

The Mediclinic Southern Africa Private Tariff Schedule 2019

TARIFFS WITH EFFECT FROM 1 January 2019 IN RESPECT OF MEDICLINIC'S HOSPITALS LOCATED IN SOUTH AFRICA
(PRACTICE NUMBERS "57", "58", "77", "55" and "49")

GENERAL RULES

SCHEDULE:

- A The Tariffs are set out as follows:
 - Sections 1 - 8 shall apply in respect of Mediclinic private hospitals with practice code numbers commencing with the digits 57, 58 and 77.
 - Section 9 shall apply to Mental Health Institutions registered in terms of the Mental Health Act, 1973, with practice code numbers commencing with the digits 55.
 - Section 10 shall apply to Sub-Acute facilities with practice code numbers commencing with the digits 49.
- B The charges relating to each type of hospital/unattached operating theatre unit are indicated in the relevant column opposite the item codes.
- C The charges indicated in Section 7 hereof, are applicable to both categories of such hospitals.
- D Procedure for the classification of hospitals:
 - D1 Inspections of private hospitals having practice code numbers commencing with the digits 57, 58, 77, 55 or 49 will be conducted by an independent agency on behalf of BHF.
 - D2 This will also apply to all approved specialised intensive care units, specialised theatres, catheterisation laboratories and trauma units in the case of 57 and 58 hospitals. In respect of 49 facilities, inspections will also apply to post-natal units, rehabilitation units and psychiatric units.
- E All accounts submitted by Mediclinic will comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1998. Where possible, such accounts shall also reflect the practice code number of the hospital, as well as the names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation, and of any assistant surgeon

1 ACCOMMODATION

Ward fees

Hospitals shall indicate the exact time of admission and discharge on all accounts.

In the case of hospitals, the day admission fee (code 007) shall be charged in respect of all patients **admitted as day patients** and discharged before 23h00 on the same date.

Ward fees (items 001 to 006, 015, 020, 200, 201, 202 and 215 to 218) shall be charged at the full daily rate if admission takes place before 12h00 and discharge takes place after 12h00. Similarly, the full daily rate will apply if admission takes place after 12h00 and discharge takes place before 12h00 the next day. Two half-day fees would be applicable when a patient is transferred internally between any ward and any specialised unit.

The Mediclinic clinical criteria shall be used to determine the level of care.

Sub Acute Facility:-

The definition of a patient in this facility is as follows:

The patient should be stable and does not require high technological diagnoses and treatment or surgery. The case mix typically consists of post operative, restorative, medical transitional, chronic or long term patients.

DESCRIPTION

1.1 General Wards

- 001 Surgical cases: per day.
- 002 Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day
- 003 Psychiatric general ward fee: per day.
- 004 Medical and neurological cases: per day.
- 005 Paediatric cases (under 12 years of age)
- 006 Sub Acute Facility
- 007 Day admission (which includes all patients discharged by 23h00 on date of admission)
- 019 Outpatients' facility fee for ambulatory admission - chargeable for patients admitted for local anaesthetic procedures - No ward fees applicable.
- 219 Day Clinic Tariff - for admission to a 57 & 58 Practice only
Application of this fee is subject to the Rules defined in ANNEXURE A.
- 008 Rehab fee
- 951 Haematology ward fee
Definition: Item 019 may only be used in conjunction with item 071 for pre-booked patients and may not be used in conjunction with items 301, 302, 061 and 335.
Note: Each account should be accompanied by a report from the practitioner indicating the nature of the complication.
- 014 Overnight fee (Only applies at 77 Practices)

57/58		77	
VAT Incl.	Rc	VAT Incl.	

R	3 542.60		
R	4 021.90		
R	3 352.90		
R	3 719.70		
R	4 460.70		
R	2 544.70		
R	2 377.10	R	1 273.10
R	1 291.30	R	929.70

R	1 548.10		
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R	2 190.30		
R	4 101.30		

		R	1 112.10
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Maternity

1 The maternity fees are a fixed per diem fee and replace all other charges:

INCLUDES:

- Charges such as multiple births (nursery fee for 2nd baby excluded);
- After-hour deliveries (including caesareans);
- Labour ward or other ward fees, nursery fees;
- Incubators;
- Photo therapy;
- Theatre and theatre equipment fees; and
- Surgical items (see list under point 8).

But EXCLUDES:

- Sections 5.1 to 5.4;
- Sections 5.7 to 5.8 (Gases); and
- The costs of special treatment of newly born infants, e.g. circumcision certified as necessary by the attending practitioner, which shall be dealt with in accordance with the relevant fees.

A neonate requiring specialised treatment in an ICU shall be considered to be a patient in its own right and, for that reason, the Contracted tariffs shall be applied to such neonate.

2 If an epidural anaesthetic is given for either a vaginal delivery or a caesarean section, an additional fee (item 011) may be charged. This comprises an epidural pack, all consumables used, as well as nursing time.

3 An uncomplicated stay in a nursery is included in the fee, as well as phototherapy and routine high care observation for a period of one hour after delivery for the newborn baby.

4 If the baby needs admission into a ward, High Care or ICU, such a baby becomes a patient in his/her own right and an account may be rendered on a fee for service basis.

In such cases, the fixed fee per day remains applicable until the mother is discharged, but the amount of item 015, per day must be deducted from the fixed fee (comprising the nursery fee component)

5 If the mother is admitted into High Care or ICU, the full account is rendered on a fee for service basis, as this is clearly not an uncomplicated delivery. The codes for the nursery fee (item 015) and the delivery room (item 016) must be used to cover these specific services.

6 The first day fee includes the cost of admitting the mother, and 'prepping' and 'staging' etc. until admission into the delivery room. This includes any costs incurred during the early stages of an uncomplicated delivery, even if prolonged labour occurs. The second day is calculated as starting from the midnight following the birth of the neonate on the day of the delivery.

If however, the mother needs admission for stabilisation or treatment of a medical condition such as diabetes, pre-eclampsia or urinary tract infection, such an admission falls outside the scope of the maternity fixed fee. An account will then be rendered on a fee for service basis, until such time that the baby is delivered. If delivery itself is uncomplicated, then the first day (fixed) fee will be chargeable on the date of delivery, and second and subsequent days until the mother is discharged.

If however, the mother is admitted to ICU or High Care the full account must be rendered on a fee for service basis. If the baby needs admission - see (4).

7 Admission for suppression of premature labour is not an uncomplicated delivery, and an account must be rendered on a fee for service basis.

8 The list of surgicals (maternity basket) is included in the per diem fee.

THEATRE SURGICALS FOR NORMAL VAGINAL DELIVERIES

THEATRE CHARGES

1 X Amnihook
1 X Continue Flo
1 X Cord Clamp
3 X Gloves Surgical St
8 X Gloves Sterile
4 X I D Bands
0.5 X Jaques Catheter
1 X Jelco IV
1 X KY Jelly Sachet
20 X Maternity Pad
5 X Preptic Swabs
1 X Spiral Electrode
1 X Spinocan
1 X Suction Catheter St
1 X Swabbing Tray
1 X Tegaderm 1626
1 X Vaginal Plug
2 X Water for irrigation
1 X Stockinette
2 X Silicone Tubing
1 X Add a Line

SUTURES

0.25 X Suture W734
0.25 X Suture W758
0.25 X Suture W727
0.25 X Suture W734
0.25 X Suture W758
0.25 X Suture W770
0.25 X Suture W759
0.25 X Suture W441

SYRINGES

1 X Syringe 1ml
1 X Syringe 20ml
3 X Syringe 2ml
2 X Syringe 5ml

DRESSINGS

2 X Cotton Wool Balls L/s

THEATRE SURGICALS FOR CAESARS WITH GENERAL ANAESTHETIC

THEATRE CHARGES

1 X Amnihook
1 X Airway
1 X Sterile Tray
2 X Continue Flo
1 X Cord Clamp
1 X Diathermy Plate Dispo

6 X Water for irrigation
1 X Stockinette
2 X Silicone Tubing
2 X Opticlud
1 X Add a Line

1 X ET Tube	
3 X Electrodes Red Dot	<u>SUTURES</u>
1 X Foley catheter	0.06 X Suture W441
8 X Gloves Surgical St	0.30 X Suture 8623G
5 X Gloves Sterile	0.11 Suture W791
4 X I D Bands	0.30 X Suture W9999
1 X Jelco IV	2.20 X Suture W493
2 X KY Jelly Sachet	0.17 X Suture W795
20 X Maternity Pad	0.17 X Suture W797
10 X Preptic Swabs	0.30 X Suture W439
1 X Sheet _	0.17 X Suture W434
1 X Spiral Electrode	0.17 X Suture W445
1 X Spinocan	1 X Suture W728
1 X Suction Catheter St	1 X Suture V518G
1 X Swabbing Tray	1 X Suture V486G
1.2 X Tegaderm 1626	0.20 X Suture V523G
1 X Urine Drn Bag	0.30 X Suture V523G
1 X Vent Pump Set	<u>DRAIN</u>
1 X Yankuer Suction	1 X Corrugated Drain

<u>DRESSINGS</u>	<u>SYRINGES</u>
15 X Abominal Swabs	1 X Syringe 1ml
3 X Cotton Wool Balls L/s	1 X Syringe 20ml
5 X Gauze Sterile Xray	1 X Syringe 10ml
1 X Telfa Dressing	8 X Syringe 2ml
1 X Steripad	2 X Syringe 5ml
1 X Tegaderm 1627	
5 X Paint Balls	

Natural births

- 009 First day (Day of confinement).
010 Subsequent day(s). Per day
017 Subsequent day(s) excluding nursery fee.

R	13 054.80	
R	4 167.30	
R	2 372.00	

Caesarean

- 012 First day (Day of confinement).
013 Subsequent day(s). Per day
018 Subsequent day(s) excluding nursery fee

R	16 469.50	
R	4 167.30	
R	2 372.00	

Note: The following fees (items 015 and 016) are included in the above per diem fees, and may only be charged on a fee for service account

- 015 Nursery fee.
016 Delivery room.

R	1 795.30	
R	6 062.30	

Epidural fee

- 011 Use of epidural anaesthesia for MATERNITY CASES ONLY. (Note: This item includes all surgicals and nursing but no ethicals)

R	2 556.20	
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Birthing Unit

- 030 The birthing unit fee may only be charged by an approved maternity unit in a hospital. It includes preparation, labour room, recovery ward fee for mother and baby and the maternity basket. The only additional charge that may be levied is for pharmaceuticals. This fee is chargeable when a nurse in private practice uses the labour ward in the hospital and the patient is discharged on the same day.

R	10 459.20	
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This fee may not be charged for together with the per diem fees for maternity and is not applicable to medical practitioners or other professions.

1.2 Private Wards

- 020 Private ward (Medically Necessary/Doctor's Auth): Isolation

R	4 540.60	
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The Mediclinic clinical criteria shall be used to determine the level of care.

- 021 Private ward on member's request or for convenience of hospital will be funded at scale of benefits for general ward.

<i>Hospital Specific</i>		
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1.3 Special Care Units

- 200 Specialised ICU: Per day.
201 Intensive Care Unit: Per day.
202 Neonatal Intensive Care Unit: Per day.

R	18 459.90	
R	15 577.10	
R	16 447.60	

(The charges referred to under items 200, 201 and 202 include the use of all equipment except: Bennett MA, Servo and Bear ventilators or equivalent apparatus plus the cost of oxygen)

- 215 High Care Ward: Per day.
216 Neonatal High Care Ward 'A' (Intensive nursing and monitoring)
217 Neonatal High Care Ward 'B' (Standard nursing and monitoring)
218 Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).

R	9 171.10	
R	9 965.00	
R	6 195.00	
R	4 523.30	

Note: Once the baby has been stabilised and no longer requires ICU care but is not ready to be returned to the general nursery, no additional equipment charges, e.g. phototherapy may be charged.

2 EMERGENCY UNIT**Emergency Unit Fee**

Tariffs (801-804) are fixed fees based on the patient's acuity and the level of input provided to stabilise/treat the patient. These fees include the facility fee, stock, equipment used, nursing input etc. TTO's and Doctor's fees are however excluded.

801 EU Triage: Green	R	220.00	
802 EU Triage: Yellow	R	715.00	
803 EU Triage: Orange	R	1 845.00	
804 EU Triage: Red	R	3 060.00	
*805 EC Global Fee: Green	R	850.00	
*806 EC Global Fee: Yellow	R	1 430.00	
*807 EC Global Fee: Orange	R	2 590.00	
*808 EC Global Fee: Red	R	3 970.00	
022 Out Patient Wound Care Facility Fee	R	374.00	

* Fee only applies at certain Mediclinic Emergency Centres (Refer to ANNEXURE A).

3 HAEMATOLOGY FEES

The following fees would be charged in respect of treatment received at Mediclinic facilities which provides specialised outpatient haematology services.

824 Venesection	R	720.50	
825 Bone Marrow Biopsy	R	755.10	
826 J-Line	R	1 045.80	
827 Chemo	R	3 416.10	
828 Lumbar Puncture	R	2 695.50	
829 Stabilised Human Serum	R	2 230.80	
830 Iron Infusion	R	3 206.80	
831 Plasma Apheresis	R	7 342.90	
832 Stem Cell Collect	R	6 678.20	

4 THEATRE FEES

061 Excimer Laser Theatre fee: per minute	R	54.60	
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212 Day Clinic Theatre fee: per minute - for admission to a 57 & 58 Practice only Application of this fee is subject to the Rules defined in ANNEXURE B.	R	145.00	
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The items under code 181 that are listed as non-recoverable under section 5.4 shall be deemed to be included in major theatre or minor theatre fees, and no charge in respect thereof may be levied

Minor Theatre, regardless of type of theatre available, the incident is procedure driven and not facility driven

A facility where simple procedures, which require limited instrumentation and drapery, minimum nursing input and short or no general anaesthetic, are carried out. No Sophisticated monitoring is required but resuscitation equipment (trolley must be available in the procedure room. Conscious sedation upon advice from doctor.

4.1 Minor Theatre**Time in Theatre**

The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows

071 Charge per minute	R	83.00	R	53.60
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4.2 Major theatre**Specialised Theatre Modifiers**

In addition to the theatre charge calculated as above, a surcharge (modifier 0002 and/or 0003) shall be allowed in cases where specialised theatres referred to in General Rule E.1.1 are utilised for the performance of any of the under mentioned procedures, whether carried out individually or in combination with each other, this surcharge shall be deemed to cover the equipment in the criteria.

Note: For Specialised intensive care units and specialised theatres.

0002 Modifier 0002: Orthopaedic, Neurosurgical and Vascular: -Joint replacements (only hip, knee, shoulder, ankle or elbow) -Femoral popliteal bypasses -Carotid endarterectomies -Aortic Aneurysm repair and arterial grafts -Neurosurgery (Brain and spinal cord surgery only, excludes neurolysis)	R	5 765.10	
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0003 Modifier 0003: Cardiac surgery Cardio-thoracic and Cardio-vascular surgery -All open heart surgery, with or without the insertion of a prosthesis, coronary artery bypass grafts and heart transplants. Includes all equipment, no additional fees may be charged	R	17 039.70	
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Time in Theatre

The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows

081 Charge per minute	R	239.50	R	121.10
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5 PROCEDURAL FEES

The fees quoted for items 052 to 056, 070 and 073 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for any items chargeable in terms of Section 5 hereof.

NOTE: Ward fees may however be chargeable together with items 053, 054, 055, 056, 070 and 073.

5.1 Procedures

- 052 Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.
- 053 Angiogram
- 055 Electroconvulsive therapy (ECT)
- 290 IVF Treatment
- 901 Home nursing

R	1 175.60	
R	1 175.60	
R	1 175.60	
R	994.70	
R	503.50	

5.2 Catheterisation laboratory procedures:

- 054 Cardiac angiography and catheterisation, and other intravascular procedures, angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue monoplane unit, and in a hospital equipped to perform the relevant surgery.
- 073 Cardiac angiography and catheterisation, and other intravascular procedures, angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital monoplane unit, and in a hospital equipped to perform the relevant surgery.
- 056 Cardiac angiographies and catheterisation, and other intravascular procedures, angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue bi-plane unit, and in a hospital equipped to perform the relevant surgery.
- 070 Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital bi-plane unit, and in a hospital equipped to perform the relevant surgery.
- 075 Catheterisation laboratory film price (once per procedure)

R	4 215.20	
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R	23 332.50	
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R	7 938.00	
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R	31 549.20	
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R	406.80	
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5.3 Radiation Oncology

Simulation - Fixed custom made

- 902 Simple - Simulation of a single area with either a single port or parallel opposed ports. Simple or no blocking or use of custom/home made simulation
- 903 Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.
- 904 Complex - Simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocks, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast
- 905 Computerised Tomographic

Treatment Planning

- 906 Manual
- 907 Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking
- 908 Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints
- 909 Computerised (complex) - Planning requiring highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations or a combination of therapeutic modalities

Technical Aids

- 910 Control films (As per radiology film price list)
- 911 Dosimetric procedures
- 912 Artefacts: Simple - design and construction (simple block or bolus)
- 913 Artefacts: intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus)
- 914 Artefacts: complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts)

Linear accelerator treatment

- 915 Photon treatment, first field
- 916 Global fee for additional fields (to be charged once only)
- 917 Electron treatment
- 919 Brachytherapy - global fee per patient

5.4 Stereotactic radiosurgery

Included in item 430:

- Stereotactic frames and attachments
- Linear Accelerator
- Specialised graphic planning, hardware and software
- Simulator and dark rooms
- 10 dental films
- Stereotactic masks
- All disposables
- 4 to 20 Graphic transparencies (including 1 week of planning)
- 2 trained radiographers
- Fixation and immobilisation
- Nuclear Specialist Medical Physicist
- Duration 1 - 4 hours
- 2 treatment radiographers

Excluded from fee:

- Other medical practitioners
- CT & MRI

430 Global fee for stereotactic radiosurgery

399 Linear Accelerator radiosurgery - Global Fee

Item 399 is an all-inclusive single global radiosurgery fee, payable to a hospital. This item includes item 430, all imaging and all clinical fees. The hospital is responsible for reimbursement of all fees to all the professional providers of service involved in the treatment rendered under this item.

6 STANDARD CHARGES FOR EQUIPMENT AND MATERIALS

224 Stone basket (reusable) for the removal of kidney-, bladder- or gallstones: Per case

R	4 272.30	
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225 Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case

R	4 085.10	
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226 Continuous Passive Exerciser: Per day.

