieval of suture through small incision (e.g., McCannel suture) | 14,960 | 7,560 | 7,400 |
| | Destruction | | | |
| 66700 | Ciliary body destruction; diathermy | 11,980 | 5,880 | 6,100 |
| 66710 | Ciliary body destruction; cyclophotocoagulation | 11,980 | 5,880 | 6,100 |
| 66720 | Ciliary body destruction; cryotherapy | 11,980 | 5,880 | 6,100 |
| 66740 | Ciliary body destruction; cyclodialysis | 11,980 | 5,880 | 6,100 |
| 66761 | Iridotomy/iridectomy by laser surgery (e.g., for glaucoma) (one or more sessions) | 10,540 | 5,040 | 5,500 |
| 66762 | Iridoplasty by photocoagulation (one or more sessions) (e.g., for improvement of vision, for widening of anterior chamber angle) | 12,120 | 6,720 | 5,400 |
| 66770 | Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure) | 10,540 | 5,040 | 5,500 |
| | Lens | | | |
| | Removal Cataract | | | |
| 66820 | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife) | 12,120 | 6,720 | 5,400 |
| 66821 | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages) | 8,260 | 3,360 | 4,900 |
| 66825 | Repositioning of intraocular lens prosthesis, requiring an incision | 18,000 | 8,400 | 9,600 |
| 66830 | Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) w/ corneo-scleral section, w/ or w/o iridectomy (iridocapsulotomy, iridocapsulectomy) | 12,120 | 6,720 | 5,400 |
| 66840 | Removal of lens material; aspiration technique, one or more stages | 16,000 | 6,400 | 9,600 |
| 66850 | Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (e.g., phacoemulsification), w/ aspiration | 16,000 | 6,400 | 9,600 |
| 66852 | Removal of lens material; pars plana approach, with or without vitrectomy | 16,000 | 6,400 | 9,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 66920 | Removal of lens material; intracapsular | 16,000 | 6,400 | 9,600 |
| 66930 | Removal of lens material; intracapsular, for dislocated lens | 16,000 | 6,400 | 9,600 |
| 66940 | Removal of lens material; extracapsular | 16,000 | 6,400 | 9,600 |
| 66982 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g. iris expansion device, suture support for intraocular lens, or primary posterior capsulorhexis) or performed on patients in the amblyogenic developmental stage | 16,000 | 6,400 | 9,600 |
| 66983 | Intracapsular cataract extraction w/ insertion of intraocular lens prosthesis (one stage procedure) | 16,000 | 6,400 | 9,600 |
| 66984 | Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., irrigation and aspiration) | 16,000 | 6,400 | 9,600 |
| 66985 | Insertion of intraocular lens prosthesis, not associated with cataract removal | 16,000 | 6,400 | 9,600 |
| 66986 | Exchange of intraocular lens | 16,000 | 6,400 | 9,600 |
| 66987 | Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., phacoemulsification) | 16,000 | 6,400 | 9,600 |
| | Other Procedures | | | |
| 66991 | Revision of failed filter; with or without explantation/exchange of shunt | 37,800 | 21,000 | 16,800 |
| 66992 | Revision of failed filter; with excision of bleb cyst | 37,800 | 21,000 | 16,800 |
| 66993 | Revision of failed filter; with choroidal tap | 30,300 | 16,800 | 13,500 |
| 66994 | Revision of failed filter; with posterior sclerotomy | 30,300 | 16,800 | 13,500 |
| 66995 | Revision of failed filter; with anterior chamber reformation | 30,300 | 16,800 | 13,500 |
| 66996 | Revision of filtering bleb, needling technique; without injection of anti-metabolite | 12,120 | 6,720 | 5,400 |
| 66997 | Revision of filtering bleb, needling technique; with injection of anti-metabolite | 18,000 | 8,400 | 9,600 |
| 66998 | Release of scleral flap suture by laser suture lysis (new code) | 9,700 | 4,200 | 5,500 |
| 66999 | Revision of overfiltering bleb (includes autologous blood injection, cryotherapy, mattress sutures, etc.) | 18,000 | 8,400 | 9,600 |
| | Posterior Segment | | | |
| | Vitreous | | | |
| 67005 | Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal | 37,800 | 21,000 | 16,800 |
| 67010 | Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal w/ mechanical vitrectomy | 45,000 | 21,000 | 24,000 |
| 67015 | Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy) | 9,700 | 4,200 | 5,500 |
| 67025 | Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), w/ or w/o aspiration | 12,120 | 6,720 | 5,400 |
| 67027 | Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous | 31,580 | 14,280 | 17,300 |
| 67030 | Dissection of vitreous strands (w/o removal), pars plana approach | 12,900 | 6,300 | 6,600 |
| 67031 | Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages) | 10,540 | 5,040 | 5,500 |
| 67036 | Vitrectomy, mechanical, pars plana approach; | 46,500 | 25,200 | 21,300 |
| 67038 | Vitrectomy, mechanical, pars plana approach; w/ epiretinal membrane stripping | 46,500 | 25,200 | 21,300 |
| 67039 | Vitrectomy, mechanical, pars plana approach; w/ focal endolaser photocoagulation | 46,500 | 25,200 | 21,300 |
| 67040 | Vitrectomy, mechanical, pars plana approach; w/ endolaser panretinal photocoagulation | 46,500 | 25,200 | 21,300 |
| 67041 | Vitrectomy, mechanical, pars plana approach; with internal limiting membrane (ILM) peeling | 46,500 | 25,200 | 21,300 |
| 67042 | Vitrectomy, mechanical, pars plana approach; with radial optic nerve neurotomy (RON) | 46,500 | 25,200 | 21,300 |
| 67043 | Vitrectomy, mechanical, pars plana approach; with sheathotomy for branch retinal vein occlusion | 46,500 | 25,200 | 21,300 |
| 67044 | Vitrectomy, mechanical, pars plana approach; with macular translocation (limited by retinotomy and/or scleral imbrication) | 46,500 | 25,200 | 21,300 |
| 67045 | Vitrectomy, mechanical, pars plana approach; with macular translocation (total) | 46,500 | 25,200 | 21,300 |
| 67046 | Vitrectomy, mechanical, pars plana approach; with removal of subretinal membranes | 46,500 | 25,200 | 21,300 |
| 67047 | Vitrectomy, mechanical, pars plana approach; with removal of choroidal neovascular membrane | 46,500 | 25,200 | 21,300 |
| 67048 | Vitrectomy, mechanical, pars plana approach; with endodrainage of subretinal hemorrhage (with or without tPA injection) | 46,500 | 25,200 | 21,300 |
| 67049 | Vitrectomy, mechanical, pars plana approach; with removal of dropped IOL | 46,500 | 25,200 | 21,300 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 67050 | Vitrectomy, mechanical, pars plana approach; with phacofragmentation for dropped lens material | 46,500 | 25,200 | 21,300 |
