



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	\$ 31,000.00
27487	468	Revision of Hip or Knee Replacement without Complication or Comorbidity	\$ 25,200.00
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)	\$ 20,500.00
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	\$ 22,200.00
23420, 23470, 23472	483	Major Joint & Limb Reattachment Procedures of Upper Extremity with Complication/Comorbidity (Total Shoulder)	\$ 21,000.00
Spine/Back (Inpatient)			
22612, 22614	454	Combined Anterior/Posterior Spinal Fusion with Complication or Comorbidity	\$ 64,000.00
22612, 22614	455	360 Combined Anterior/Posterior Spinal Fusion without Complication or Comorbidity	\$ 57,000.00
22558	460	Spinal Fusion (except Cervical) without Complication or Comorbidity	\$ 38,000.00
63081, 63082	472	Cervical Spinal Fusion with Complication or Comorbidity	\$ 29,000.00
63081, 63082, 22551	473	Cervical Spinal Fusion without Complication or Comorbidity	\$ 25,000.00
63020, 63035, 63045, 63047	518	Back & Neck Procedures (except Spinal Fusion) with Complication or Comorbidity/Major Complication or Comorbidity or DISC Device	\$ 27,000.00
63020, 63035, 63045, 63047	519	Back & Neck Procedures (except Spinal Fusion) with Complication or Comorbidity	\$ 17,000.00
63020, 63035, 63045, 63047	520	Back & Neck Procedures (except Spinal Fusion) without Complication or Comorbidity	\$ 13,000.00
Hip or Leg (Inpatient)			
27244, 27507, 27245	481	Hip & Femur Procedures (except Major Joint) with Complication or Comorbidity	\$ 15,500.00
Knee (Inpatient)			
27486	488	Knee Procedures without PDX of Infection with Complication or Comorbidity	\$ 19,000.00
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	\$ 14,000.00
25810	497	Local Excision & Removal Internal Fix Devices (except Hip & Femur) without Complication or Comorbidity	\$ 11,500.00
Ankle/Foot (Inpatient)			
23615, 23412, 23472, 27524	493	Lower Extremity & Humerus Procedures (except Hip, Foot, Femur) with Complication or Comorbidity	\$ 17,500.00
27870, 28725, 27814, 27822, 27871, 27726, 27829, 27825, 27840	494	Lower Extremity & Humerus (except Hip, Foot, Femur) without Complication or Comorbidity	\$ 13,250.00
28292, 28285, 28289, 28415, 28725, 28476, 28270, 28730, 28465	505	Foot Procedures without Complication or Comorbidity	\$ 12,000.00
Soft Tissue (Inpatient)			
28725, 27062, 28320, 28315, 27685, 27048, 28740	501	Soft Tissue Procedures with Complication or Comorbidity (usually Foot Procedures)	\$ 17,250.00

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

28740, 28725, 28285, 29826, 23430, 27685, 29824, 28300, 27691, 29727, 27650, 24342	502	Soft Tissue Procedures without Complication or Comorbidity (usually Tendon Repair)	\$ 12,750.00
---	-----	--	--------------

