

## Bundled Reimbursement Schedule

*Pricing includes the Surgeon, Anesthesia and Inpatient/Outpatient Facility Fees*

CPT	DRG	Description	Bundled Rate
<b>INPATIENT</b>			
	**	<b>Total Joints (Inpatient)</b>	
27125, 27130, 27447	462	<b>Bilateral</b> or Multiple Major Joint Replacement of Lower Extremity without Complication or Comorbidity	\$ 35,200.00
27487	467	Revision of Hip or Knee Replacement with Complication or Comorbidity	\$ 39,000.00
27487	468	Revision of Hip or Knee Replacement without Complication or Comorbidity	\$ 31,500.00
27125, 27130, 27447	469	Major Joint Replacement or Reattachment of Lower Extremity with Major Complication or Comorbidity (Total Knee or Hip with Major Complication or Comorbidity)	\$ 30,975.00
27125, 27130, 27447	470	Major Joint Replacement or Reattachment of Lower Extremity without Complication or Comorbidity (Total Knee or Hip without Complication or Comorbidity)	\$ 22,500.00
27125, 27130, 27447	470	Major Joint Replacement or Reattachment of Lower Extremity without Complication or Comorbidity (Total Knee or Hip without Complication or Comorbidity) <b>WITH NICKLE FREE IMPLANT</b>	\$ 24,500.00
23420, 23470, 23472	483	Major Joint & Limb Reattachment Procedures of Upper Exremity with Complication/Comorbidity (Total Shoulder)	\$ 24,500.00
<b>Spine/Back (Inpatient)</b>			
<b>TLIF</b> 22633, 22840, 22853, 63052 <b>360</b> 22612, 22558, 22840, 22853, (maybe 63047) <b>PTP</b> 22612, 22558, 22840, 22853 (maybe 63047)	402	Single Level Combined Anterior and Posterior Spinal Fusion, Except Cervical	\$ 46,000.00
<b>Multi-level TLIF</b> 22633, 22634, 22842, 22853x2, 63052, 63053 <b>Multi-level 360</b> 22612, 22614, 22558, 22585, 22842, 22853x2, (maybe 63047, 63048)	427	Multiple Level Combined Anterior and Posterior Spinal Fusion, Except Cervical, <b>WITH CC</b>	\$ 76,000.00
<b>Multi-level TLIF</b> 22633, 22634, 22842, 22853x2, 63052, 63053 <b>Multi-level 360</b> 22612, 22614, 22558, 22585, 22842, 22853x2, (maybe 63047, 63048)	428	Multiple Level Combined Anterior and Posterior Spinal Fusion, Except Cervical, <b>WITHOUT CC/MCC</b>	\$ 59,000.00
<b>Posterior Spinal Fusion (CERVICAL)</b> 22600, 22554, 22845, 20931	430	Combined Anterior and Posterior Cervical Spinal Fusion <b>WITHOUT MCC</b>	\$ 57,630.00
<b>Posterior Spinal Fusion (LUMBAR)</b> 22612, 22614, 22842	448	Multiple Level Spinal Fusion, Except Cervical, <b>WITHOUT MCC</b>	\$ 43,700.00
<b>Posterior Spinal Fusion (LUMBAR)</b> 22612, 22840 <b>Anterior Lumbar Interbody Fusion (LUMBAR) ALIF</b> 22558, 22853	451	Single Level Spinal Fusion, Except Cervical, <b>WITHOUT MCC</b>	\$ 33,000.00

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63081, 63082	472	Cervical Spinal Fusion with Complication or Comorbidity	\$ 30,000.00
63081, 63082, 22551	473	Cervical Spinal Fusion without Complication or Comorbidity	\$ 27,000.00
63020, 63035, 63045, 63047	518	Back & Neck Procedures (except Spinal Fusion) with Complication or Comorbidity/Major Complication or Comorbidity or DISC Device	\$ 31,500.00