| 67051 | Vitrectomy, mechanical, pars plana approach; with internal tamponade with air, gas, silicone oil, perfluorocarbon liquid | 46,500 | 25,200 | 21,300 |
| 67052 | Vitrectomy, mechanical, pars plana approach; with insertion of scleral fixated intraocular lens, with or without anterior vitrectomy | 37,800 | 21,000 | 16,800 |
| | Retina or Choroid | | | |
| | Repair | | | |
| 67101 | Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, w/ or w/o drainage of subretinal fluid | 46,500 | 25,200 | 21,300 |
| 67105 | Repair of retinal detachment, one or more sessions; photocoagulation, w/ or w/o drainage of subretinal fluid | 37,180 | 18,480 | 18,700 |
| 67107 | Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), w/ or w/o implant, w/ or w/o cryotherapy, photocoagulation, and drainage of subretinal fluid | 46,500 | 25,200 | 21,300 |
| 67108 | Repair of retinal detachment; w/ vitrectomy, any method, w/ or w/o air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique | 46,500 | 25,200 | 21,300 |
| 67110 | Repair of retinal detachment; by injection of air or other gas (e.g., pneumatic retinopexy) | 30,300 | 16,800 | 13,500 |
| 67112 | Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques | 46,500 | 25,200 | 21,300 |
| 67115 | Release of encircling material (posterior segment) | 12,120 | 6,720 | 5,400 |
| 67120 | Removal of implanted material, posterior segment; extraocular | 12,120 | 6,720 | 5,400 |
| 67121 | Removal of implanted material, posterior segment; intraocular | 20,980 | 10,080 | 10,900 |
| | Destruction | | | |
| 67208 | Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), one or more sessions; cryotherapy, diathermy | 12,120 | 6,720 | 5,400 |
| 67210 | Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), one or more sessions; photocoagulation (laser or xenon arc) | 12,120 | 6,720 | 5,400 |
| 67218 | Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), one or more sessions; radiation by implantation of source (includes removal of source) | 12,120 | 6,720 | 5,400 |
| 67220 | Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photocoagulation (e.g., laser), one or more sessions | 12,120 | 6,720 | 5,400 |
| 67221 | Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy (includes intravenous infusions) | 12,120 | 6,720 | 5,400 |
| 67222 | Destruction of localized lesion of choroid (e.g., choroidal neovascularization); transpupillary thermotherapy | 12,120 | 6,720 | 5,400 |
| 67227 | Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), one or more sessions; cryotherapy, diathermy | 12,120 | 6,720 | 5,400 |
| 67228 | Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), one or more sessions; photocoagulation (laser or xenon arc) | 12,120 | 6,720 | 5,400 |
| | Sclera | | | |
| | Repair | | | |
| 67250 | Scleral reinforcement | 12,120 | 6,720 | 5,400 |
| | Ocular Adnexa | | | |
| | Extraocular Muscles | | | |
| 67311 | Strabismus surgery, recession or resection procedure (patient not previously operated on); one horizontal muscle | 10,120 | 4,620 | 5,500 |
| 67312 | Strabismus surgery, recession or resection procedure (patient not previously operated on); two horizontal muscles | 12,120 | 6,720 | 5,400 |
| 67314 | Strabismus surgery, recession or resection procedure (patient not previously operated on); one vertical muscle (excluding superior oblique) | 12,120 | 6,720 | 5,400 |
| 67316 | Strabismus surgery, recession or resection procedure (patient not previously operated on); two or more vertical muscles (excluding superior oblique) | 18,000 | 8,400 | 9,600 |
| 67318 | Strabismus surgery, any procedure (patient not previously operated on), superior oblique muscle | 18,000 | 8,400 | 9,600 |
| 67320 | Transposition procedure (e.g., for paretic extraocular muscle), any extraocular muscle (specify) | 18,000 | 8,400 | 9,600 |
| 67331 | Strabismus surgery on patient w/ previous eye surgery or injury that did not involve the extraocular muscles | 18,000 | 8,400 | 9,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST 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) | 21,940 | 9,240 | 12,700 |
| 67334 | Strabismus surgery by posterior fixation suture technique, w/ or w/o muscle recession | 11,980 | 5,880 | 6,100 |
| 67340 | Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) | 22,660 | 11,760 | 10,900 |
| 67343 | Release of extensive scar tissue w/o detaching extraocular muscle | 18,000 | 8,400 | 9,600 |
| 67345 | Chemodeneration of extraocular muscle | 9,700 | 4,200 | 5,500 |
| | Other Procedures | | | |
| 67350 | Biopsy of extraocular muscle | 9,700 | 4,200 | 5,500 |
| | Orbit | | | |
| | Exploration, Excision, Decompression | | | |
| 67400 | Orbitotomy w/o bone flap (frontal or transconjunctival approach); for exploration, w/ or w/o biopsy | 46,500 | 25,200 | 21,300 |
| 67405 | Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ drainage only | 46,500 | 25,200 | 21,300 |
| 67412 | Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ removal of lesion | 46,500 | 25,200 | 21,300 |
| 67413 | Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ removal of foreign body | 46,500 | 25,200 | 21,300 |
| 67414 | Orbitotomy w/o bone flap (frontal or transconjunctival approach); w/ removal of bone for decompression | 46,500 | 25,200 | 21,300 |
| 67415 | Fine needle aspiration of orbital contents | 46,500 | 25,200 | 21,300 |
| 67420 | Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ removal of lesion | 46,500 | 25,200 | 21,300 |
| 67430 | Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ removal of foreign body | 46,500 | 25,200 | 21,300 |
| 67440 | Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ drainage | 46,500 | 25,200 | 21,300 |
| 67445 | Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ removal of bone for decompression | 46,500 | 25,200 | 21,300 |
| | Other Procedures | | | |
| 67550 | Orbital implant (implant outside muscle cone); insertion | 10,960 | 5,460 | 5,500 |
| 67560 | Orbital implant (implant outside muscle cone); removal or revision | 10,960 | 5,460 | 5,500 |
| 67570 | Optic nerve decompression (e.g., incision or fenestration of optic nerve sheath) | 53,400 | 29,400 | 24,000 |
| 67580 | Repair of anophthalmic socket; with insertion or removal of orbital implant within muscle cone | 12,120 | 6,720 | 5,400 |
