

PROVIDER SERVICES AGREEMENT

THIS PROVIDER SERVICES AGREEMENT (“**Agreement**”), effective as of January 1, 2026 (the “**Effective Date**”), is made and entered into by and between MCC Health, PBC, contracting on behalf of the health benefit plan sponsor(s) identified on Attachment C (each a “**Plan Sponsor**”) and **SURGERY CENTER OF OKLAHOMA, L.P.** and its affiliated providers and facilities as listed on Attachment A (individually and collectively referred to herein as “**Provider**”).

WHEREAS, each Plan Sponsor identified on Attachment C is contracting individually with Provider through its agent MCC Health, PBC, and this Agreement shall be interpreted as a separate agreement for each Plan Sponsor;

WHEREAS, Plan Sponsor sponsors a self-funded health benefit plan regulated by ERISA, as defined below (“**Plan**”), for its employees and their dependents who are eligible for and enrolled in the Plan (“**Participants**”);

WHEREAS, Provider consists of one or more licensed health care providers; and

WHEREAS, each party wishes to enter into this Agreement to facilitate the delivery of Covered Services (as defined below) by Provider to Participants.

NOW THEREFORE, in consideration of the terms and conditions set forth herein, the parties agree as follows:

SECTION 1. DEFINITIONS

- 1.1 Clean Claim means an industry-standard claim form that has been completed without any defect, error, or other impropriety or circumstance that may prevent timely processing.
- 1.2 Covered Services means those health care items and services for which the Plan is financially responsible. An item or service is only a Covered Service if it is medically necessary, as defined by the Plan.
- 1.3 ERISA means the Employee Retirement Income Security Act of 1974, as amended.
- 1.4 Bundled SCO Services means the surgical services, anesthesia services and use of SCO’s surgery center facility at 9500 N. Broadway, Oklahoma City, Oklahoma necessary to accomplish, on an out-patient surgery basis, the Procedures delineated on Attachment B.

SECTION 2. DUTIES OF PROVIDER

- 2.1 Provider Services. Provider shall furnish Covered Services to Participants pursuant to the terms and conditions set forth in this Agreement, including Attachment A. Provider shall verify the eligibility of Participant(s) prior to furnishing Covered Services, in accordance with Section 3.1. Provider shall bind its employees, health care providers, directors, officers, representatives, contractors, and agents (“**Personnel**”) to the applicable requirements of this Agreement. Provider retains full authority to control its business

operations, locations, equipment, Personnel, and scope of services, provided that it also satisfies its obligations under this Agreement.

- 2.2 Standards. Provider shall furnish Covered Services in accordance with applicable law, ethical guidelines, and standards of care. Provider shall not differentiate or discriminate in the treatment of any Participant because of (i) the person's status as a Participant; or (ii) any protected classification, including but not limited to race, national origin, sex, gender, sexual orientation, and disability. For the benefit of Participants, Provider shall make commercially reasonable efforts to refer Participants to other in-network providers of Plan. Provider shall ensure coverage for Participants on a 24/7 basis in a manner that is appropriate to Provider's specialty. Provider shall participate in any quality improvement, case management, or similar programs offered by Plan Sponsor for the benefit of Participants.
- 2.3 Credentialing. Provider and its Personnel shall maintain all necessary licenses, accreditations, certifications and/or training required by law and the Plan in order to furnish Covered Services. Provider shall (i) provide Plan Sponsor or its designee with evidence of such qualifications prior to the Effective Date and upon request; and (ii) immediately notify Plan Sponsor of any change to such information or the occurrence of any event identified in Section 5.2(b) as to Provider, any Personnel, or a practice location. Personnel who are subject to credentialing must have their credentials verified by Provider prior to furnishing Covered Services under this Agreement.
- 2.4 Participating Locations and Providers. Provider shall render Covered Services to Participants at the service locations and through the individual health care providers, if applicable, listed on Attachment A. Provider shall notify Plan Sponsor or its designee promptly of any changes in its providers, services, and/or service locations.
- 2.5 Records. Provider shall maintain medical records and documents relating to Participants as required by applicable law and for the period of time required by law. Medical records of Provider and any other records containing individually identifiable information relating to Participants shall be regarded as confidential, and Provider and Plan Sponsor shall comply with applicable federal and state law regarding such records. Subject to Section 6.2, Provider shall provide Plan Sponsor and government agencies with access to and/or copies of any records related to Participants or this Agreement at no additional charge as reasonably necessary or as required by law.
- 2.6 Data. The parties shall cooperate in exchanging such data as may be necessary to fulfill the purposes of this Agreement, subject to Section 6.2.

SECTION 3. DUTIES OF PLAN SPONSOR

- 3.1 Participant Identification; Benefits. Plan Sponsor or its designee shall provide a readily-accessible means for verification of Participants' eligibility and benefits.
- 3.2 Cost Share. For Covered Services rendered by Provider under this Agreement, Plan Sponsor shall either (i) ensure that the Plan does not require any cost share amounts from Participants; or (ii) collect any such cost share amounts directly from Participant.

- 3.3 Relationship to Plan. MCC Health, PBC shall bind each Plan Sponsor and its Plans to comply with all applicable provisions of this Agreement. Provider acknowledges and agrees that each Plan Sponsor is singularly responsible for its own compliance under this Agreement, and there is no joint and several liability among Plan Sponsors by virtue of this Agreement.
- 3.4 Addition of Plan Sponsors. MCC Health, PBC shall provide thirty (30) days' prior written notice to Provider of the proposed addition of a Plan Sponsor to Attachment C. If Provider does not object to the addition within such notice period, the Plan Sponsor will be deemed included in Attachment C as of the date specified in the notice. MCC Health, PBC may remove Plan Sponsor(s) from the Agreement upon notice to Provider.
- 3.5 Policies and Procedures. Plan Sponsor reserves the right to adopt and amend policies and procedures for administration of the Plan and this Agreement. Plan Sponsor shall make any such policies and procedures available to Provider, and, to the extent such policies and procedures are not in conflict with this Agreement, Provider agrees to comply with the same. Notwithstanding the foregoing, any policies, procedures or rules which materially increase the administrative procedures which Provider must follow or otherwise impose an additional material administrative burden on Provider shall require the prior written agreement of Provider. In the event of a conflict between this Agreement and the Plan Sponsor's policies and procedures, this Agreement shall prevail.
- 3.6 Plan Document. Plan Sponsor retains sole responsibility for ensuring that (i) its Plan(s) and its operations comply with ERISA and any other applicable law; and (ii) its Plan document(s) are consistent with the requirements of this Agreement, such that the terms and conditions of this Agreement may be given full force and effect without violating the Plan document(s). Plan Sponsor is also solely responsible for ensuring that its designee(s), including but not limited to any third party administrator, comply with the terms of this Agreement.

SECTION 4. PAYMENTS

- 4.1 Payments. Provider agrees to accept the applicable rate set forth in Attachment B as payment in full for Covered Services furnished to Participant. Provider shall submit claims to Plan Sponsor's third party administrator, as directed by Plan Sponsor, or as otherwise set forth in Attachment B. Claims are subject to review for inappropriate billing practices (e.g. non-compliance with the bundled price evidenced on SCO's website) and appropriateness of treatment. The Participant's medical record must substantiate the services provided. Claims will be submitted by Atlas Billing Company, LLC ("Atlas") as SCO's billing and collection agent. Provider shall submit claims within one hundred eighty (180) days of the date of service, the date of discharge, or the date of adjudication by the primary payor, as applicable. Provider shall make best efforts to submit claims electronically. Provider shall not seek reimbursement from Participant(s) for Covered Services, except as may be described in Attachment B. Plan Sponsor shall pay, or arrange for payment of, any undisputed amounts to Provider within thirty (30) calendar days of receipt of a Clean Claim. MCC Health, PBC is not responsible for any payment to Provider.

- 4.2 Non-Covered Services. Provider may bill Participant for any item or service that is not considered a Covered Service by the Plan, provided that (i) Provider has informed Participant in advance that the specified item or service is not a Covered Service; and (ii) Participant has agreed in writing to receive, and be financially responsible for, that particular item or service prior to it being provided.
- 4.3 Coordination of Benefits. Provider shall follow coordination of benefits rules as directed by Plan Sponsor. Where Plan is the secondary payor, Provider shall bill and collect from the primary payor before submitting a claim under Section 4.1.
- 4.4 Overpayments. Plan Sponsor will not engage in routine prepayment utilization management activities for Covered Services rendered by Provider under this Agreement. Nevertheless, in the event Plan Sponsor reasonably determines that it has made payment for item(s) and/or service(s) that are not Covered Services, or that were provided to a patient who was not a Participant on the date of service, or where there is a finding of fraud, waste or abuse by Provider, in Plan Sponsor's sole discretion, (i) Plan Sponsor may recoup such payment upon notice to Provider; and/or (ii) Provider shall refund such overpayment within thirty (30) days of demand from Plan Sponsor. Disagreements about such overpayments shall be subject to the dispute resolution procedures set forth in Section 6.8.

