

## 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>	
27130	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	\$29,500.00
27487	468	Revision of Hip or Knee Replacement without Complication or Comorbidity	\$25,200.00
27125	469	Major Joint Replacement or Reattachment of Lower Extremity with Complication or Comorbidity	\$29,500.00
27125	470	Major Joint Replacement or Reattachment of Lower Extremity without Complication or Comorbidity	\$19,700.00
27125	470	Major Joint Replacement or Reattachment of Lower Extremity with Metal Allergy	\$21,200.00
23420 23470 23472	483	Major Joint & Limb Reattachment Procedures of Upper Extremity (Total Shoulder)	\$20,000.00
<b>Spine/Back (Inpatient)</b>			
22612 22614	454	Combined Anterior/Posterior Spinal Fusion with Complication or Comorbidity	\$61,400.00
22612 22614	455	Combined Anterior/Posterior Spinal Fusion without Complication or Comorbidity	\$54,450.00
22558	460	Spinal Fusion, except Cervical, without Complication or Comorbidity	\$36,300.00
63081 63082	472	Cervical Spinal Fusion with Complication or Comorbidity	\$27,500.00
63081 63082	473	Cervical Spinal Fusion without Complication or Comorbidity	\$23,500.00
63045 63047	518	Back & Neck Procedures, except Spinal Fusion, with Complication or Comorbidity/Major Complication or Comorbidity or DISC Device	\$25,700.00
	519	Back & Neck Procedures, except Spinal Fusion, with Complication or Comorbidity	\$16,140.00
63020 63035 63045 63047	520	Back & Neck Procedures, except Spinal Fusion, without Complication or Comorbidity/Major Complication or Comorbidity	\$12,400.00
<b>Hip or Leg (Inpatient)</b>			
27244 27507 27245	481	Hip & Femur Procedures, except Major Joint, with Complication or Comorbidity	\$14,700.00
<b>Knee (Inpatient)</b>			
27486	488	Knee Procedures without PDX of Infection with Complication or Comorbidity/Major Complication or Comorbidity	\$18,000.00
<b>Upper Arm/Shoulder (Inpatient)</b>			
23474 23472 28725 27640 28320 20680 23334	496	Local Excision & Removal Internal Fix Devises, Except Hip & Femur, with Complication or Comorbidity	\$13,300.00
25810	497	Local Excision & Removal Internal Fix Devises, Except Hip & Femur, without Complication or Comorbidity	\$10,800.00
<b>Ankle/Foot (Inpatient)</b>			
23615 23412 23472 27524	493	Lower Extremity & Humerus Procedures, Except Hip, Foot, Femur, with Complication or Comorbidity	\$16,800.00
27870 28725 27814 27822 27871 27726 27829 27825 27840	494	Lower Extremity & Humerus Procedures, Except Hip, Foot, Femur without Complication or Comorbidity	\$12,600.00
28292 28285 28289 28415 28725 28476 28270 28730 28465	505	Foot Procedures without Complication or Comorbidity	\$11,500.00
<b>Soft Tissue (Inpatient)</b>			
28725 27062 28320 28315 27685 27048 28740	501	Soft Tissue Procedures with Complication or Comorbidity	\$16,500.00
28740 28725 28285 29826 23430 27685 29824 28300 27691 29727 27650 24342	502	Soft Tissue Procedures without Complication or Comorbidity	\$12,100.00
<b>OUTPATIENT</b>			
<b>Shoulder/Upper Extremity (Outpatient)</b>			
23071		Excision, Tumor, Soft Tissue of Shoulder Area, Subcutaneous; 3 cm or greater	\$ 3,140.00
23120		Distal Clavicle Excision (Shoulder)	\$ 4,840.00
23410   23412		Repair Rotator Cuff; Acute or Chronic	\$ 6,250.00