R	323.40	
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227 Operating microscope - motorised. This is applicable to a binocular operating microscope with motorised focusing, positioning and zoom magnification changer. Spinal, intra-cranial and ophthalmic surgery only (all ENT and other surgery excluded): Per case

R	903.30	
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228 Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case

R	444.50	
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360 Category 1 - Diagnostic laparoscopy and thoracoscopy, Sterilisation; Sappingectomy; Cyst Aspiration, per case. See Annexure A for category list. Includes Re-usable laparoscopic Instrumentation as below:

R	3 492.20	
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- Light guide Cable
- Hi Frequency Cord
- Graspers
- Dissector
- Electro Surgical Instrument

364 Category 2 - Including all other laparoscopic procedures and this includes Thoracic and Urological procedures, per case. Includes the following Re-usable/responsible Laparoscopic Instrumentation:

R	5 429.70	
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- Light Guide Cable
- Hi Frequency Cord
- Endoscopic Needle Holder (2)
- Graspers
- Grasper - a-traumatic
- Dissectors
- Scissors
- Suction Irrigation
- Instrument Suction/ Cautery instrument
- Electro Surgical Instrument

230 Patient-controlled analgesia pump, being a programmable reusable analgesia infusion system, providing patient control and/or continuous analgesia modes with mechanisms to limit self administration per time period and with lockout interval. Applicable only to administration of analgesics: Per day

R	343.00	
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Note: Chargeable in the following instances

- Major joint replacement
- Open, upper abdominal surgery
- Severe burns
- Paediatrics in special cases on motivation
- Thoracotomies (motivation by practitioner)
- Intractable pain associated with malignancy

Not applicable in ICU and specialised units. 1 per patient for maximum of 48 hours in ward

231 Cardiac monitors - (in private, general and high care wards only): Per day or part thereof

R	373.00	
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232 Bird or equivalent free standing nebuliser (excluding oxygen): Per day

R	266.60	
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233 Croupettes (excluding oxygen): Per day or part thereof

R	74.10	
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234 Incubators (excluding oxygen) (not chargeable together with items 215 to 218): Per day

R	140.80	
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235 Oxygen tents (excluding oxygen): Per day or part thereof

R	123.70	
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236 Mechanical ventilator or equivalent (only in adult and neonatal ICU; and High Care ward where no ICU is available). (This fee excludes the charges for the oxygen): Per day or part thereof

R	1 744.90	
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237 CUSA (plus CUSA pack as per Section 5)	R	5 763.00	
238 Lasers - Argon (ophthalmic)	R	1 784.70	
239 Lasers - CO2 (surgical)	R	2 307.80	
241 Lasers - Candella	R	5 869.50	
335 Excimer laser: Hire fee per eye	R	6 296.70	
337 Microkeratome used with an excimer laser, per operation	R	1 157.40	
242 Occutomes	R	757.60	
243 Lasers - YAG (ophthalmic)	R	2 013.80	
244 Lasers - YAG (surgical)	R	2 505.00	
220 Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	R	1 589.60	
221 Ballistic Lithotripsy/Lithoclast : Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	R	1 058.80	
339 Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment	R	703.10	
341 Ballistic lithotripsy magnetic: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	R	469.10	
222 Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment. Holmium Laser.	R	10 593.00	
223 Laser Lithotripsy: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	R	7 059.20	
245 First Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment for one or more stones in same kidney which are eliminated in one treatment	R	23 190.60	
246 Second Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)	R	15 448.30	

Note: The fees in respect of items 220 to 223, 245 to 246 and 339 to 341 are inclusive of all equipment and components but exclusive of theatre fees and items chargeable under Section 5.
The C-arm (item 249) and screening table (item 251) are not chargeable with these equipment fees.

249 C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies).	R	1 190.50	
604 C-Arm (Modular)	R	1 190.50	
250 Ultrasonic imaging equipment	R	1 251.30	

(Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or Doppler ultrasound for vascular anatomy and haemo-dynamics)

Note: This can be used for infertility treatment

251 Screening table - fixed base urology table (including all radiographic equipment) (See item 249) (May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341)	R	1 690.60	
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252 Gastroscope (fibre optic/flexible only)	R	987.30	
253 Colonoscope (fibre optic/flexible only)	R	1 105.80	
254 Duodenoscope (fibre optic/flexible only)	R	1 046.30	
255 Sigmoidoscope (fibre optic)	R	849.10	
343 Sigmoidoscope (rigid, adults)	R	175.60	
345 Sigmoidoscope (rigid, paediatrics)	R	140.80	
256 Bronchoscope (flexible/fibre optic, adults)	R	698.60	
347 Bronchoscope (flexible/fibre optic, paediatrics)	R	698.60	

Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.

348 Bronchoscope (rigid, adults)	R	279.00	
349 Bronchoscope (rigid, paediatrics)	R	407.10	
257 Laryngoscope (fibre optic/flexible excluding intubation)	R	407.10	
258 Sinoscope (rigid only)	R	463.90	
259 Oesophagoscope (rigid only)	R	229.60	
261 Hysteroscope	R	291.50	
262 Colposcope (Not chargeable when item 239 applies)	R	407.10	
263 Cysto Urethroscope	R	348.20	
519 Uretho Reno Fibroscope, per case	R	1 246.40	
264 Arthroscopy (including basic reusable instruments and equipment)	R	873.80	

Note: The basic reusable instruments and equipment (which would always include the equivalent to the items named) are included in the fee of item 264 (see list below):

- Telescope, light source, cable
- Monitor
- Electrosurgical instrument
- High frequency cord
- Obturator
- Camera
- Focussing camera coupler
- Control console, footswitch
- Probe, scissors, (hooked, parrot beak), gasper, forceps (punch basket, duckbill), camelback handle, powered arthroplasty system, handpiece.

266 Large disposable sterile trays - per tray (only chargeable in ward, not theatre).	<i>applicable pharmacy pricing</i>		
267 Sterile disposable swabbing and ENT trays - per tray (only chargeable in ward, not theatre).	<i>applicable pharmacy pricing</i>		
269 Soluble bags for barrier nursing only, limited to 2 per patient per day.	<i>applicable pharmacy pricing</i>		

294 Transcranial Doppler
 295 Ultrasonic Cutting and Coagulating Devices e.g. Harmonic Scalpel or equivalent

R	2 075.70	
R	570.30	

507 Argon Beamer

R	212.20	
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Note : The Argon Beamer will not apply where a standard electrosurgery unit is used.
 It can only be used with surgery on internal organs and in neurosurgery.

509 Endometrial Resection (Radio frequency)
 511 Colour Doppler (external)
 513 Transoesophageal Colour Doppler
 515 Cardiorhythm Ablater
 517 Phaco emulsifier
 521 OAS Frameless Stereotaxy
 523 Tacograph
 525 RFG3C Lesion Generator (Rhizotomy)
 527 Swift Lase Kit (Tonsillectomy)
 529 Bard Apparatus (can be charged with 054)
 531 Densitometer
 533 Cibus (Cardiac Intra-vascular Ultrasound)(May be charged in addition to catheterization)
 535 Ivus (Intra-vascular Ultrasound)
 537 Electrode/grounding pad: Reusable patient return electrode/grounding pad using a capacitive coupling technique for use in electrosurgery.

R	1 396.90	
R	4 178.60	
R	5 042.30	
R	2 747.20	
R	1 357.50	
R	14 697.80	
R	237.10	
R	4 758.40	
R	928.10	
R	3 559.20	
R	2 194.10	
R	5 958.30	
R	13 091.00	
R	54.20	

Disposable cover is non-chargeable. This item may not be charged together with any disposable monitoring style gel pads or when techniques other than electrosurgery are used. (e.g. not to be charged with the ultrasonic cutting and coagulating device or equivalent).

biopsy

540 Stereotactic guided digital imaged breast biopsy procedure
 541 Stereotactic guided digital imaged cover needle biopsy
 542 Stereotactic guided digital imaged vacuum assisted core needle biopsy
 543 Stereotactic guided digital imaged fine needle aspiration
 560 Low pressure hyperbaric oxygen treatment protocol. (By arrangement)
 562 Standard pressure hyperbaric oxygen treatment protocol. (By arrangement)
 564 US Navy TT5 treatment protocol. (By arrangement)
 566 US Navy TT6 treatment protocol. (By arrangement)
 568 US Navy TT6 extended treatment protocol. (By arrangement).
 950 Cool Tip Radio Frequency Ablation System
 570 Comex 30 treatment protocol. (By arrangement)
 572 US Navy Table 6A treatment protocol. (By arrangement)
 574 Pressure relieving mattress hire fee, per day
 576 Infrared Coagulator: per use
 578 Prostatic hyperthermia and thermotherapy: per case
 580 AV 6000 impulse foot pump: per case
 582 Selector ultrasonic aspirator
 584 Cryosurgery acuprobe
 590 ESWL Soft Tissue Tendons
 592 ESWL Bone Knitting
 594 Motility machine
 596 PH recorder
 606 Epilepsy monitoring system
 608 Lynx ultrasound scanner
 610 Intra-operative multi-frequency probe
 612 Flexible laparoscopic probe
 613 Oscillating ventilator
 614 Urodynamic unit
 616 Cryotherapy Global Fee

R	24 029.60	
R	14 137.70	
R	14 137.70	
R	9 900.10	
R	1 123.00	
R	1 680.50	
R	4 484.70	
R	6 725.70	
R	13 451.80	
R	4 674.90	
R	-	
R	-	
R	-	
R	-	
R	22 554.40	
R	-	
R	-	
R	13 279.00	
R	21 246.30	
R	-	
R	-	
R	4 144.00	
R	4 504.70	
R	2 243.40	
R	3 248.30	
R	2 245.90	
R	2 518.50	
R	242 417.70	

833 Anaesthetic Machine
 952 Cartoelectroph 3D Mapping
 837 Centrifuge
 839 Choleldocho-Fiberscope
 550 Image Guided Surgery System

R	-	
R	16 877.50	
R	1 074.20	
R	1 768.60	
R	14 457.80	

Equipment fee for dynamic (non-frame based - StealthStation) stereotactic image guided referencing surgery and treatment planning used in conjunction with CT or MRI imaging in pre-authorized cranial, spinal and ENT procedures, per procedure

843 Intra-operative Nerve Monitor
 878 aEEG Monitor
 884 ECMO (Extracorporeal Membrane Oxygenation)
 885 Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
 836 Lead Point Generator & Work Station
 840 Liposuction Device
 838 Micro-drive
 834 Thrombectomy System
 835 Vascular Pressure & Flow Measuring Device
 841 Surgical Gamma Detection
 842 Vessel Sealing & Tissue Fusion Device
 844 Double-Balloon Enteroscope
 954 3D Ultrasound
 963 Cooling Therapy Device

R	2 307.30	
R	4 911.30	
R	7 849.90	
R	2 072.80	
R	16 205.60	
R	2 019.50	
R	3 270.00	
R	3 725.40	
R	5 192.80	
R	2 133.90	
R	608.90	
R	3 435.70	
R	4 571.30	
R	6 950.70	

7 STANDARD DRUG, MATERIAL, CONSUMABLE AND DISPOSABLE CHARGES

Ethical products are billed at the Single Exit Price (SEP), as indicated on the price list of the manufacturer, endorsed by the Department of Health. No Dispensing fee will be charged as per tariff agreements.

Surgical products will be billed at Medicinix's nett acquisition price (inclusive of VAT).

7.1 Inpatients and Day Patients: Ethical items, including over the counter and proprietary items issued. Only Substances controlled by the South African Medicines and Related Substances Control Act, Act 101 of 1965, as amended through the Medicine Control Council.

- 272 Pharmacy
 - 278 Ward stock
 - 282 Theatre
 - 273 To Take Out (TTO) / Take Home Medication
- All items which patients take home as TTO's must be shown on accounts.

7.2 Emergency Centre Patients: Ethical items, including over the counter and proprietary items issued. Only Substances controlled by the South African Medicines and Related Substances Control Act, Act 101 of 1965, as amended through the Medicine Control Council.

- 407 Pharmacy
 - 411 Theatre
 - 413 To Take Out (TTO) / Take Home Medication
- All items which patients take home as TTO's must be shown on accounts.

7.3 Recommended Guide to Reimbursement for Consumable and Disposable Items charged by Private Hospitals and Same Day Surgery Facilities List

- 182 Consumable and Disposable items charged in respect of Wards, High Care and all Intensive Care Units and Emergency Rooms.
- 181 Consumable and Disposable items charged in respect of Theatre.

7.4 Consumable, Disposable and Surgical Items

Net acquisition price inclusive of VAT (unless the facility is not a registered VAT vendor). Items to be fully specified

- 415 Emergency Centre
- 417 Pharmacy
- 419 Ward stock
- 421 Theatre

7.5 Gasses

Oxygen and Nitrous Oxide
(For both gases together, per minute)

- 283 PWV area
- 701 Cape Town
- 702 Port Elizabeth
- 703 East London
- 704 Durban
- 705 Other areas

R	-
R	-
R	-
R	-
R	-
R	-

Oxygen, ward use
(Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex)

- 284 PWV area
- 710 Cape Town
- 711 Port Elizabeth
- 712 East London
- 713 Durban
- 714 Other areas

R	-
R	-
R	-
R	-
R	-
R	-

Oxygen, recovery room
(Flat rate for oxygen per case)

- 720 PWV area
- 721 Cape Town
- 722 Port Elizabeth
- 723 East London
- 724 Durban
- 725 Other areas

R	-
R	-
R	-
R	-
R	-
R	-

Oxygen in Theatre
(Fee for oxygen per minute in the operating theatre when no other gas administered)

- 730 PWV area
- 731 Cape Town
- 732 Port Elizabeth
- 733 East London
- 734 Durban
- 735 Other areas

R	-
R	-
R	-
R	-
R	-
R	-

- Carbon Dioxide
291 Per minute

R	-
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- Laser Mix
292 Per minute

R	-
---	---

- Entonox
293 Per 30 minutes

R	-
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7.6 Inhalation anaesthetics

- 285 Halothane (Halothane): per minute
- 752 Ethrane (Enflurane): per minute
- 753 Forane (Isoflurane): per minute
- 754 Isofor (Isoflurane): per minute
- 759 Fluothane (Halothane), per minute
- 760 Sojourn (Sevoflurane), per minute
- 758 Alyrane (Enflurane): per minute
- 757 Aerrane (Isoflurane): per minute
- 756 Suprane (Desflurane), per minute
- 755 Ultane (Sevoflurane): per minute

R	-
R	-
R	-
R	-
R	-
R	-
R	-
R	-
R	-
R	-
R	-

7.7 Prostheses Implants (Surgically implanted)

Prostheses shall mean a device to replace a missing part of the body due to disease or trauma,

- 286 surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral and necessary part of the device. This may be temporary or permanent.

7.8 Transportation Charges

An additional charge may be made to cover the cost of railage paid on items sent to areas outside the supplier's free delivery area (Not applicable to instruments)

7.9 Blood charges

- 289 Routine blood charges, when incurred in respect of blood or related products procured from a recognised blood bank for transfusion purposes (fixed fee)

R	279.00
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- 297 Emergency collection – _____ per collection in metropolitan area. Claims for this item code must be supported by documentary evidence of the patient's condition

R	1 688.20
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- 288 Emergency non-crossmatched blood ex hospital (i.e. on stand-by) - Number of units and nature of emergency to be specified and copy of invoice included.

This item is only chargeable when a private hospital supplies O-negative whole blood to a patient in an emergency situation. A motivation stating the reason for administering the O-negative blood must accompany the account and no mark-up is permitted on this item.

8 NON STANDARD ITEMS/SERVICES

- 849 ICU Add-On: Per day (only applicable at Wits Donald Gordon Medical Centre)
- 871 Organ Transplant Harvesting Fixed Fee - Cadavar (only applicable at Wits Donald Gordon Medical Centre)
- 872 Liver Transplant: Global Fee (only applicable at Wits Donald Gordon Medical Centre)
- 873 Transplant Theatre: Modifier (only applicable at Wits Donald Gordon Medical Centre)
- 961 Cardiac Cryo System (only applicable at Mediclinic Panorama and Mediclinic Midstream)

R	904.10
R	25 171.00
R	1 306 069.00
R	70.90
R	12 758.30

- 970 Da Vinci Surgical System (only applicable at Mediclinic Durbanville)
- 95100 Da Vinci - Prostatectomy: Global Fee (only applicable at Mediclinic Durbanville)
- 95101 Da Vinci - Prostatectomy: Fixed Fee (only applicable at Mediclinic Durbanville)
- 95103 Da Vinci - Hemicolectomy: Fixed Fee (only applicable at Mediclinic Durbanville)
- 95105 Da Vinci - Pelvic Floor Surgery: Fixed Fee (only applicable at Mediclinic Durbanville)
- 95107 Da Vinci - Pyeloplasty: Fixed Fee (only applicable at Mediclinic Durbanville)
- 95109 Da Vinci - Partial Nephrectomy: Fixed Fee (only applicable at Mediclinic Durbanville)

R	35 300.00
N/A	
R	122 900.00
R	157 500.00
R	103 200.00
R	115 500.00
R	135 800.00

- 97399 TAVI: Global Fee

N/A	
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- 59105 Rehabilitation: Global Fee (only applicable at Mediclinic Muelmed)

Please contact the hospital	
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9 MENTAL HEALTH INSTITUTIONS (Psychiatric Hospitals) REGISTERED WITH PRACTICE CODE NUMBER "55"

The following fees apply to facilities with practice code number "55" and registered in terms of the Mental Health Act of 1973.

DESCRIPTION

- 004 General ward fee: with overnight stay
- 005 General ward fee: without overnight stay
- 006 General ward fee: under 5 hours stay

55	
VAT Incl. Rc	
To be confirmed	
To be confirmed	
To be confirmed	

- 055 Electroconvulsive Therapy (ECT). (No theatre fee chargeable)
- 231 Monitor

To be confirmed	
To be confirmed	

- 045 Ward and Dispensary drugs

applicable pharmacy pricing	
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10 SUB-ACUTE FACILITIES REGISTERED WITH PRACTICE CODE NUMBER "49"

The following fees apply to facilities with practice code number "49".

Ward fees

Sub-Acute facilities shall indicate the exact time of admission and discharge on all accounts.

Sub Acute Facility:-

The definition of a patient in this facility is as follows:

The patient should be stable and does not require high technological diagnoses and treatment or surgery. The case mix typically consists of post operative, restorative, medical transitional, chronic or long term patients.

DESCRIPTION

- 001 Ward fee: per day.

49	
VAT Incl. Rc	
R	2 436.00

10.1 Rehabilitation Units

The following high function rehabilitation impairment categories will be treated in recognised and accredited

specialised rehabilitation units of private Sub-Acute facilities: Stroke, brain dysfunction, (traumatic and non-traumatic), spinal cord dysfunction (traumatic and non-traumatic), orthopaedic (lower joint replacements), amputation (lower extremity), cardiac, pulmonary, major multiple trauma. Other neurological or orthopaedic impairments will require specific letters of motivation.

- 101 General ward / Facility fee: under 5 hours stay
- 105 General care (ward/supporting facilities and equipment)

R	-
R	2 572.50

10.2 Psychiatric Rehabilitation Unit

The following psychiatric categories will be treated in recognised and accredited specialised psychiatric units of private Sub-Acute facilities: Depression, bipolar mood disorder, anxiety disorder, organic mood disorder, dementia, psychological behavioural disorder, schizophrenia. Mental retardation, eating disorder, non-organic sleep disorder, sexual disfunction (not by organic disorder) and mental behaviour disorder (associated with puerperium, will require specific letters of motivation. The fee is inclusive of all specialised psychiatric equipment, monitors etc.

- 003 Ward fee: with overnight stay
- 005 General ward fee: under 5 hours stay
- 007 General ward fee: without overnight stay

R	3 296.20
R	-
R	-

10.3 Ward Stock

Ethical products are billed at the Single Exit Price (SEP), as indicated on the price list of the manufacturer, endorsed by the Department of Health. No Dispensing fee will be charged as per tariff agreements.

Surgical products will be billed at Mediclinic's nett acquisition price (inclusive of VAT).

- 419 Ward stock

applicable pharmacy pricing

10.4 Gasses

Oxygen, ward use
(Fee for oxygen, per quarter hour or part thereof.)

Refer to Section 7.5

ANNEXURE A

Application of tariff items 805 - 808 will apply at the following Mediclinic Hospitals:

- | | | |
|------------------------|----------------------------|-------------------------|
| - Mediclinic Cape Gate | - Mediclinic Milnerfontein | - Mediclinic Vergelegen |
| - Mediclinic George | - Mediclinic Panorama | - Mediclinic Welkom |
| - Mediclinic Hoogland | - Mediclinic Stellenbosch | - Mediclinic Worcester |

ANNEXURE B

RULES for the Application of tariff items 212 and 219:

- Only procedures listed in the table below will be subject to tariff items 212 and 219.
- Tariff items 212 and 219 will only apply to patients whose total stay in hospital (i.e. the time from admission to discharge) is less than 23 hours.

