

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 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) 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	Multiple 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

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
		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

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26145	Synovectomy; 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	\$ 5,000.00
28292	Capsular Release of 1st Metatarsophalangeal	\$ 5,500.00
28750	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 (<i>all of these codes grouped</i>)	\$ 14,500.00
27654, 28120, 27687	Achilles Tendon Degenerative Reconstruction (<i>all of these codes grouped</i>)	\$ 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	Arthroscopy, 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; with Autograft	\$ 8,500.00
29888	Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; with Allograft	\$ 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 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
	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 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
		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

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		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