| 67581 | Repair of anophthalmic socket; with exchange or orbital implant | 20,980 | 10,080 | 10,900 |
| 67582 | Repair of anophthalmic socket; with exchange of orbital implant and reattachment of muscles | 20,980 | 10,080 | 10,900 |
| 67583 | Repair of anophthalmic socket; with fornix reconstruction using sutures | 20,980 | 10,080 | 10,900 |
| 67584 | Repair of anophthalmic socket; with fornix reconstruction using buccal mucosal graft or amnion graft, including harvesting of graft | 20,980 | 10,080 | 10,900 |
| 67585 | Repair of anophthalmic socket; with revision of implant and fornix reconstruction using sutures | 20,980 | 10,080 | 10,900 |
| 67586 | Repair of anophthalmic socket; with revision of implant and fornix reconstruction using buccal mucosal graft, or amnion graft (including harvesting of graft) | 20,980 | 10,080 | 10,900 |
| | Eyelids | | | |
| | Incision | | | |
| 67700 | Blepharotomy, drainage of abscess, eyelid | 5,680 | 1,680 | 4,000 |
| 67710 | Severing of tarsorrhaphy | 5,680 | 1,680 | 4,000 |
| 67715 | Canthotomy | 5,680 | 1,680 | 4,000 |
| | Excision | | | |
| 67800 | Excision of chalazion | 5,680 | 1,680 | 4,000 |
| 67810 | Biopsy of eyelid | 5,680 | 1,680 | 4,000 |
| 67825 | Repair of trichiasis; by electroepilation, electrosurgery, cryotherapy or laser surgery | 5,680 | 1,680 | 4,000 |
| 67830 | Repair of trichiasis; incision of lid margin | 3,640 | 840 | 2,800 |
| 67835 | Repair of trichiasis; incision of lid margin, with free mucous membrane graft | 9,300 | 2,100 | 7,200 |
| 67840 | Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure | 5,560 | 1,260 | 4,300 |
| | Tarsorrhaphy | | | |
| 67875 | Temporary closure of eyelids suture (e.g., frost suture) | 5,680 | 1,680 | 4,000 |
| 67880 | Construction of intermargin adhesions, median tarsorrhaphy, or canthorrhaphy; | 5,680 | 1,680 | 4,000 |
| 67882 | Construction of intermargin adhesions, median tarsorrhaphy, or canthorrhaphy; with transportation of tarsal plate | 8,020 | 2,520 | 5,500 |
| | Repair (Brow Ptosis, Blepharoptosis, Lid retraction, Ectropion, Entropion) | | | |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 67900 | Repair of brow ptosis (supraciliary, midforehead or coronal approach) | 18,000 | 8,400 | 9,600 |
| 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material | 18,000 | 8,400 | 9,600 |
| 67902 | Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia) | 20,980 | 10,080 | 10,900 |
| 67903 | Repair of blepharoptosis; (tarsal) levator resection or advancement, internal approach | 18,000 | 8,400 | 9,600 |
| 67904 | Repair of blepharoptosis; (tarsal) levator resection or advancement, external approach | 18,000 | 8,400 | 9,600 |
| 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) | 18,000 | 8,400 | 9,600 |
| 67908 | Repair of blepharoptosis; conjunctivo-tarsal-Mullers muscle-levator resection (Fasanella-Servat type) | 18,000 | 8,400 | 9,600 |
| 67911 | Repair of lid retraction (eyelid recession); without spacer | 21,400 | 10,500 | 10,900 |
| 67912 | Correction of lagophthalmos, with implantation of upper eyelid load | 32,000 | 14,700 | 17,300 |
| 67914 | Repair of ectropion; suture | 8,020 | 2,520 | 5,500 |
| 67915 | Repair of ectropion; thermocauterization | 8,020 | 2,520 | 5,500 |
| 67916 | Blepharoplasty, excision tarsal wedge | 9,700 | 4,200 | 5,500 |
| 67917 | Blepharoplasty, extensive (e.g., Kuhnt-Szymanowski or tarsal strip operations) | 12,900 | 6,300 | 6,600 |
| 67921 | Repair of entropion; suture | 5,680 | 1,680 | 4,000 |
| 67922 | Repair of entropion; thermocauterization | 5,680 | 1,680 | 4,000 |
| 67923 | Blepharoplasty, excision tarsal wedge | 9,700 | 4,200 | 5,500 |
| 67924 | Blepharoplasty, extensive (e.g., Wheeler operation) | 12,900 | 6,300 | 6,600 |
| | Reconstruction | | | |
| 67930 | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness | 9,700 | 4,200 | 5,500 |
| 67935 | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness | 12,120 | 6,720 | 5,400 |
| 67950 | Canthoplasty (reconstruction of canthus) | 12,120 | 6,720 | 5,400 |
| 67961 | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin | 30,740 | 13,440 | 17,300 |
| 67966 | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin | 27,120 | 15,120 | 12,000 |
| 67971 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage | 30,300 | 16,800 | 13,500 |
| 67973 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage | 37,800 | 21,000 | 16,800 |
| 67974 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage | 37,800 | 21,000 | 16,800 |
| 67975 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage | 30,300 | 16,800 | 13,500 |
| | Conjunctiva | | | |
| | Excision and/or Destruction | | | |
| 68100 | Biopsy of conjunctiva | 5,680 | 1,680 | 4,000 |
| 68110 | Excision of lesion, conjunctiva; up to 1 cm | 8,020 | 2,520 | 5,500 |
| 68115 | Excision of lesion, conjunctiva; over 1 cm | 8,020 | 2,520 | 5,500 |
| 68130 | Excision of lesion, conjunctiva; with adjacent sclera | 8,020 | 2,520 | 5,500 |
| | Conjunctivoplasty | | | |
| 68320 | Conjunctivoplasty; with conjunctival graft or extensive rearrangement | 10,540 | 5,040 | 5,500 |
| 68325 | Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft) | 12,120 | 6,720 | 5,400 |
| 68326 | Conjunctivoplasty reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement | 14,960 | 7,560 | 7,400 |
| 68328 | Conjunctivoplasty reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft) | 18,000 | 8,400 | 9,600 |
| 68330 | Repair of symblepharon; conjunctivoplasty, without graft | 14,960 | 7,560 | 7,400 |
| 68335 | Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft) | 21,940 | 9,240 | 12,700 |
| 68340 | Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens | 18,000 | 8,400 | 9,600 |
| | Other Procedures | | | |
| 68360 | Conjunctival flap; bridge or partial | 11,980 | 5,880 | 6,100 |
| 68362 | Conjunctival flap; total (such as Gunderson thin flap or purse string flap) | 11,980 | 5,880 | 6,100 |
| 68371 | Harvesting conjunctival allograft, living donor | 20,980 | 10,080 | 10,900 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| | Lacrimal System | | | |
| | Incision | | | |
| 68400 | Incision, drainage of lacrimal gland | 5,680 | 1,680 | 4,000 |
| 68420 | Incision, drainage of lacrimal sac (dacryocystostomy) | 5,680 | 1,680 | 4,000 |