SECTION 5. TERM AND TERMINATION

- 5.1 Term. This Agreement shall commence as of the Effective Date and shall remain in full force and effect until the end of the then-current calendar year, unless earlier terminated as provided in Section 5.2. Thereafter, the Agreement shall automatically renew for additional one (1) year terms, unless either party provides notice of non-renewal at least ninety (90) days prior to the end of the then-current contract year.
- 5.2 Termination.
- a. Either party may terminate this Agreement for cause due to a material breach by the other party by giving thirty (30) days' prior written notice. The notice of termination for cause shall not be effective if the breaching party cures the breach to the reasonable satisfaction of the non-breaching party within such notice period.
 - b. MCC Health, PBC may terminate this Agreement, or remove Personnel or practice locations from Attachment A, immediately by written notice in the event Provider, any Personnel, or a practice location, as applicable, (i) fails to maintain licensure or accreditation; (ii) fails to maintain insurance as required by this Agreement; (iii) is convicted of a crime; (iv) is excluded from a federal health care program; (v) is found liable for malpractice; (vi) is insolvent; (vii) engages in fraud, waste or abuse; (viii) acts, or fails to act, in a manner that places Plan, Plan Sponsor or a Participant at material risk.
 - c. MCC Health, PBC (or any Plan Sponsor as to its Plan(s) only) may terminate this Agreement without cause upon ninety (90) days' prior written notice to Provider.

- d. Any obligation arising prior to the date of termination, and any provision that by its nature is intended to survive, shall survive termination. Further, this Agreement shall continue to apply to Covered Services (i) for up to ninety (90) days following termination to the extent necessary to allow Participants to transition to other health care providers; (ii) until the date of discharge, for any Participant with inpatient status as of the date of termination; or (iii) the period of time specified by continuity of care requirements under applicable law.
- e. Each Plan Sponsor may exercise these termination rights individually as to its participation in the Agreement. MCC Health, PBC may also exercise these termination rights as party to the Agreement.

SECTION 6. GENERAL PROVISIONS

- 6.1 Disclaimer. MCC Health, PBC is not responsible to any individual or entity for any damages arising from Plan Sponsor or Provider's acts or omissions hereunder. Provider shall defend and hold harmless MCC Health, PBC from any damages arising from Provider's acts or omissions related to this Agreement.
- 6.2 HIPAA, Confidentiality, Non-Disclosure.
 - a. MCC Health, PBC, Provider and Plan Sponsors shall comply with all applicable laws and regulations regarding maintenance and disclosure of Participants' medical records and other individually identifiable health information. In particular, the parties shall comply with the applicable provisions of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and the applicable rules and regulations promulgated thereunder, all as amended from time to time (collectively, "HIPAA").
 - b. Each party shall keep strictly confidential any and all proprietary information of the other party that may be given or disclosed, or that may be learned directly or indirectly, pursuant to this Agreement. In addition, neither party shall use such confidential information for its own benefit (other than to implement this Agreement) or disclose such confidential information to any other person or entity (except those professional advisors who are bound to confidentiality) without the express prior written consent of the other party or as required by law. Notwithstanding the foregoing, this Agreement and its attachments shall not be considered confidential information hereunder.
 - c. This Section 6.2 shall survive the termination of this Agreement.
- 6.3 Patient Choice/Discussion of Treatment Options. The parties acknowledge and agree that nothing in this Agreement shall be construed to (i) interfere with a Participant's freedom of choice to receive medical services from Provider or any other health care provider; or (ii) prohibit, impede, or interfere in discussions between Participants and health care providers regarding medical treatment options.

- 6.4 Professional Judgment. Neither MCC Health, PBC nor Plan Sponsor shall exercise control or direction over the manner or method by which Provider renders Covered Services under this Agreement and shall not interfere with the professional medical judgment of any health care provider. Accordingly, Provider shall indemnify and hold harmless Plan Sponsor and its agents for any and all damages arising from the acts or omissions of Provider or its Personnel under this Section 6.4. Provider shall notify Plan Sponsor or its designee immediately upon receipt of a grievance or complaint from a Participant.
- 6.5 Independent Contractors. Each party acts as an independent contractor to the other party. Neither party has express or implied authority to assume or create any obligation on behalf of the other. Neither party's employees, agents, or representatives have any right to the employee benefits offered by the other party solely by virtue of this Agreement.
- 6.6 Insurance. Provider represents and warrants that it has and shall maintain professional, general liability, and other applicable industry standard insurance coverage against claims arising out of Provider's or its Personnel's acts or omissions hereunder, at minimum amounts of no less than \$1,000,000 per occurrence and \$3,000,000 in the annual aggregate. Provider represents and warrants that it has and shall maintain cyber security insurance coverage at a minimum amount of \$1,000,000 in the annual aggregate.
- 6.7 Audits. MCC Health, PBC and Plan Sponsor have the right to conduct reasonable audits, including a review of the coding applied to a Participant's medical record. Audits may not be conducted on a pre-payment basis.
- 6.8 Dispute Resolution. In the event that a dispute arises between the parties regarding the performance or interpretation of this Agreement, the parties agree that they shall first meet and attempt in good faith to resolve the dispute prior to the initiation of any other legal action. Such informal dispute resolution process may include mediation, upon the mutual agreement of the parties. If such efforts fail to produce a mutually acceptable resolution of the dispute, either party may initiate binding arbitration in Dallas County, Texas, in accordance with the rules of the American Health Law Association. Further, each Plan Sponsor may participate in dispute resolution individually if no other Plan Sponsor is affected by the dispute.
- 6.9 Modification for Change in Law. To the extent that any law, rule, regulation or standard of any authority having jurisdiction over a party to this Agreement or the subject matter of this Agreement (including an applicable accrediting agency) shall raise question as to the legality, enforceability, or appropriateness of this Agreement or any provision hereof, the parties agree to negotiate promptly regarding any modification needed to bring this Agreement into compliance with such applicable law, rule, regulation or standard. Should the parties be unable to agree upon such modification within a period of thirty (30) days from the date either party gave notice of the issue to the other party, or within such shorter period of time necessary to avoid illegality, this Agreement may be terminated by either party upon notice to the other party.
- 6.10 Entirety and Modification. This Agreement, together with the exhibits which are hereby incorporated by reference, constitutes the entire agreement between the parties with respect

to the subject matter hereof, and as of the Effective Date, shall supersede any previous agreements or understandings, written or oral, between the parties. If Plan Sponsor has access to Provider's services under another agreement, e.g., a wrap network participation agreement, this Agreement shall prevail. Except as otherwise set forth herein, all modifications of the Agreement shall be in writing and signed by both parties.

- 6.11 Governing Law. This Agreement shall be interpreted and governed by the laws of the State of Texas, without regard to any conflicts of law principles, and without regard to any construction in favor of either party by reason of the drafting of this Agreement.
- 6.12 Assignment; Subcontracting. Except as otherwise permitted herein, neither party shall have the right to assign, delegate, or otherwise transfer any or all of its rights and/or obligations under this Agreement to any third party without the prior written consent of the other party, which consent shall not be unreasonably withheld; provided that MCC Health, PBC may assign to an affiliate or successor-in-interest. Further, each Plan Sponsor may assign its participation under this Agreement to any affiliate or successor-in-interest. Provider may not subcontract with third parties to furnish Covered Services under this Agreement, unless otherwise authorized in writing by Plan Sponsor or its designee.
- 6.13 Compliance with Laws. Each party will conduct itself in full compliance with applicable federal, state and local law. This Agreement has been negotiated in an arms-length transaction and (i) does not require or guarantee any minimum level of Covered Services to be provided hereunder; and (ii) does not take into account any referrals or other business that may exist between the parties.
- 6.14 Use of Name and Other Information. Provider agrees that Plan Sponsor may include information about Provider on a publicly available website and in literature distributed to existing or potential Participants.
- 6.15 Notices. Any notice required under this Agreement must be in writing and either hand delivered or sent by United States mail postage prepaid or overnight courier to the applicable party at the address listed on the signature page. Either party may change its address for notices by giving written notice of the change to the other party in the same manner. Notwithstanding the foregoing, Plan Sponsor or its designee may send routine communications regarding this Agreement and/or the Plan to Provider via electronic means.
- 6.16 Waiver of Breach; Severability. If either party waives a breach of any provision of this Agreement, it shall not operate as a waiver of any subsequent breach. If any portion of this Agreement is deemed unenforceable for any reason, it shall not affect the enforceability of any remaining portions.
- 6.17 Multiple Counterparts. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original for all purposes and all of which shall be deemed, collectively, one Agreement for each Plan Sponsor.

[SIGNATURE PAGE FOLLOWS]

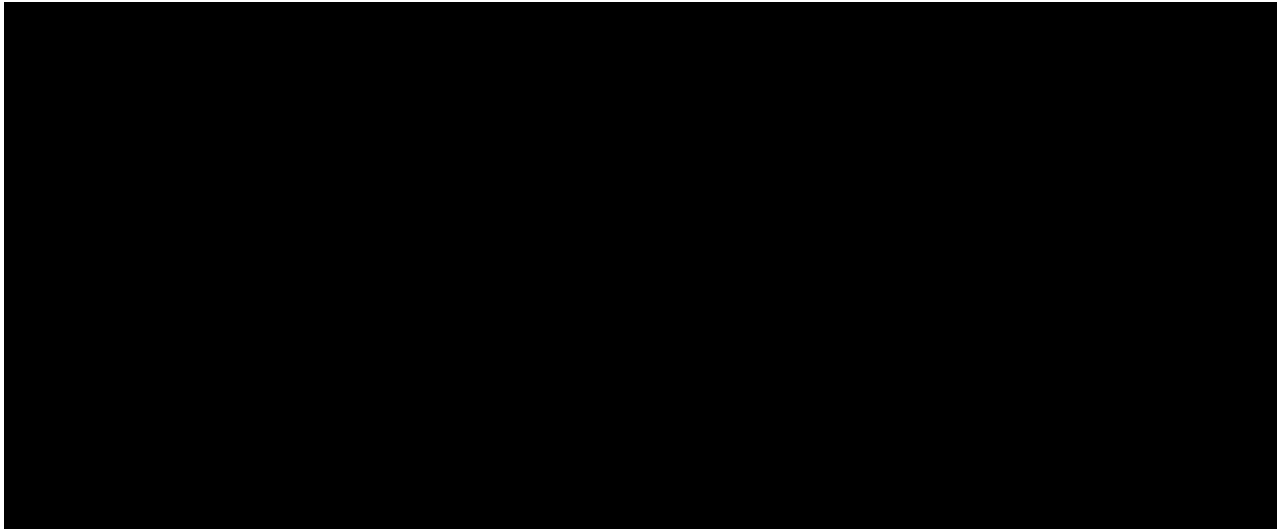
IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as set forth below.