63020, 63035, 63045, 63047	519	Back & Neck Procedures (except Spinal Fusion) with Complication or Comorbidity	\$ 19,000.00
63020, 63035, 63045, 63047	520	Back & Neck Procedures (except Spinal Fusion) without Complication or Comorbidity	\$ 14,500.00
		<b>Hip or Leg (Inpatient)</b>	
27244, 27507, 27245	481	Hip & Femur Procedures (except Major Joint) with Complication or Comorbidity	\$ 18,000.00
27299	517	Periacetabular Osteotomy (PAO)	\$ 32,000.00
		<b>Knee (Inpatient)</b>	
27486	488	Knee Procedures without PDX of Infection with Complication or Comorbidity	\$ 23,750.00
		<b>Upper Arm/Shoulder (Inpatient)</b>	
23474, 23472, 28725, 27640, 28320, 20680, 23334	496	Local Excision & Removal Internal Fix Devices (except Hip & Femur) with Complication or Comorbidity	\$ 16,500.00
25810	497	Local Excision & Removal Internal Fix Devices (except Hip & Femur) without Complication or Comorbidity	\$ 13,500.00
		<b>Ankle/Foot (Inpatient)</b>	
23615, 23412, 23472, 27524	493	with Complication or Comorbidity	\$ 20,500.00
27870, 28725, 27814, 27822, 27871, 27726, 27829, 27825, 27840	494	Lower Extremity & Humerus (except Hip, Foot, Femur) without Complication or Comorbidity	\$ 15,500.00
28292, 28285, 28289, 28415, 28725, 28476, 28270, 28730, 28465	505	Foot Procedures without Complication or Comorbidity	\$ 14,000.00
		<b>Soft Tissue (Inpatient)</b>	
28725, 27062, 28320, 28315, 27685, 27048, 28740	501	Soft Tissue Procedures with Complication or Comorbidity (usually Foot Procedures)	\$ 21,500.00
28740, 28725, 28285, 29826, 23430, 27685, 29824, 28300, 27691, 29727, 27650, 24342	502	Soft Tissue Procedures without Complication or Comorbidity (usually Tendon Repair)	\$ 16,000.00
<b>OUTPATIENT</b>			
		<b>Total Joints (Outpatient)</b>	
27125, 27130, 27447		Major Joint Replacement or Reattachment of Lower Extremity without Complication or Comorbidity (Total Knee or Hip without Complication or Comorbidity)	\$ 21,500.00
		<b>Shoulder/Upper Extremity (Outpatient)</b>	
23071		Excision, Tumor, Soft Tissue of Shoulder Area, Subcutaneous; 3 cm or greater	\$ 4,000.00
23120		Distal Clavicle Excision (Shoulder)	\$ 6,250.00
23410		Repair Rotator Cuff; Acute	\$ 8,000.00
23412		Repair Rotator Cuff; Chronic	\$ 8,000.00
23430		Repair Biceps Tendon	\$ 8,000.00
23515		Treat Clavicle Fracture	\$ 8,000.00
23700		Fixation of Shoulder	\$ 2,600.00
24341		Repair Tendon or Muscle, Upper Arm or Elbow, each	\$ 8,000.00
29806		Shoulder Arthroscopy; Surgery Capsulorrhaphy	\$ 7,550.00
29807		Shoulder Arthroscopy; Surgery Slap Lesion	\$ 7,550.00
29823		Shoulder Arthroscopy; Surgery Debridement, Extensive	\$ 7,250.00
29824		Distal Clavicle Excision (Shoulder), including Articular Surface	\$ 7,250.00
29826/29822		Shoulder Arthroscopy; Surgery Debridement, Subacromial Decompression	\$ 7,250.00
29827		Shoulder Arthroscopy; Rotator Cuff Repair	\$ 10,625.00
		<b>Wrist/Hand/Finger (Outpatient)</b>	
25000		Wrist Incision, Extensor Tendon Sheath; (deQuervains Disease)	\$ 4,000.00