| 68440 | Snip incision of lacrimal punctum | 5,680 | 1,680 | 4,000 |
| | Excision | | | |
| 68500 | Excision of lacrimal gland (dacryoadenectomy), except for tumor | 12,120 | 6,720 | 5,400 |
| 68510 | Biopsy of lacrimal gland | 5,680 | 1,680 | 4,000 |
| 68520 | Excision of lacrimal sac (dacryocystectomy) | 12,120 | 6,720 | 5,400 |
| 68525 | Biopsy of lacrimal sac | 5,680 | 1,680 | 4,000 |
| 68530 | Removal of foreign body or dacryolith, lacrimal passages | N/A | N/A | N/A |
| 68540 | Excision of lacrimal gland tumor; frontal approach | 18,000 | 8,400 | 9,600 |
| 68550 | Excision of lacrimal gland tumor; involving osteotomy | 18,000 | 8,400 | 9,600 |
| | Repair | | | |
| 68700 | Plastic repair of canaliculi | 9,700 | 4,200 | 5,500 |
| 68705 | Correction of everted punctum, cautery | 3,640 | 840 | 2,800 |
| 68720 | Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity) | 18,000 | 8,400 | 9,600 |
| 68745 | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube | 18,000 | 8,400 | 9,600 |
| 68750 | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent | 20,980 | 10,080 | 10,900 |
| 68760 | Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery | 8,020 | 2,520 | 5,500 |
| 68770 | Closure of lacrimal fistula | 10,880 | 3,780 | 7,100 |
| | Probing and/or Related Procedures | | | |
| 68811 | Probing of nasolacrimal duct; requiring general anesthesia | 8,020 | 2,520 | 5,500 |
| 68815 | Probing of nasolacrimal duct; with insertion of tube or stent | 9,700 | 4,200 | 5,500 |
| | Auditory System | | | |
| | External Ear | | | |
| | Incision | | | |
| 69000 | Drainage external ear, abscess or hematoma | 3,672 | 672 | 3,000 |
| 69020 | Drainage external auditory canal, abscess | 3,472 | 252 | 3,220 |
| | Excision | | | |
| 69100 | Biopsy external ear | 5,680 | 1,680 | 4,000 |
| 69105 | Biopsy external auditory canal | 5,680 | 1,680 | 4,000 |
| 69110 | Excision external ear; partial, simple repair | 8,260 | 3,360 | 4,900 |
| 69120 | Excision external ear; complete amputation | 12,120 | 6,720 | 5,400 |
| 69140 | Excision exostosis(es), external auditory canal | 9,700 | 4,200 | 5,500 |
| 69145 | Excision soft tissue lesion, external auditory canal | 9,700 | 4,200 | 5,500 |
| 69150 | Radical excision external auditory canal lesion; w/o neck dissection | 23,300 | 12,600 | 10,700 |
| 69155 | Radical excision external auditory canal lesion; w/ neck dissection | 30,300 | 16,800 | 13,500 |
| | Removal of Foreign Body | | | |
| 69200 | Removal foreign body from external auditory canal; w/ general anesthesia | 9,300 | 2,100 | 7,200 |
| 69220 | Debridement, mastoidectomy cavity, simple (e.g., routine cleaning) | 8,020 | 2,520 | 5,500 |
| 69222 | Debridement, mastoidectomy cavity, complex (e.g., w/ anesthesia or more than routine cleaning) | 9,700 | 4,200 | 5,500 |
| | Repair | | | |
| 69310 | Reconstruction of external auditory canal (meatoplasty) (e.g., for stenosis due to trauma, infection) | 23,300 | 12,600 | 10,700 |
| 69320 | Reconstruction external auditory canal for congenital atresia, single stage | 23,300 | 12,600 | 10,700 |
| | Middle Ear | | | |
| | Introduction | | | |
| 69400 | Eustachian tube inflation, transnasal; w/ catheterization | 5,812 | 1,512 | 4,300 |
| 69405 | Eustachian tube catheterization, transtympanic | 5,680 | 1,680 | 4,000 |
| | Incision | | | |
| 69420 | Myringotomy including aspiration and/or eustachian tube inflation | 5,680 | 1,680 | 4,000 |
| 69421 | Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia | 8,020 | 2,520 | 5,500 |
| 69433 | Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia | 8,260 | 3,360 | 4,900 |
| 69436 | Tympanostomy (requiring insertion of ventilating tube), w/ general anesthesia | 8,260 | 3,360 | 4,900 |
| 69440 | Middle ear exploration through postauricular or ear canal incision | 18,000 | 8,400 | 9,600 |
| 69450 | Tympanolysis, transcanal | 9,700 | 4,200 | 5,500 |
| | Excision | | | |
| 69501 | Transmastoid antrotomy ("simple" mastoidectomy) | 20,980 | 10,080 | 10,900 |
| 69502 | Mastoidectomy; complete | 23,300 | 12,600 | 10,700 |
| 69505 | Mastoidectomy; modified radical | 23,300 | 12,600 | 10,700 |
| 69511 | Mastoidectomy; radical | 23,300 | 12,600 | 10,700 |
| 69530 | Petrous apicectomy including radical mastoidectomy | 23,300 | 12,600 | 10,700 |
| 69535 | Resection temporal bone, external approach | 46,500 | 25,200 | 21,300 |
| 69540 | Excision aural polyp | 8,020 | 2,520 | 5,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 69550 | Excision aural glomus tumor; transcanal | 30,300 | 16,800 | 13,500 |
| 69552 | Excision aural glomus tumor; transmastoid | 30,300 | 16,800 | 13,500 |
| 69554 | Excision aural glomus tumor; extended (extratemporal) | 30,300 | 16,800 | 13,500 |
| | Repair | | | |
| 69601 | Revision mastoidectomy; resulting in complete mastoidectomy | 23,300 | 12,600 | 10,700 |
| 69602 | Revision mastoidectomy; resulting in modified radical mastoidectomy | 31,580 | 14,280 | 17,300 |
| 69603 | Revision mastoidectomy; resulting in radical mastoidectomy | 23,300 | 12,600 | 10,700 |
| 69604 | Revision mastoidectomy; resulting in tympanoplasty | 23,300 | 12,600 | 10,700 |
| 69605 | Revision mastoidectomy; w/ apicectomy | 23,300 | 12,600 | 10,700 |
| 69610 | Tympanic membrane repair, w/ or w/o site preparation or perforation for closure, w/ or w/o patch | 12,120 | 6,720 | 5,400 |
| 69620 | Myringoplasty (surgery confined to drumhead and donor area) | 20,980 | 10,080 | 10,900 |
| 69631 | Tympanoplasty w/o mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; w/o ossicular chain reconstruction | 30,740 | 13,440 | 17,300 |
| 69632 | Tympanoplasty w/o mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; w/ ossicular chain reconstruction (e.g., postfenestration) | 30,740 | 13,440 | 17,300 |
| 69633 | Tympanoplasty w/o mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; w/ ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis, (PORP), total ossicular replacement prosthesis (TORP) | 30,740 | 13,440 | 17,300 |
| 69635 | Tympanoplasty w/ antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/ or tympanic membrane repair); w/o ossicular chain reconstruction | 46,500 | 25,200 | 21,300 |
| 69636 | Tympanoplasty w/ antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/ or tympanic membrane repair); w/ ossicular chain reconstruction | 47,340 | 26,040 | 21,300 |