MCC HEALTH, PBC,
contracting on behalf of the Plan Sponsor(s)
identified on Attachment C

PROVIDER:

Signature:

Signature:



ATTACHMENT A

Covered Services and Participating Locations

The parties anticipate that Provider will furnish Covered Services at the following locations:

- 9500 N. Broadway, Oklahoma City, Oklahoma

If applicable, Provider will furnish a roster of its individual health care providers prior to execution of this Agreement and at any time upon Plan Sponsor's request.

ATTACHMENT B
Reimbursement Rates

1. **Pricing of Bundled SCO Services.** Administrator shall pay SCO in accordance with the rates evidenced on this Attachment B as enclosed. Effective October 1 of every year, SCO adjusts the pricing under its provider services agreements to meet expense increases it has experienced during the prior twelve (12) month period. Notwithstanding, if the Effective Date of this Agreement is on or after June 1 of any year, SCO will not adjust pricing hereunder on October 1 but shall be entitled to so adjust the prices to meet expense increases effective as of the first day of the month six (6) full months after the Effective Date.
2. **Additional Pricing Issues.** Notwithstanding the package pricing referenced in Section 4.2 above, the following provisions shall apply to the extent applicable hereunder:
 - a. **Implants.** Some SCO Bundled Services include implants. Notwithstanding, any hardware or implants necessary for completion of the procedure (plates and screws, e.g. for orthopedic procedures) not included in the Section 1 bundled pricing will be provided at invoice cost without any mark-up and copies of the invoices will be provided to Plan Sponsor or its administrator by SCO.
 - b. **Non-Identified Procedures.** In the event a procedure is performed by SCO that is not listed on SCO's website, the charges will be subject to an advance direct negotiation between SCO and Administrator.
 - c. **Initial Consultation.** The initial consultation fee shall be reimbursed by Administrator at a rate of \$275.00 regardless of the consultation outcome. The invoice will include the \$275.00 consultation fee in addition to the above surgery fee. However, in the event the surgery proves not to be warranted or performed, the invoice shall include the consultation fee only.
3. **Member Cost Share.** The parties acknowledge and agree that Provider shall not collect any coinsurance or other payment from any Participant for Covered Services furnished under this Agreement, except as otherwise directed by Plan Sponsor.

[Enclosed: Exhibit A June '25.xlsx]

ATTACHMENT C

Plans / Plan Sponsors

- Radical Ventures, LLC (DBA Mark Cuban Companies)
- Mark Cuban Cost Plus Drug Company, PBC (DBA Cost Plus Drugs)

Exhibit A - Pricing Effective May 1, 2026

PROCEDURES	Total Bundle	CPT
ARTHROSCOPY		
Knee	\$4,458	29871
Knee with lateral release or microfracture	\$5,257	29873/29879
Shoulder	\$6,674	29822
Elbow	\$4,458	29830
Wrist	\$5,130	29840
Ankle	\$4,458	29891
Shoulder - Distal Clavicle Excision	\$6,679	29824
Shoulder-extensive Debridement	\$7,172	29823
Shoulder- Subacromial Decompression	\$6,679	29826
Shoulder- Rotator Cuff Repair Arthroscopically	\$9,682	29827
Shoulder- Labral Repair Arthroscopically	\$7,172	29807
Shoulder - Biceps Tenodesis Arthroscopically	\$9,682	29828
Shoulder - Capsular Release	\$7,172	29825
Shoulder-Arthoscopic Rotator Cuff & Biceps Tenodesis	\$13,268	29827, 29828
Knee-Bilateral knee scope	\$6,215	29874
Knee-Chondroplasty scope	\$4,458	29877
Knee-Complete Synovectomy scope	\$4,458	29876
Knee- Medial and Lateral Meniscectomy scope	\$4,458	29881 or 29880
Knee-Arthoscopic Meniscal Repair	\$5,820	29882
Knee-Subchondroplasty (Accufill not included)	\$5,257	29855/27599
Knee-Bilateral knee scopes with IA hip injection	\$7,172	29881-50, 20610
Knee-ACL Debridement	\$6,679	29884
HIP		
Hip Decompression	\$11,455	27299
Hip Decompression (Bilateral)	\$16,275	27299-50
Hip Replacement (implants not included)	\$17,579	27130
S.I. Injection (Unilateral)	\$2,335	27096
S.I. Injection, Bilateral	\$2,605	27096-50
Repair Gluteus Medius Tendon	\$6,165	27033
Bone Marrow Biopsy (includes pathology)	\$6,635	38221
Sacroiliac Joint Fusion	\$7,450	27279
Conversion Partial Hip to Total Hip	\$17,579	27132
Revision Total Hip	\$21,579	27134 or 27137 or 27138
OPEN PROCEDURES		
Knee		
Anterior cruciate ligament repair	\$7,931	29888
Anterior cruciate ligament & meniscus repair	\$9,853	29888, 29882
Repair of Patellar Tendon (implants not included)	\$6,275	27380
Reconstruction of Dislocating Patella	\$7,304	27420 or 27422
Posterior cruciate ligament repair	\$8,171	27409
Medial Collateral Ligament	\$7,172	27405
Tibial Tubercle Osteotomy	\$7,304	27455
Knee Replacement (includes OVN,implants not included)	\$17,679	27447
Partial Knee Replacement	\$17,579	27446
Revision total knee replacement	\$20,079	27487
Excision Prepatellar Bursa	\$3,140	27340
Suture of Quadricep or Hamstring Rupture	\$6,671	27385
Subcutaneous Fasciotomy (Compartment)	\$4,790	27600
Leg Hernia Repair	\$4,020	27656
Bilateral Knee Hemiepiphyseodesis (Pediatric) (implants add'l)	\$8,500	27485-50
Anterior cruciate ligament repair & open medial collateral repair	\$9,853	29888, 27405
ACL revision w/ BTB autograft, scope, hardware removal	\$9,853	29888, 20680
Excision Exostosis Femur	\$4,220	27355
LFCN Decompression (Bilateral)	\$8,850	64722-50

Native Knee Incision & Drainage	\$4,220	27301
Shoulder		
Open Rotator Cuff Repair (Hardware not included)	\$7,159	23410/23412
Open Rotator Cuff Repair & Biceps Tenodesis	\$8,659	23410 or 23412, 23430
Bankhart Stabilization/Labral Repair	\$7,172	23466/23455
Distal Clavicle Excision	\$5,501	23120
Repair tendon or muscle upper arm	\$5,780	24341
Reconnect Pectoralis muscle rupture	\$6,500	24341
Distal Biceps Tendon Repair (implant not included)	\$7,235	24342
Total Shoulder (includes OVN, implants not included)	\$17,479	23472
Open AC Joint Reconstruction	\$7,348	23552
Open Biceps Tenodesis	\$7,172	23430
Arthroscopic Labral Repair & Open Biceps Tenodesis	\$9,190	29807, 23430
Open Rotator Cuff Repair & Slap Repair	\$8,659	23412, 29807
Open Biceps Tenodesis, Shldr Scope Ext. Debride, SAD, DCE	\$9,190	24341, 29823, 29826, 29824
Elbow		
Ulnar Nerve Transposition / Epicondylectomy	\$5,247	64718/24358
Elbow Bursectomy	\$3,210	24105
Elbow Arthroscopy w/ or w/out Synovectomy	\$6,238	29836
Tennis Elbow	\$3,710	24357
Distal Biceps Re-Attachment (implants not included)	\$7,235	24342
Elbow Lateral Debridement w/ drilling & Tendon Repair	\$6,238	24359
Elbow Decompression, Capsular Release	\$6,238	24359, 24006
Excision Foreign Body Elbow	\$2,485	24201
Radial Head Replacement / Arthroplasty	\$9,190	24666 or 24665 or 24359
Wrist/Hand		
Carpal Tunnel Release	\$3,205	64721
Carpal Tunnel Release - Bilateral	\$4,595	64721-50
Cubital Tunnel Release	\$5,247	64718 or 64719
Dupuytren's Contracture	\$3,465	25000
Trigger Finger	\$3,025	26055
Ganglion Excision	\$3,205	25111
fasciectomy, partial palmar w release	\$3,720	26123
Fasciectomy, partial palmar w/ release, add'l finger	\$5,765	26123, 26125
Synovectomy, tendon sheath palm or finger	\$3,425	26145
suspensionplasty/arthroplasty	\$5,370	25447/26480
Excision tumor vascular soft tissue or finger	\$3,205	26115
Repair/Reconstruction UCL (implant not included)	\$7,600	26540
Lateral Extensor Tendon Debride & Repair/Reattach	\$4,965	24359
Ray Resection Finger	\$5,370	26952
Extensor Realignment Sagittal Band Repair Finger	\$5,370	26437
DIP fusion Index Finger	\$4,113	26860
Repair Common Digital Nerve Hand	\$4,495	64831
Proximal Row Carpectomy	\$6,280	25215
Wrist Fusion (hardware not included)	\$9,600	25800 or 25810
Thumb Radial Digital Nerve	\$5,370	64910
Posterior Nerve Decomp., CTR, Cubital Tunnel Release	\$6,877	64721, 64718, 64708
Core Compression Lunate w/ Bone graft	\$5,370	25035, 20900
Excision Cyst w/ Joint Arthrotomy Debridement	\$4,128	26160, 26110
Joint Arthrotomy Debridement	\$4,168	26110
Carpal Tunnel Release & Ganglion Excision	\$4,063	64721, 25111
Trigger Finger & Dupuytren's Contracture	\$5,257	26055 & 25000
1st Dorsal Comp. Release, Part. Palmar Fasciect., Trigger Finger	\$5,200	26055, 25000, 26123
Cubital Tunnel Release with flexor pronator lengthening	\$5,247	64718, 24305
Triangular Fibrocartilage Complex (TFCC) Repair	\$7,931	25107