25111		Ganglion Cyst Removal	\$ 3,800.00
25447		Repair Wrist Joints	\$ 5,000.00
25605		Treat Fracture, Radius/Ulna	\$ 4,000.00
26055		Incise Finger Tendon Sheath	\$ 3,000.00

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26123	Fasciectomy; Partial Release Palm Contracture	\$ 4,500.00
26145	Synvectomy; Tendon Excision Palm/Finger	\$ 3,000.00
26160	Excision of Lesion of Tendon Sheath or Joint Capsule (eg., cyst, mucous cyst or ganglion) Hand or Finger	\$ 3,000.00
26426	Repair Finger/Hand Tendon	\$ 4,500.00
26727	Percutaneous Pinning; Finger 1-2 pins	\$ 4,500.00
64718	Revise Ulnar Nerve at Elbow	\$ 4,000.00
64721	Carpal Tunnel Surgery	\$ 4,000.00
25525	Open Treatment of Radial Shaft Fracture, with Internal and/or External Fixation & Closed Treatment of Dislocation of Distal Radioulnar Joint, with or without Percutaneous	\$ 9,800.00
<b>Spine/Back (Outpatient)</b>		
22856	1 Level Cervical Arthroplasty	\$ 27,000.00
22856/22858	2 Level Cervical Arthroplasty	\$ 27,000.00
63020	Laminotomy; Cervical (Hemilaminectomy) with decomp, facetectomy, foraminotomy	\$ 10,375.00
63030	Laminotomy; Lumbar (microdiscectomy)	\$ 10,375.00
63685	Spinal Cord Stimulator Placement (Permanent and Redo)	\$ 35,500.00
<b>Foot/Ankle (Outpatient)</b>		
27650	Repair Achilles Tendon	\$ 8,000.00
27698	Repair, Secondary, Disrupted Ligament, Ankle, Collateral	\$ 6,250.00
28060	Fasciectomy; Partial Plantar Fascia	\$ 4,300.00
28080	Excision, Interdigital (Morton) Neuroma; Single	\$ 4,000.00
28285	Repair of Hammertoe (1)	\$ 3,500.00
28285	Repair of Hammertoe (2)	\$ 4,000.00
28285	Repair of Hammertoe (3)	\$ 4,500.00
28289	Hallux Rigidus Correction with Cheilectomy, Debridement	\$ 5,000.00
28292	Capsular Release of 1st Metatarsophalangeal	\$ 5,500.00
28292	Correction of Bunion	\$ 5,500.00
28750	Fusion of Big Toe Joint	\$ 7,500.00
28825	Partial Amputation of Toe	\$ 4,000.00
28114, 28750, 28285x4, 27687	Foot Reconstruction (all of these codes grouped)	\$ 14,500.00
27654, 28120, 27687	Achilles Tendon Degenerative Reconstruction (all of these codes grouped)	\$ 8,600.00
28288	Osteotomy, Partial, Exostectomy or Condylectomy, Metatarsal Head, each metatarsal head	\$ 5,500.00
27696	Repair of Ankle Ligament	\$ 10,000.00
28308	Osteotomy Metatarsal 2nd-5th	\$ 5,000.00
28008	Fasciotomy Foot and/or Toe	\$ 5,000.00
28296	Bunionectomy with Distal Osteotomy	\$ 5,700.00
28645	Open Treatment Toe Dislocation with Fixation	\$ 5,600.00
27687	Revision of Calf Tendon	\$ 5,500.00
<b>Hip Scope (Outpatient)</b>		
29914 & 29916	Hip Arthroscopy; Femoroplasty, Shaving Femoral Head/Neck Junction; Labral Repair	\$ 13,500.00
29916	Arthroscopy, Hip with Labral Repair	\$ 11,500.00
<b>Knee (Outpatient)</b>		
27446	Arthroplasty, Knee, Condyle and Plateau; Medial or Lateral Compartment (Robotic Partial Knee)	\$ 20,000.00
27570	Fixation of Knee Joint	\$ 2,500.00
29870	Arthroscopy, Knee, Surgical; with or without Biopsy	\$ 5,000.00
29871	Arthroscopy, Knee, Surgical; for Infection, Lavage and Drainage	\$ 5,000.00