| 69637 | Tympanoplasty w/ antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/ or tympanic membrane repair); w/ ossicular chain reconstruction and synthetic prosthesis (e.g. partial ossicular replacement prosthesis, (PORP), total ossicular replacement prosthesis (TORP) | 47,340 | 26,040 | 21,300 |
| 69641 | Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); w/o ossicular chain reconstruction | 46,500 | 25,200 | 21,300 |
| 69642 | Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); w/ ossicular chain reconstruction | 47,340 | 26,040 | 21,300 |
| 69643 | Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); w/ intact or reconstructed wall, w/o ossicular chain reconstruction | 48,180 | 26,880 | 21,300 |
| 69644 | Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); w/ intact or reconstructed canal wall, w/ ossicular chain reconstruction | 49,020 | 27,720 | 21,300 |
| 69645 | Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, w/o ossicular chain reconstruction | 46,500 | 25,200 | 21,300 |
| 69646 | Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, w/ ossicular chain reconstruction | 46,500 | 25,200 | 21,300 |
| 69650 | Stapes mobilization | 37,800 | 21,000 | 16,800 |
| 69660 | Stapedectomy or stapedotomy w/ reestablishment of ossicular continuity, w/ or w/o use of foreign material; | 38,640 | 21,840 | 16,800 |
| 69661 | Stapedectomy or stapedotomy w/ reestablishment of ossicular continuity, w/ or w/o use of foreign material; w/ footplate drill out | 38,640 | 21,840 | 16,800 |
| 69662 | Revision of stapedectomy or stapedotomy | 38,640 | 21,840 | 16,800 |
| 69666 | Repair oval window fistula | 38,640 | 21,840 | 16,800 |
| 69667 | Repair round window fistula | 38,640 | 21,840 | 16,800 |
| 69670 | Mastoid obliteration | 31,580 | 14,280 | 17,300 |
| 69676 | Tympanic neurectomy | 30,300 | 16,800 | 13,500 |
| | Other Procedures | | | |
| 69700 | Closure postauricular fistula, mastoid | 10,540 | 5,040 | 5,500 |
| 69720 | Decompression facial nerve, intratemporal; lateral to geniculate ganglion | 30,300 | 16,800 | 13,500 |
| 69725 | Decompression facial nerve, intratemporal; including medial to geniculate ganglion | 30,300 | 16,800 | 13,500 |
| 69740 | Suture facial nerve, intratemporal, w/ or w/o graft or decompression; lateral to geniculate ganglion | 37,800 | 21,000 | 16,800 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 69745 | Suture facial nerve, intratemporal, w/ or w/o graft or decompression; including medial to geniculate ganglion | 37,800 | 21,000 | 16,800 |
| | Inner Ear | | | |
| | Incision and/or Destruction | | | |
| 69801 | Labyrinthotomy, w/ or w/o cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal | 38,640 | 21,840 | 16,800 |
| 69802 | Labyrinthotomy, w/ or w/o cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); w/ mastoidectomy | 39,480 | 22,680 | 16,800 |
| 69805 | Endolymphatic sac operation; w/o shunt | 46,500 | 25,200 | 21,300 |
| 69806 | Endolymphatic sac operation; w/ shunt | 53,400 | 29,400 | 24,000 |
| 69820 | Fenestration semicircular canal | 46,500 | 25,200 | 21,300 |
| 69840 | Revision fenestration operation | 53,400 | 29,400 | 24,000 |
| | Excision | | | |
| 69905 | Labyrinthectomy; transcanal | 46,500 | 25,200 | 21,300 |
| 69910 | Labyrinthectomy; w/ mastoidectomy | 53,400 | 29,400 | 24,000 |
| 69915 | Vestibular nerve section, translabyrinthine approach | 53,400 | 29,400 | 24,000 |
| | Introduction | | | |
| 69930 | Cochlear device implantation, w/ or w/o mastoidectomy | 55,000 | 33,600 | 21,400 |
| | Temporal Bone, Middle Fossa Approach | | | |
| 69950 | Vestibular nerve section, transcranial approach | 55,000 | 33,600 | 21,400 |
| 69955 | Total facial nerve decompression and/or repair (may include graft) | 55,000 | 33,600 | 21,400 |
| 69960 | Decompression internal auditory canal | 53,400 | 29,400 | 24,000 |
| 69970 | Removal of tumor, temporal bone | 46,500 | 25,200 | 21,300 |
| | Radiology Services | | | |
| | Head and Neck | | | |
| 70010 | Myelography, brain, including spinal puncture and radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 70390 | Sialography; including duct catheterization and radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| | Chest | | | |
| 71090 | Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| | Spine and Pelvis | | | |
| 72240 | Myelography, spine, including spinal puncture and radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| | Gastrointestinal Tract | | | |
| 74300 | Cholangiography and/or pancreatography, intraoperative, radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 74328 | Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 74329 | Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 74330 | Combined endoscopic catheterization of the biliary and pancreatic ductal system, radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 74340 | Introduction of long gastrointestinal tube (e.g., Miller-Abbott), radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 74350 | Percutaneous placement of gastrostomy tube, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 74355 | Percutaneous placement of enteroclysis tube, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 74360 | Intraluminal dilation of strictures and/or obstructions, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 74363 | Percutaneous transhepatic dilation of sbiliary duct stricture, radiological supervision and interpretation | 18,000 | 8,400 | 9,600 |
| | Urinary Tract | | | |
| 74475 | Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation | 18,000 | 8,400 | 9,600 |
| 74480 | Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation | 18,000 | 8,400 | 9,600 |
| | Gynecological and Obstetrical | | | |
| 74742 | Transcervical catheterization of fallopian tube, radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| | Angiography | | | |