Wrist Dorsal Exploration, Extensor Tendon Repair	\$4,790	20103, 25270
Bilateral carpal tunnel release & Trigger Finger (1)	\$4,595	64721-50, 26055
Carpal Tunnel Release & Trigger Finger (1)	\$4,063	64721, 26055
Foreign Body Removal Finger	\$3,875	26080
Curretage w/ Exc. Mass Index Metacarpal Head & Bone Grafting	\$4,790	26205
Cubital Tunnel Release & CMC Arthroplasty	\$7,600	64718, 25447
Excision cyst 3rd & 4th digits hand	\$3,205	26160
Revision Amputation Finger	\$3,465	26951
Middle & Index Trigger Finger Release (unilateral)	\$3,425	26055 x2
Radial Head ORIF vs. Arthroplasty ulnar collateral ligament repair	\$9,190	24666, 24343
Irrigation & Debride with Tendon Repair Thumb	\$5,370	11043, 26418
Carpal Tunnel Release & Dupuytren's Contracture	\$3,465	64721, 25000
Carpal Tunnel Release, Cubital Tunnel Release, Exc. Volar Ganglion	\$6,877	64721, 64718, 25111
Remove Foreign Body Hand	\$2,485	11043
Cubital Tunnel Release, Ganglion Excision Elbow	\$5,247	64718, 24075
Removal of Enchondroma from Finger	\$4,965	26210
Exc. Middle & Ring Finger Distal Interphalangeal Joint Mucous Cyst	\$3,720	26160 x2
Unilateral Thumb, Long, Ring Dupuytren's Release	\$5,765	26045 x3
Small Finger FDS & FDP Tenolysis, Tendon Transfer Vs. Reconstruction	\$8,171	26442, 25295, 26485, 26390
Ankle		
Achilles Repair (implant not included)	\$6,561	27650/27654
Brostrum Lig Reconstruction	\$5,765	27698/27829
ORIF 5th Metatarsal & Peroneal Brevis Tendon	\$5,176	28485 & 27658
Ankle Fusion Local Bone Graft	\$9,210	27870
Total Ankle Replacement	\$14,940	27702 or 27899
Brostrum Lig Repair, Ankle Scope, Syndesmosis	\$8,390	27829, 27698 & 29898
ankle Scope w/ Brostrum Repair	\$8,171	29898, 27698
Ankle Scope, Debride OCD	\$5,857	29891, 29898
Ankle Scope Ext. Debride, excision of osteophyte	\$5,857	29898, 27635
Sural nerve neurolysis, peroneal tenolysis, hardware removal	\$6,836	64708, 27680, 20680
ORIF sesamoid fracture, lateral cunieform fracture	\$4,906	28531, 28450
Ankle Scope, Brostrum Reconst. Exostectomy fibula	\$8,390	29898, 27698, 27641
Achilles Debride & Repair, resection of calcaneus, FHL transfer	\$6,561	27691, 27654, 28120
Ankle Arthrotomy and Brostrum Repair	\$5,765	27626, 27698
Tenolysis peroneal tendon, hardware removal ankle	\$3,240	20680, 27680
Achilles Repair, Exc. Haglund's deformity, gastroc slide	\$7,420	27654, 27687, 28120
Brostrum Repair & ORIF fibula	\$7,420	27698, 27792
Ankle Scope, Brostrum Repair, Exc. ganglion cyst lateral ankle	\$8,390	29891, 27698, 27630
Ankle Arthrotomy, Brostrum, Syndesmotomic Repair	\$8,171	27626, 27698, 27829
Fluoro Guided Injection Talonavicular Joint	\$2,335	20605, 77002
Open Treatment Fibula Fx, Brostrum, Hardware Removal	\$7,420	27792, 27698, 20680
Lateral Ankle I&D, Complex Wound Closure	\$4,790	28005, 13160
Ankle Arthrotomy, Brostrum, repair dislocating peroneal tendons	\$7,420	27626, 27698, 27676
ORIF 5th Metatarsal & Brostrum	\$6,561	28485, 27698
Kidner, Repair Spring Ligament	\$4,851	28238, 27698
Brostrum Reconst. Peroneal Repair & ORIF Syndesmosis	\$8,390	27698, 27665, 27829
Ankle Scope with Syndesmosis	\$5,857	27691, 27829
Peroneal Longus Debride, Deep Tendon Transfer, ORIF Cuboid	\$6,561	27680, 27691, 28465
ORIF Bimalleolar Fracture, Deltoid Repair	\$7,420	27814, 27698
Removal Hardware Simple & Neurolysis of Tibial Nerve	\$3,870	20680, 64712
ORIF Bimalleolar Fracture & Syndesmosis	\$7,420	27814, 27829
Prone Exc. Post. Talus, Exc. Post. Ankle Cyst, Tenolysis FHL	\$8,171	28445, 27630, 27680
Ankle Arthrotomy, Brostrum, 5th Metatarsal ORIF	\$8,390	27626, 26798, 28485
DYWER Calcaneal Osteotomy, Peroneal Longus & Brevis Repair	\$7,420	28300, 27680, 27626
Peroneal Tendon Repair	\$5,857	27665
Ankle Scope w/ chondro & Knee scope PLM & chondro	\$7,931	29898, 29881
Non-Union MT Rep. 1st TMT fusion, Hwr Ankle, Nav. Osteophyte	\$9,210	28322, 29898, 28740, 20680, 28122

Peroneus Brevis & Longus Debridement & Reconstruction	\$5,857	27676, 27659
Subtalar, Talonavicular Fusion, 1st MT Osteo Heel Cord Length	\$7,420	28725, 28740, 28306, 27606, 11981
Calcaneal Osteo, CN Recon. FDL, Gastroc Leng. Peroneal Repair	\$11,260	28300, 27695, 27691, 27697, 27665
1-3 TMT Joint Arthrodesis, McBride Bunion, Akin, Weil Osteo	\$8,171	28730, 28298, 28292, 28308
Ankle Revision ATFL/CFL Reconst. Resect Distal Fibula Fx	\$5,857	27726, 27691
Tibial Shortening	\$9,853	27715
Open Fixation Fibula Non-Union, Brostrum	\$5,237	27828, 27698
Ankle Scar Revision Wound Closure	\$3,302	13160
Medial Malleolar Osteo w/OATS autograft, Brostrom Explore/Rep.	\$7,420	27698, 27658, 27416, 27705
Ankle Debride OCD, Brostrum	\$8,171	28445, 27698
Unilateral Ankle Scope, OCD, Brostrum Reconstruction	\$8,171	29898, 29891, 27698
Podiatry		
Arthrodesis toe, MTP joint or Interphalangeal joint	\$4,790	28750/28755
Bilateral Bunionectomy	\$6,950	28292
Bunion	\$4,790	28292/28296
Bunion & (1) Hammertoe	\$5,257	28292 or 28296, 28285
Kidner procedure (reconstruction posterior tibial tendon)	\$4,790	28238
Heel spur removal	\$4,095	28119
Heel spur removal & plantar fascia release	\$4,508	28060 & 28118
Hammertoe (1)	\$2,875	28285
Hammertoe (2)	\$3,302	28285
Hammertoe (3)	\$3,866	28285
Hammertoe (4)	\$5,737	28285
Hammertoe (8)	\$7,200	28285
Hallus Rigidus Correction w/ Cheilectomy	\$4,220	28289
Gastrocnemius Recession	\$4,851	27687
Plantar Fasciotomy	\$3,586	28060/29893
Neuroma Excision	\$3,200	28080
Ganglion Excision	\$3,200	28090
Osteotomy	\$4,790	28308
Ostectomy partial excision	\$4,790	28110
Ostectomy w/ Achilles reattachment (implant not included)	\$6,671	28120, 27650
Sesamoidectomy	\$2,875	28315
Tarsal tunnel	\$3,586	28035
Excision Nail Matrix Hallux (Ingrown Toenail)	\$1,970	11750
Avulsion of Digital Nail	\$2,740	11730
Excision Plantar Arch of Foot	\$2,743	28045
Excision Verruca (Laser fee additional)	\$2,560	17000, 17003 or 17004
Excision Plantar Granuloma	\$3,586	28043
Amputation Toe (1)	\$3,370	28820
Amputation Toe (2)	\$4,368	28820
Calcaneus Fracture Heel (Bilateral, includes overnight)	\$11,280	28415
Simple Excision Fracture Fragment 2nd Digit Foot	\$3,430	28124
Subtalar Joint Arthroscopy	\$4,458	29906
Fusion Subtalar Joint w/ Bone Graft & Debride	\$9,200	28725
Repair Tendon Foot Extensor	\$4,790	28208
Plantar Fibroma Injections- Bilateral	\$1,960	20550-50
Plantar Fasciotomy & Baxter Nerve Release	\$4,110	28060, 64708
Arthrodesis; Triple (includes overnight)	\$11,260	28715
PNA phenol medial & lateral bonding hallux, PNA lateral 3rd, 2nd	\$4,368	11750 x6
MICA, Weil osteotomy	\$5,637	28299, 28308
Minimally Invasive Chevron Akin (MICA)	\$5,637	28299
5th toe lesion and complex wound closure	\$2,875	27630, 13160
Modified McBride Bunionectomy w/ 1st Metatarsal osteotomy	\$4,790	28295
Lapidus Bunion, 2nd TMT Fusion	\$5,437	28297, 28730
Part Exc Plantar Fascia, Decomp Baxter's Nerve, Part Exc Calcaneus	\$4,508	28060, 64708, 28118
Modified Kidner, Resect Native Navicular, Repair Spring Ligament, Evan's Os	\$7,172	28238, 28122, 27698, 28300