CPT Code	Description
8132	GROSS PULPAL DEBRIDEMENT PRIMARY/PERMANENT TEETH EMERGENCY
8201	EXTRACTION SINGLE TOOTH
8202	EXTRACTION EACH ADDITIONAL TOOTH SAME QUADRANT
8209	SURGICAL REMOVAL OF ERUPTED TOOTH
8213	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS
8214	SURGICAL REMOVAL OF SUBSEQUENT RESIDUAL TOOTH ROOTS
8229	APICECTOMY
8231	COMPLETE DENTURES - MAXILLARY AND MANDIBULAR
8232	COMPLETE DENTURES - MAXILLARY OR MANDIBULAR
8244	IMMEDIATE DENTURE MACILLARY COMPLETE DENTECTOMY
8245	IMMEDIATE DENTURE - MANDIBULAR
8307	PULPOTOMY
8330	REMOVAL INSTRUMENTATION / IMPLANTS
8341	FILLING AMALGAM ONE SURFACE
8342	FILLING AMALGAM TWO SURFACES
8343	FILLING AMALGAM THREE SURFACES
8344	FILLING AMALGAM FOUR OR MORE SURFACES
8351	FILLING RESIN ONE SURFACE ANTERIOR
8352	FILLING RESIN TWO SURFACES ANTERIOR
8353	FILLING RESIN THREE SURFACES ANTERIOR
8354	FILLING RESIN FOUR OR MORE SURFACES ANTERIOR
8355	VENEER (RESIN LAMINATE) - DIRECT
8367	FILLING RESIN ONE SURFACE POSTERIOR
8368	FILLING RESIN TWO SURFACES POSTERIOR
8369	FILLING RESIN THREE SURFACES POSTERIOR
8370	FILLING RESIN FOUR OR MORE SURFACES POSTERIOR
8731	PERIODONTAL ABSCESS ACUTE TREATMENT
8756	SURGICAL EXPOSURE IMPACTED UNERUPTED TEETH
8758	SURGICAL EXPOSURE IMPACTED/UNERUPTED TEETH ORTHODONTICS
8760	APICECTOMY RETROGRADE FILLING ANTERIOR TEETH
8764	APICECTOMY RETROGRADE FILLING POSTERIOR TEETH
8909	CLOSURE OF ORAL ANTRAL FISTULA
8917	INTRA-ORAL BIOPSIES
8919	BIOPSY BONE NEEDLE
8921	BIOPSY BONE OPEN
8935	TREATMENT OF POST-EXTRACTION SEPTIC SOCKET
8937	REMOVAL ERUPTED TOOTH ELEVATE MUCOPERIOSTEAL FLAP
8941	REMOVAL FIRST TOOTH
8943	REMOVAL SECOND TOOTH
8945	REMOVAL THIRD TOOTH
8947	REMOVAL FOURTH AND SUBSEQUENT TOOTH
8953	REMOVAL RESIDUAL TOOTH ROOTS
8955	REMOVAL RESIDUAL TOOTH ROOTS EACH SUBSEQUENT TOOTH
8967	REMOVAL CYSTS OF JAWS INTRA-ORAL APPROACH
8971	SURGICAL TREATMENT SOFT TISSUE TUMOURS
8981	SURGICAL EXPOSURE IMPACTED/UNERUPTED TEETH ORTHODONTIC
8983	CORTICOTOMY FIRST TOOTH
8984	CORTICOTOMY ADJACENT OR SUBSEQUENT TOOTH
9005	TOTAL ALVEOLAR RIDGE AUGMENTATION BY BONE GRAFT
9008	ALVEOLAR RIDGE AUGMENTATION ACROSS 1-2 ADJACENT TEETH
9009	ALVEOLAR RIDGE AUGMENTATION ACROSS 3 OR MORE TEETH
9011	INCISION AND DRAINAGE PYOGENIC ABSCESSSES INTRA-ORA
9013	INCISION AND DRAINAGE PYOGENIC ABSCESSSES EXTRA-ORA
9015	APICECTOMY ROOT FILLING IF NEEDED ANTERIOR TEETH
9016	APICECTOMY ROOT FILLING IF NEEDED POSTERIOR TEETH
9017	DECORTICATION SAUCERISATION SEQUESTRECTOMY OF MAND
9019	SEQUESTRECTOMY INTRA-ORAL PER SEXTANT AND/OR RAMUS
9024	DENTO-ALVEOLAR FRACTURE PER SEXTANT
9074	DIAGNOSTIC ARTHROSCOPY
9076	ARTHROCENTESIS TMJ
9087	REDUCTION TMJ DISLOCATION WITH ANAESTHESIA
9093	REMOVAL SALIVARY CALCULUS/STONE
9095	REMOVAL SUBLINGUAL SALIVARY GLAND
9198	REMOVAL OF IMPLANT
10040	REMOVE OPEN PIMPLES MILIA CYSTS ACNE SKIN SURGERY
10060	DRAINAGE SKIN ABSCESS/CARBUNCLE/WHITLOW/CYST SINGLE
10061	DRAINAGE SKIN ABSCESS/CARBUNCLE/WHITLOW/CYST MULTIPLE
10120	REMOVE FOREIGN BODY SKIN SUBCUTANEOUS TISSUE SIMPLE
10121	REMOVE FOREIGN BODY SKIN SUBCUTANEOUS TISSUE COMPLEX
10140	DRAINAGE HEMATOMA/SEROMA/FLUID UNDER SKIN
10160	DRAINAGE PUNCTURE ASPIRATION ABSCESS/HEMATOMA/CYST SKIN
10180	DRAINAGE POSTOPERATIVE WOUND INFECTION COMPLEX
11000	DEBRIDE INFECTED SKIN EXTENSIVE <10% BODY SURFACE
11001	DEBRIDE INFECTED SKIN EACH ADDITIONAL 10% BODY SURFACE
11004	DEBRIDEMENT OF GENITALIA AND PERINEUM
11005	DEBRIDEMENT OF ABDOMINAL WALL W / WO FASCIA CLOSURE
11006	DEBRIDEMENT OF GENITALIA PERINEUM ABDOMINAL WALL
11008	REMOVE MESH FROM ADBOMINAL WALL
11010	DEBRIDE OPEN FRACTURE SKIN/SUBCUTANEOUS
11011	DEBRIDE OPEN FRACTURE SKIN/SUBCUTANEOUS/MUSCLE
11012	DEBRIDE OPEN FRACTURE SKIN/SUBCUTANEOUS/MUSCLE/BONE
11042	DEBRIDE SKIN/SUBCUTANEOUS TISSUE
11043	DEBRIDE SKIN/SUBCUTANEOUS TISSUE/MUSCLE
11044	DEBRIDE SKIN/SUBCUTANEOUS TISSUE/MUSCLE/BONE
11045	DEBRIDEMENT, SUBCUT TISSUE (INCLUDES EPIDERMIS + DERMIS), EACH ADD 20 SQ CM OR PART THEREOF (ADD-ON
11046	DEBRIDEMENT, MUSCLE/FASCIA (INCL EPIDERMIS/DERMIS/SUBCUT TISSUE), EACH ADD 20 SQ CM / PART THEREOF (
11047	DEBRIDEMENT, BONE (INCL EPIDERMIS/DERMIS/SUBCUT TISSUE/MUSCLE/FASCIA), EACH ADD 20 SQ CM / PART THER
11100	BIOPSY SKIN/SUBCTANEOUS/MUCOUS MEMBRANE SINGLE LESION
11101	BIOPSY SKIN/SUBCUTANE /MUCOUS MEMBRANE EACH ADD LESION
11200	REMOVE SKIN TAGS/MOLES ANY METHOD 1-15 LESIONS
11201	REMOVE SKIN TAGS/MOLES ANY METHOD EACH ADD.10 LESIONS

11300	SHAVE SKIN LESION TRUNK/LIMBS <0.5CM
11301	SHAVE SKIN LESION TRUNK/LIMBS <1CM
11302	SHAVE SKIN LESION TRUNK/LIMBS <2CM
11303	SHAVE SKIN LESION TRUNK/LIMBS OVER 2CM
11305	SHAVE SKIN LESION SCALP/NECK/HAND/FEET/GENIT<0.5CM
11306	SHAVE SKIN LESION SCALP/NECK HAND/FEET/GENIT <1CM
11307	SHAVE SKIN LESION SCALP/NECK/HAND/FEET/GENIT <2CM
11308	SHAVE SKIN LESION SCALP/NECK/HAND/FEET/GENIT OVER 2CM
11310	SHAVE SKIN LESION FACE/EAR/EYELID/NOSE/LIP <0.5CM
11311	SHAVE SKIN LESION FACE/EAR/EYELID/NOSE/LIP 0.6-1CM
11313	SHAVE SKIN LESION FACE/EAR/EYELID/NOSE/LIP OVER 2CM
11400	EXCISION BENIGN LESION TRUNK/LIMBS <0.5CM
11401	EXCISION BENIGN LESION TRUNK/LIMBS 0.6-1.0CM
11402	EXCISION BENIGN LESION TRUNK/LIMBS 1.1-2.0CM
11403	EXCISION BENIGN LESION TRUNK/LIMBS 2.1-3.0CM
11404	EXCISION BENIGN LESION TRUNK/LIMBS 3.1-4.0CM
11406	EXCISION BENIGN LESION TRUNK/LIMBS >4.0CM
11420	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET/GENIT<0.5CM
11421	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET/GENIT 0.6-1
11422	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET/GENIT 1.0-2
11423	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET/GENIT 2.1-3
11424	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET GENIT 3-4CM
11426	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET GENIT >4CM
11440	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP <0.5CM
11441	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP 0.6-1.0
11442	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP 1.1-2.0
11443	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP 2.1-3.0
11444	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP 3.1-4.0
11446	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP >4.0CM
11450	EXCISION SWEAT GLAND AXILLA SIMPLE REPAIR
11451	EXCISION SWEAT GLAND AXILLA COMPLEX REPAIR
11462	EXCISION SWEAT GLAND INGUINAL SIMPLE REPAIR
11463	EXCISION SWEAT GLAND INGUINAL COMPLEX REPAIR
11470	EXCISION SWEAT GLAND ANAL/PERINEAL/UMBILICAL SIMPL
11471	EXCISION SWEAT GLAND ANAL/PERINEAL/UMBILICAL COMPLEX
11600	EXCISION CA LESION TRUNK/LIMBS <0.5CM
11601	EXCISION CA LESION TRUNK/LIMBS 0.6-1.0CM
11602	EXCISION CA LESION TRUNK/LIMBS 1.1-2.0CM
11603	EXCISION CA LESION TRUNK/LIMBS 2.1-3.0CM
11604	EXCISION CA LESION TRUNK/LIMBS 3.1-4.0CM
11606	EXCISION CA LESION TRUNK/LIMBS OVER 4CM
11620	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT <0.5CM
11621	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT 0.6-1.0CM
11622	EXCISION CA LESION SCALP/NECK HAND/FEET/GENIT 1.1-2.0CM
11623	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT 2.1-3.0CM
11624	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT 3.1-4.0CM
11626	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT OVER 4CM
11640	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP <0.5CM
11641	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP 0.6-1.0CM
11642	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP 1.1-2.0CM
11643	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP 2.1-3.0CM
11644	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP 3.1-4.0CM
11646	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP OVER 4CM
11720	DEBRIDE NAIL(S) 1 TO 5 ANY METHOD
11721	DEBRIDE NAILS 6 OR MORE ANY METHOD
11730	REMOVE NAIL PLATE PARTIAL/COMPLETE SINGLE
11732	REMOVE NAIL PLATE PARTIAL/COMPLETE EACH ADD NAIL PLTE
11740	DRAINAGE BLOOD/HEMATOMA UNDER NAIL
11750	EXCISION NAIL/NAIL MATRIX PERMANENT REMOVAL
11752	EXCISION NAILBED - AMPUTATION TIP OF FINGER/TOE
11755	BIOPSY NAIL UNIT ANY METHOD PLATE BED MATRIX HYPONYCH.
11760	REPAIR NAIL BED
11762	RECONSTRUCT NAIL BED WITH GRAFT
11765	EXCISION WEDGE INGROWN TOENAIL SKIN OF NAIL FOLD
11900	INJECT SKIN LESION/S UP TO 7
11976	REMOVE IMPLANTABLE CONTRACEPTIVE CAPSULES
11982	REMOVE NON BIODEGRADABLE DRUG DELIVERY IMPLANT
11983	REMOVE REINSERT DRUG DELIVERY IMPLANT DEVICE
12001	REPAIR MINOR WOUND HEAD/NECK/TRUNK/LIMBS <2.5CM
12002	REPAIR MINOR WOUND HEAD/NECK/TRUNK/LIMBS 2.6-7.5CM
12004	REPAIR MINOR WOUND HEAD/NECK/TRUNK/LIMBS 7.6-12.5C
12005	REPAIR MINOR WOUND HEAD/NECK/TRUNK/LIMBS 12.6-20.0
12006	REPAIR MINOR WOUND HEAD/NECK/TRUNK/LIMBS 20.1-30CM
12007	REPAIR MINOR WOUND HEAD/NECK/TRUNK/LIMBS OVER 30CM
12011	REPAIR MINOR WOUND FACE/EAR/EYELID/NOSE/LIP <2.5CM
12013	REPAIR MINOR WOUND FACE/EAR/EYELID/NOSE/LIP 2.6-5.
12014	REPAIR MINOR WOUND FACE/EAR/EYELID/NOSE/LIP 5.1-7.
12015	REPAIR MINOR WOUND FACE/EAR/EYELID/NOSE/LIP 7.6-12
12016	REPAIR MINOR WOUND FACE/EAR/EYELID/NOSE/LIP 12.6-2
12017	REPAIR MINOR WOUND FACE/EAR/EYELID/NOSE/LIP 20.1-30CM
12018	REPAIR MINOR WOUND FACE/EAR/EYELID/NOSE/LIP OVER 30CM
12020	CLOSURE SPLIT WOUND SUPERFICIAL BREAKDOWN SIMPLE
12021	CLOSURE SPLIT WOUND SUPERFICIAL BREAKDOWN WITH PACKING
12031	REPAIR LAYER WOUND SCALP/AXIL/TRUNK/LIMBS <2.5CM
12032	REPAIR LAYER WOUND SCALP/AXIL/TRUNK/LIMBS 2.6-7.5CM
12034	REPAIR LAYER WOUND SCALP/AXIL/TRUNK/LIMBS 7.6-12.5CM
12035	REPAIR LAYER WOUND SCALP/AXIL/TRUNK/LIMBS 12.6-20.0CM
12036	REPAIR LAYER WOUND SCALP/AXIL/TRUNK/LIMBS 20.1-30CM
12041	REPAIR LAYER WOUND NECK/HAND/FEET/GENIT <2.5CM
12042	REPAIR LAYER WOUND NECK/HAND/FEET/GENIT 2.6-7.5CM
12044	REPAIR LAYER WOUND NECK/HAND/FEET/GENIT 7.6-12.5CM
12045	REPAIR LAYER WOUND NECK/HAND/FEET/GENIT 12.6-20.0CM
12046	REPAIR LAYER WOUND NECK/HAND/FEET/GENIT 20.1-30.0CM
12047	REPAIR LAYER WOUND NECK/HAND/FEET/GENIT >30.0CM
12051	REPAIR LAYER WOUND FACE/EAR/EYELID/NOSE/LIP <2.5CM
12052	REPAIR LAYER WOUND FACE/EAR/EYELID/NOSE/LIP 2.6-5CM
12053	REPAIR LAYER WOUND FACE/EAR/EYELID/NOSE/LIP 6-7CM
12054	REPAIR LAYER WOUND FACE/EAR/EYELID/NOSE/LIP 8->12.5CM
12055	REPAIR LAYER WOUND FACE/EAR/EYELID/NOSE/LIP 12.6-20.0CM
12056	REPAIR LAYER WOUND FACE/EAR/EYELID/NOSE/LIP 20.1-30.0CM