23430		Repair Biceps Tendon (Repair of Torn Biceps in the Shoulder Region)	\$ 5,500.00
23515		Treat Clavicle Fracture (Treatment of Shoulder Bone Fracture)	\$ 7,000.00
23700		Fixation of Shoulder (Manipulation of the Shoulder)	\$ 2,200.00
24341		Repair Tendon or Muscle, Upper Arm or Elbow, each	\$ 6,000.00
29806		Shoulder Arthroscopy/Surgery/Repair of the Shoulder Capsule	\$ 5,850.00
29807		Shoulder Arthroscopy/Surgery/Repair of Torn Ligaments	\$ 6,500.00
29823		Shoulder Arthroscopy/Surgery with Debridement, Extensive	\$ 5,850.00
29824		Distal Clavicle Excision (Shoulder), including Articular Surface	\$ 5,850.00
29827		Arthroscopy Rotator Cuff Repair	\$ 8,000.00
29826 29822		Shoulder Arthroscopy; Surgery Debridement, Subacromial Decompression	\$ 5,850.00

CPT	DRG	Description	Bundled Rate
<b>Wrist/Hand/Finger (Outpatient)</b>			
25000		Wrist Incision Extensor Tendon Sheath	\$ 2,835.00
25111		Ganglion Cyst Removal	\$ 2,835.00
25447		Repair Wrist Joint(s) ( <i>Arthroplasty of the Wrist Joints</i> )	\$ 4,700.00
25605		Treat Fracture Radius/Ulna ( <i>Closed Treatment with Manipulation of the Lower Part of the Forearm</i> )	\$ 2,000.00
26055		Incise Finger Tendon Sheath ( <i>Trigger Finger Release</i> )	\$ 2,850.00
26123		Fasciectomy; Partial Release Palm Contracture	\$ 4,080.00
26145		Synvectomy; Tendon Excision Palm/Finger	\$ 2,730.00
26160		Excision of Lesion of Tendon Sheath or Joint Capsule, Hand or Finger	\$ 2,730.00
26426		Tendon Repair in Finger/Hand	\$ 3,325.00
26727		Percutaneous Finger 1-2 Pins	\$ 3,700.00
64718		Revise Ulnar Nerve at Elbow	\$ 2,600.00
64721		Carpal Tunnel Surgery	\$ 2,820.00
25525		Open Treatment of Radial Shaft Fracture, with Internal and/or External Fixation and Closed Treatment of Dislocation of Distal Radioulnar Joint, with or without Percutaneous	\$ 8,300.00
<b>Spine/Back (Outpatient)</b>			
22856		1 Level Cervical Arthroplasty	\$27,100.00
22856   22858		2 Level Cervical Arthroplasty	\$28,100.00
63020		Laminotomy; Cervical w/Decompression, Facetectomy, Foraminotomy	\$ 8,000.00
63030		Low Back Disk Surgery ( <i>Laminotomy or Microdiscectomy</i> )	\$ 8,855.00
63685		Spinal Cord Stimulator Placement (Permanent and Redo)	\$29,100.00
<b>Foot/Ankle (Outpatient)</b>			
27650		Repair Achilles Tendon	\$ 6,100.00
27698		Repair, Secondary, Disrupted Ligament, Ankle, Collateral	\$ 4,975.00
28060		Fasciectomy; Partial Plantar Fascia	\$ 3,280.00
28080		Excision, Interdigital Neuroma; Single	\$ 3,070.00
28285		Repair of Hammertoe (1)	\$ 2,600.00
28285		Repair of Hammertoe (2)	\$ 3,000.00
28285		Repair of Hammertoe (3)	\$ 3,500.00
28289		Hallux Rigidus Correction w/Chellectomy, Debridement Cap Release	\$ 3,750.00
28292		Correction of Bunion	\$ 4,225.00
28750		Fusion of Big Toe Joint	\$ 6,100.00
28825		Partial Amputation of Toe	\$ 2,900.00
28114   28750 28285x4   27687		Foot Reconstruction (all of these codes grouped)	\$11,075.00
27654   28120   27687		Achilles Tendon Degenerative Reconstruction (all of these codes grouped)	\$ 6,500.00
28288		Ostectomy Metatarsal Head	\$ 4,235.00
27696		Repair of Ankle Ligament	\$ 7,610.00
28308		Osteotomy Metatarsal 2nd - 5th	\$ 4,175.00
28008		Fasciotomy Foot and/or Toe	\$ 4,175.00
28296		Bunionectomy w/Distal Osteotomy	\$ 4,370.00