| 75600 | Aortography, thoracic, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75625 | Aortography, abdominal, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75630 | Aortography, abdominal plus bilateral iliofemoral lower extremity, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75650 | Angiography, cervicocerebral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75658 | Angiography, brachial retrograde, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75660 | Angiography, external carotid, unilateral, selective, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75662 | Angiography, external carotid, bilateral, selective, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75665 | Angiography, cerebral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75671 | Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75676 | Angiography, carotid, cervical, unilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75680 | Angiography, carotid, cervical, bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75685 | Angiography, vertebral, cervical and/or intracranial, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75705 | Angiography, spinal, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75710 | Angiography, extremity, unilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75716 | Angiography, extremity, bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75722 | Angiography, renal, unilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75724 | Angiography, renal, bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75726 | Angiography, visceral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75731 | Angiography, adrenal, unilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75733 | Angiography, adrenal, bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75736 | Angiography, pelvis, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75741 | Angiography, pulmonary, unilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75743 | Angiography, pulmonary, bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75746 | Angiography, pulmonary, nonselective, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75756 | Angiography, internal mammary, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75757 | Angiography, fluorescein (eye) | 3,500 | 500 | 3,000 |
| 75790 | Angiography, arteriovenous shunt (e.g., dialysis patient), radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75801 | Lymphangiography, extremity, unilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75803 | Lymphangiography, extremity, bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75805 | Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75807 | Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75810 | Splenoportography, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75820 | Venography, extremity, unilateral or bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75825 | Venography, caval, inferior, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75827 | Venography, caval, superior, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75831 | Venography, renal, unilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75833 | Venography, renal, bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75840 | Venography, adrenal, unilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75842 | Venography, adrenal, bilateral, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75860 | Venography, venous sinus(e.g., petrosal and inferior sagittal) or jugular, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75870 | Venography, superior sagittal sinus, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75872 | Venography, epidural, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 75880 | Venography, orbital, radiological supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75885 | Percutaneous transhepatic portography, radiological supervision and interpretation | 12,900 | 6,300 | 6,600 |
| 75889 | Hepatic venography, radiological supervision and interpretation | 12,900 | 6,300 | 6,600 |
| | Transcatheter Procedures | | | |
| 75900 | Exchanged of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation | 30,300 | 16,800 | 13,500 |
| 75901 | Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75902 | Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation | 9,700 | 4,200 | 5,500 |
| 75940 | Percutaneous placement of IVC filter, radiologic supervision and interpretation | 23,300 | 12,600 | 10,700 |
| 75945 | Intravascular ultrasound (non-coronary-vessel), radiological supervision and interpretation; initial vessel | 9,700 | 4,200 | 5,500 |
| 75952 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation | 53,400 | 29,400 | 24,000 |
| 75953 | Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation | 55,000 | 33,600 | 21,400 |
| 75954 | Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation | 53,400 | 29,400 | 24,000 |
| 75956 | Endovascular repair of descending thoracic aorta (e.g., aneurysm, psuedoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiologic supervision and interpretation | 55,000 | 33,600 | 21,400 |
| 75957 | Endovascular repair of descending thoracic aorta (e.g., aneurysm, psuedoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiologic supervision and interpretation | 53,400 | 29,400 | 24,000 |
| 75958 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiologic supervision and interpretation | 55,000 | 33,600 | 21,400 |
| 75959 | Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation | 55,000 | 33,600 | 21,400 |
| 75960 | Transcatheter induction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/ or open, radiological supervision and interpretation | 46,500 | 25,200 | 21,300 |
| 75961 | Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter), radiological supervision and interpretation | 46,500 | 25,200 | 21,300 |
| 75962 | Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation | 23,300 | 12,600 | 10,700 |
| 75966 | Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation | 23,300 | 12,600 | 10,700 |
| 75970 | Transcatheter biopsy, radiological supervision and interpretation | 23,300 | 12,600 | 10,700 |
| 75978 | Transluminal balloon angioplasty, venous (e.g., subclavian stenosis) radiological supervision and interpretation | 23,300 | 12,600 | 10,700 |
| 75980 | Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation | 37,800 | 21,000 | 16,800 |
| 75982 | Percutaneous placement of drainagecatheter combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiologic supervision and interpretation | 46,500 | 25,200 | 21,300 |