12057	REPAIR LAYER WOUND FACE/EAR/EYELID/NOSE/LIP >30.0CM
13100	REPAIR WOUND/LESION COMPLEX TRUNK 1-2.5CM
13101	REPAIR WOUND/LESION COMPLEX TRUNK 2.6-7.5CM
13102	REPAIR WOUND/LESION COMPLEX TRUNK EACH ADD 5CM
13120	REPAIR WOUND/LESION COMPLEX SCALP/LIMBS 1.0-2.5CM
13121	REPAIR WOUND/LESION COMPLEX SCALP/LIMBS 2.6-7.5CM
13122	REPAIR WOUND/LESION COMPLEX SCALP/LIMBS EACH ADD 5CM
13131	REPAIR WOUND/LESION COMPLEX FACE/NECK/HAND/FEET 1-
13132	REPAIR WOUND/LESION COMPLEX FACE/NECK/HAND/FEET <7
13133	REPAIR WOUND/LESION COMPLEX FACE/NECK/HAND/FEET ADD 5CM
13151	REPAIR WOUND/LESION COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5CM
13152	REPAIR WOUND/LESION COMPLEX EYELID/NOSE/EAR/LIP: 2.6 - 7.5 CM
13153	REPAIR WOUND/LESION COMPLEX EYELID/NOSE/EAR/LIP ADD 5CM
13160	SECONDARY CLOSURE SURGICAL WOUND BREAKDOWN COMPLICATED
14000	TISSUE TRANSFER TRUNK <10 SQCM
14001	TISSUE TRANSFER TRUNK >11 SQCM
14020	TISSUE TRANSFER SCALP/ARM/LEG <10 SQCM
14021	TISSUE TRANSFER SCALP/ARM/LEG 11-30 SQCM
14040	TISSUE TRANSFER HEAD/FACE/NECK/AXIL/LIMBS < 10 SQC
14041	TISSUE TRANSFER HEAD/FACE/NECK/AXIL/LIMBS 11-30 SQ
14060	TISSUE TRANSFER EYELID/NOSE/EAR/LIP <10 SQCM
14061	TISSUE TRANSFER EYELID/NOSE/EAR/LIP 11-30 SQCM
14300	TISSUE TRANSFER UNUSUAL/COMPLICATED ANY AREA >30 S
14350	TISSUE TRANSFER FILLETED FINGER OR TOE FLAP
15002	PREP SITE TRNK/LMB 1ST 100CM/1% BODY CHILD
15003	PREP SITE TRNK/LMB ADDT 100 SQCM/1% CHILD ADD-ON
15040	HARVEST SKN TISSUE CULTURD AUTOGRFT <100 CM
15050	PINCH SKIN GRAFT NON-FACIAL TO COVER SMALL AREA <
15100	SPLIT GRAFT TRUNK/SCALP/LIMBS <100 SQCM
15101	SPLIT GRAFT TRUNK/SCALP/LIMBS EACH ADD. 100 SQCM
15110	EPIDERMAL AUTOGRFT TRUNK/LIMB 1ST 100 CM/<1% BDY CHILD
15111	EPIDERMAL AUTOGRFT TRNK/LMB ADDT 100 CM/<1% CHLD AD-ON
15115	EPIDERMAL AUTOGRFT FCE/GENTL/HND/FEET 1ST 100CM/1% CHILD
15116	EPIDERMAL AUTOGRFT FCE/GNTL/HND/FT ADDT 100CM/1%CHILD AD-ON
15120	SPLIT GRAFT FACE/EAR/EYE/NECK/GENIT/FINGER <100 SQCM
15121	SPLIT GRAFT FACE/EAR/EYE/NECK/GENIT/FINGER ADD.100 SQCM
15130	DERMAL AUTOGRFT TRUNK/LIMB 1ST 100 CM/<1% BDY CHILD
15131	DERMAL AUTOGRFT TRNK/LMB ADDIT 100 CM/<1% CHILD AD-ON
15135	DERMAL AUTOGRFT FCE/GENTL/HND/FT 1ST 100CM/1% SURF CHILD
15136	DERMAL AUTOGRFT FCE/GNTL/HND/FT ADDT 100CM/1%CHILD ADD-ON
15150	TISSUE CULTURD EPIDERM AUTOGRFT TRUNK/LIMB 1ST 25 SQCM/<
15151	TISSUE CULT EPIDERM AUTOGRFT TRNK/LMB ADDL 1-75 CM AD-ON
15152	TISSUE CULT EPID AUTOGRFT TRNK/LMB EA XTRA 100CM/1% AD-ON
15155	TISSUE CULT EPIDERM AUTOGRFT FCE/GNTL/HND/FT 1ST 25CM/<
15156	TISSUE CULT EPIDERM AUTOGRFT FCE/GNTL/HND/FT ADD1-75CM AD-ON
15157	TISSUE CULT EPIDERM AUTOGRFT F/GNTL/HD/FT XTRA 100CM/1%AD-ON
15200	SKIN GRAFT FULLTHICK/FREE TRUNK <20SQCM
15201	SKIN GRAFT FULLTHICK/FREE TRUNK >21SQCM
15220	SKIN GRAFT FULLTHICK SCALP/ARMS/LEGS <20 SQCM
15221	SKIN GRAFT FULLTHICK SCALP/ARMS/LEGS ADD. 20 SQCM
15240	SKIN GRAFT FULLTHICK FACE/NECK/HAND/FEET/GENIT <20 SQCM
15241	SKIN GRAFT FULLTHICK FACE/NECK/HAND/FEET/GENIT >21 SQCM
15260	SKIN GRAFT FULLTHICK NOSE/EAR/EYELID/LIP < 20 SQCM
15261	SKIN GRAFT FULLTHICK NOSE/EAR/EYELID/LIP >21 SQCM
15271	SKIN SUBSTITUTE GRFT TRUNK/ARM/LEG < 25 SQCM
15272	SKIN SUBSTITUTE GRFT TRUNK/ARM/LEG EA 25 SQCM
15273	SKIN SUBSTITUTE GRFT TRUNK/ARM/LEG 100 SQCM/1% CHILD
15274	SKIN SUBSTITUTE GRAFT TRUNK/ARM/LEG EA 100 CM / 1% BDY
15275	SKIN SUBSTITUTE GRFT FCE/SCALP/NECK/GENIT/HND/FT/DIGT < 25 SQCM
15276	SKIN SUBSTITUTE GRFT FCE/SCALP/NECK/GENIT/HND/FT/DIGT EA 25 SQCM
15277	SKIN SUBSTITUTE GRAFT TO FACE/GEN/HND/FEET > 100 CM/1%
15278	SKIN SUBSTITUTE GRFT FCE/SCALP/NECK/GENIT/HND/FT/DIGT EA 100 SQCM/1% CHILD
15342	APPLICATION BILAMINATE SKIN NEODERMIS EACH ADD 25 SQCM
15343	APPLICATION BILAMINATE SKIN NEODERMIS 25 SQCM
15350	SKIN ALLOGRAFT APPLICATION (HUMAN DONOR) <100 SQCM
15351	SKIN ALLOGRAFT APPLICATION (HUMAN DONOR) >100 SQCM
15570	FLAP DIRECT/TUBED PEDICLE TRUNK
15574	FLAP DIRECT/TUBED PEDICLE FACE/NECK/AXIL/GENIT/HND/FEET
15576	FLAP DIRECT/TUBED PEDICLE EYELID/NOSE/EAR/LIP/INTR
15620	FLAP DELAY/SECTION HEAD/FACE/NECK/AXIL/GENIT/HAND/FEET
15630	FLAP DELAY/SECTION EYELIDS/NOSE/EARS/LIPS
15822	REVISE UPPER EYELID BLEPHAROPLASTY
15850	REMOVE SUTURES ANY AREA SAME DOCTOR GA
15851	REMOVE SUTURES ANY AREA OTHER DOCTOR GA
15852	DRESSING CHANGE UNDER GA (NOT BURNS)
16020	DRESSING AND/OR DEBRIDEMENT SMALL BURN(S) NO GA
16025	DRESSING AND/OR DEBRIDEMENT MEDIUM BURN(S) NO GA
16030	DRESSING AND/OR DEBRIDEMENT LARGE BURN(S) NO GA
16035	INCISION BURN SCAB(S) ESCHAROTOMY
16036	ESCHAROTOMY EACH ADDITIONAL INCISION BURN
17000	DESTROY BENIGN SKIN LESION SINGLE ANY METHOD
17003	DESTROY BENIGN SKIN LESIONS 2-14 ANY METHOD
17004	DESTROY BENIGN SKIN LESION >15 ANY METHOD
17106	DESTROY VASCULAR SKIN LESION ANY METHOD <10 SQCM
17107	DESTROY VASCULAR SKIN LESION ANY METHOD 10-50 SQCM
17108	DESTROY VASCULAR SKIN LESION ANY METHOD >50 SQCM
17110	DESTROY WARTS/MOLLUSCUM/MILIA UP TO 14 ANY METHOD
17111	DESTROY WARTS/MOLLUSCUM/MILIA 15 OR MORE ANY METHOD
17250	CHEMICAL CAUTERISATION GRANULATION TISSUE/SINUS/FISTULA
17260	DESTROY CA LESION TRUNK/LIMBS <0.5 CM ANY METHOD
17261	DESTROY CA LESION TRUNK/LIMBS 0.6-1.0 CM ANY METHO
17262	DESTROY CA LESION TRUNK/LIMBS 1.1-2.0 CM ANY METHO
17263	DESTROY CA LESION TRUNK/LIMBS 2.1-3.0 CM ANY METHOD
17264	DESTROY CA LESION TRUNK/LIMBS 3.1-4.0 CM ANY METHOD
17266	DESTROY CA LESION TRUNK/LIMBS GT 4.0 CM ANY METHOD
17270	DESTROY CA LESION SCALP/NECK/HAND/FEET/GENIT <0.5 CM
17271	DESTROY CA LESION SCALP/NECK/HAND/FEET/GENIT 0.6-1.0 CM
17272	DESTROY CA LESION SCALP/NECK/HAND/FEET/GENIT 1.1-2
17273	DESTROY CA LESION SCALP/NECK/HAND/FEET/GENIT 2.1-3.0 CM
17274	DESTROY CA LESION SCALP/NECK/HAND/FEET/GENIT 3.1-4

17276	DESTROY CA LESION SCALP/NECK/HAND/FEET/GENIT >4.0
17280	DESTROY CA LESION FACE/EYELID/EAR/NOSE/LIP 0.5 CM
17281	DESTROY CA LESION FACE/EYELID/EAR/NOSE/LIP 0.6-1.0 CM
17282	DESTROY CA LESION FACE/EYELID/EAR/NOSE/LIP 1.0-2.0
17283	DESTROY CA LESION FACE/EYELID/EAR/NOSE/LIP 2.1-3.0
17284	DESTROY CA LESION FACE/EYELID/EAR/NOSE/LIP 3.1-4.0
17286	DESTROY CA LESION FACE/EYELID/EAR/NOSE/LIP >4.0 CM
17340	CRYOTHERAPY OF SKIN FOR ACNE (CO2SLUSH LIQUID N2)
19000	ASPIRATION BREAST CYST SINGLE
19001	ASPIRATION BREAST CYST EACH ADDITIONAL CYST
19020	DRAINAGE BREAST ABSCESS/HEMATOMA MASTOTOMY
19081	BIOPSY BREAST, PERCUT; FIRST LESION, STEREOTACTIC GUIDANCE
19082	BIOPSY BREAST, PERCUT; ADD LESION, STEREOTACTIC GUIDANCE (ADD-ON)
19083	BIOPSY BREAST, PERCUT; FIRST LESION, ULTRASOUND GUIDANCE
19084	BIOPSY BREAST, PERCUT; ADD LESION, ULTRASOUND GUIDANCE (ADD-ON)
19085	BIOPSY BREAST, PERCUT; FIRST LESION, MR GUIDANCE
19086	BIOPSY BREAST, PERCUT; ADD LESION, MR GUIDANCE (ADD-ON)
19100	BIOPSY BREAST NEEDLE CORE
19101	BIOPSY BREAST INCISIONAL
19110	EXPLORE NIPPLE W/WO EXCISION MILK DUCT
19112	EXCISION BREAST/MILK DUCT FISTULA
19120	EXCISION BREAST/NIPPLE/DUCT ANY LESION
19125	EXCISION BREAST LESION WITH PRE-OP RADIO MARKER
19281	PLACE BREAST LOCALISATION DEVICE PERCUT FIRST LESION, MAMMOGRAM GUIDE
19282	PLACE BREAST LOCALISATION DEVICE PERCUT ADD LESION, MAMMOGRAM GUIDE (ADD-ON)
19283	PLACE BREAST LOCALISATION DEVICE PERCUT FIRST LESION, STEREOTACTIC GUIDE
19284	PLACE BREAST LOCALISATION DEVICE PERCUT ADD LESION, STEREOTACTIC GUIDE (ADD-ON)
19285	PLACE BREAST LOCALISATION DEVICE PERCUT FIRST LESION, ULTRASOUND GUIDE
19286	PLACE BREAST LOCALISATION DEVICE PERCUT ADD LESION, ULTRASOUND GUIDE (ADD-ON)
19287	PLACE BREAST LOCALISATION DEVICE PERCUT FIRST LESION, MR GUIDANCE
19288	PLACE BREAST LOCALISATION DEVICE PERCUT ADD LESION, MR GUIDANCE (ADD-ON)
19328	REMOVE BREAST IMPLANT INTACT
19330	REMOVE BREAST IMPLANT MATERIAL
19350	RECONSTRUCT NIPPLE/AREOLA
20200	BIOPSY MUSCLE SUPERFICIAL
20205	BIOPSY MUSCLE DEEP
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE
20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL
20225	BIOPSY BONE TROCAR/NEEDLE DEEP VERTEBRAL BODY OR FEMUR
20240	BIOPSY BONE EXCISIONAL SUPERFICIAL
20245	BIOPSY BONE EXCISIONAL DEEP
20250	BIOPSY VERTEBRAL BODY OPEN THORACIC
20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR OR CERVICAL
20520	REMOVE FOREIGN BODY MUSCLE/TENDON SIMPLE
20525	REMOVE FOREIGN BODY MUSCLE/TENDON COMPLICATED
20526	INJECT THERAPEUTIC CARPAL TUNNEL E.G.LOCAL STEROIDS
20550	INJECT TENDON/LIGAMENT/TRIGGER POINTS/GANGLION CYS
20551	INJECT INSERTION OF TENDON ORIGIN
20552	INJECT SINGLE MULTI TRIGGER POINTS 1 OR MORE MUSCL
20553	INJECT SINGLE MULTI TRIGGER POINTS 3 OR MORE MUSCL
20600	ASPIRATION/INJECT MINOR JOINT FINGERS/TOES/JAW WO ULTRASOUND
20604	ASPIRATION/INJECT MINOR JOINT FINGERS/TOES/JAW WITH ULTRASOUND
20605	ASPIRATION/INJECT MEDIUM JOINT JAW/WRIST/ELBOW/ANKLE WO ULTRASOUND
20606	ASPIRATION/INJECT MEDIUM JOINT JAW/WRIST/ELBOW/ANKLE WITH ULTRASOUND
20610	ASPIRATION/INJECT MAJOR JOINT SHOULDER/HIP/KNEE WO ULTRASOUND
20611	ASPIRATION/INJECT MAJOR JOINT SHOULDER/HIP/KNEE WITH ULTRASOUND
20612	ASPIRATION / INJECTION OF GANGLION CYST ANY LOCATION
20615	ASPIRATE/INJECT BONE CYST TREATMENT
20670	REMOVE WIRE/PIN/ROD ANY/AREA SUPERFICIAL
20680	REMOVE WIRE/PIN/SCREW/NAIL/ROD/PLATE DEEP
20900	GRAFT BONE MINOR ANY DONOR AREA
20902	GRAFT BONE MAJOR ANY DONOR AREA
20924	GRAFT TENDON FROM A DISTANCE
21011	EXCISION, TUMOUR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS, LESS THAN 2 CM
21012	EXCISION, TUMOUR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS, 2 CM OR GREATER
21013	EXCISION, TUMOUR, SOFT TISSUE OF FACE + SCALP, SUBFASCIAL (SUBGALEAL/INTRAMUSCULAR), LESS THAN 2 CM
21014	EXCISION, TUMOUR, SOFT TISSUE OF FACE + SCALP, SUBFASCIAL (SUBGALEAL/INTRAMUSCULAR), 2 CM OR GREATER
21015	RADICAL RESECTION TUMOUR(EG SARCOMA), SOFT TISSUE FACE/SCALP; LESS THAN 2 CM
21025	SEQUESTRECTOMY OSTEOMYELITIS/ABSCESS LOWER JAW/MAN
21026	SEQUESTRECTOMY OSTEOMYELITIS/ABSCESS FACIAL BONE(S)
21030	EXCISION BENIGN TUMOUR/CYST FACIAL BONE (NOT LOWER JAW)
21031	EXCISION EXOSTOSIS LOWER JAW/MANDIBLE
21032	EXCISION EXOSTOSIS UPPER JAW/MAXILLA
21040	EXCISION BENIGN CYST/TUMOR LOWER JAW/MANDIBLE SIMP
21046	EXCISION BENIGN TUMOUR/CYST MANDIBLE COMPLEX
21048	EXCISION BENIGN TUMOUR/CYST MAXILLA COMPLEX
21100	APPLY/REMOVE MAXILLOFACIAL FIXATION HALO TYPE
21110	APPLY/REMOVE INTERDENTAL FIXATION FOR FACIAL DEFECTS
21245	RECONSTRUCT JAW SUBPERIOSTEAL IMPLANT PARTIAL
21246	RECONSTRUCT JAW SUBPERIOSTEAL IMPLANT COMPLETE
21248	RECONSTRUCT JAW ENDOSTEAL IMPLANT PARTIAL
21249	RECONSTRUCT JAW ENDOSTEAL IMPLANT COMPLETE
21280	REVISE EYELID MEDIAL CANTHOPEXY
21282	REVISE EYELID LATERAL CANTHOPEXY
21310	FRACTURE NASAL BONE CLOSED TREATMENT NO MANIPULATI
21315	FRACTURE NASAL BONE CLOSED TREATMENT NO STABILISAT
21320	FRACTURE NASAL BONE CLOSED TREATMENT - STABILISATION
21325	FRACTURE NOSE OPEN TREATMENT UNCOMPLICATED
21337	FRACTURE NASAL SEPTAL CLOSED TREATM. W/WO STABILIS
21345	FRACTURE NOSE/JAW LE FORT II CLOSED WIRING/SPLINT
21440	FRACTURE DENTAL RIDGE CLOSED TREATMENT
21445	FRACTURE DENTAL RIDGE OPEN TREATMENT
21480	DISLOCATION JAW CLOSED TREATMENT
21497	INTERDENTAL WIRING (OTHER THAN FRACTURE)
21552	EXCISION, TUMOUR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS, 3 CM OR GREATER
21554	EXCISION, TUMOUR, SOFT TISSUE OF NECK / ANTERIOR THORAX, SUBFASCIAL (INTRAMUSCULAR), 5 CM OR GREATER
21555	EXCISION TUMOR NECK/THORAX SUBCUTANEOUS SOFT TISSUE
21556	EXCISION TUMOR NECK/THORAX SUBFASCIAL/INTRAMUSCULAR
21930	EXCISION TUMOR SOFT TISSUE BACK/FLANK
21931	EXCISION, TUMOUR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS, 3 CM OR GREATER