29873	Arthroscopy, Knee, Surgical; with Lateral Release	\$ 5,000.00
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (e.g., plica or shelf resection) (separate procedure)	\$ 5,000.00
29876	Arthroscopy, Knee, Surgical; Synovectomy, Major, Two or More Compartments (e.g., medial or lateral)	\$ 5,000.00

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29877	Arthroscopy, Knee, Surgical; Debridement/Shaving of Articular Cartilage (Chondroplasty)	\$ 5,000.00
29880	Arthroscopy, Knee, Surgical; with Meniscectomy (medial <b>AND</b> lateral, including any meniscal shaving)	\$ 5,000.00
29881	Arthroscopy, Knee, Surgical; with Meniscectomy (medial <b>OR</b> lateral, including any meniscal shaving)	\$ 5,000.00
29882	Arthroscopy, Knee, Surgical; Debridement, limited	\$ 5,000.00
29888	Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; <b>with Autograft</b>	\$ 8,500.00
29888	Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; <b>with Allograft</b>	\$ 10,500.00
	<b>Ankle (Outpatient)</b>	
29891	Ankle Arthroscopy; Surgical; Excision of Osteochondral Defect of Talus and/or Tibia	\$ 6,500.00
29894	Ankle Arthroscopy; Removal of Loose Body	\$ 5,000.00
	<b>Hardware Removal (Outpatient)</b>	
20680	Removal of Support Implant	\$ 4,500.00
	<b>Pain Procedures (Outpatient)</b>	
62320	Cervical, Thoracic Epidural Steroid Injection, without Imaging Guidance	\$ 975.00
62321	Cervical, Thoracic Epidural with imaging guidance (fluoroscopy or CT)	\$ 975.00
62322	Lumbar Intralaminar Epidural Steroid Injection, without Imaging Guidance	\$ 975.00
62323	Lumbar Intralaminar Epidural Steroid Injection, with Imaging Guidance (fluoroscopy or CT)	\$ 975.00
64445	Injection Anesthetic Agent; Sciatic Nerve, Single level	\$ 850.00
64447	Injection Anesthetic Agent; Femoral Nerve, Single level	\$ 550.00
64483	Injection/Steroid, Epidural Lumbar or Sacral, Single level	\$ 975.00
64484	Injection/Steroid, Epidural Lumbar or Sacral, Additional level	\$ 600.00
64490	Injection(s), Diagnostic or Therapeutic Agent; Paravertebral Facet (zygapophyseal) Joint (or nerves innervating that joint) with Imaging Guidance (fluoroscopy or CT), Cervical or Thoracic; single level	\$ 975.00
64491	Second Level (list separately in addition to code for primary procedure)	\$ 400.00
64492	Third and any Additional Level(s) (list separately in addition to code for primary procedure)	\$ 400.00
64493	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet Joint 1 level	\$ 975.00
64494	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet Joint 2 level	\$ 300.00
64495	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet Joint 3 level	\$ 300.00
27096	SI Joint Injection	\$ 975.00
64635	Paravertebral Facet Joint Nerve(s), (fluoroscopy or CT); Lumbar or Sacral, Single Facet Joint	\$ 1,600.00
64636	Paravertebral Facet Joint Nerve(s), (fluoroscopy or CT); Lumbar or Sacral, each additional Facet Joint	\$ 850.00
	<b>Pediatric ENT Procedures (Outpatient)</b>	
41520	Frenuloplasty	\$ 2,500.00
42830	Adenoidectomy	\$ 3,200.00