| 75984 | Change of percutaneous tube or drainage catheter with contrast monitoring (e.g., gastrointestinal system, genitourinary system, abscess), radiologic supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 75989 | Radiological guidance for percutaneous drainage (abscess, cyst, fluid collection), with placement of catheter and radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| | Transluminal Atherectomy | | | |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 75992 | Transluminal atherectomy, peripheral artery, radiological supervision and interpretation | 23,300 | 12,600 | 10,700 |
| 75994 | Transluminal atherectomy, renal, radiological supervision and interpretation | 23,300 | 12,600 | 10,700 |
| 75995 | Transluminal atherectomy, visceral, radiological supervision and interpretation | 23,300 | 12,600 | 10,700 |
| | Other Procedures | | | |
| 76003 | Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) | 8,020 | 2,520 | 5,500 |
| 76012 | Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation; under fluoroscopic guidance | 30,300 | 16,800 | 13,500 |
| 76013 | Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation; under CT guidance | 30,300 | 16,800 | 13,500 |
| 76080 | Radiologic examination, abscess, fistula or sinus tract study, including catheterization of lesion and radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 76086 | Mammary ductogram or galactogram, 1 or multiple duct, injection and radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 76095 | Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), one or more lesion, radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 76096 | Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 76355 | Computed tomography guidance for stereotactic localization | 8,020 | 2,520 | 5,500 |
| 76360 | Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 76362 | Computed tomography guidance for visceral tissue ablation | 8,020 | 2,520 | 5,500 |
| 76393 | Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 76394 | Magnetic resonance guidance for visceral tissue ablation | 8,020 | 2,520 | 5,500 |
| | Ultrasonic Guidance Procedures | | | |
| 76930 | Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 76932 | Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 76936 | Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging) | 8,020 | 2,520 | 5,500 |
| 76940 | Ultrasonic guidance for visceral tissue ablation | 8,020 | 2,520 | 5,500 |
| 76942 | Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation | 8,020 | 2,520 | 5,500 |
| 76965 | Ultrasonic guidance for interstitial radioelement application | 8,020 | 2,520 | 5,500 |
| | Other Procedures | | | |
| 76986 | Ultrasonic guidance, intraoperative | 8,020 | 2,520 | 5,500 |
| | Clinical Treatment Planning (External and Internal Sources) | | | |
| 77261 | Therapeutic radiology treatment planning; simple, intermediate or complex, (Only one may be reported for a given course of therapy) | 18,000 | 8,400 | 9,600 |
| | Radiation Oncology | | | |
| 77401 | Radiation treatment delivery (Linear Accelerator) | 3,000 | 800 | 2,200 |
| 77401 | Radiation treatment delivery (Cobalt) | 2,000 | 800 | 1,200 |
| 77418 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC per session | 5,680 | 1,680 | 4,000 |
| 77421 | Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy | 30,300 | 16,800 | 13,500 |
| 77432 | Stereotactic radiation treatment management of cerebral lesion(s) | 30,300 | 16,800 | 13,500 |
| | Hyperthermia | | | |
| 77600 | Hyperthermia for treatment of malignancy, one or more sessions during the course of therapy including follow-up care for 90 days after procedure | 12,120 | 6,720 | 5,400 |
| | Clinical Brachytherapy | | | |
| 77750 | Infusion or instillation of radioelement solution | 5,680 | 1,680 | 4,000 |
| 77761 | Intracavitary radiation source application, 1 or more sources/ribbons (Brachytherapy), one or more sessions during the course of therapy including follow-up care for 90 days after procedure | 18,000 | 8,400 | 9,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 77776 | Interstitial radiation source application, 1 or more sources/ribbons (Brachytherapy), one or more sessions during the course of therapy including follow-up care for 90 days after procedure | 18,000 | 8,400 | 9,600 |
| 77781 | Remote after loading high intensity brachytherapy (RAHIB); 1 or more source position or catheters per session | 5,680 | 1,680 | 4,000 |
| 77789 | Surface application of radiation source (Brachytherapy), one or more sessions during the course of therapy including follow-up care for 90 days after procedure | 9,700 | 4,200 | 5,500 |
| | Nuclear Medicine | | | |
| 79000 | Radiopharmaceutical (radioactive iodine) therapy | 3,640 | 840 | 2,800 |
| 79005 | Radiopharmaceutical ablation of gland for thyroid carcinoma or metastases of thyroid carcinoma | 8,020 | 2,520 | 5,500 |
| 79200 | Radiopharmaceutical therapy, by intracavitary administration | 9,700 | 4,200 | 5,500 |
| 79300 | Radiopharmaceutical therapy, by interstitial radioactive colloid administration | 9,700 | 4,200 | 5,500 |
| 79403 | Radiopharmaceutical therapy, by radiolabeled monoclonal antibody by intravenous infusion | 8,020 | 2,520 | 5,500 |
| 79440 | Radiopharmaceutical therapy, by intra-articular administration | 8,020 | 2,520 | 5,500 |
| 79445 | Radiopharmaceutical therapy, by intra-arterial particulate administration | 8,020 | 2,520 | 5,500 |
| | Pathology Services | | | |
| | Cytopathology | | | |
| 88174 | Evaluation of aspirate (CT-guided biopsy) with or without preparation of smears; immediate cytologic study to determine adequacy of specimen(s), interpretation and report | 5,680 | 1,680 | 4,000 |
| | Surgical Pathology | | | |
| 88331 | Pathology consultation during surgery; with frozen section(s), single block | 5,680 | 1,680 | 4,000 |
| 88332 | Pathology consultation during surgery; with frozen section(s), two (2) or more blocks | 9,700 | 4,200 | 5,500 |
| | Medicine Services | | | |
| | Dialysis | | | |
| 90935 | Hemodialysis procedure | 4,000 | 500 | 3,500 |
| 90945 | Dialysis procedure other than hemodialysis (e.g. peritoneal, hemofiltration) | 4,000 | 500 | 3,500 |
| | Gastroenterology | | | |
| 91034 | Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation | 8,260 | 3,360 | 4,900 |
| 91037 | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation: | 8,260 | 3,360 | 4,900 |
| 91100 | Intestinal bleeding tube, passage, positioning and monitoring | 8,260 | 3,360 | 4,900 |