21932	EXCISION, TUMOUR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG. INTRAMUSCULAR), LESS THAN 5 CM
21933	EXCISION, TUMOUR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG. INTRAMUSCULAR), 5 CM OR GREATER
21936	RADICAL RESECTION TUMOUR (EG SARCOMA), SOFT TISSUE OF BACK OR FLANK; 5 CM OR GREATER
22505	SPINAL MANIPULATION ANY REGION GA
23075	EXCISION TUMOR SHOULDER SUBCUTANEOUS
23100	ARTHROTOMY BIOPSY GLENOHUMERAL JOINT
23101	ARTHROTOMY BIOPSY/EXCISE ACROMIO/STERNOCLAVIC CARTILAGE
23650	DISLOCATION SHOULDER CLOSED MANIPULATION (NO GA)
23655	DISLOCATION SHOULDER CLOSED MANIPULATION GA
23700	MANIPULATION SHOULDER - APPLY FIXATION APPARATUS G
24000	EXPLORE INFECTED ELBOW DRAIN/REMOVE FOREIGN BODY
24006	CAPSULOTOMY RELEASE ELBOW JOINT CAPSULAR EXCISION
24066	BIOPSY UPPER ARM/ELBOW SOFT TISSUE DEEP
24075	EXCISION TUMOR UPPER ARM/ELBOW SUBCUTANEOUS
24102	ARTHROTOMY ELBOW SYNOVECTOMY
24105	EXCISION OLECRANON/ELBOW BURSA
24120	EXCISION CYST/BENIGN TUMOR RADIUS/OLECRANON (ELBOW)
24125	EXCISION CYST/BENIGN TUMOR RADIUS/OLECRANON AUTOGRAFT
24126	EXCISION CYST/BENIGN TUMOR RADIUS/OLECRANON ALLOGRAFT
24147	EXCISION PARTIAL OLECRANON PROCESS (ELBOW)
24201	REMOVE FOREIGN BODY UPPER ARM/ELBOW DEEP
24300	ELBOW MANIPULATION UNDER GA
24301	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW ANY TYPE
24332	TENOPLASTY WITH TRICEPS MUSCLE TRANSFER
24340	REPAIR BICEPS TENDON AT ELBOW TENODESIS
24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW
24357	TENOTOMY, ELBOW,(E.G., EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); PERCUTANEOUS
24358	TENOTOMY, ELBOW,(E.G., EPICONDYLITIS, TENNIS/GOLFER'S ELBOW); DEBRIDE, SOFT TISSUE/BONE, OPEN
24359	TENOTOMY, ELBOW,(E.G., EPICONDYLITIS, TENNIS/GOLFER'S ELBOW); DEBRIDE, SOFT TISSUE/BONE, OPEN WTH TEN
24600	DISLOCATION ELBOW CLOSED TREATMENT LA
24605	DISLOCATION ELBOW CLOSED TREATMENT GA
24640	MANIPULATION RADIUS HEAD SUBLUXATION NURSEMAID ELBOW
25000	DE QUERVAIN S RELEASE RADIAL TENDON SHEATH INCISIO
25020	DECOMPRESSION FASCIOTOMY FOREARM/WRIST FLEXOR/EXTENSOR
25023	DECOMPRESSION FASCIOTOMY - DEBRIDEMENT FOREARM/WRIST
25040	EXPLORATION WRIST JOINT DRAINAGE/REMOVE FOREIGN BODY
25066	BIOPSY FOREARM/WRIST SOFT TISSUE DEEP
25071	EXCISION, TUMOUR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS, 3 CM OR GREATER
25073	EXCISION, TUMOUR, SOFT TISSUE OF FOREARM/WRIST AREA, SUBFASCIAL (INTRAMUSCULAR), 3 CM OR GREATER
25075	EXCISION TUMOR FOREARM/WRIST SUBCUTANEOUS
25076	EXCISION TUMOR FOREARM/WRIST DEEP SUBFASCIAL/INTRAMUSC.
25078	RADICAL RESECTION TUMOUR (EG. SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER
25085	CAPSULOTOMY WRIST FOR CONTRACTURE
25101	EXPLORATION WRIST JOINT W/WO BIOPSY REM.FOREIGN BO
25105	ARTHROTOMY SYNOVECTOMY WRIST
25110	EXCISION LESION TENDON SHEATH FOREARM/WRIST
25111	EXCISION GANGLION WRIST PRIMARY
25112	EXCISION GANGLION WRIST RECURRENT
25115	RADICAL EXCISION WRIST BURSA/SYNOVIA/SHEATHS FLEXORS
25116	RADICAL EXCISION WRIST BURSA/SYNOVIA/SHEATHS EXTENSORS
25118	SYNOVECTOMY WRIST EXTENSOR TENDON SHEATH
25119	SYNOVECTOMY WRIST EXTENSOR SHTH RESECTION DISTAL ULNA
25130	EXCISION CARPAL HAND BONE CYST/TUMOR
25210	CARPCTOMY EXCISION ONE WRIST BONE
25240	EXCISION ULNA DISTAL PARTIAL/COMPLETE (DARACH TYPE)
25248	EXPLORE/REMOVE DEEP FOREIGN BODY FOREARM/WRIST
25250	REMOVE WRIST IMPLANT
25270	REPAIR FOREARM/WRIST EXTENSOR TENDON/MUSCLE PRIMARY
25272	REPAIR FOREARM/WRIST EXTENSOR TENDON/MUSCLE SECOND.
25295	RELEASE FLEXOR/EXTENSOR FOREARM/WRIST / TENOLYSIS
25310	TENDON TRANSFER-/PLANT FLEXOR/EXTENSOR ARM/WRIST
25312	TENDON TRANSFER-/PLANT FLEXOR/EXTENSOR ARM/WRIST GRAFTS
25316	REPAIR VOLKMANN CONTRACT./PALSY ARM/WRIST TENDON TRANSF
25320	REPAIR/REVISE WRIST CAPSULE / CAPSULORRHAPHY
26025	DRAINAGE ABSCESS PALM BURSA SINGLE ULNAR OR RADIAL
26030	DRAINAGE ABSCESS PALM BURSA MULTI OR COMPLICATED
26035	DECOMPRESSION FINGERS/HAND INJECTION/GREASE GUN INJURY
26037	DECOMPRESSION FASCIOTOMY FINGERS/HAND
26040	RELEASE DUPUYTREN S CONTRACTURE PERCUTANEOUS FASCIOTOMY
26045	RELEASE DUPUYTREN S CONTRACTURE OPEN/PARTIAL FASCIOTOMY
26055	REPAIR TRIGGER FINGER / INCISE TENDON SHEATH
26070	EXPLORE HAND JOINT DRAIN/REMOVE F.BODY ARTHROTOMY
26075	EXPLORE FINGER JOINT DRAIN/REMOVE F.BODY ARTHROTOMY
26080	EXPLORE HAND JOINT DRAIN/REMOVE F.BODY ARTHROTOMY
26100	ARTHROTOMY SYNOVIAL BIOPSY HAND/CMC JOINT
26105	ARTHROTOMY SYNOVIAL BIOPSY FINGER/MCP JOINT
26110	ARTHROTOMY SYNOVIAL BIOPSY FINGER JOINT
26111	EXCISION, TUMOUR / VASCULAR MALFORMATION, SOFT TISSUE OF HAND/FINGER, SUBCUT, 1.5 CM / GREATER
26113	EXCISION, TUMOUR, SOFT TISSUE/VASCULAR MALFORMATION, HAND/FINGER, SUBFASCIAL (INTRAMUSCULAR), 1.5 CM / GREATER
26115	EXCISION TUMOR/LESION HAND/FINGER SUBCUTANEOUS
26116	EXCISION TUMOR/LESION HAND/FINGER DEEP
26117	RADICAL RESECTION TUMOUR (EG. SARCOMA), SOFT TISSUE OF HAND OR FINGER; LESS THAN 3 CM
26118	RADICAL RESECTION TUMOUR (EG. SARCOMA), SOFT TISSUE OF HAND OR FINGER; 3 CM OR GREATER
26121	RELEASE PALM CONTRACTURE / FASCIECTOMY
26123	FASCIECTOMY SINGLE FINGER W/WO Z-PLASTY/SKIN GRAFT
26125	FASCIECTOMY ADDITIONAL FINGER W/WO Z-PLASTY/SKIN GRAFT
26130	SYNOVECTOMY HAND CMC JOINT
26135	SYNOVECTOMY FINGER MCP JOINT
26140	SYNOVECTOMY FINGER IP JOINT
26145	SYNOVECTOMY PALM OR FINGER FLEXOR TENDON EXCISION
26160	EXCISION GANGLION/CYST HAND/FINGER
26170	EXCISION PALM FLEXOR TENDON SINGLE
26185	EXCISION BONE SESAMOIDECTOMY THUMB OR FINGER
26210	EXCISION FINGER BONE CYST/BENIGN BONE TUMOR
26320	REMOVE FINGER/HAND IMPLANT
26340	MANIPULATION FINGER JOINT UNDER GA EACH JOINT
26350	REPAIR FLEXOR TENDON FINGER/HAND PRIMARY OR SECOND.
26352	REPAIR FLEXOR TENDON FINGER/HAND SECONDARY - GRAFT
26357	REPAIR FLEXOR TENDON FINGER/HAND IN NO MAN S LAND 2ND
26358	REPAIR FLEXOR TENDON HAND NO MAN S LAND 2ND - GRAFT

26370	REPAIR PROFUNDUS TENDON HAND/FINGER 1ST INTACT SUBLIMIS
26372	REPAIR PROFUNDUS TENDON HAND/FINGER 2ND - GRAFT
26373	REPAIR PROFUNDUS TENDON HAND/FINGER 2ND NO GRAFT
26410	REPAIR EXTENSOR TENDON DORSUM HAND
26412	REPAIR EXTENSOR TENDON DORSUM HAND - GRAFT
26418	REPAIR EXTENSOR TENDON DORSUM FINGERS
26420	REPAIR EXTENSOR TENDON DORSUM FINGERS -GRAFT
26426	REPAIR EXTENSOR TENDON FINGER/HAND (BOUTONNIERE DEFORM)
26428	REPAIR EXTENSOR TENDON FINGER/HAND - GRAFT
26432	REPAIR EXTENSOR TENDON MALLET FINGER SPLINT W/WO P
26433	REPAIR EXTENSOR TENDON MALLET FINGER
26434	REPAIR EXTENSOR TENDON MALLET FINGER WITH GRAFT
26440	RELEASE/TENOLYSIS FLEXOR TENDON PALM OR FINGER
26442	RELEASE/TENOLYSIS FLEXOR TENDON PALM AND FINGER
26445	RELEASE/TENOLYSIS EXTENSOR TENDON HAND/FINGER
26449	RELEASE/TENOLYSIS EXTENSOR TENDON DORSUM HAND/FING
26471	FUSION/TENODESIS PROXIMAL FINGER TENDONS
26474	FUSION/TENODESIS DISTAL FINGER TENDONS
26480	TENDON TRANSFER-/PLANT HAND DORSUM CMC AREA SINGLE
26483	TENDON TRANSFER-/PLANT HAND DORSUM CMC AREA TENDON GRFT
26485	TENDON TRANSFER-/TRANSPLANT HAND PALM SINGLE
26489	TENDON TRANSFER-/PLANT HAND PALM TENDON GRAFT
26490	TENDON TRANSFER (OPPONENT) SUBLIMIS TENDON THUMB
26492	TENDON TRANSFER (OPPONENT) SUBLIMIS TENDON THUMB GRAFT
26497	TENDON TRANSFER RESTORE INTRINSIC FUNC.RING/SMALL FING.
26498	TENDON TRANSFER RESTORE INTRINSIC FUNCTION FOUR FINGERS
26500	REPAIR TENDON PULLEY FINGER WITH LOCAL TISSUE
26502	REPAIR TENDON PULLEY FINGER TENDON/FASCIAL GRAFT
26508	RELEASE THUMB CONTRACTURE THENAR MUSCLE
26510	TRANSFER CROSS INTRINSIC TENDON HAND/FINGERS
26520	RELEASE KNUCKLE CONTRACTURE MCP JOINT
26525	RELEASE FINGER CONTRACTURE IP JOINT
26540	REPAIR HAND JOINT MCP OR IP JOINT LIGAMENT
26541	RECONSTRUCT HAND/MCP JOINT WITH GRAFT
26542	RECONSTRUCT HAND/MCP JOINT WITH GRAFT - LOCAL TISSUE
26545	RECONSTRUCT FINGER/IP JOINT - GRAFT
26546	REPAIR NON-UNION FINGER METACARPAL/PHALANX - BONE GRAFT
26560	REPAIR SYNDACTYLY FINGER SKIN FLAPS
26561	REPAIR SYNDACTYLY FINGER SKIN FLAPS - GRAFTS
26565	OSTEOTOMY HAND/METACARPAL CORRECT DEFORMITY
26567	OSTEOTOMY FINGER/PHALANX CORRECT DEFORMITY
26587	RECONSTRUCT EXTRA FINGER SOFT TISSUE - BONE
26591	REPAIR HAND INTRINSIC MUSCLE
26593	RELEASE INTRINSIC MUSCLE HAND (SPECIFY)
26596	EXCISION CONSTRICTING RING OF FINGER - Z-PLASTIES
26607	FRACTURE HAND/METACARPAL CLOSED MANIPULATION - FIX
26670	DISLOCATION HAND/CMC CLOSED MANIPULATION NO GA
26675	DISLOCATION HAND/CMC CLOSED MANIPULATION GA
26700	DISLOCATION FINGER/MCP CLOSED MANIPULATION
26706	DISLOCATION FINGER/MCP PERCUTANEOUS - MANIPULATION
26725	FRACTURE FINGER/THUMB CLOSED MANIPULATION W/WO TRA
26755	FRACTURE FINGER/THUMB DISTAL PHALANX CLOSED MANIPU
26756	FRACTURE FINGER/THUMB DISTAL FIXATION PERCUTANEOUS
26770	DISLOCATION FINGER/IP JOINT CLOSED MANIPULATION NO GA
26775	DISLOCATION FINGER/IP JOINT CLOSED MANIPULATION GA
26850	ARTHRODESIS HAND MCP JOINT W/WO INTERNAL FIXATION
26852	ARTHRODESIS HAND MCP JOINT - AUTOGRAFT
26860	ARTHRODESIS HAND IP JOINT W/WO INTERNAL FIXATION
26861	ARTHRODESIS HAND IP JOINT EACH ADDITIONAL JOINT
26863	ARTHRODESIS HAND IP JOINT - AUTOGRAFT EACH ADD. JOINT
26910	AMPUTATION METACARPAL FINGER OR THUMB (RAY AMPUTATION)
26951	AMPUTATION FINGER/THUMB ANY JOINT/PHALANX DIRECT CLOSURE
26952	AMPUTATION FINGER OR THUMB ANY JOINT/PHALANX - FLAPS
27040	BIOPSY PELVIS/HIP SOFT TISSUE SUPERFICIAL
27041	BIOPSY PELVIS/HIP SOFT TISSUE DEEP
27050	ARTHROTOMY - BIOPSY SACROILIAC JOINT
27052	ARTHROTOMY - BIOPSY HIP JOINT
27054	ARTHROTOMY SYNOVECTOMY HIP JOINT
27060	EXCISION ISCHIAL BURSA
27062	EXCISION TROCHANTERIC BURSA OR CALCIFICATION
27095	INJECT FOR HIP X-RAY GA
27098	TRANSFER ADDUCTOR MUSCLE TENDON TO PELVIS/ISCHIUM
27275	MANIPULATION OF HIP JOINT GA
27327	EXCISION TUMOR THIGH OR KNEE SUBCUTANEOUS
27328	EXCISION TUMOR THIGH OR KNEE SUBFASCIAL/INTRAMUSCULAR
27330	ARTHROTOMY KNEE SYNOVIAL BIOPSY
27331	ARTHROTOMY KNEE EXPLORE
27332	ARTHROTOMY KNEE MENISECTOMY MEDIAL OR LATERAL
27334	ARTHROTOMY KNEE SYNOVECTOMY ANTERIOR - POSTERIOR
27335	ARTHROTOMY KNEE ANTERIOR POSTERIOR - POLITEAL AREA
27337	EXCISION, TUMOUR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS, 3 CM OR GREATER
27339	EXCISION, TUMOUR, SOFT TISSUE OF THIGH / KNEE AREA, SUBFASCIAL (EG. INTRAMUSCULAR), 5 CM OR GREATER
27340	REMOVAL KNEECAP/PATELLAR BURSA
27372	REMOVE FOREIGN BODY KNEE/THIGH AREA
27380	REPAIR INFRAPATELLAR TENDON PRIMARY
27400	TENDON/MUSCLE TRANSFER HAMSTRINGS TO FEMUR (EGGERS)
27560	DISLOCATION PATELLA CLOSED TREATMENT NO GA
27562	DISLOCATION PATELLA CLOSED TREATMENT GA
27570	MANIPULATION KNEE JOINT W/WO TRACTION EXT. FIXATION
27600	FASCIOTOMY LEG ANTERIOR/LATERAL COMPARTMENTS
27601	FASCIOTOMY LEG POSTERIOR COMPARTMENT
27602	FASCIOTOMY LEG ANTERIOR/LATERAL - POSTERIOR COMPARTMENTS
27605	ACHILLES TENDON TENOTOMY LA
27606	ACHILLES TENDON TENOTOMY GA
27612	ACHILLES TENDON LENGTHENING POSTERIOR CAPSULAR RELEASE
27618	EXCISION TUMOR LEG/ANKLE SUBCUTANEOUS
27630	EXCISION LEG/ANKLE TENDON SHEATH LESION CYST/GANGL
27632	EXCISION, TUMOUR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS, 3 CM OR GREATER
27634	EXCISION, TUMOUR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (INTRAMUSCULAR), 5 CM OR GREATER
27658	REPAIR FLEXOR TENDON LEG PRIMARY SINGLE

27659	REPAIR FLEXOR TENDON LEG SECONDARY W/WO GRAFT SINGLE
27680	TENOLYSIS FLEXOR TENDON TIBIA FIBULA - ANKLE SINGLE
27681	TENOLYSIS FLEXOR TENDON TIBIA FIBULA - ANKLE MULTIPLE
27685	TENDON LENGTHENING/SHORTENING LEG/ANKLE SINGLE
27686	TENDON LENGTHENING/SHORTENING LEG/ANKLE MULTIPLE
27687	GASTROCNEMIUS RECESSION (STRAYER)
27690	TRANSFER/-PLANT SINGLE TENDON LEG/FOOT SUPERFICIAL
27691	TRANSFER/-PLANT SINGLE TENDON LEG/FOOT DEEP
27860	MANIPULATION ANKLE CLOSED TRACTION/PERCUT. FIXATIO
28008	FASCIOTOMY FOOT/TOE
28020	ARTHROTOMY INTERTARSAL/TMT JOINT EXPLORE/REMOVE F.BODY
28022	ARTHROTOMY METATARSOPHALANGEAL JOINT EXPLORE/REM F.BODY
28024	ARTHROTOMY TOE/IP JOINT EXPLORE/DRAIN/REMOVE F.BODY
28035	TARSAL TUNNEL FREEING POSTERIOR TIBIAL NERVE
28039	EXCISION, TUMOUR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS, 1.5 CM OR GREATER
28041	EXCISION, TUMOUR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (INTRAMUSCULAR), 1.5 CM OR GREATER
28043	EXCISION TUMOR FOOT SUBCUTANEOUS
28045	EXCISION TUMOR FOOT DEEP SUBFASCIAL INTRAMUSCULAR
28050	ARTHROTOMY SYNOVIAL BIOPSY INTERTARSAL/TARSOMETATARSAL
28052	ARTHROTOMY SYNOVIAL BIOPSY METATARSOPHALANGEAL JOINT
28054	ARTHROTOMY SYNOVIAL BIOPSY INTERPHALANGEAL JOINT INTERPHALANGEALTARSAL/TARSOMETATARSAL
28060	FASCIECTOMY PARTIAL EXCISION PLANTAR FASCIA
28062	FASCIECTOMY RADICAL EXCISION PLANTAR FASCIA
28070	SYNOVECTOMY INTERTARSAL/TARSOMETATARSAL JOINT
28072	SYNOVECTOMY METATARSOPHALANGEAL JOINT
28080	EXCISION MORTON S NEUROMA INTERDIGITAL
28090	EXCISION GANGLION/CYST FOOT
28092	EXCISION GANGLION/CYST TOE(S)
28104	EXCISION TARSAL/METATARSAL BONE CYST/TUMOR
28108	EXCISION FOOT PHALANGES BONE CYST/TUMOR
28124	EXCISION PARTIAL PHALANX OF TOE
28190	REMOVE FOREIGN BODY FOOT SUBCUTANEOUS
28192	REMOVE FOREIGN BODY FOOT DEEP
28193	REMOVE FOREIGN BODY FOOT COMPLICATED
28208	REPAIR EXTENSOR TENDON FOOT
28220	RELEASE FLEXOR FOOT TENDON TENOLYSIS SINGLE
28222	RELEASE FLEXOR FOOT TENDON TENOLYSIS MULTIPLE
28225	RELEASE EXTENSOR FOOT SINGLE TENDON TENOLYSIS
28226	RELEASE EXTENSOR FOOT MULTIPLE TENDONS TENOLYSIS
28250	REVISE PLANTAR FASCIA - MUSCLE FOOT
28260	CAPSULOTOMY RELEASE MIDFOOT MEDIAL JOINT
28270	CAPSULOTOMY RELEASE FOOT CONTRACTURE W/WO TENORRHAPHY
28272	CAPSULOTOMY RELEASE TOE JOINT INTERPHALANGEAL
28288	REMOVE PARTIAL FOOT BONE OSTECTOMY/EXOSTECTOMY
28290	CORRECT BUNION HALLUX VALGUS SIMPLE EXOSTECTOMY SILVER
28306	OSTEOTOMY 1ST METATARSAL BONE W/WO LENGTH/SHORTENING
28307	OSTEOTOMY 1ST METATARSAL W/WO LENGTHEN/SHORTEN - GRAFT
28310	OSTEOTOMY PHALANX/BIG TOE CORRECT/SHORTEN
28312	OSTEOTOMY PHALANGES/ANY TOE CORRECT/SHORTEN
28313	REPAIR TOE DEFORMED/OVERLAPPING/CURLY ONLY SOFT TI
28315	REMOVE SESAMOID BONE FIRST TOE
28455	FRACTURE MIDFOOT/TARSAL CLOSED MANIPULATION
28475	FRACTURE FOOT/METATARSAL CLOSED MANIPULATION
28490	FRACTURE BIG TOE CLOSED TREATMENT
28510	FRACTURE TOE CLOSED TREATMENT
28515	FRACTURE TOE CLOSED MANIPULATION
28750	ARTHRODESIS BIG TOE METATARSOPHALANGEAL JOINT
28755	CORRECT HAMMER/CLAW TOE IP JOINT
28760	CORRECT HAMMER/CLAW TOE IP JOINT TENDON TRANSFER
28810	AMPUTATION METATARSAL WITH TOE SINGLE
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT
28825	AMPUTATION TOE INTERPHALANGEAL JOINT
29049	APPLY PLASTER FIGURE-OF-EIGHT
29065	APPLY CAST SHOULDER TO HAND / FULL ARM
29075	APPLY CAST ELBOW TO FINGER / FOREARM
29105	APPLY LONG ARM SPLINT SHOULDER TO HAND
29125	APPLY FOREARM/SHORT ARM SPLINT STATIC
29305	APPLY HIP SPICA CAST ONE LEG
29325	APPLY HIP SPICA CAST ONE - ONE-HALF SPICA OR BOTH LEGS
29345	APPLY LONG LEG CAST
29405	APPLY CAST BELOW KNEE TO TOES / LOWER LEG
29425	APPLY SHORT LEG CAST WALKING OR AMBULATORY
29450	APPLY CAST CLUB FOOT CORRECTION
29505	APPLY SPLINT/BACKSLAB THIGH TO ANKLE
29590	APPLY FOOT SPLINT/DENIS-BROWN SPLINT STRAPPING
29700	REMOVE CAST BODY/FOOT/HAND
29705	REMOVE CAST FULL ARM/LEG
29710	REMOVE CAST/SPICA HIP OR SHOULDER
29720	REPAIR SPICA BODY CAST OR JACKET
29750	WEDGING OF CLUBFOOT CAST
29800	ARTHROSCOPY JAW TM JOINT DIAGNOSTIC W/WO SYNV. BIOPSY
29805	ARTHROSCOPY SHOULDER DIAGNOSTIC W/WO SYNOVIAL BIOPSY
29830	ARTHROSCOPY ELBOW DIAGNOSTIC W/WO SYNOVIAL BIOPSY
29840	ARTHROSCOPY WRIST DIAGNOSTIC W/WO SYNOVIAL BIOPSY
29848	ENDOSCOPY WRIST RELEASE TRANSVERSE CARPAL LIGAMENT
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BIOPSY
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BIOPSY
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED
29880	ARTHROSCOPY KNEE MENISECTOMY SHAVING MEDIAL - LATE
29881	ARTHROSCOPY KNEE MENISECTOMY SHAVING MEDIAL OR LAT
29886	ARTHROSCOPY KNEE DRILLING INTACT OSTEOCHONDROSIS L
29893	ARTHROSCOPY FOOT ENDOSCOPIC PLANTAR FASCIOTOMY
29900	ARTHROSCOPY MCP JOINT DIAGNOSTIC AND BIOPSY
30000	DRAINAGE ABSCESS/HEMATOMA NOSE
30020	DRAINAGE ABSCESS/HEMATOMA NOSE SEPTUM
30110	REMOVE NOSE POLYPS SIMPLE
30115	REMOVE NOSE POLYPS EXTENSIVE
30117	EXCISION/ABLATION INTRANASAL LESION ANY METHOD
30124	EXCISION DERMOID CYST NOSE SIMPLE SKIN SUBCUTANEOUS
30125	EXCISION DERMOID CYST NOSE COMPLEX BONE OR CARTILAGE