Part Resect. 2nd MT, middle cuniform 3rd MT, Lateral Cuniform, Decompress	\$5,176	28122 x2, 64708, 28120 x2
Exostectomy Plantar Lateral Aspect Foot Unilateral	\$3,585	28122
2nd Space Neuroma Exc. 2nd Toe Angular Deformity Correction	\$4,790	28080, 28313
1st MPJ Arthroplasty, Removal Internal Hardware	\$4,790	28022, 20680
Hallux Exc. Nail, Resect Lesion, Complex wound closure, ingrown nail	\$3,205	27630, 11750
Lapidus Bunionectomy	\$5,590	28297
TN Arthrodesis & osteotomy of navicular, part. Exc dorsal talus	\$8,171	28735, 28120
Austin Bunionectomy & Tailor's Bunionectomy	\$5,437	28296, 28308
Mod. McBride 1st MT Osteotomy, 2-3 HT, 2-3 MT osteot, 2-3 MTP capsulotor	\$6,950	28295,28285, 28308, 28270
(B) Complete Nail Exc. All Toes and Partial Matrix Ablation	\$4,790	11750 x10
Akin Bunion, Osteotomy 2nd MT, Arthroplasty 5th Toe	\$6,671	28298, 28308, 28285
PTTD, Evans/Cotton, Spring Lig. Repair, Modified Kidner	\$7,420	27680, 28300, 27698, 28304, 28238
2nd Toe w/k-wire fix, Tenotomy toes 3-5, Capsulotomy toes 3-5	\$4,851	28285, 28232 x3, 28270 x3
Austin Bunion, 2nd MPJ Capsulotomy, 3rd MPJ Capsulotomy	\$6,671	28296, 28270 x2
MMB 1st MT osteotomy, 2nd extensor length. MTP Capsulotomy	\$6,671	28295, 28234, 28270
Lapidus, 2-3 HT correction, Extensor length. MT Osteo, MTP cap	\$6,582	28297, 28285, 28234, 28308, 28270
Subtalar Cheilectomy, Resection of Distal Fibula Fracture	\$5,437	27792, 28118, 28120
Hardware Removal, Neurolysis peroneal nerve, Cheilectomy	\$4,790	20680, 64708, 28120
Evans/Cotton & Lapidus, Modified McBride, Akin	\$7,420	28300, 28308, 28292, 28297, 27691
1st MTP HWR, EHL Tenolysis, 2nd Weil Osteotomy	\$5,857	20680, 27680, 28308, 28270
3rd Prox. Phanlanx exc. foreign body, Capsulotomy 3rd MTP, Dissection Ne	\$3,302	10120, 28270, 27680, 64708
MT Bunionette Correction, Capsulotomy & Angular Deformity Correct.	\$5,437	28296, 28270, 28313
Austin Osteotomy, Akin Osteotomy, 2nd Toe Exostectomy	\$5,437	28299 x2, 28124
1-3 TMT Fusions, ORIF LisFranc Joints, ORIF 2-3 MT	\$11,260	28730 x3, 28615, 28485 x2
Akin Bunionette via 5th MTO, 4th HTC, 3rd MTP Capsulotomy, HWR	\$6,950	28298, 28308, 28285, 28270, 20608
Hallux Valgus Correction by Interosseous Plate, 2nd Weil Osteotomy, HT Correction	\$5,437	28296, 28308, 28285, 28313
HWR, Rev. Hallux Valgus by MT Osteotomy, Modified McBride	\$5,437	20680, 28261, 28296, 27691
Post. Tibial Debride, Deep Tendon Transfer, Rep. Spring Ligament. Cotton Osteo	\$5,437	27680, 27691, 27698, 28300, 28304
Excision Tarsal Coalition, Soft Tissue Interposition	\$7,420	28116
HWR, Rev. Hallux Valgus MT Osteo, Mod. McBride, Weil Osteo, Ang. Correct	\$6,671	20680, 28261, 28296, 27691, 28297, 28313
Excision Soft Tissue Mass Hallux, Exostectomy Plantar Aspect Hallux	\$3,200	28045, 28122
Hammertoe Correction & Hardware Removal	\$3,302	28285, 20680
Evans Calcaneal Osteotomy, Cotton Osteotomy	\$6,561	28300, 28304
TOPAZ Procedure	\$6,525	28899
FHL Lengthening & Proximal Phalanx Osteotomy (bilateral)	\$4,851	28232, 28310
Exostectomy 1st Tarsometatarsal Joint Foot	\$4,790	28104
Resection Distal 5th MT & Capsulotomy	\$3,586	28308, 28513, 28270
Mod. McBride 1st MT Osteotomy, Bunionette MTO, 2-3 Ext. Lengthening	\$6,950	28295, 28308 x2, 28234
Hallux Valgus Corr. by IO Plate, 2-4 Weil Osteo, HT Corr, Ang. Deformity	\$7,950	28296, 28309, 28313 x3, 28270 x3
Resection 2nd/3rd TMT and Neurolysis SPN/DPN	\$4,110	28322, 64708 x2, 28465 x2
Distal Cavovarus Reconst. w/ Plantar Fascia Release, Midfoot Arthroctomy, Peroneus longus to brevis transfer, Tibialis Ant. Transfer to Lateral Cuneiform, Achilles Lengthening	\$11,260	28250, 28260, 27690, 27692, 27685, 28300
Exostectomy Toe, Total Maxtrixectomy (B) hallux	\$4,110	28124, 11750
Evans Osteo, Kidner, Cotton Osteo, Med. Calc. Slide Osteotomy	\$9,210	28300 X2, 28238, 28304
3rd Weil, Angular Deformity Correct 2-3 toes, HT, Capsulotomy, HW Rmvl	\$5,437	28308, 28313, 28270, 28285, 20680
Hallux Varus Repair w/ Pin Fix, Tailor's Bunion (Exostectomy)	\$6,950	28645, 28110 x2
1st MTP Fusion, 2-4 Weil Osteo, 2-4 Capsulotomy, 2-4 Angular Correction	\$9,210	28750, 28309, 28313, 28285, 28270
Hardware Removal IO Plate, Rev. Bunion, Bone Graft 1st MT	\$7,420	20680, 20902, 28296, 27691
Arthroplasty 5th Toe, Exostectomy 4th & 5th Toes	\$4,458	28285, 28122 x2
Tailor's Bunionectomy (Bilateral)	\$5,437	28308-50
Toe Amputation, Hardware Removal 5th Metatarsal	\$4,851	28820, 20680
Post. Heel Spur Exc, Haglund's Deformity w/ Achilles Anchoring	\$6,671	28120, 27654, 29515
3-5 Toe Flexor Release, 3rd Curly Toe Correction (Bilateral)	\$5,637	28232 X6
Bunionette 5th MT Osteo, 2-5 HTC, 2-5 Ext. Length, 2-5 Osteo, Achilles Debride, RA Nodule Exc. X4	\$7,950	28308, 28285 x3, 28234 x3, 28308 x3, 27654, 28039 x4
Fractures		
Closed Reduction and Casting	\$2,230	25605
Percutaneous Pinning - finger 1-2 pins	\$3,296	26727