| 91105 | Gastric intubation, and aspiration or lavage for treatment (e.g., for ingested poisons) | 8,260 | 3,360 | 4,900 |
| | Cardiovascular Therapeutic Services | | | |
| 92973 | Percutaneous transluminal coronary thrombectomy | 30,300 | 16,800 | 13,500 |
| 92975 | Thrombolysis, coronary; by intracoronary infusion, including coronary angiography | 23,300 | 12,600 | 10,700 |
| 92980 | Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic interventions, any method; single vessel | 30,300 | 16,800 | 13,500 |
| 92981 | Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic interventions, any method; each additional vessel | 30,300 | 16,800 | 13,500 |
| 92982 | Percutaneous transluminal coronary balloon angioplasty, one or more vessel | 30,300 | 16,800 | 13,500 |
| 92986 | Percutaneous balloon valvuloplasty; aortic | 53,400 | 29,400 | 24,000 |
| 92987 | Percutaneous balloon valvuloplasty; mitral | 53,400 | 29,400 | 24,000 |
| 92990 | Percutaneous balloon valvuloplasty; pulmonary valve | 53,400 | 29,400 | 24,000 |
| 92992 | Atrial septectomy or septostomy; transvenous method, balloon (e.g., Rashkind type) (includes cardiac catheterization) | 21,400 | 10,500 | 10,900 |
| 92993 | Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization) | 21,400 | 10,500 | 10,900 |
| 92995 | Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty, one or more vessel | 30,300 | 16,800 | 13,500 |
| 92997 | Percutaneous transluminal pulmonary balloon angioplasty, one or more vessel | 12,900 | 6,300 | 6,600 |
| | Cardiac Catheterization | | | |
| 93501 | Right heart catheterization | 18,000 | 8,400 | 9,600 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 93503 | Insertion and placement of flow directed catheter (e.g., Swan-Ganz) for monitoring purposes | 9,700 | 4,200 | 5,500 |
| 93505 | Endomyocardial biopsy | 23,300 | 12,600 | 10,700 |
| 93508 | Catheter placement in coronary artery(s), arterial coronary conduits and/or venous coronary bypass grafts for coronary angiography without concomitant left heart catheterization | 9,700 | 4,200 | 5,500 |
| 93510 | Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous | 18,000 | 8,400 | 9,600 |
| 93511 | Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown | 18,000 | 8,400 | 9,600 |
| 93514 | Left heart catheterization by left ventricular puncture | 18,000 | 8,400 | 9,600 |
| 93524 | Combined transseptal and retrograde left heart catheterization | 23,300 | 12,600 | 10,700 |
| 93526 | Combined right heart catheterization and retrograde left heart catheterization | 23,300 | 12,600 | 10,700 |
| 93527 | Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization) | 23,300 | 12,600 | 10,700 |
| 93528 | Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization) | 23,300 | 12,600 | 10,700 |
| 93529 | Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization) | 23,300 | 12,600 | 10,700 |
| 93530 | Right heart catheterization, for congenital cardiac anomalies | 18,000 | 8,400 | 9,600 |
| 93531 | Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies | 23,300 | 12,600 | 10,700 |
| 93532 | Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies | 9,700 | 4,200 | 5,500 |
| 93533 | Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies | 9,700 | 4,200 | 5,500 |
| 93539 | Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (e.g., internal mammary), whether native or used bypass | 9,700 | 4,200 | 5,500 |
| 93540 | Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries | 9,700 | 4,200 | 5,500 |
| 93541 | Injection procedure during cardiac catheterization; for pulmonary angiography | 9,700 | 4,200 | 5,500 |
| 93542 | Injection procedure during cardiac catheterization; for selective right ventricular or right atrial angiography | 9,700 | 4,200 | 5,500 |
| 93543 | Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand) | 9,700 | 4,200 | 5,500 |
| 93544 | Injection procedure during cardiac catheterization; for aortography | 23,300 | 12,600 | 10,700 |
| 93545 | Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand) | 9,700 | 4,200 | 5,500 |
| | Imaging supervision | | | |
| 93555 | Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography | 9,700 | 4,200 | 5,500 |
| 93556 | Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass) | 9,700 | 4,200 | 5,500 |
| | Repair of Septal Defect | | | |
| 93580 | Percutaneous transcatheter closure of congenital interatrial communications (i.e., Fontan fenestration, atrial septal defect) with implant | 55,000 | 33,600 | 21,400 |
| 93581 | Percutaneous transcatheter closure of congenital ventricular septal defect with implant | 55,000 | 33,600 | 21,400 |
| | Intracardiac Electrophysiological Procedures/Studies | | | |
| 93600 | Bundle of His recording | 9,700 | 4,200 | 5,500 |
| 93602 | Intra-atrial recording | 9,700 | 4,200 | 5,500 |
| 93603 | Right ventricular recording | 9,700 | 4,200 | 5,500 |
| 93610 | Intra-atrial pacing | 9,700 | 4,200 | 5,500 |
| 93612 | Intraventricular pacing | 9,700 | 4,200 | 5,500 |
| 93615 | Esophageal recording of atrial electrogram with or without ventricular electrogram(s); | 9,700 | 4,200 | 5,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

| RVS CODE | DESCRIPTION | FIRST CASE RATE | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------|
| | | Case Rate | Professional Fee | Health Care Institution Fee |
| 93616 | Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing | 9,700 | 4,200 | 5,500 |
| 93618 | Induction of arrhythmia by electrical pacing | 9,700 | 4,200 | 5,500 |
| 93619 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction of arrhythmia | 9,700 | 4,200 | 5,500 |
| 93620 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, His bundle recording | 9,700 | 4,200 | 5,500 |
| 93624 | Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia | 9,700 | 4,200 | 5,500 |
| 93631 | Intra-operative epicardial and endocardial pacing and mapping to localize the site tachycardia or zone of slow conduction for surgical correction | 9,700 | 4,200 | 5,500 |
| 93640 | Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; | 9,700 | 4,200 | 5,500 |

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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

ANNEX 2. LIST OF PROCEDURE CASE RATES (REVISION 1.0)

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