30130	EXCISION NASAL TURBINATES PART/TOTAL TURBINECTOMY
30220	INSERT NASAL SEPTAL IMPLANT (BUTTON)
30300	REMOVE FOREIGN BODY INTRANASAL
30310	REMOVE FOREIGN BODY NOSE GENERAL ANESTHESIA
30320	REMOVE FOREIGN BODY NOSE VIA LATERAL INCISION/RHINOTOMY
30400	RHINOPLASTY LATERAL - ALAR CARTILAGE ELEVATE NOSE
30520	REPAIR NASAL SEPTUM SEPTOPLASTY OR SUB MUCOUS RESECTION
30560	RELEASE NASAL ADHESIONS / INTRANASAL SYNECHIA
30580	REPAIR FISTULA UPPER JAW/OROMAXILLARY
30801	CAUTERISATION INNER NOSE MUCOSA SUPERFICIAL UNI/BILAT.
30802	CAUTERISATION INNER NOSE INTRAMURAL UNI/BILATERAL
30901	BLEEDING CONTROL NOSE ANTERIOR SIMPLE ANY METHOD
30903	BLEEDING CONTROL NOSE ANTERIOR COMPLEX ANY METHOD
30905	BLEEDING CONTROL NOSE POST. ANY METHOD/NASAL PACK FIRST
30906	BLEEDING CONTROL NOSE POST. ANY METHOD/NASAL PACK 2ND
30930	THERAPEUTIC FRACTURE NASAL TURBINATE(S)
31000	ANTRUM WASHOUT/LAVAGE MAXILLARY SINUS
31002	ANTRUM WASHOUT/LAVAGE SPHENOID SINUS
31231	NASAL ENDOSCOPY DIAGNOSTIC EXAMINATION UNI/BILATER
31233	NASAL/SINUS ENDOSCOPY DIAGNOSTIC MAXILLARY
31510	LARYNGOSCOPY INDIRECT WITH BIOPSY
31511	LARYNGOSCOPY INDIRECT REMOVE FOREIGN BODY
31512	LARYNGOSCOPY INDIRECT REMOVE LESION
31515	LARYNGOSCOPY DIRECT ASPIRATION
31525	LARYNGOSCOPY DIRECT DIAGNOSTIC EXCEPT NEWBORN
31526	LARYNGOSCOPY DIRECT DIAGNOSTIC - OPERATING MICROSCOPE
31527	LARYNGOSCOPY DIRECT DIAGNOSTIC AND INSERTION OBTURATOR
31528	LARYNGOSCOPY DIRECT DILATATION INITIAL
31530	LARYNGOSCOPY DIRECT OPERATIVE REMOVE FOREIGN BODY
31531	LARYNGOSCOPY DIRECT MICROSCOPE REMOVE FOREIGN BODY
31535	LARYNGOSCOPY DIRECT OPERATIVE WITH BIOPSY
31536	LARYNGOSCOPY DIRECT MICROSCOPE WITH BIOPSY
31540	LARYNGOSCOPY DIRECT EXCISION TUMOR/V.CORD/EPIGLOTTIS
31541	LARYNGOSCOPY DIRECT MICROSCOPE EXC.TUMOR/V.CORDS/EPIGL.
31561	LARYNGOSCOPY DIRECT MICROSCOPE ARYTENOIDECTOMY
31570	LARYNGOSCOPY DIRECT - INJECTION VOCAL CORDS
31571	LARYNGOSCOPY DIRECT MICROSCOPE - INJECTION VOCAL CORDS
31575	LARYNGOSCOPY FLEXIBLE/FIBROPTIC DIAGNOSTIC
31576	LARYNGOSCOPY FLEXIBLE/FIBROPTIC BIOPSY
31578	LARYNGOSCOPY FLEXIBLE/FIBROPTIC REMOVE LESION
31611	CONSTRUCT TRACHEOESOPH. FISTULA INSERT SPEECH IMPL
36262	REMOVE INTRA-ARTERIAL INFUSION PUMP
36468	INJECTION SCLEROSING SOLUTION TELANGIECTASIA BODY
36590	REMOVE TUNNELED CV ACCESS DEVICE WITH S/C PORT/PUM
40490	BIOPSY LIP
40500	PARTIAL EXCISION LIP VERMILIONECTOMY ADVANCE MUCOSA
40510	PARTIAL EXCISION LIP TRANSVERSE WEDGE
40520	PARTIAL EXCISION LIP V-EXCISION
40525	RECONSTRUCTION LIP WITH LOCAL FLAP
40806	INCISION LIP FOLD / FRENOTOMY
40808	BIOPSY VESTIBULE OF MOUTH
40810	EXCISION LESION MOUTH MUCOSA/SUBMUCOSA
40812	EXCISION LESION MOUTH WITH SIMPLE REPAIR
40814	EXCISION LESION MOUTH COMPLEX REPAIR
40816	EXCISION LESION MOUTH COMPLEX - EXCISION MUSCLE
40818	EXCISION MUCOSA MOUTH AS DONOR GRAFT
40819	EXCISION LIP/CHEEK FOLD / FRENULECTOMY
40820	DESTROY MOUTH LESION/SCAR LASER/CRYO/CAUTERY/CHEMICAL
41000	DRAIN ABSCESS/HEMATOMA INTRAORAL/TONGUE LINGUAL
41005	DRAIN ABSCESS/HEMATOMA INTRAORAL/TONGUE SUBLINGUAL
41006	DRAIN ABSCESS/HEMATOMA INTRAORAL/TONGUE DEEP
41007	DRAIN ABSCESS/HEMATOMA INTRAORAL/TONGUE SUBMENTAL
41008	DRAIN ABSCESS/HEMATOMA INTRAORAL/TONGUE SUBMANDIBLE
41009	DRAIN ABSCESS/HEMATOMA INTRAORAL/TONGUE MASTICATOR
41010	INCISION LINGUAL FRENUM / FRENOTOMY
41015	DRAIN ABSCESS/HEMATOMA EXTRAORAL/TONGUE SUBLINGUAL
41016	DRAIN ABSCESS/HEMATOMA EXTRAORAL/TONGUE SUBMENTAL
41017	DRAIN ABSCESS/HEMATOMA EXTRAORAL/TONGUE SUBMANDIBLE
41018	DRAIN ABSCESS/HEMATOMA EXTRAORAL/TONGUE MASTICATOR
41100	BIOPSY/EXCISION TONGUE ANTERIOR TWO-THIRDS
41105	BIOPSY/EXCISION TONGUE POSTERIOR ONE-THIRD
41108	BIOPSY/EXCISION MOUTH FLOOR
41110	EXCISION LESION TONGUE NO CLOSURE
41112	EXCISION LESION TONGUE ANTERIOR TWO-THIRDS CLOSURE
41113	EXCISION LESION TONGUE POSTERIOR ONE-THIRD CLOSURE
41114	EXCISION LESION TONGUE CLOSURE WITH LOCAL FLAP
41115	EXCISION TONGUE FOLD/LINGUAL FRENUM / FRENECTOMY
41116	EXCISION LESION MOUTH FLOOR
41250	REPAIR LACERATION MOUTH/ANTERIOR TONGUE <2.5CM
41800	DRAINAGE ABSCESS/HEMATOMA/CYST DENTOALVEOLAR STRUCTURES
41820	EXCISION GUM / GINGIVECTOMY
41822	EXCISION GUM LESION DENTOALVEOLAR FIBROUS NODULES
41823	EXCISION GUM LESION DENTOALVEOLAR BONY NODULES/SPURS
41825	EXCISION GUM LESION DENTOALVEOLAR TUMOR NO REPAIR
41826	EXCISION GUM LESION DENTOALVEOLAR TUMOR SIMPLE REPAIR
41828	EXCISION HYPERPLASTIC ALVEOLAR MUCOSA EACH QUADRANT
41830	ALVEOLECTOMY - CURETTAGE OF OSTIITIS/SEQUESTRECTOMY
41850	DESTROY GUM LESION BY LASER/CRYO/CAUTERY/CHEMICAL
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES
42000	DRAINAGE ABSCESS PALATE/UVULA MOUTH ROOF
42100	BIOPSY PALATE/UVULA MOUTH ROOF
42104	EXCISION PALATE/UVULA LESION NON-CLOSURE
42140	EXCISION UVULA/SMALL TONGUE / UVELECTOMY
42160	DESTROY LESION PALATE/UVULA CAUTERY/CRYO/LASER
42300	DRAINAGE ABSCESS PAROTID GLAND (SIMPLE)
42305	DRAINAGE ABSCESS PAROTID GLAND (COMPLICATED)
42310	DRAINAGE ABSCESS SUB-MAXILLARY/SUB-LINGUAL GLANDS
42320	DRAINAGE ABSCESS SUB-MAXILLARY EXTERNAL
42330	REMOVE STONES SALIVARY GLANDS SIMPLE INTRAORAL
42335	REMOVE STONES SALIVARY GLANDS COMPLEX INTRAORAL

42340	REMOVE STONES SALIVARY/PAROTID GLAND EXTRA/INTRAORAL
42400	BIOPSY SALIVARY GLAND NEEDLE ASPIRATION
42405	BIOPSY/EXCISION SALIVARY GLAND
42408	EXCISION SUBLINGUAL SALIVARY CYST
42409	MARSUPIALISATION SUBLINGUAL SALIVARY CYST
42450	EXCISION SUBLINGUAL GLAND
42660	DILATION - CATHETERISATION SALIVARY DUCT W/WO INJE
42800	BIOPSY OROPHARYNX
42804	BIOPSY NASOPHARYNX SIMPLE VISIBLE LESION
42806	BIOPSY NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION
42808	EXCISION/DESTRUCTION PHARYNX LESION
42809	REMOVE FOREIGN BODY PHARYNX
42810	EXCISION NECK CYST/BRANCHIAL CLEFT CYST SKIN - SUB
42820	TONSILLECTOMY - ADENOIDECTOMY <12YEARS
42821	TONSILLECTOMY - ADENOIDECTOMY >11YEARS
42825	TONSILLECTOMY <12YEARS
42826	TONSILLECTOMY >11YEARS
42830	ADENOIDECTOMY <12YEARS
42831	ADENOIDECTOMY >11YEARS
42835	ADENOIDECTOMY SECONDARY <12YEARS
42836	ADENOIDECTOMY SECONDARY >11YEARS
42860	EXCISION TONSIL TAGS
42870	EXCISION/ABLATION LINGUAL TONSIL ANY METHOD
43191	OESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC W/WO SPECIMEN BRUSH/WASHING
43193	OESOPHAGOSCOPY RIGID TRANSORAL BIOPSY
43194	OESOPHAGOSCOPY RIGID TRANSORAL REMOVE FOREIGN BODY
43195	OESOPHAGOSCOPY RIGID TRANSORAL WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER)
43196	OESOPHAGOSCOPY RIGID TRANSORAL DILATION OVER A GUIDE WIRE
43197	OESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC W/WO SPECIMEN BRUSH/WASHING
43198	OESOPHAGOSCOPY FLEXIBLE TRANSNASAL BIOPSY
43200	OESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC W/WO SPECIMEN BRUSH/WASHING
43202	OESOPHAGOSCOPY FLEXIBLE TRANSORAL BIOPSY
43204	OESOPHAGOSCOPY FLEXIBLE TRANSORAL INJECTION OESOPHAGEAL VARICOSE VEINS
43206	OESOPHAGOSCOPY FLEXIBLE TRANSORAL OPTICAL ENDOMICROSCOPY
43212	OESOPHAGOSCOPY FLEXIBLE TRANSORAL PLACEMENT ENDOSCOPIC STENT
43213	OESOPHAGOSCOPY FLEXIBLE TRANSORAL DILATION OESOPHAGUS, BALLOON/DILATOR, RETROGRADE
43214	OESOPHAGOSCOPY FLEXIBLE TRANSORAL DILATION OESOPHAGUS, BALLOON (30 MM OR LARGER)
43215	OESOPHAGOSCOPY FLEXIBLE TRANSORAL REMOVE FOREIGN BODY
43220	OESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER)
43226	OESOPHAGOSCOPY FLEXIBLE TRANSORAL DILATION OVER A GUIDE WIRE
43229	OESOPHAGOSCOPY FLEXIBLE; ABLATION TUMOR/POLYP/OTHER LESION
43233	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; BALLOON DILATION OESOPHAGUS (30 MM OR LARGER)
43235	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; DIAGNOSTIC, BRUSH/WASH
43236	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION, ANY SUSTANCE
43237	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; ENDOSCOPIC ULTRASOUND EXAMINATION (OESOPHAGUS/STOMACH/DUODENUM/ADJACENT STRUCTURES)
43238	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; TRANSENDOSCOPIC ULTRASOUND-GUIDED FINE NEEDLE ASPIRATION/BIOPSY (OESOPHAGUS, STOMACH, DUODENUM, ADJACENT STRUCTURES)
43239	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; BIOPSY
43240	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; DRAINAGE PSEUDOCYST
43241	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; INSERT INTRALUMINAL TUBE/CATHETER
43242	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; TRANSENDOSCOPIC ULTRASOUND-GUIDED FINE NEEDLE ASPIRATION/BIOPSY (OESOPHAGUS, STOMACH, DUODENUM/SURGICALLY ALTERED STOMACH)
43243	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; INJECTION SCLEROSIS OESOPHAGEAL/GASTRIC VARICES
43244	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; BAND LIGATION OESOPHAGEAL/GASTRIC VARICES
43245	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; DILATION GASTRIC/DUODENAL STICTURE
43246	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; DIRECTED PLACEMENT PERCUT GASTROSTOMY TUBE
43247	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; REMOVAL FOREIGN BODY
43248	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; OVER GUIDE WIRE
43249	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; TRANSENDOSCOPIC BALLOON DILATION OESOPHAGUS (LESS THAN 30 MM)
43250	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; REMOVAL TUMOUR/POLYP/OTHER LESIONS BY HOT BIOPSY FORCEPS
43251	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; REMOVAL TUMOUR/POLYP/OTHER LESION BY SNARE TECHNIQUE
43252	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; WITH OPTICAL ENDOMICROSCOPY
43253	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; TRANSENDOSCOPIC ULTRASOUND-GUIDED TRANSMURAL INJECTION (OESOPHAGUS/STOMACH/DUODENUM OF SURGICALLY ALTERED STOMACH)
43254	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; ENDOSCOPIC MUCOSAL RESECTION
43255	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; WITH CONTROL OF BLEEDING, ANY METHOD
43257	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; OESOPHAGEAL REFLUX TREATMENT
43259	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; WITH ENDOSCOPIC ULTRASOUND EXAMINATION (OESOPHAGUS/STOMACH/DUODENUM OR SURGICALLY ALTERED STOMACH)
43260	ERCP DIAGNOSTIC WITH SPECIMEN BRUSHING/WASHING
43262	ERCP SPHINCTEROTOMY/PAPILLOTOMY
43266	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; PLACEMENT ENDOSCOPIC STENT
43270	OESOPHAGOGASTRODUODENOSCOPY, TRANSORAL; ABLATION TUMOUR/POLYP/OTHER LESION
43275	ERCP REMOVE FOREIGN BODY OR STENT
43276	ERCP REMOVE AND EXCHANGE STENT, EACH STENT EXCHANGED
43450	DILATION OESOPHAGUS UNGUIDED SOUND OR BOUGIE
43453	DILATION OESOPHAGUS OVER GUIDE WIRE
44385	ENDOSCOPY DIAG. SMALL BOWEL POUCH WITH WASH SPECIMEN
44388	COLONOSCOPY THROUGH STOMA DIAGNOSTIC WITH SPECIMEN
44389	COLONOSCOPY VIA STOMA BIOPSY SINGLE/MULTIPLE
44394	COLONOSCOPY VIA STOMA REMOVE TUMOR/POLYP BY SNARE
44402	COLONOSCOPY VIA STOMA; WITH ENDOSCOPIC STENT PLACEMENT
45100	BIOPSY RECTUM/ANORECTAL WALL
45300	SIGMOIDOSCOPY RIGID DIAGNOSTIC W/WO WASH/BRUSH SPECIMEN
45303	SIGMOIDOSCOPY RIGID DILATION RECTUM/SIGMOID
45305	SIGMOIDOSCOPY RIGID BIOPSY RECTUM/SIGMOID COLON
45307	SIGMOIDOSCOPY RIGID REMOVE FOREIGN BODY
45308	SIGMOIDOSCOPY RIGID REMOVE TUMOR/POLYP/LESION CAUTERY
45309	SIGMOIDOSCOPY RIGID REMOVE TUMOR/POLYP/LESION SNAR
45315	SIGMOIDOSCOPY RIGID REMOVE TUMORS/POLYPS SNARE/CAUTERY
45317	SIGMOIDOSCOPY RIGID CONTROL BLEEDING ANY METHOD
45320	SIGMOIDOSCOPY RIGID ABLATION TUMORS/POLYPS LASER
45321	SIGMOIDOSCOPY RIGID DECOMPRESSION OF VOLVULUS
45327	SIGMOIDOSCOPY RIGID DIAGNOSTIC WITH STENT PLACEMEN
45330	SIGMOIDOSCOPY FLEXIBLE DIAGNOSTIC WITH BRUSHING/WASHING
45331	SIGMOIDOSCOPY FLEXIBLE BIOPSY RECTUM/SIGMOID
45332	SIGMOIDOSCOPY FLEXIBLE REMOVE FOREIGN BODY
45333	SIGMOIDOSCOPY FLEXIBLE REMOVE TUMOR/POLYPS/OTHER LESIONS BY HOT FORCEPS
45334	SIGMOIDOSCOPY FLEXIBLE CONTROL BLEEDING ANY METHOD