28645		Open Treatment Toe Dislocation w/Fixation	\$ 4,315.00
27687		Revision of Calf Tendon	\$ 4,270.00
<b>Hip Scope (Outpatient)</b>			
29914   29916		Hip Arthroscopy; Femoroplasty, Shaving Femoral Head/Neck Junction; Labral Repair	\$10,900.00
29916		Hip Arthroscopy; with Labral Repair	\$ 7,000.00
<b>Knee (Outpatient)</b>			
27446		Arthroplasty, Knee, Condyle and Plateau; Medial or Lateral Compartment (Robotic Partial Knee)	\$15,600.00
27570		Fixation of Knee Joint ( <i>Manipulation of the Knee</i> )	\$ 1,700.00
29870		Knee Arthroscopy; Surgical with or without Biopsy	\$ 4,100.00
29871		Knee Arthroscopy; Surgical for Infection, Lavage and Drainage	\$ 4,100.00
29873		Knee Arthroscopy; Surgical with Lateral Release	\$ 4,100.00
29875		Knee Arthroscopy; Surgical Synovectomy, Limited	\$ 4,100.00
29876		Knee Arthroscopy; Surgical Synovectomy, Major, Two or more Compartments	\$ 4,100.00
29877		Knee Arthroscopy; Surgical Debridement/Shaving of Articular Cartilage	\$ 4,100.00
29880		Knee Arthroscopy; Surgical with Meniscectomy ( <i>Medial AND Lateral</i> )	\$ 4,100.00
29881		Knee Arthroscopy; Surgical with Meniscectomy ( <i>Medial OR Lateral</i> )	\$ 4,100.00
29882		Knee Arthroscopy; Surgical with Meniscus Repair ( <i>Medial OR Lateral</i> )	\$ 4,100.00
29888		Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; without Autograft	\$ 7,200.00
29888		Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; with Allograft	\$ 9,200.00
<b>Ankle (Outpatient)</b>			
29891		Ankle Arthroscopy; Surgical, Excision of Osteochondral Defect of Talus and/or Tibia	\$ 6,400.00
29894		Ankle Arthroscopy; Removal of Loose Body	\$ 3,950.00
<b>Hardware Removal (Outpatient)</b>			
20680		Removal of Support Implant	\$ 3,620.00
<b>Pain Procedures (Outpatient)</b>			
62320		Cervical, Thoracic Epidural Steroid Injection without Imaging Guidance	\$ 950.00
62321		Cervical, Thoracic Epidural Steroid Injection with Imaging Guidance (fluoroscopy or CT)	\$ 950.00
62322		Lumbar Intralaminar Epidural Steroid Injection without Imaging Guidance	\$ 950.00
62323		Lumbar Intralaminar Epidural Steroid Injection with Imaging Guidance (fluoroscopy or CT)	\$ 950.00

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

CPT	DRG	Description	Bundled Rate
64445		Injection, Anesthetic Agent; Sciatic Nerve, Single Level	\$ 830.00
64447		Injection, Anesthetic Agent; Femoral Nerve, Single Level	\$ 520.00
64483		Injection/Steroid, Epidural Lumbar or Sacral, Single Level	\$ 950.00
64484		Injection/Steroid, Epidural Lumbar or Sacral, Additional Level	\$ 550.00
64490		Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet ( <i>Zygapophyseal</i> ) Joint ( <i>or nerves innervating that joint</i> ) with Image Guidance ( <i>Fluoroscopy or CT</i> ), Cervical or Thoracic; Single Level	\$ 950.00
64491		Second Level ( <i>List Separately in Addition to Code for Primary Procedure</i> )	\$ 375.00
64492		Third and any Additional Level(s) ( <i>List Separately in Addition to Code for Primary Procedure</i> )	\$ 375.00
64493		Injection(s), Diagnostic or Therapeutic Agent; Paravertebral Facet Joint 1 Level	\$ 905.00
64494		Injection(s), Diagnostic or Therapeutic Agent; Paravertebral Facet Joint 2 Level	\$ 290.00
64495		Injection(s), Diagnostic or Therapeutic Agent; Paravertebral Facet Joint 3 Level	\$ 290.00