42825	Tonsilectomy	\$ 3,600.00
42820	Tonsilectomy & Adenoidectomy	\$ 4,000.00
69436	Bilateral Myringotomy & Tympanostomy Tubes	\$ 2,300.00
69610	Myringoplasty Paper Patch	\$ 2,300.00
69620	Myringoplasty Fat Graft	\$ 3,200.00
69631	Tympanoplasty	\$ 6,250.00
30130	Bilateral Turbinate Reduction	\$ 3,500.00
42830 & 30130	Adenoidectomy & Turbinate Reduction	\$ 4,200.00
	<b>Radiology Procedures (Outpatient)</b>	
73040/23350	Arthrogram of Shoulder with Injection Procedure	\$ 525.00
73525/27093	Arthrogram of Hip with Injection Procedure	\$ 550.00
73115/25246	Arthrogram of Wrist with Injection Procedure	\$ 550.00
73085/24220	Arthrogram of Elbow with Injection Procedure	\$ 550.00
77002/20610	Intra Articular Joint Injections under Fluoroscopy	\$ 250.00

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70551	MRI - Brain Stem; without Contrast	\$ 700.00
70553	MRI - Brain Stem; with or without Contrast	\$ 825.00
72141	MRI - Cervical Spine; without Contrast	\$ 675.00
72156	MRI - Cervical Spine; with or without Contrast	\$ 700.00
71552	MRI - Chest; with and without Contrast	\$ 825.00
71550	MRI - Chest; without Contrast	\$ 650.00
73718	MRI - Lower Extremity, Non-Joint; without Contrast	\$ 675.00
73719	MRI - Lower Extremity; with Contrast	\$ 675.00
73720	MRI - Lower Extremity, Non-Joint; with and without Contrast	\$ 800.00
73721	MRI - Lower Extremity, Joint; without Contrast	\$ 700.00
73722	MRI - Lower Extremity; with Contrast	\$ 650.00
73723	MRI - Lower Extremity, Joint; with or without Contrast	\$ 825.00
72157	MRI - Thoracic Spine; with and without Contrast	\$ 675.00
72158	MRI - Lumbar Spine; with Contrast	\$ 800.00
72148	MRI - Lumbar Spine; without Contrast	\$ 750.00
72195	MRI - Pelvis	\$ 600.00
72197	MRI - Pelvis; with or without Contrast	\$ 900.00
72146	MRI - Thoracic Spine; without Contrast	\$ 600.00
73223	MRI - Upper Extremity Joint; with or without Contrast	\$ 825.00
73222	MRI - Upper Extremity Joint; with Contrast	\$ 650.00
73221	MRI - Upper Extremity Joint	\$ 650.00
73218	MRI - Upper Extremity (Non-Joint); without Contrast	\$ 675.00
73219	MRI - Upper Extremity (Non-Joint); with Contrast	\$ 675.00
73220	MRI - Upper Extremity (Non-Joint); with and without Contrast	\$ 800.00
	<b>CT Procedures (Outpatient)</b>	
	<b>Head</b>	
70450	Routine Head; without Contrast	\$ 325.00
70460	Routine Head; with Contrast	\$ 475.00
70470	Routine Head; without and with Contrast	\$ 525.00
70486	Maxillofacial, Sinuses; without Contrast	\$ 325.00
70487	Maxillofacial, Sinuses; with Contrast	\$ 475.00
70488	Maxillofacial, Sinuses; with and without Contrast	\$ 525.00
70480	Orbits; without Contrast, includes Internal Auditory Canal (IACs)	\$ 325.00
70481	Orbits; with Contrast, includes Internal Auditory Canal (IACs)	\$ 475.00
70482	Orbits; with and without Contrast, includes Internal Auditory Canal (IACs)	\$ 525.00
	<b>Neck</b>	
72125	C-Spine; without Contrast	\$ 325.00
72126	C-Spine; with Contrast	\$ 475.00
72127	C-Spine; with and without Contrast	\$ 500.00