45335	SIGMOIDOSCOPY FLEXIBLE WITH SUBMUCOSAL INJECTION
45337	SIGMOIDOSCOPY FLEXIBLE DECOMPRESSION OF VOLVULUS/MEGACOLON
45338	SIGMOIDOSCOPY FLEXIBLE REMOVE TUMOR/POLYPS SNARE/CAUTER
45340	SIGMOIDOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC BALLOON DILATION
45341	SIGMOIDOSCOPY FLEXI DIAGNOSTIC ULTRASOUND EXAMINATION
45342	SIGMOIDOSCOPY FLEXI DIAGNOSTIC U.SOUND NDLE ASPIRATIO
45346	SIGMOIDOSCOPY FLEXIBLE ABLATION TUMOR/POLYPS/OTHER LESIONS
45347	SIGMOIDOSCOPY FLEXIBLE ENDOSCOPIC STENT PLACEMENT
45349	SIGMOIDOSCOPY FLEXIBLE ENDOSCOPIC MUCOSAL INJECTION
45350	SIGMOIDOSCOPY FLEXIBLE BAND LIGATION (EG HAEMORRHOIDS)
45378	COLONOSCOPY DIAGNOSTIC WITH BRUSHING/WASHING
45379	COLONOSCOPY REMOVE FOREIGN BODY
45380	COLONOSCOPY BIOPSY
45381	COLONOSCOPY FLEXIBLE WITH DIRECT MUCOSAL INJECTION
45382	COLONOSCOPY BLEEDING CONTROL, ANY METHOD
45384	COLONOSCOPY REMOVE TUMOR/POLYP/OTHER LESION BY HOT FORCEPS
45385	COLONOSCOPY REMOVE TUMOR/POLYP/OTHER LESIONS SNARE TECHNIQUE
45386	COLONOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC BALLOON DILATION
45388	COLONOSCOPY DESTROY TUMOR/POLYP/OTHER LESIONS
45389	COLONOSCOPY ENDOSCOPIC WITH STENT PLACEMENT
45391	COLONOSCOPY FLEXIBLE WITH ENDOSCOPIC ULTRASOUND EXAM
45392	COLONOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC ULTRASOUND NEEDLE ASPIRTATION/BIOPSY
45398	COLONOSCOPY BAND LIGATION (EG HAEMORRHOIDS)
45520	INJECT SCLEROSING SOLUTION RECTAL PROLAPSE
45905	DILATION ANAL SPHINCTER (LORD S PROCEDURE) UNDER GA
45910	DILATION RECTAL STRICTURE UNDER GA
45915	REMOVE RECTAL FAECAL IMPACTION/FOREIGN BODY UNDER GA
46230	EXCISION EXTERNAL HEMORRHOID TAGS/PAPILLAE
46600	ANOSCOPY DIAGNOSTIC W/WO ANAL SPECIMEN BRUSHING/WASHING
46601	ANOSCOPY DIAGNOSTIC WITH MAGNIFICATION AND CHEMICAL ENHANCEMENT WITH BRUSHING/WASHING
46604	ANOSCOPY ANAL DILATION ANY METHOD
46606	ANOSCOPY BIOPSY ANAL
46607	ANOSCOPY DIAGNOSTIC WITH MAGNIFICATION AND CHEMICAL ENHANCEMENT WITH BIOPSY
46608	ANOSCOPY REMOVE ANAL FOREIGN BODY
46610	ANOSCOPY REMOVE ANAL TUMOR/POLYP FORCEPS/CAUTERY
46611	ANOSCOPY REMOVE ANAL TUMOR/POLYP SNARE
46612	ANOSCOPY REMOVE ANAL TUMOR/POLYP MULTIPLE ANY METHOD
46614	ANOSCOPY CONTROL ANAL BLEEDING ANY METHOD
46900	DESTROY ANAL LESION (WART/PAPILLOMA/CONDYLOMA)CHEMICAL
46910	DESTROY ANAL LESION (WART/PAPILLOMA/CONDYLOMA)CAUTERY
46917	DESTROY ANAL LESION (WART/PAPILLOMA/CONDYLOMA)LASER
46922	DESTROY/EXCISE ANAL LESION (WART/PAPILLOMA/CONDYLOMA
46924	DESTROY ANAL LESIONS ANY METHOD
49320	LAPAROSCOPY DIAGNOSTIC ABDOMEN/PERITONEUM/OMENTUM
49322	LAPAROSCOPY ASPIRATION ABDOMEN/PERITONEUM/OMENTUM
49500	HERNIA REPAIR INGUINAL REDUCIBLE 6/12 TO <5 YRS
49501	HERNIA REPAIR INGUINAL STRANGULATED 6/12 TO <5 YRS
49580	HERNIA REPAIR UMBILICAL REDUCIBLE <5 YEARS
51701	INSERTION NON-INDWELLING BLADDER CATHETER
51702	INSERT TEMPORARY INDWELLING BLADDER CATHETER
51703	INSERT TEMP INDWELLING BLADDER CATH, COMPLICATED
51715	ENDOSCOPIC INJECTION IMPLANT INTO URETHRA/BLADDER
51720	TREATMENT BLADDER LESION INSTILL. ANTICARCINOGENIC
52000	CYSTOSCOPY DIAGNOSTIC
52001	CYSTOURETHEROSCOPY WITH IRRIGATION AND EVACUATION CLOTS
52005	CYSTOSCOPY URETERAL CATHETER W/WO IRRIGATION/PYELOGRAM
52007	CYSTOSCOPY WITH BRUSH BIOPSY URETER OR RENAL
52010	CYSTOSCOPY - EJACULATORY DUCT CATHETERISAT.
52204	CYSTOSCOPY BIOPSY BLADDER/URETHRA
52270	CYSTOSCOPY - INTERNAL URETHROTOMY FEMALE
52281	CYSTOSCOPY DILATION URETHRAL STRICTURE CYSTOGRAM
52283	CYSTOSCOPY STEROID INJECTION INTO STRICTURE
52285	CYSTOSCOPY FEMALE URETHRAL SYNDROME
52287	CYSTOSCOPY WITH INJECTION FOR CHEMODENERVATION OF BLADDER
52310	CYSTOSCOPY REMOVE URETER STENT/STONE/F.BODY SIMPLE
52315	CYSTOSCOPY REMOVE URETER STENT/STONE/F.BODY COMPLE
52325	CYSTOSCOPY FRAGMENTATION URETER STONE ULTRASONIC/E
52327	CYSTOSCOPY MACROPLASTY INJECT IMPLANT MATERIAL URE
52334	CYSTOSCOPY RETROGRADE INSERT GUIDE WIRE VIA KIDNEY
52341	CYSTOSCOPY RX URETERAL STICTURE ANY METHOD OR INCI
52351	CYSTOSCOPY URETEROSCOPY AND/OR PYELOSCOPY DIAGNOST
52354	CYSTOSCOPY WITH BIOPSY FULGURATION OF LESION
53450	REVISION URETHRA URETHROMEATOPLASTY ADVANCE MUCOSA
53460	URETHROMEATOPLASTY PART EXCISION DISTAL URETHRA
53600	DILATION URETHRAL STRICTURE SOUND MALE INITIAL
53601	DILATION URETHRAL STRICTURE SOUND MALE SUBSEQUENT
53605	DILATION URETHRAL/BLADDER NECK SOUND MALE SPINAL/G
53621	DILATION URETHRAL STRICTURE FILIFORM MALE SUBSEQUENT
53660	DILATION URETHRAL STRICTURE FEMALE INITIAL
53665	DILATION URETHRAL FEMALE SPINAL GA
54001	SLITTING PREPUCE/FORESKIN ALL EXCEPT NEWBORN
54050	DESTROY PENIS LESIONS SIMPLE CHEMICAL
54055	DESTROY PENIS LESIONS SIMPLE ELECTRODESICCATION
54056	DESTROY PENIS LESIONS SIMPLE CRYOSURGERY
54060	DESTROY PENIS LESIONS SIMPLE SURGICAL EXCISION
54065	DESTROY PENIS LESIONS SIMPLE EXTENSIVE ANY METHOD
54100	BIOPSY PENIS SKIN
54105	BIOPSY PENIS DEEP STRUCTURES
54150	CIRCUMCISION CLAMP/OR OTHER DEVICE NEWBORN
54160	CIRCUMCISION SURGICAL EXCISION NEWBORN
54161	CIRCUMCISION SURGICAL EXCISION ALL EXCEPT NEWBORN
54162	EXCISION LYSIS PENILE POST CIRCUMCISION AHESIIONS
54163	REPAIR EXCISION INCOMPLETE CIRCUMCISION NEWBORN
54164	FRENULOTOMY OF PENIS
54200	INJECTION/TREATMENT PENIS FOR PEYRONIE DISEASE
54205	INJECTION - EXCISE PENIS PLAQUE FOR PEYRONIE DISEASE
54231	DYNAMIC CAVERNOMETRY - INJECT VASOACTIVE DRUGS
54235	INJECT PENIS CORPORA CAVERNOSA (PHARMACOLOGICAL AGENT)
54300	REVISION/REPAIR PENIS STRAIGHTENING CHORDEE HYPOSP
54308	REPAIR HYPOSPADIAS SECOND STAGE < 3CM URETHROPLAST

54312	REPAIR HYPOSPADIAS SECOND STAGE > 3CM URETHROPLAST
54322	REPAIR HYPOSPADIAS ONE STAGE DISTAL MEATAL ADVANCE
54340	REPAIR HYPOSPADIAS COMPLICATIONS SIMPLE EXCISION
54450	STRETCHING PREPUCE/FORESKIN W/WO FREE ADHESIONS
54500	BIOPSY TESTIS NEEDLE ASPIRATION
54505	BIOPSY TESTIS SURGICAL
54512	EXCISION EXTRA-PARENCHYMAL LESION OF TESTIS
54550	EXPLORATION UNDESCENDED TESTIS INGUINAL/SCROTAL AR
54560	EXPLORATION UNDESCENDED TESTIS ABDOMINAL AREA
54600	REDUCTION TORSION OF TESTIS W/WO FIXATION
54620	SUSPENSION/FIXATION CONTRALATERAL TESTIS
54640	SUSPENSION OF TESTIS W/WO INGUINAL HERNIA REPAIR
54650	ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS
54830	EXCISION EPIDIDYMIS LESION
54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY
54860	EPIDIDYMECTOMY UNILATERAL
54861	EPIDIDYMECTOMY BILATERAL
55000	DRAINAGE OF HYDROCELE TUNICA VAGINALIS W/WO INJECTION
55040	EXCISION HYDROCELE UNILATERAL
55041	EXCISION HYDROCELE BILATERAL
55060	REPAIR HYDROCELE TUNICA VAGINALIS
55110	EXPLORATION SCROTUM
55120	REMOVE FOREIGN BODY SCROTUM
55250	VASECTOMY UNI/BILATERAL
55400	VASOVASOSTOMY / VASOVASORRHAPHY
55450	STERILISATION LIGATION VAS DEFERENS UNI/BILATERAL
55500	EXCISION HYDROCELE OF SPERMATIC CORD UNILATERAL
55520	EXCISION LESION SPERMATIC CORD
55530	EXCISION VARICOCELE OR LIGATION SPERMATIC VEINS
55535	EXCISION VERICOCELE/LIGATION SPERM.VEINS (ABD.INC.)
55700	BIOPSY PROSTATE NEEDLE/PUNCH
55705	BIOPSY PROSTATE SURGICAL ANY APPROACH
56405	DRAINAGE ABSCESS/HEMATOMA PERINEUM/VULVA
56420	DRAINAGE ABSCESS BARTHOLIN S GLAND
56440	MARSUPIALISATION BARTHOLIN S GLAND
56441	FREE LABIAL ADHESIONS
56442	HYMENOTOMY SIMPLE INCISION
56501	DESTROY VULVA LESION SINGLE ANY METHOD
56515	DESTROY VULVA LESIONS EXTENSIVE ANY METHOD
56605	BIOPSY VULVA/PERINEUM SINGLE
56606	BIOPSY VULVA/PERINEUM EACH ADDITIONAL LESION
56700	FENTONPLASTY HYMENECTOMY PARTIAL
56740	EXCISION BARTHOLIN S GLAND/CYST
56800	REPAIR VAGINA PLASTIC REPAIR INTROITUS
56810	REPAIR PERINEUM PERINEOPLASTY NON-OBSTETRIC
56820	COLPOSCOPY VULVA
56821	COLPOSCOPY VULVA + BIOPSY(S)
57000	EXPLORATION OF VAGINA COLPOTOMY DIAGNOSTIC
57022	INCISION DRAINAGE VAGINAL HEMATOMA OBSTETRICAL POSTPART
57023	INCISION DRAINAGE VAGINAL HEMATOMA NON OBSTETRICAL
57061	ABLATION/DESTROY VAGINAL LESION(S) SIMPLE ANY METHOD
57065	ABLATION/DESTROY VAGINAL LESION(S) EXTENSIVE ANY METHOD
57100	BIOPSY/EXCISION VAGINAL MUCOSA SIMPLE
57105	BIOPSY/EXCISION VAGINAL/CYST(S) EXTENSIVE
57130	EXCISION VAGINAL SEPTUM
57135	EXCISION VAGINAL CYST/TUMOR
57150	IRRIGATION/TREATMENT VAGINAL INFECTION
57180	BLEEDING CONTROL VAGINAL NON-OBSTET.HEMOSTAT PACK/AGENT
57200	REPAIR/SUTURE VAGINAL INJURY COLPORRHAPHY NON-OBSTET.
57210	REPAIR VAGINA/PERINEUM INJURY NONOBSTETRICAL
57400	DILATION OF VAGINA UNDER ANESTHESIA
57410	PELVIC EXAMINATION UNDER ANESTHESIA
57415	REMOVE IMPACTED VAGINAL FOREIGN BODY
57452	EXAMINATION VAGINA VIA COLPOSCOPY/VAGINOSCOPY
57454	EXAMINATION VAGINA - BIOPSY/CURETTAGE VIA COLPOSCOPY
57455	COLPOSCOPY CERVIX AND UPPER VAGINA WITH BIOPSY CERVIX
57456	COLPOSCOPY CERVIX + UPP ADJ VAGINA + ENDOCERV CURETTAGE
57460	EXCISION CERVIX LOOP ELECTRODE VIA COLPOSCOPY
57461	COLPOSCOPY CERVIX+UPP VAGINA+LOOP ELECTR CONISATION CX
57500	BIOPSY CERVIX LOCAL EXCISION OF LESION GA
57505	ENDOCERVICAL CURETTAGE (NOT D- C)
57510	CAUTERISATION CERVIX ELECTRO/THERMAL
57511	CAUTERISATION CERVIX CRYOCAUTERY
57513	CAUTERISATION CERVIX LASER ABLATION
57520	CONE EXCISION CERVIX W/WO D-C/REPAIR LASER OR KNIF
57522	CONE EXCISION CERVIX W/WO D-C/REPAIR LOOP ELECT.IL
57558	DILATION + CURETTAGE CERVICAL STUMP
57700	REVISION/CERCLAGE UTERINE CERVIX NON-OBSTETRICAL
57720	REVISION/REPAIR CERVIX TEAR TRACHELORRHAPHY
57800	DILATION OF CERVIX CANAL INSTRUMENTAL
58100	BIOPSY UTERUS LINING ENDOMETRIUM W/WO DILATION
58120	DILATION - CURETTAGE DIAGNOSTIC/THERAPEUTIC NON-OBSTET.
58300	INSERT INTRAUTERINE DEVICE
58301	REMOVE INTRAUTERINE DEVICE
58353	ENDOMETRIAL ABLATION THERMAL NO HYSTEROSCOPIC GUIDANCE
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASOUND+CURETTAGE
58555	HYSTEROSCOPY DIAGNOSTIC
58558	HYSTEROSCOPY BIOPSY ENDOMETRIUM/POLYPECTOMY W/WO D-C
58559	HYSTEROSCOPY FREEING INTRAUTERINE ADHESIONS ANY METHOD
58560	HYSTEROSCOPY RESECT INTRAUTERINE SEPTUM
58561	HYSTEROSCOPY REMOVE MYOMA
58562	HYSTEROSCOPY REMOVE IMPACTED FOREIGN BODY
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION ANY METHOD
58565	HYSTEROSCOPY SURGICAL: STERILIZATION
58660	LAPAROSCOPY FREEING ADHESIONS FROM TUBES OVARIES
58662	LAPAROSCOPY FULGURATE/EXCISE LESION OVARY/PELVIC O
58670	LAPAROSCOPY TUBAL CAUTERY / FULGURATION
58671	LAPAROSCOPY TUBAL BLOCK BY DEVICE BAND/CLIP/RING
59820	MISCARRIAGE FIRST TRIMESTER RX-DILATION - EVACUATI
59840	TERMINATE PREGNANCY BY DILATION - CURETTAGE