27096		SI Joint Injection	\$ 950.00
64635		Paravertebral Facet Joint Nerve(s); ( <i>Fluoroscopy or CT</i> ); Lumbar or Sacral, Single Facet Joint	\$ 1,515.00
64636		Paravertebral Facet Joint Nerve(s); ( <i>Fluoroscopy or CT</i> ); Lumbar or Sacral, Each Additional Facet Joint	\$ 810.00
<b>Pediatric ENT Procedures (Outpatient)</b>			
42830		Adenoidectomy	\$ 2,700.00
42825		Tonsilectomy	\$ 3,100.00
42820		Tonsilectomy & Adenoidectomy	\$ 3,250.00
69436		Bilateral Myringotomy & Tympanostomy Tubes	\$ 1,800.00
69610		Myringoplasty Paper Patch	\$ 1,800.00
69620		Myringoplasty Fat Graft	\$ 2,500.00
69631		Tympanoplasty	\$ 5,000.00
30130		Bilateral Turbinate Reduction	\$ 2,800.00
42830 & 30130		Adenoidectomy & Turbinate Reduction	\$ 2,800.00
<b>Radiology Procedures (Outpatient)</b>			
73040 23350		Arthrogram of Shoulder with Injection Procedure	\$ 525.00
73525 27093		Arthrogram of Hip with Injection Procedure	\$ 546.00
73115 25246		Arthrogram of Wrist with Injection Procedure	\$ 553.00
73085 24220		Arthrogram of Elbow with Injection Procedure	\$ 540.00
77080		Bone Density	\$ 85.00
70551		MRI - Brain Stem; without Contrast	\$ 700.00
70553		MRI - Brain Stem; with and without Contrast	\$ 825.00
72141		MRI - Cervical Spine; without Contrast	\$ 675.00
72156		MRI - Cervical Spine; with and without Contrast	\$ 700.00
71552		MRI - Chest; with and without Contrast	\$ 825.00
71550		MRI - Chest; without Contrast	\$ 650.00
73723		MRI - Lower Extremity (Joint); with and without Contrast	\$ 825.00
73722		MRI - Lower Extremity (Joint); with contrast	\$ 650.00
73721		MRI - Lower Extremity (Joint); without Contrast	\$ 700.00
73720		MRI - Lower Extremity (Non-Joint); with and without Contrast	\$ 800.00
73719		MRI - Lower Extremity (Non-Joint); with Contrast	\$ 675.00
73718		MRI - Lower Extremity (Non-Joint); without Contrast	\$ 675.00
72157		MRI - Thoracic Spine; with and without Contrast	\$ 675.00
72158		MRI - Lumbar Spine; with and without Contrast	\$ 800.00
72148		MRI - Lumbar Spine; without Contrast	\$ 750.00
72195		MRI - Pelvis; without Contrast	\$ 600.00
72197		MRI - Pelvis; with and without Contrast	\$ 900.00
72146		MRI - Thoracic Spine; without Contrast	\$ 600.00
73223		MRI - Upper Extremity (Joint); with and without Contrast	\$ 825.00
73222		MRI - Upper Extremity (Joint); with Contrast	\$ 650.00
73221		MRI - Upper Extremity; Joint; without Contrast	\$ 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>			
70450		HEAD - Routine Head; without Contrast	\$ 300.00
70460		HEAD - Routine Head; with Contrast	\$ 460.00
70470		HEAD - Routine Head; with and without Contrast	\$ 500.00
70486		HEAD - Maxillofacial/Sinuses; without Contrast	\$ 300.00
70487		HEAD - Maxillofacial/Sinuses; with Contrast	\$ 460.00
70488		HEAD - Maxillofacial/Sinuses; with and without Contrast	\$ 500.00
70480		HEAD - Orbits; without Contrast (includes IACs)	\$ 300.00
70481		HEAD - Orbits; with Contrast (includes IACs)	\$ 460.00
70482		HEAD - Orbits; with and without Contrast (includes IACs)	\$ 500.00
72125		NECK - C-Spine; without Contrast	\$ 300.00
72126		NECK - C-Spine; with Contrast	\$ 460.00
72127		NECK - C-Spine; with and without Contrast	\$ 500.00
70490		NECK - Soft Tissue Neck; without Contrast	\$ 300.00