Open Reduction Internal Fixation (implants not included)		
Simple	\$4,906	23600
Complex	\$7,420	23615 or 25608
Clavicle Fracture	\$7,420	23515
Hardware Removal		
Simple	\$2,926	20680
Complex	\$5,237	20680
Sternum Wire Removal	\$3,240	20680
Bilateral Calcaneal Hardware Removal	\$5,237	20680-50
Miscellaneous		
Manipulation under anesthesia with block (KNEE)	\$1,600	27570
Manipulation under anesthesia (SHOULDER)	\$1,600	23700
Exam under anesthesia	\$2,190	92502
General Surgery		
Hernia		
Inguinal	\$3,870	49505 or 49507
recurrent upcharge	\$915	
Bilateral	\$5,285	49505 or 49507
recurrent upcharge	\$1,830	
Recurrent Inguinal Hernia	\$4,785	49520
Recurrent Inguinal Hernia (Bilateral)	\$7,115	49520-50
Laparoscopic Inguinal Hernia	\$6,705	49650
Laparoscopic Inguinal Hernia (Bilateral)	\$8,673	49650
Laparoscopic Inguinal Hernia (Pediatric)	\$5,120	49650
Laparoscopic Inguinal Hernia Bilateral (Pediatric)	\$6,836	49650-50
Laparoscopic Inguinal Hernia Bilateral & Umbilical Hernia	\$8,673	49650-50, 49593
Inguinal Hernia Repair (Pediatric) & Hydrocelectomy	\$4,860	49501, 55060
Umbilical	\$3,708	49591 - 49596 (range of codes depending on size)
Bilateral Inguinal Hernia & Umbilical Hernia Repair	\$6,468	49505-50, 49591-49596
Incisional	\$5,225	49591 - 49596 (range of codes depending on size)
Incisional Prolene Mesh w/ overnight	\$11,515	49591 - 49596 (range of codes depending on size)
Recurrent Incisional Hernia Repair	\$6,140	49613 - 49618 (range of codes depending on size)
Epigastric	\$3,720	49591 - 49596 (range of codes depending on size)
Ventral	\$3,720	49591 - 49596 (range of codes depending on size)
Femoral Hernia Repair	\$3,532	49550
Spigelian Hernia Repair	\$3,720	49591 - 49596 (range of codes depending on size)
Inguinal & Umbilical Hernia Repair	\$5,787	49591-49596 & 49505
Inguinal Hernia & Hydrocelectomy	\$5,045	49505 & 55040
Ventral & Inguinal Hernia Repair	\$6,448	49591-49596 & 49505
Umbilical & Epigastric Hernia Repair	\$4,633	49591-49596
Epigastric & Inguinal Hernia Repair	\$6,448	49591-49596 & 49505
Excision Benign Lesion	\$2,190	11400
Excision of Mass Simple	\$2,743	21930 or 21014
Excision of Mass complex	\$4,323	21933
Excision of Lymph Node Groin	\$2,611	38500
Axillary Node Dissection/Biopsy or Excision	\$5,670	38525 or 38745 or 38740
Hemorrhoidectomy	\$4,425	46250/46260
Hemorrhoidectomy & Umbilical Hernia Repair	\$5,873	46260, 49591-49596
Hemorrhoid Thrombectomy	\$863	46320
Fistulotomy	\$3,835	46270
Anoscopy w/ Dilatation	\$3,835	45990, 46604
I&D of Rectal Abscess	\$3,835	46040
Anorectal Exam under anesthesia	\$2,190	45990
Anoscopy with placement of Botox (Botox not included in cost)	\$4,425	46505

Pilonidal Cystectomy	\$4,600	11770 or 11771 or 11772
Excision Coccygeal Mass	\$4,600	27041
Laparoscopic Cholecystectomy	\$6,836	47563/47562
Laparoscopic Cholecystectomy w/ liver biopsy	\$7,556	47562 or 47563, 47000 or 47001 or 47100+C19
Laparoscopic Cholecystectomy w/ inguinal hernia	\$9,568	47562 or 47563, 49505
Laparoscopic Nissen (Reflux/GERD)(includes OVN)	\$13,707	43280/43327/43328
Linx (implant not included)	\$13,707	43281 or 43289 or 43284
Excision Epigastric Mass	\$2,743	22902
Central IV Access Port	\$3,708	36561 or 36491
Port Removal	\$2,200	36589/36590
Pertioneal Dialysis cath placement	\$5,575	49421
Laparoscopic Appendectomy (implants not included)	\$7,368	44970
I&D of Abscess	\$2,190	10061
Tricep Muscle Biopsy	\$2,743	20205
Gastrostomy Tube Insertion (feeding tube)	\$3,785	43830
Temporal Artery Biopsy (bilateral)	\$4,968	37609-50
Laparoscopic Adrenalectomy	\$11,093	60540
Revision / Re-position abdominal wall port	\$6,140	43886
Laparoscopic Cholecystectomy & Umbilical Hernia	\$6,836	47562 or 47563, 49591-49596
Abdominal Wall Drain Placement	\$4,790	10140
Trans-anal Polypectomy	\$4,425	45171
Excision Hidradenitis Groin	\$4,790	11470 or 11471
Biopsy Lymph Node Axilla Unilateral & Mass shoulder	\$4,790	38525, 23075
Wide Local Excision of Neck Melanoma with Sentinel Node Biopsy	\$4,790	11626
Biopsy Lymph Node Axilla Unilateral & behind ear	\$3,875	38525, 38724
Excision of Cyst on Back	\$2,611	11402
Fistulotomy with seton placement	\$4,425	46275, 46020
Laparoscopic Cholecystectomy with incisional hernia repair	\$8,036	47562, 49591-49596
Wide Excision Melanoma Lower Back & Excision Cyst Upper Back	\$4,790	21931, 11404
Excision cyst thumb & leg	\$3,205	11401, 11403
Laparoscopic Appendectomy & Laparoscopic Ovary Removal	\$9,418	44970, 58661
Excision Cyst Buttock & Lower Abdomen	\$3,875	21930, 22903
Excision Lipoma abdomen	\$2,743	22903
Excision of Scalp Cysts x5	\$3,535	21014, 21013 x4
Abdominoplasty (Fleur de lis) includes overnight	\$28,500	15830, 15847
Inguinal Hernia Repair & Excision of Abdominal Wall Mass	\$4,860	49505, 11404
Inguinal Hernia Repair & Excision of Lipoma Groin	\$4,860	49505, 11403
Excision Skin Cancer Chest, Rhomboid Flap, Exc. 2 Lipomas Hip	\$5,765	11606, 14000,14001, 11406
Excision Pilar Cysts Scalp	\$3,535	11423 x4
Excision Brow Lipoma	\$4,860	21015
Excision Lipoma Forehead	\$3,875	21012
Incisional & Umbilical Hernia Repair	\$6,468	49591-49596
Diag. Lap w/ LOA, Inc. Hernia repair, Subcu. Abdominal Nodule	\$8,036	49320, 44180, 49593, 22902
Diag. Lap w/ gastrostomy tube placement	\$5,575	49653, 49320
Diag. Lap w/ bx of retroperitoneal lymphadenopathy (path add'l)	\$5,600	49320, 38570
Excisional Biopsy Groin Lymphadenopathy	\$3,870	38531
Exchange of G-tube to Mickey under fluoro	\$3,785	43763
Dilation of anal stricture w/ Inj. of Kenalog	\$3,835	45905
Excision of cyst on buttock	\$2,743	27043
Excision of 3 Lipomas	\$3,875	11422, 11402
Excision Hidradenitis Axillary (unilateral)	\$4,790	11450
Excision clavicle and lower back mass	\$3,870	21933, 23073
Ventral Incisional Hernia Repair & Hemorrhoidectomy	\$6,468	49593, 46260
Exc Buttock to Lower Extremity Abscess & Fistula Tract	\$4,323	21933
Ventral Hernia & Umbilical Hernia Repair	\$5,580	49593 x2
Debridement of Abdominal Abscess w/ Drain Placement	\$3,785	11005
Diagnostic Lap w/ LOA, I&D Abdominal Wall Abscess	\$8,673	10061, 44180, 49320
Lap. Cholecystectomy, Incisional Hernia & Bilateral Inguinal Hernia	\$11,093	47562, 49593, 49505-50

Recurrent Incisional Hernia, (B) Inguinal Hernia, Lysis of Adhesions	\$8,730	49615, 49505-50, 44180
Recurrent Incisional Hernia & Lysis of Adhesions	\$8,036	49615, 44180
Excision Upper Extremity Masses	\$3,875	24076 x2, 25076
Rigid Proctoscopy with Biopsy	\$3,205	45300
Hemorrhoidectomy & Excision of Groin Hidradenitis	\$5,285	46260, 11462
Inguinal Hernia Repair & Hemorrhoidectomy	\$5,873	49505, 46260
Pilonidal Cystectomy w/ Exc. of Abdominal Wall Cyst	\$5,650	11772, 22900
Excision Hidradenitis Groin & Excision of Lipoma	\$3,532	11471, 24071
Exc. Upper Extremity Mass X8, Exc. Upper Extremity X2	\$3,302	24076, 25073
Wide Local Excision Shoulder Mass w/ Complex Closure	\$3,535	11606, 13121
Wide Local Excision Melanoma & Port Placement	\$5,575	11606, 36561
Laparoscopic Wedge Liver Biopsy	\$6,836	47100
Paracentesis	\$2,190	49082
Excision Hidradenitis Groin (Bilateral)	\$5,285	11470 or 11471
Exc. Thigh/Buttock Mass, Exc. Raised Skin x2, Skin Tag Exc. X2	\$3,708	27043, 11402 x2, 11201 x2
Exc. Lipoma Shoulder	\$3,708	23071
Wide Local Exc Upper Back Skin Lesion, Abd. Wall Skin Lesion x2	\$3,870	11403, 11406 x2
Lap Chole & Total Thyroidectomy	\$14,850	47562, 60240
Spigelian Hernia & Umbilical Hernia Repair	\$5,580	49593 x2
Breast		
Breast Mass - Excision / Biospy	\$3,943	19120
Breast Mass - Excision / Biospy Bilateral	\$6,226	19120-50
Breast mass- Re-excision / Biopsy	\$3,575	19120
Axillary Node Dissection when performed w/ Mastectomy	\$3,850	38525 or 38745 or 38740
Axillary Node Dissection when performed w/ Bilateral Mastectomy	\$5,650	38525-50 or 38745-50 or 38740-50
Partial Mastectomy (Unilateral) (path included)	\$6,367	19301
Partial Mastectomy (Bilateral) (path included)	\$9,665	19301-50
Mastectomy (Unilateral)	\$8,791	19302 or 19303
Mastectomy (Bilateral)	\$13,085	19302-50 or 19303-50
Mastectomy w/ nipple sparing (Bilateral)	\$17,950	19303-50
Mastectomy Unilateral & Port Placement	\$11,299	19302 or 19303, 36561
Goldilocks Mastectomy (Bilateral)	\$16,500	19303-50, 38525, 14001
1st stage: reconstruction w/expanders		
Single (BREAST RECON DOES NOT INCLUDE OVN)	\$6,096	19357
Bilateral	\$14,586	19357
2nd stage: w/ implant placement, single	\$4,902	19342
2nd stage: w/implant placement, bilateral	\$7,226	19342
Breast Recon w/ Latissuims Flap, single	\$15,480	19361
Bilateral Breast Reduction	\$12,200	19318
One side Breast Reduction	\$6,815	19318
Nipple Reconstruction, single	\$3,475	19350
Bilateral Nipple Reconstruction	\$4,370	19350
Removal Breast Implant Material (single or bilateral)	\$3,990	19330
Remove & Replace Breast Implants (implants not included)	\$9,408	19330, 19340
Scar Revision	\$2,210	13101/13102
Mastopexy (Single)	\$5,735	19316
Gynecomastia (Single or Bilateral)	\$4,145	19300
Vein Stripping - single	\$4,099	37718
Vein Stripping - right and left	\$5,799	37718
Excision of lactiferous duct	\$3,943	19112
2nd stage Breast Reconstruction w/ fat grafting, repair nipple	\$3,300	15771-50, 15772-50, 13100, 13101
DIEP Flap w/ Mastectomy	\$68,750	19303-50, S2068-50 OR 19364-50
DIEP Flap w/o Mastectomy	\$65,000	S2068-50 OR 19364-50
Spine		
Microdiscectomy (includes overnight)	\$12,230	63030
Lumbar Laminectomy (includes overnight)	\$12,230	63047