70490	Soft Tissue, Neck; without Contrast	\$ 300.00
70491	Soft Tissue, Neck; with Contrast	\$ 475.00
70492	Soft Tissue, Neck; with and without Contrast	\$ 525.00
	<b>Abdomen</b>	
74150	Abdomen without Contrast	\$ 325.00
74160	Abdomen with Contrast	\$ 475.00
74170	Abdomen with and without Contrast	\$ 525.00
74175	CTA Abdomen (Aortic Aneurysm)	\$ 550.00
74176	Abdomen/Pelvis without Contrast (Renal Stone)	\$ 500.00
74177	Abdomen/Pelvis with Contrast	\$ 675.00
74178	Abdomen/Pelvis with and without Contrast	\$ 675.00
74174	CTA Abdomen/Pelvis (Aortic Aneurysm)	\$ 675.00
	<b>Back</b>	
72128	T-Spine without Contrast	\$ 325.00
72129	T-Spine with Contrast	\$ 475.00
72130	T-Spine with and without Contrast	\$ 525.00
72131	L-Spine without Contrast	\$ 325.00
72132	L-Spine with Contrast	\$ 475.00
72133	L-Spine with and without Contrast	\$ 525.00

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	<b>Upper Extremity</b>	
73200	Shoulder without Contrast	\$ 420.00
73200	Elbow without Contrast	\$ 420.00
73200	Wrist without Contrast	\$ 420.00
73200	Hand without Contrast	\$ 420.00
73200	Humerus without Contrast	\$ 420.00
73200	Forearm without Contrast	\$ 420.00
73201	Upper Extremity with Contrast	\$ 475.00
73202	Upper Extremity with and without Contrast	\$ 525.00
	<b>Thorax</b>	
71250	Chest without Contrast	\$ 325.00
71260	Chest with Contrast	\$ 525.00
71270	Chest with and without Contrast	\$ 475.00
71270	High Res Chest	\$ 475.00
71275	CTA Chest with Contrast (Pulmonary Embolism)	\$ 550.00
	<b>Lower Extremity</b>	
73700	Hip without Contrast	\$ 420.00
73700	Femur without Contrast	\$ 420.00
73700	Knee without Contrast	\$ 420.00
73700	Tib/Fib without Contrast	\$ 420.00
73700	Ankle without Contrast	\$ 420.00
73700	Foot without Contrast	\$ 420.00
73701	Lower Extermity with Contrast	\$ 475.00
73702	Lower Extermity with and without Contrast	\$ 525.00
	<b>Pelvis</b>	
72192	Bony Pelvis without Contrast	\$ 325.00
72193	Bony Pelvis with Contrast	\$ 475.00
72194	Bony Pelvis with and without Contrast	\$ 525.00
	<b>Ultrasound Procedures (Outpatient)</b>	
93975	Venous Doppler (Upper or Lower Extremity); Bilateral	\$ 420.00
93975	Venous Doppler (Upper or Lower Extremity); Unilateral	\$ 420.00
93922	Arterial Doppler (Upper or Lower Extremity); Bilateral or Unilateral, 1 - 2 Levels	\$ 325.00
93923	Arterial Doppler (Upper or Lower Extremity); Bilateral or Unilateral, 3 or more Levels	\$ 325.00
93880	Carotid	\$ 420.00
76705	Abdominal, Limited	\$ 375.00
76706	Ultrasound, Abdominal aorta; Real Time with Image	\$ 375.00
76700	Abdominal, Complete	\$ 375.00
76775	Aorta	\$ 375.00
76770	Renal	\$ 375.00
76536	Thyroid	\$ 375.00
76536	Soft Tissue	\$ 375.00
76870	Scrotum	\$ 375.00
	<b>Physical Therapy (Outpatient)</b>	
97161-97164	Physical Therapy Evaluation and Treatment	\$ 150.00
97110	Physical Therapy Treatment, per diem	\$ 100.00
	<b>Consult/Office Visit/Follow-up</b>	
99204/99214	Consult/Office Visit	\$ 300.00
99214	Office Visit Follow-up (must only be billed with the single CPT Code 99214)	\$ 200.00