70491		NECK - Soft Tissue Neck; with Contrast	\$ 460.00

CPT	DRG	Description	Bundled Rate
70492		NECK - Soft Tissue Neck; with and without Contrast	\$ 500.00
74150		ABDOMEN - Abdomen; without Contrast	\$ 300.00
74160		ABDOMEN - Abdomen; with Contrast	\$ 460.00
74170		ABDOMEN - Abdomen; with and without Contrast	\$ 500.00
74175		ABDOMEN - CTA Abdomen (Aortic Aneurysm)	\$ 520.00
74176		ABDOMEN - Abdomen/Pelvis; without Contrast (Renal Stone)	\$ 480.00
74177		ABDOMEN - Abdomen/Pelvis; with Contrast	\$ 650.00
74178		ABDOMEN - Abdomen/Pelvis; with and without Contrast	\$ 650.00
74174		ABDOMEN - CTA Abdomen/Pelvis (Aortic Aneurysm)	\$ 650.00
72128		BACK - T-Spine; without Contrast	\$ 300.00
72129		BACK - T-Spine; with Contrast	\$ 460.00
72130		BACK - T-Spine; with and without Contrast	\$ 500.00
72131		BACK - L-Spine; without Contrast	\$ 300.00
72132		BACK - L-Spine; with Contrast	\$ 460.00
72133		BACK - L-Spine; with and without Contrast	\$ 500.00
73200		UPPER EXTREMITY - Shoulder; without Contrast	\$ 400.00
73200		UPPER EXTREMITY - Elbow; without Contrast	\$ 400.00
73200		UPPER EXTREMITY - Wrist; without Contrast	\$ 400.00
73200		UPPER EXTREMITY - Hand; without Contrast	\$ 400.00
73200		UPPER EXTREMITY - Humerus; without Contrast	\$ 400.00
73200		UPPER EXTREMITY - Forearm; without Contrast	\$ 400.00
73201		UPPER EXTREMITY - Upper Extremity; with Contrast	\$ 460.00
73202		UPPER EXTREMITY - Upper Extremity; with and without Contrast	\$ 500.00
71250		THORAX - Chest; without Contrast	\$ 300.00
71260		THORAX - Chest; with Contrast	\$ 500.00
71270		THORAX - Chest; with and without Contrast	\$ 460.00
71270		THORAX - High Res Chest	\$ 460.00
71275		THORAX - CTA Chest; with Contrast (PE)	\$ 520.00
73700		LOWER EXTREMITY - Hip; without Contrast	\$ 400.00
73700		LOWER EXTREMITY - Femur; without Contrast	\$ 400.00
73700		LOWER EXTREMITY - Knee; without Contrast	\$ 400.00
73700		LOWER EXTREMITY - Tib/Fib; without Contrast	\$ 400.00
73700		LOWER EXTREMITY - Ankle; without Contrast	\$ 400.00
73700		LOWER EXTREMITY - Foot; without Contrast	\$ 400.00
73700		LOWER EXTREMITY - Lower Extremity; with Contrast	\$ 460.00
73702		LOWER EXTREMITY - Lower Extremity; without Contrast	\$ 500.00
72192		PELVIS - Bony Pelvis; without Contrast	\$ 300.00
72193		PELVIS - Bony Pelvis; with Contrast	\$ 460.00
72194		PELVIS - Bony Pelvis; with and without Contrast	\$ 500.00
<b>Ultrasound Procedures (Outpatient)</b>			
93975		Venous Doppler (Upper or Lower Extremity) Bilateral	\$ 400.00
93975		Venous Doppler (Upper or Lower Extremity) Unilateral	\$ 400.00
93922		Arterial Doppler (Upper or Lower Extremity) Bi or Uni 1-2 Levels	\$ 300.00
93923		Arterial Doppler (Upper or Lower Extremity) Bi or Uni 3 or more Levels	\$ 300.00
93880		Carotid	\$ 400.00
76705		Abdominal Limited	\$ 350.00
76700		Abdominal Complete	\$ 350.00
76775		Aorta	\$ 350.00
76770		Renal	\$ 350.00
76536		Thyroid	\$ 350.00
76536		Soft Tissue	\$ 350.00
76870		Scrotum	\$ 350.00
93306		Echocardiogram Complete	\$ 700.00
<b>Physical Therapy Procedures (Outpatient)</b>			
97161-97164		Physical Therapy Evaluation and Treatment	\$ 125.00
		Physical Therapy Treatment, Bundled Day Rate	\$ 85.00

\*\* Note: There may be additional CPT codes (other than those listed) covered under the DRG.