59841	TERMINATE PREGNANCY BY DILATION - EVACUATION
59870	EVACUATE AND CURETTAGE HYDATIDIFORM MOLE/ABNORMAL
62269	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE
62280	INJECT NEUROLYTIC SUBSTANCE SUBARACHNOID
62281	INJECT NEUROLYTIC SUBSTANCE EPIDURAL/CERVICAL/THOR
62282	INJECT NEUROLYTIC SUBSTANCE EPIDURAL/LUMBAR/CAUDAL
62291	INJECT FOR DISKOGRAPHY CERVICAL
62292	INJECT FOR CHEMONUCLEOLYSIS LUMBAR SINGLE OR MULTIPLE
62310	INJECT DIAGNOSTIC/THERAPEUTIC SUBSTANCE SPINE C/
62311	INJECT DIAGNOSTIC/THERAPEUTIC SUBSTANCE SPINE L/
62318	INJECT VIA CATHETER DIAG/THERAP SUBSTANCE SPINE C/
62319	INJECT VIA CATHETER DIAG/THERAP SUBSTANCE SPINE L/S
63615	STEREOTACTIC SPINAL BIOPSY/ASPIRATION/EXCISION LESION
64400	INJECT NERVE BLOCK TRIGEMINAL NERVE
64402	INJECT NERVE BLOCK FACIAL NERVE
64405	INJECT NERVE BLOCK OCCIPITAL NERVE
64412	INJECT NERVE BLOCK SPINAL ACCESSORY NERVE
64413	INJECT NERVE BLOCK CERVICAL PLEXUS
64417	INJECT NERVE BLOCK AXILLARY NERVE
64418	INJECT NERVE BLOCK SUPRASCAPULAR NERVE
64420	INJECT NERVE BLOCK INTERCOSTAL NERVE SINGLE
64425	INJECT NERVE BLOCK ILIOINGUINAL/FEMORAL/HYPOGASTRI
64430	INJECT NERVE BLOCK PUDENDAL NERVE
64445	INJECT NERVE BLOCK SCIATIC NERVE
64446	CONTINUOUS NERVE BLOCK INFUSION: SCIATIC NERVE
64447	INJECT NERVE BLOCK: FEMORAL NERVE
64448	CONTINUOUS NERVE BLOCK INFUSION: FEMORAL NERVE
64449	CONTINUOUS NERVE BLOCK INFUSION: LUMBAR PLEXUS
64450	INJECT NERVE BLOCK OTHER PERIPHERAL NERVE/BRANCH
64455	INJECTION(S), ANAESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (E.G., MORTON'S NEUROMA)
64470	INJECT ANAESTH/STEROID PARAVERTEBAL FACET C/T 1 LE
64472	INJECT ANAESTH/STEROID PARAVERTEBAL FACET C/T ADD
64475	INJECT ANAESTH/STEROID PARAVERTEBAL FACET L/S 1 LE
64476	INJECT ANAESTH/STEROID PARAVERTEBAL FACET L/S ADD
64479	INJECT ANAESTH/STEROID TRANSFORAM EPIDURAL C/T 1 LEVEL
64483	INJECT ANAESTH/STEROID TRANSFORAM EPIDURAL L/S 1 L
64484	INJECT ANAESTH/STEROID TRANSFORAM EPIDURAL L/S ADD
64490	INJECTION, DIAGNOSTIC/THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT WITH IMAGE GUIDANCE, CERVICAL/THORACIC, SINGLE LEVEL
64493	INJECTION, DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT WITH IMAGE GUID, LUMBAR/SACRAL, SINGLE LEVEL
64494	INJECTION, DIAGNOSTIC/THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT WITH IMAGE GUID, LUMBAR/SACRAL, SECOND LEVEL (ADD-ON CODE)
64505	INJECT NERVE BLOCK SPHENOPALTINE GANGLION
64510	INJECT NERVE BLOCK STELLATE GANGLION
64520	INJECT NERVE BLOCK LUMBAR OR THORACIC (SYMPATHETIC
64600	DESTROY TRIGEMINAL/ORBITAL/MENTAL/ALVEOLAR NERVE
64610	DESTROY TRIGEMINAL SECOND - THIRD - X-RAYS MONITORING
64612	DESTROY FACIAL NERVE
64616	CHEMODENERVATION NECK MUSCLE, EXCLUDING MUSCLES OF LARYNX
64617	CHEMODENERVATION LARYNX MUSCLE PERCUT, NEEDLE ELECTROMYOGRAPHY GUIDE
64620	DESTROY INTERCOSTAL NERVE
64630	DESTROY PUDENDAL NERVE RHIZOTOMY
64632	DESTRUCTION BY NEUROLYTIC AGENT: PLANTAR COMMON DIGITAL NERVE
64633	DESTROY BY NEUROLYTIC (WITH IMAGING), FACET NERVE CERV/THORACIC
64634	DESTROY BY NEUROLYTIC (WITH IMAGING), FACET NERVE CERV/THORACIC (EA)
64635	DESTROY BY NEUROLYTIC (WITH IMAGING), FACET NERVE LUMBAR/SACRAL
64636	DESTROY BY NEUROLYTIC (WITH IMAGING), FACET NERVE LUMBAR/SACRAL (EA)
64640	DESTROY PERIPHERAL NERVE NEUROLYTIC
64642	CHEMODENERVATION ONE EXTREMITY: 1-4 MUSCLE(S)
64643	CHEMODENERVATION ONE EXTREMITY: EACH ADD EXTREMITY, 1-4 MUSCLE(S) (ADD-ON)
64644	CHEMODENERVATION ONE EXTREMITY: 5 OR MORE MUSCLES
64645	CHEMODENERVATION ONE EXTREMITY: EACH ADD EXTREMITY, 5 OR MORE MUSCLES (ADD-ON)
64646	CHEMODENERVATION TRUNK MUSCLES: 1-5 MUSCLE(S)
64647	CHEMODENERVATION TRUNK MUSCLES: 6 OR MORE MUSCLES
64650	CHEMODENERVATION ECCRINE GLANDS BI AXIL
64716	NEUROPLASTY/DECOMPRESSION CRANIAL NERVE (SPECIFY)
64718	NEUROPLASTY/DECOMPRESSION ULNAR NERVE AT ELBOW
64719	NEUROPLASTY/DECOMPRESSION ULNAR NERVE AT WRIST
64721	CARPAL TUNNEL NEUROPLASTY/DECOMPRESSION MEDIAN NERVE
64774	EXCISION NEUROMA CUTANEOUS NERVE
64776	EXCISION NEUROMA FINGER/DIGITAL NERVE SAME DIGIT
64782	EXCISION NEUROMA HAND/FOOT EXCEPT DIGITAL NERVE
64795	BIOPSY NERVE (SOMATIC)
65135	INSERT EYEBALL IMPLANT POST ENUCLEATION
65175	REMOVE OF EYEBALL IMPLANT
65205	REMOVE FOREIGN BODY EYE EXTERNAL/SUPERFICIAL
65210	REMOVE FOREIGN BODY EYE EMBEDDED IN CONJUNCTIVA
65220	REMOVE FOREIGN BODY EYE EXTERNAL CORNEAL
65222	REMOVE FOREIGN BODY EYE EXTERNAL CORNEAL - SPLIT LAMP
65270	REPAIR WOUND EYE CONJUNCTIVA/SCLERA DIRECT CLOSURE
65272	REPAIR WOUND EYE CONJUNCTIVA BY MOBILISATION/REARRANGE
65273	REPAIR WOUND EYE CONJUNCTIVA MOBILISE - REARRANGE
65275	REPAIR WOUND EYE CORNEA NONPERFORATING W/WO REM F.BODY
65400	EXCISION CORNEAL LESION / KERATECTOMY (NOT PTERYGIUM)
65410	BIOPSY CORNEA
65420	EXCISION PTERYGIUM WITHOUT GRAFT
65426	EXCISION PTERYGIUM WITH GRAFT
65435	REMOVE CORNEAL EPITHELIUM LESIONS ABRASION/CURETTAGE
65710	CORNEAL TRANSPLANT LAMELLAR / KERATOPLASTY
65730	CORNEAL TRANSPLANT PENETRATING / KERATOPLASTY
65800	DRAINAGE ANTERIOR EYE CHAMBER DIAGNOSTIC PARACENTESIS
65810	DRAINAGE ANT.EYE CHAMBER REMOVE VITREOUS/CUT MEMBRANE
65815	DRAINAGE ANT.EYE CHAMBER REM.BLOOD/IRRIGATE/INJECT AIR
65850	INCISION OF EYE / TRABECULOTOMY AB EXTERNA
65855	LASER SURGERY OF EYE TRABECULATE / TRABECULOPLASTY
65865	INCISE ADHESIONS INNER EYE/GONIOSYNECHIAE
65870	INCISE ADHESIONS INNER EYE/ANTERIOR SYNECHIAE
65875	INCISE ADHESIONS INNER EYE/POSTERIOR SYNECHIAE
65880	INCISE ADHESIONS INNER EYE/CORNEO/VITREAL SYNECHIAE

65900	REMOVE EPITHELIAL DOWNGROWTH FROM ANTERIOR EYE CHAMBER
65920	REMOVE IMPLANTED MATERIAL FROM ANTERIOR EYE SEGMENT
65930	REMOVE BLOOD CLOT ANTERIOR EYE SEGMENT
66020	INJECT ANTERIOR EYE CHAMBER AIR/LIQUID
66030	INJECT ANTERIOR EYE CHAMBER MEDICATION
66130	EXCISION OF LESION SCLERA
66150	FISTULIZE SCLERA FOR GLAUCOMA TREPHINATION - IRIDECTOMY
66155	FISTULISE SCLERA FOR GLAUCOMA CAUTERY - IRIDECTOMY
66170	FISTULIZE SCLERA FOR GLAUCOMA TRABECULECTOMY AB EXTERNO
66172	FISTULIZE - INJECT SCLERA FOR GLAUCOMA WITH SCARRING
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL, WITHOUT RETENTION OF DEVICE OR STENT
66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH WO GRAFT
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH WITH GRAFT
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATERESERVOIR WITH GRAFT
66820	INCISION SECONDARY MEMBRANOUS CATERACT STAB INCISION
66821	AFTER CATERACT LASER SURGERY / CUT SECONDARY CATARACT
66825	REPOSITION INTRAOCULAR LENS IMPLANT THROUGH AN INCISION
66830	REMOVE SECONDARY MEMBRANOUS CATERACT W/WO IRIDECTOMY
66840	REMOVE LENS MATERIAL ASPIRATION
66850	REMOVE LENS MATERIAL PHACOFRAGMENTATION - ASPIRATION
66852	REMOVE LENS MATERIAL PARS PLANA APP W/WO VITRECTOMY
66920	EXTRACT LENS MATERIAL INTRACAPSULAR
66930	EXTRACT LENS MATERIAL INTRACAPSULAR FOR DISLOCATED LENS
66940	EXTRACT LENS MATERIAL EXTRACAPSULAR
66982	REMOVE CATERACT EXTRACAPSULAR COMPLEX TECHNIQUES
66983	EXTRACT LENS/CATERACT INTRACAPSULAR - INSERT I.O.LENS
66984	EXTRACT LENS/CATERACT EXTRACAPSULAR - INSERT I.O.LENS
66985	INSERTION INTRAOCULAR LENS IMPLANT ONLY
66986	EXCHANGE INTRAOCULAR LENS
67005	REMOVE PARTIAL EYE FLUID/VITREOUS SKY TECH./LIMBAL INC.
67010	REMOVE PARTIAL EYE FLUID/VITREOUS MECHANICAL VITRE
67015	ASPIRATE OR RELEASE EYE FLUID VIA POSTERIOR SCLEROTOMY
67025	REPLACE EYE FLUID INJECT VITREOUS SUBSTITUTE
67027	IMPLANT EYE INTRAVITREAL DRUG DELIVERY SYSTEM
67028	INJECT EYE INTRAVITREAL DRUG/PHARMACOLOGICAL AGENT
67031	SEVER BY LASER EYE VITREOUS STRANDS/ADHESIONS/OPACITIES
67036	VITRECTOMY MECHANICAL
67039	VITRECTOMY LASER PHOTOCOAGULATION TREATMENT OF RETINA
67040	VITRECTOMY LASER PANRETINAL PHOTOCOAGULATION TREAT
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (E.G., MACULAR PUCKER)
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA, INCLUDE INTRAOCULAR TAMPONADE
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL SUBRETINAL MEMBRANE INCLUDE INTRAOCULAR TAMPONADE & LASER PHOTOCOAGULATION
67115	RELEASE RETINAL BUCKLING MATERIAL POSTERIOR SEGMENT
67120	REMOVE EYE IMPLANTED MATERIAL POST. SEGMENT EXTRAOC
67141	PROPHYLAXIS RETINAL DETACHMENT CRYO/DIATHERMY
67227	DESTROY EXTENSIVE RETINOPATHY CRYO/CAUTERY
67311	REPAIR STRABISMUS ONE HORIZONTAL MUSCLE
67312	REPAIR STRABISMUS TWO HORIZONTAL MUSCLES
67314	REPAIR STRABISMUS ONE VERTICAL MUSCLE
67316	REPAIR STRABISMUS TWO OR MORE VERTICAL MUSCLES
67318	REVISE SUPERIOR OBLIQUE EYE MUSCLE FOR STRABISMUS
67334	REPAIR STRABISMUS BY POSTERIOR FIXATION SUTURE
67340	REVISE STRABISMUS EXPLORE/REPAIR DETACHED EXTRAOC.
67343	RELEASE EXTENSIVE SCAR TISSUE
67345	DESTROY NERVE OF EXTRAOCULAR MUSCLE BY CHEMODENERVATION
67346	BIOPSY EXTRAOCULAR MUSCLE
67415	ASPIRATION ORBITAL CONTENTS
67450	EXPLORE EYE SOCKET W/WO BIOPSY
67500	INJECT EYE SOCKET/RETROBULBAR MEDICATION
67550	INSERT EYE SOCKET/ORBIT IMPLANT OUTSIDE MUSCLE CONE
67560	REMOVE/REVISE EYE SOCKET/ORBIT IMPLANT OUTSIDE MUSCLE
67700	DRAINAGE ABSCESS EYELID BLEPHAROTOMY
67710	INCISION EYELID SEVERING OF TARSORRHAPHY
67715	INCISION EYELID FOLD/CANTHUS CANTHOTOMY
67800	EXCISION CHALAZION/MEIBOMIAN CYST SINGLE LA
67801	EXCISION CHALAZION/MEIBOMIAN CYST MULTI SAME EYELID LA
67805	EXCISION CHALAZION/MEIBOMIAN CYST MULTI BOTH EYELIDS LA
67808	EXCISION CHALAZION/MEIBOMIAN CYST SINGLE/MULTIPLE GA
67810	BIOPSY EYELID
67820	REVISE EYELASHES/TRICHIASIS EPILATION BY FORCEPS
67825	REVISE EYELASHES/TRICHIASIS EPILATION CAUTER/CRYO/LASER
67830	REVISE EYELASHES/TRICHIASIS INCISION LID MARGIN
67840	EXCISION EYELID LESION (NOT CHALAZION)
67850	TREAT/DESTROY EYELID LESION UP TO 1 CM
67880	REVISION EYELID ADHESIONS TARSORRHAPHY/CANTHORRHAPHY
67900	REPAIR BROW DEFECT/PTOSIS OF EYEBROW(S)
67901	REPAIR EYELID DEFECT/BLEPHAROPTOSIS MUSCLE TECHNIQUE
67902	REPAIR EYELID DEFECT/BLEPHAROPTOSIS FASCIAL SLING
67903	REPAIR EYELID DEFECT/BLEPHAROPTOSIS INTERNAL APPROACH
67904	REPAIR EYELID/BLEPHAROPTOSIS RESECT EXTERNAL APPROACH
67906	REPAIR EYELID/BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING
67908	REPAIR EYELID/BLEPHAROPTOSIS FASANELLA-SERVAT TYPE
67909	REVISE EYELID DEFECT REDUCTION OF OVER CORRECTION
67912	CORRECT LAGOPHTHALMOS & IMPLANT UPPER EYELID LOAD
67914	REPAIR ECTROPION SUTURE
67915	REPAIR ECTROPION THERMOCAUTERISATION
67916	REPAIR ECTROPION BLEPHAROPLASTY EXCISE TARSAL WEDGE
67917	REPAIR ECTROPION EXTENSIVE BLEPHAROPLASTY (KUHN)
67921	REPAIR ENTROPION SUTURE
67922	REPAIR ENTROPION THERMOCAUTERISATION
67923	REPAIR ENTROPION BLEPHAROPLASTY EXCISE TARSAL WEDGE
67924	REPAIR ENTROPION EXTENSIVE BLEPHAROPLASTY (WHEELER)
67930	REPAIR EYELID WOUND PARTIAL THICKNESS
67935	REPAIR EYELID WOUND FULL THICKNESS
67938	REMOVE FOREIGN BODY EMBEDDED IN EYELID
67950	REVISE EYELID CANTHOPLASTY RECONSTRUCTION CANTHUS
67961	REVISE EYELID GRAFT/PEDICLE FLAP <1/4 OF MARGIN

67971	RECONSTRUCT EYELID TRANSFER FLAP FROM OTHER EYELID
67975	RECONSTRUCT ANY EYEVLID STAGE 2
68020	DRAINAGE/INCISION EYELID/CONJUNCTIVA CYST OR HEMATOMA
68040	TREATMENT OF EYELID LESIONS / FOLLICLES
68100	BIOPSY CONJUNCTIVA/EYELID LINING
68110	EXCISION CONJUNCTIVAL LESION UP TO 1CM
68115	EXCISION CONJUNCTIVAL LESION OVER TO 1CM
68130	EXCISION CONJUNCTIVAL LESION WITH ADJACENT SCLERA
68135	DESTROY CONJUNCTIVAL LESION
68200	TREATMENT EYELID SUBCONJUNCTIVAL INJECTION
68320	CONJUNCTIVOPLASTY WITH CONJUNCTIVAL GRAFT
68325	CONJUNCTIVOPLASTY WITH BUCCAL MUCOUS MEMBRANE GRAFT
68360	CONJUNCTIVAL FLAP BRIDGE OR PARTIAL
68362	CONJUNCTIVAL FLAP BRIDGE TOTAL
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT LIVING DONOR
68420	INCISION DRAINAGE TEAR/LACRIMAL SAC
68440	LACRIMAL PUNCTUM SNIP INCISION
68510	BIOPSY LACRIMAL GLAND
68520	DACRYOCYSTECTOMY EXCISION LACRIMAL SAC
68530	REMOVE FOREIGN BODY/STONE LACRIMAL TUBES
68700	REPAIR TEAR DUCTS/CANALICULI
68705	REVISE/CORRECT TEAR DUCT OPENING/PUNCTUM BY CAUTERY
68720	CREATE TEAR SAC DRAIN TO NOSE DACRYOCYSTORRHINOSTOMY
68750	CREATE TEAR DUCT DRAIN TUBE/STENT CONJUNCTIVORHINOSTOMY
68761	CLOSURE LACRIMAL PUNCTUM BY PLUG
68801	DILATE TEAR DUCT/LACRIMAL PUNCTUM W/WO IRRIGATION
68810	PROBING NASOLACRIMAL DUCT W/WO IRRIGATION
68811	PROBING NASOLACRIMAL DUCT W/WO IRRIGATION GA
68815	PROBING NASOLACRIMAL DUCT W/WO IRRIGATION INSERT TUBE
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATIO
68840	EXPLORE/PROBE LACRIMAL CANALICULI W/WO IRRIGATION
69000	DRAINAGE ABSCESS/HEMATOMA EXTERNAL EAR (SIMPLE)
69005	DRAINAGE ABSCESS/HEMATOMA EXTERNAL EAR (COMPLEX)
69020	DRAINAGE ABSCESS EXTERNAL EAR/AUDITORY CANAL
69100	BIOPSY EAR EXTERNAL
69105	BIOPSY EAR EXTERNAL/AUDITORY CANAL
69110	EXCISION EAR EXTERNAL PARTIAL/SIMPLE REPAIR
69140	EXCISION EXOSTOSIS EXTERNAL EAR CANAL
69145	EXCISION SOFT TISSUE EXTERNAL EAR CANAL
69200	REMOVE FOREIGN BODY EXTERNAL EAR CANAL LA
69205	REMOVE FOREIGN BODY EXTERNAL EAR CANAL GA
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL
69300	REVISE PROTRUDING EXTERNAL EAR/BAT EAR OTOPLASTY
69310	RECONSTRUCT/MEATOPLASTY EXT.EAR CANAL TRAUMA/INFECTION
69420	MYRINGOTOMY ASPIRATION INCISION OF EARDRUM
69421	MYRINGOTOMY ASPIRATION INCISION OF EARDRUM GA
69424	REMOVE VENTILATING TUBE/GROMMET
69433	MYRINGOTOMY INSERT VENTILATING TUBE (GROMMET) LA
69436	MYRINGOTOMY INSERT VENTILATING TUBE (GROMMET) GA
69440	EXPLORE MIDDLE EAR VIA POSTAURICULAR INCISION
69540	REMOVE/EXCISE EAR LESION / POLYP
69610	REPAIR OF EARDRUM W/WO PERFORATION W/WO PATCH
69620	MYRINGOPLASTY REPAIR EARDRUM
69700	CLOSURE POSTAURICULAR FISTULA MASTOID
74400	UROGRAM/PYELOGRAM
74420	UROGRAM RETROGRADE
90870	ELECTROCONVULSIVE THERAPY SINGLE PER DAY
92018	EYE EXAMINATION UNDER GENERAL ANESTHETIC
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE
92072	FITTING OF CONTACT LENS FOR TREATMENT OF KERATOCONUS
92502	EAR/THROAT EXAMINATION UNDER GENERAL ANESTHETIC
92504	EAR MICROSCOPIC BINOCULAR EXAMINATION
92511	NASOPHARYNGEAL EXAMINATION
92585	HEARING TEST TESTING AUDITORY NERVOUS SYSTEM
0232T	INJECTION, PLATELET RICH PLASMA, ANY SITE, INCL IMAGE GUID, HARVESTING + PREPARATION