McBRIDE ORTHOPEDIC HOSPITAL
PHYSICIAN-OWNED
INTEGRIS HEALTH

Bundled Reimbursement Schedule

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

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

*This list of procedures is for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.

Effective 07/01/25

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 Compllication or Comorbidity	$ 14,500.00
		Hip or Leg *(Inpatient)*	
27244, 27507, 27245	481	Hip & Femur Procedures (except Major Joint) with Complication or Comorbidity	$ 18,000.00
		Knee *(Inpatient)*	
27486	488	Knee Procedures without PDX of Infection with Complication or Comorbidity	$ 23,750.00
		Upper Arm/Shoulder *(Inpatient)*	
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
		Ankle/Foot *(Inpatient)*	
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
		Soft Tissue *(Inpatient)*	
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
		OUTPATIENT	
		Total Joints *(Outpatient)*	
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
		Shoulder/Upper Extremity *(Outpatient)*	
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
		Wrist/Hand/Finger *(Outpatient)*	
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
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
		Spine/Back *(Outpatient)*	
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
		Foot/Ankle *(Outpatient)*	
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 Capsular Release of 1st Metatarsophalangeal	$ 5,000.00
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
		Hip Scope *(Outpatient)*	
29914 & 29916		Hip Arthroscopy; Femoroplasty, Shaving Femoral Head/Neck Junction; Labral Repair	$ 13,500.00
29916		Arthoscopy, Hip with Labral Repair	$ 11,500.00
		Knee *(Outpatient)*	
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

29877		Arthroscopy, Knee, Surgical; Debridement/Shaving of Articular Cartilage (Chondroplasty)	$ 5,000.00
29880		Arthroscopy, Knee, Surgical; with Meniscectomy (medial **AND** lateral, including any meniscal shaving)	$ 5,000.00
29881		Arthroscopy, Knee, Surgical; with Meniscectomy (medial **OR** 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; **without Allograph**	$ 8,500.00
29888		Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; **with Allograph**	$ 10,500.00
		Ankle *(Outpatient)*	
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
		Hardware Removal *(Outpatient)*	
20680		Removal of Support Implant	$ 4,500.00
		Pain Procedures *(Outpatient)*	
62320		Cervical, Thoracic Epidural Steroid Infection, 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 Anethetic 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 (fluroscopy 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), (fluroscopy or CT); Lumbar or Sacral, Single Facet Joint	$ 1,600.00
64636		Paravertebral Facet Joint Nerve(s), (fluroscopy or CT); Lumbar or Sacral, each additional Facet Joint	$ 850.00
		Pediatric ENT Procedures *(Outpatient)*	
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
		Radiology Procedures *(Outpatient)*	
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 Fluroscopy	$ 250.00

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
		CT Procedures *(Outpatient)*	
		Head	
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
		Neck	
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
		Abdomen	
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
		Back	
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

		Upper Extremity	
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
		Thorax	
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
		Lower Extremity	
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
		Pelvis	
72192		Bony Pelvis without Contrast	$ 325.00
72193		Bony Pelvis with Contrast	$ 475.00
72194		Bony Pelvis with and without Contrast	$ 525.00
		Ultrasound Procedures *(Outpatient)*	
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
		Physical Therapy *(Outpatient)*	
97161-97164		Physical Therapy Evaluation and Treatment	$ 150.00
97110		Physical Therapy Treatment, per diem	$ 100.00
		Consult/Office Visit/Follow-up	
99204/99214		Consult/Office Visit	$ 300.00
99214		Office Visit Follow-up (must only be billed with the single CPT Code 99214)	$ 200.00