Anterior Cervical discectomy with fusion 1 level (includes monitoring & overnight, hardware not included)	\$17,384	22551
Anterior Cervical discectomy with fusion 2 level (includes monitoring, & overnight, hardware not included)	\$24,452	22552
ACDF with artificial disc level 1	\$17,384	22856
Lumbar Puncture (cost of pathology not included)	\$1,295	62270
Occipital Nerve Stimulator Removal	\$4,290	64585
Pain		
Lumbar Epidural Steroid	\$450	62322
Lumbar Epidural Steroid w/ Sedation	\$1,300	62322
Cervical Epidural	\$1,295	62320
Cervical or Caudal Epidural	\$1,263	62320 or 62323
Lumbar Sympathetic	\$1,859	64520
Stellate Ganglion Block	\$1,300	64510
Occipital Nerve Block	\$1,295	64405
Occipital Nerve Block - Bilateral	\$1,700	64405-50
Reblock for Acute Postop pain	\$940	64415
Epidural Blood Patch	\$1,290	62273
Hip Injection (includes image guidance)	\$3,040	20610
Hip Injection Bilateral (includes image guidance)	\$3,315	20610-50
PRP Injection	\$1,105	0232T
Continuous Infusion Regional Block	\$850	64446, 64447, 64448, 64416, 62318, 62319
Iovera Block	\$1,460	64640
Rhizotomy	\$3,300	64625 or 64633 and/or 64634 or 64635 and/or 64636
(B) LMB RFA 2 Levels (Dr. Phillips)	\$3,360	64635, 64636
(B) Splanchnic Nerve Block (Dr. Phillips)	\$3,063	64680
(B) Cervical Medial Branch Block (Dr. Phillips)	\$2,540	64490 and 64491
(B) SI joint injection (Dr. Phillips)	\$2,245	27096-50
TF Epidural Steroid Injection (Dr. Phillips)	\$1,263	64483, 64484
DRG Trial (device not included) Dr. Phillips	\$4,315	62650 / 95972
DRG Permanent Stimulator (device not included)	\$7,228	63650, 63685
(B) IA Hip Injections & (B) shoulder injections	\$3,315	20610 x4, 77002
L5-S1 Anesthetic Discogram	\$3,900	62290, 72295
Lumbar Sympathetic block Dr. Phillips	\$2,800	64520
Stellate Ganglion Block Dr. Phillips	\$2,800	64510
TAP block w/ ultrasound no sedation	\$940	64488
Intrasept	\$12,350	64628, 64629
Cervical ESI w/ Shoulder Blade Trigger Point Injection	\$2,625	62321
Iliopsoas Injection	\$3,205	20610, 27096, 77002
Lumbar Discogram (3 levels)	\$5,271	62290, 72295
Hip Tenex (unilateral)	\$3,315	28060, 28008
Kyphoplasty Lumbar (2 levels)	\$7,350	22514, 22515
(B) LMB Rhizotomy 2 Levels & ® Cervical Rhizotomy 2 levels	\$3,815	64635, 64636, 64633, 64634
PNS Permanent Cluneal (implant not included)	\$4,350	64555, 64590
SCS Battery Replacement	\$4,050	63685
Percutaneous Lumbar Intravertebral Disc Injection	\$2,975	0627T, 0628T
Ilioinguinal Nerve Injection	\$1,600	64425
Eye		
Nasolacrimal Duct Probe - Single	\$2,164	68815
Nasolacrimal Duct Probe - Right and Left	\$2,784	68815
Eye Muscle, 1 muscle	\$3,815	67311
Eye Muscle, 1 muscle (bilateral)	\$4,625	67311
Eye Muscle - 2 muscles or more	\$5,598	67312
Chalazion	\$2,164	67808

Blepharoplasty	\$4,775	15822 or 15823
Blepharoplasty W BROW LIFT	\$8,050	15823 or 15824, 67900
Lower Blepharoplasty Bilateral	\$3,080	15820 or 15821
Repair Blepharoptosis, frontal muscle technique	\$3,140	67901
Orbitotomy w/o bone flap	\$4,380	67400
Excision cyst upper lid	\$3,205	67840
Entropion Ectropion	\$4,625	67917-50
Balloon Dacryoplasty (Bilateral)	\$2,784	68816-50
EUA Eyes	\$1,565	92018
Enucleation	\$5,220	65101
Upper Blepharoplasty, Ectropion Repair (Bilateral)	\$5,350	15823-50, 67917-50
Upper and Lower Blepharoplasty	\$6,575	15823-50, 15821-50
Upper Blepharoplasty, Upper Muller's Conjunctival Resection	\$5,775	15823-50, 67908-50
Muller's Muscle Conjunctival Resection Upper Lid Unilateral	\$4,775	67908
Upper Blepharoplasty, Levator Advancement (Bilateral)	\$5,775	15823-50, 67904-50
Retraction Repair Upper Lid, Single UL bleph, bleph w/ fat pad LL	\$6,350	67911, 15823, 15821
Anterior Orbitotomy with Excision of Lesion (Bilateral)	\$5,550	67412-50
Dacryocystorhinostomy, Biopsy Lacrimal Sac	\$4,380	68720, 68525
Excision of Pterygium	\$4,775	65420 or 65426
Entropion Repair Bilateral	\$4,625	67924-50
Basal Cell Exc w/ UL reconst. lid w/ tissue transposition	\$8,050	67840, 14060
UL Bleph & Exc Lesion (L) lower lid	\$5,575	15823-50, 67840
Extropian Repair (B) Lower Lids, Exc Suture Granuloma, (B) Lower Lids Milia	\$4,625	67917, 67840
(B) UL Bleph, (B) Dacryoplexy Full Thickness Wedge Resection	\$6,575	15823-50, 68899-50, 67961
Neck		
Thyroidectomy Partial Thyroid Lobectomy	\$7,155	60210/60220/60225
Thyroidectomy (Complex) (includes Overnight)	\$10,460	60240
Thyroidectomy w/ Neck Dissection	\$10,760	60252
Total Thyroidectomy w/ Bilateral Neck Dissection	\$14,975	60254
Parathyroidectomy	\$7,155	60500
Lymph Node Excision / Biopsy (includes open)	\$3,050	38500
Lymph Node Excision / Biopsy Deep Cervical	\$3,210	38510
Thyroglossal Duct Cyst Excision	\$4,490	60280/60281
Excision Brachial Cleft Cyst	\$4,490	42815
Excision Neck Mass/Neck Dissection	\$6,337	38724
Parotidectomy, Lateral Lobe w/o nerve dissection	\$5,857	42410
Parotidectomy Total (includes Overnight)	\$9,500	42415 or 42420
Partial glossectomy w/ unilateral Neck Dissection	\$12,075	41135
Partial Glossectomy	\$3,940	41120
Laryngoplasty & Arytenoidpexy (includes overnight)	\$11,575	31599/31400
Isshiki Thyroplasty	\$11,655	31599
Vagal Nerve Stimulator (Device not included)	\$8,585	64568 or 61885
Excision Tumor, Soft Tissue Neck Deep	\$3,800	21556
Excision Tumor, Soft Tissue Neck Superficial	\$2,885	21555
Excision & Repair Platysma Cutaneous Adhesion	\$3,124	31830
Inspire Sleep Apnea Stimulator (device not included)	\$9,150	64582
Excision Soft Tissue Mass Cheek	\$3,050	21012
I&D Deep Abscess or hematoma soft tissue neck or thorax, T&A	\$5,800	21501, 42820
Ear		
Myringotomy w/ tube	\$1,265	69436
Bilateral Myringotomy with tubes	\$1,960	69436
Tube Removal (One)	\$1,730	69424/69610
Tube Removal (Bilateral)	\$1,730	69424 or 69610
Tympanoplasty	\$5,732	69631/69645
Tymp-Mastoid	\$10,620	69641
Tympanoplasty, Glomus Tympanicum Removal	\$7,708	69631, 69550