OUTPATIENT

Shoulder/Upper Extremity (Outpatient)			
23071		Excision, Tumor, Soft Tissue of Shoulder Area, Subcutaneous; 3 cm or greater	\$ 3,250.00
23120		Distal Clavicle Excision (Shoulder)	\$ 5,000.00
23410		Repair Rotator Cuff; Acute	\$ 6,500.00
23412		Repair Rotator Cuff; Chronic	\$ 6,500.00
23430		Repair Biceps Tendon	\$ 5,700.00
23515		Treat Clavicle Fracture	\$ 7,250.00
23700		Fixation of Shoulder	\$ 2,300.00
24341		Repair Tendon or Muscle, Upper Arm or Elbow, each	\$ 6,300.00
29806		Shoulder Arthroscopy; Surgery Capsulorrhaphy	\$ 6,250.00
29807		Shoulder Arthroscopy; Surgery Slap Lesion	\$ 6,750.00
29823		Shoulder Arthroscopy; Surgery Debridement, Extensive	\$ 6,250.00
29824		Distal Clavicle Excision (Shoulder), including Articular Surface	\$ 6,250.00
29826/29822		Shoulder Arthroscopy; Surgery Debridement, Subacromial Decompression	\$ 6,250.00
29827		Shoulder Arthroscopy; Rotator Cuff Repair	\$ 8,500.00
Wrist/Hand/Finger (Outpatient)			
25000		Wrist Incision, Extensor Tendon Sheath; (deQuervains Disease)	\$ 3,000.00
25111		Ganglion Cyst Removal	\$ 3,000.00
25447		Repair Wrist Joints	\$ 4,950.00
25605		Treat Fracture, Radius/Ulna	\$ 2,100.00
26055		Incise Finger Tendon Sheath	\$ 3,000.00
26123		Fasciectomy; Partial Release Palm Contracture	\$ 4,250.00
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	\$ 2,900.00
26426		Repair Finger/Hand Tendon	\$ 3,500.00
26727		Percutaneous Pinning; Finger 1-2 pins	\$ 3,700.00
64718		Revise Ulnar Nerve at Elbow	\$ 4,000.00
64721		Carpal Tunnel Surgery	\$ 3,000.00
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	\$ 8,700.00
Spine/Back (Outpatient)			
22856		1 Level Cervical Arthroplasty	\$ 28,500.00
22856/22858		2 Level Cervical Arthroplasty	\$ 29,500.00
63020		Laminotomy; Cervical (Hemilaminectomy) with decomp, facetectomy, foraminotomy	\$ 8,500.00
63030		Laminotomy; Lumbar (microdiscectomy)	\$ 9,000.00
63685		Spinal Cord Stimulator Placement (Permanent and Redo)	\$ 30,500.00
Foot/Ankle (Outpatient)			
27650		Repair Achilles Tendon	\$ 6,500.00
27698		Repair, Secondary, Disrupted Ligament, Ankle, Collateral	\$ 5,250.00
28060		Fasciectomy; Partial Plantar Fascia	\$ 3,500.00
28080		Excision, Interdigital (Morton) Neuroma; Single	\$ 3,250.00
28285		Repair of Hammertoe (1)	\$ 2,750.00
28285		Repair of Hammertoe (2)	\$ 3,250.00
28285		Repair of Hammertoe (3)	\$ 3,750.00
28289		Hallux Rigidus Correction with Cheilectomy, Debridement Capsular Release of 1st Metatarsophalangeal	\$ 4,000.00
28292		Correction of Bunion	\$ 4,500.00
28750		Fusion of Big Toe Joint	\$ 6,500.00
28825		Partial Amputation of Toe	\$ 3,100.00
28114, 28750 28285x4, 27687		Foot Reconstruction (all of these codes grouped)	\$ 11,750.00
27654, 28120, 27687		Achilles Tendon Degenerative Reconstruction (all of these codes grouped)	\$ 6,900.00
28288		Osteotomy, Partial, Exostectomy or Condylectomy, Metatarsal Head, each metatarsal head	\$ 4,500.00
27696		Repair of Ankle Ligament	\$ 8,000.00
28308		Osteotomy Metatarsal 2nd-5th	\$ 4,400.00
28008		Fasciotomy Foot and/or Toe	\$ 4,400.00
28296		Bunionectomy with Distal Osteotomy	\$ 4,700.00
28645		Open Treatment Toe Dislocation with Fixation	\$ 4,600.00

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

27687	Revision of Calf Tendon	\$ 4,500.00
	Hip Scope (Outpatient)	
29914 & 29916	Hip Arthroscopy; Femoroplasty, Shaving Femoral Head/Neck Junction; Labral Repair	\$ 11,500.00
29916	Arthroscopy, Hip with Labral Repair	\$ 9,500.00
	Knee (Outpatient)	
27446	Arthroplasty, Knee, Condyle and Plateau; Medial or Lateral Compartment (Robotic Partial Knee)	\$ 16,000.00
27570	Fixation of Knee Joint	\$ 1,750.00
29870	Arthroscopy, Knee, Surgical; with or without Biopsy	\$ 4,250.00
29871	Arthroscopy, Knee, Surgical; for Infection, Lavage and Drainage	\$ 4,250.00
29873	Arthroscopy, Knee, Surgical; with Lateral Release	\$ 4,500.00
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (e.g., plica or shelf resection) (separate procedure)	\$ 4,500.00
29876	Arthroscopy, Knee, Surgical; Synovectomy, Major, Two or More Compartments (e.g., medial or lateral)	\$ 4,250.00
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving of Articular Cartilage (Chondroplasty)	\$ 4,250.00
29880	Arthroscopy, Knee, Surgical; with Meniscectomy (medial AND lateral, including any meniscal shaving)	\$ 4,250.00
29881	Arthroscopy, Knee, Surgical; with Meniscectomy (medial OR lateral, including any meniscal shaving)	\$ 4,500.00
29882	Arthroscopy, Knee, Surgical; Debridement, limited	\$ 5,000.00
29888	Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; without Allograph	\$ 7,500.00
29888	Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; with Allograph	\$ 9,500.00
	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	\$ 4,000.00
	Hardware Removal (Outpatient)	
20680	Removal of Support Implant	\$ 3,900.00
	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	\$ 2,000.00
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
	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 Infections under Fluoroscopy	\$ 250.00
77080	Bone Density	\$ 100.00
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

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

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

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

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	\$ 125.00
97110	Physical Therapy Treatment, per diem	\$ 90.00