Mastoidectomy	\$7,708	69502
Inner Ear - Stapedectomy	\$6,610	69660
Ossiculoplasty	\$6,280	69661
Ossicular Chain Reconstruction	\$6,610	69632 or 69633
Cochlear Implant (device not included)	\$10,510	69930
Myringoplasty	\$2,880	69620
Myringoplasty (Bilateral)	\$3,455	69620
Foreign Body Removal	\$1,738	69205
BAHA (device not included)	\$6,610	69714
Bone Bridge	\$9,155	69715
Excision Preauricular Pits	\$3,238	11440-11446
Eustachian Tube Dilation w/ Balloon (single or bilateral)	\$5,780	69799 or 69706 or 69705
Exc. Soft Tissue Lesion, external auditory canal	\$1,960	69145
Excision bilateral foreign body earlobes	\$3,455	10120-50
Bilateral Myringotomy with tubes, Frenulectomy w/ zplasty	\$1,960	69436-50, 41520
Unilateral Ear Cleaning	\$1,265	69210
Temporal Bone Resection with graft	\$10,620	69535, 21235
Removal Electromagnetic Bone Anchored Hearing Device	\$3,455	69711
Tympanoplasty w/ BioDesign Tissue, Myringoplasty	\$3,455	69631, 69620
OSIA implant	\$9,155	69716
Excision Ear Lesion w/ Rotational Flap	\$4,605	14060
Excision External Ear Simple Repair	\$4,000	69110
Incision & Drainage Auricular Hematoma	\$3,550	69005
Cochlear Implant (device not included) & Tympanoplasty	\$12,950	69930, 69631
Tymp-Mastoid, Ossicular Chain Recon. Cholesteatoma Removal	\$10,620	69646, 69150, 15770, 69436
Unilateral Myringoplasty, Bilateral Myringotomy	\$2,880	69620, 69436-50
Exc. Malignant Lesion Ear & Cheek Simple Repair	\$4,660	11643, 14040, 69110
Nose (image guidance will be an additional cost to sinus procedures)		
Sinus / Turbinates 1 side (Simple)	\$4,419	can be different variations of multiple codes
complex (Unilateral)	\$6,950	can be different variations of multiple codes
Sinus / Turbinates both sides (Simple)	\$5,900	can be different variations of multiple codes
complex (Bilateral)	\$9,480	can be different variations of multiple codes
Image Guidance	\$1,500	61782
Septoplasty	\$4,450	30520
Septoplasty and Turbinate Reduction	\$5,677	30520/30140 or 30802
Septoplasty, Turbinate Reduction, BMT	\$6,835	30520, 30140-50, 69436-50
Nasal Fracture Simple Closed	\$2,185	21310
Nasal Fracture Complex Open	\$4,636	21325 or 21335
Repair Septal Perforation	\$3,535	30630
Open Septorhinoplasty w/ Turbinate Reduction	\$10,160	30420, 30140-50
Bilateral Turbinate Reduction	\$3,650	30140/30802
Control Nasal Hemorrhage (Epistaxis)	\$1,970	31238
Excision Intranasal Lesion	\$2,190	30117
Excision Malignant Lesion Lateral Nasal	\$4,950	11642
Lesion Excision (Adjacent Tissue Transfer)	\$4,660	14060
Adjacent Tissue Transfer x2	\$6,975	14060, 14040
Adjacent Tissue Transfer x3	\$7,395	14301 or 14021 or 14060 or 14040
Nasopharyngeal Biopsy	\$2,185	31257
Nasal Endoscopy w/ foreign body removal	\$1,960	31575, 30310
Septoplasty, Turbinate Reduction, nasal valve repair	\$6,835	30520, 30140-50, 30465
Turbinate Reduction & BMT	\$3,650	30140-50, 69436-50
Excision of nasolabial cyst	\$2,743	21011
Nasal Polypectomy, Turbinate Reduction, Adenoidectomy	\$7,395	31237, 30140, 42831
Nasal Endoscopy w/ Cultures	\$3,535	31237
Nasal Polypectomy, Turbinate Reduction (bilateral)	\$5,900	31237-50, 30140-50
Septoplasty, Turb Reduction, Tonsillectomy, Laryngoscopy w/ bx	\$7,395	30520, 30140, 31536, 42826
Septo w/ repair septal perforation, cartilage graft, TURB flap	\$6,835	30630

Septoplasty, Turbinate Reduction, DISE	\$5,677	30520, 30140, 42975
Septo, Turb Reduct, Micro DL w/ Inj., Bronchoscopy (+ cost drug)	\$7,395	30520, 30140-50, 31571, 31630
Septo, Turb Reduct, Excision Naso-pharangeal Mass	\$6,950	30520, 30140, 42808
Complex Nasal & Facial Plastic Surgery		
Simple forehead flap reconstruction of nose	\$4,950	15731, 14301
Complex Septoplasty	\$4,395	30520
Nasal Valve Repair (batten grafts from ear)	\$4,095	30465, 21235
Complex septoplasty with valve repair	\$6,425	30520, 30465, 20912
Forehead flap takedown	\$3,745	15630
Complex Forehead flap recon. Nose (ear graft)	\$5,810	15731, 14301, 21235
Complex Forehead flap recon. Nose (ear graft, lining flap or septum)	\$7,643	15731, 14301, 21235, 14060
Full Thickness skin graft to nose	\$3,530	15260
Full thickness skin graft to nose, complex (with ear graft)	\$4,395	15260, 30465, 21235
Small defect repair cheek or forehead	\$4,395	14040
Large defect repair cheek or forehead	\$5,868	14041
Nasal Vestibular Stenosis, Harvest Ear Cartilage, Turb. Reduction	\$8,585	30465, 21235, 30140-50
Vascular malformation	\$6,975	14041, 15004
Throat		
Tonsillectomy	\$3,875	42825/42826
Adenoidectomy	\$3,710	42830
Tonsillectomy & Adenoidectomy	\$4,180	42820/42821
Adenoidectomy and BMT	\$4,235	42830 or 42831/69436
Tonsillectomy/BMT	\$4,440	42825 or 42826/69436
Tonsillectomy & Unilateral Myringoplasty	\$4,640	42825 or 42826, 69620
Tonsillectomy and Adenoidectomy and BMT	\$5,070	42820/69436
Adenoids, BMT & (B) Turbinates	\$4,665	42830/69436/ 30140
Tonsillectomy & (B) Turbinates	\$4,475	42826/30140
Adenoids & (B) Turbinates	\$4,475	42830/30140
Tonsil & Adenoid w/ (B) Turbinate Reduction	\$5,390	42820/30140
T&A, BMT & (B) Turbinates	\$6,205	42820/69436/30140
Tonsil and Adenoid w/ Septoplasty	\$5,800	42820/30520
Tonsils, Septoplasty & Turbinate Reduction	\$6,820	42825/42826 30520 30140
Tonsillectomy & Direct Laryngoscopy	\$5,200	42825 or 42826, 31535
Excision of Lip; Transverse Wedge Excision	\$3,535	40510
Exc. Lesion Mucosa & Submucosa of mouth	\$3,124	40812
Frenulectomy	\$1,850	40819
Frenoplasty	\$1,850	41520
Frenotomy	\$1,850	41010
Exc. Lesion of Tongue w/ closure	\$3,535	41113 or 41114
Uvulectomy	\$3,124	42140
UPPP	\$6,337	42145
Diagnostic Laryngoscopy with biopsy (path additional charge)	\$3,439	31510, 31525, 31536
Esophagoscopy	\$2,485	43200
Excision Auricular Fistula	\$3,360	42810
Exc. Lesion of Palate/Uvula without closure	\$3,124	42104
Exc. Lesion of Palate/Uvula with closure	\$4,330	42107
Biopsy Hard Palate Lesion	\$3,535	42100
Biopsy Nasopharynx	\$1,850	42804 or 42806
Biopsy Tongue Posterior	\$1,850	41105
Excision Submandibular Gland	\$4,690	42440
Sialolithotomy, Submandibular Gland, complicated	\$4,390	42335
Excision & Repair Playtsma Cutaneous Adhesion	\$3,124	31830
Tonsils, Direct Laryngoscopy w/ bx, Nasopharyngoscopy w/ bx	\$5,200	42825/42826 31535 92511
Drug Induced Sleep Endoscopy	\$2,750	42975
Tonsil & Adenoid, Frenulectomy	\$4,180	42820, 40819 or 41115

Excision Lower Lip Lesion	\$2,880	40814
Frenulectomy & Laryngoscopy flexible, diagnostic	\$3,439	41115, 31575
DISE & Pharyngeal mass excision	\$3,875	42975, 61605
Bronchoscopy w/ tracheal dilation, laryngoscopy w/ injection	\$4,339	31630, 31573
Tonsillectomy & UPPP	\$6,337	42826, 42145
Direct Laryngoscopy & Esophagoscopy w/ Bx	\$3,439	31535, 43193
Adenoidectomy & Unilateral Maxillary Anrostomy	\$5,677	42830 or 42831, 31256
Tonsil & Adenoidectomy, Turbinate Reduction	\$5,390	42820 or 42821, 30140-50
Dental		
Dental Restoration (LEVEL 1 -- 1 hour)	\$3,905	41899
Dental Restoration (LEVEL 2 -- 1.5 hour)	\$6,020	41899
Dental Restoration (LEVEL 3 -- 2 hour)	\$7,750	41899
Widsom Teeth (Simple)	\$3,645	41899
Wisdom Teeth (Complex, if one is complex all are)	\$4,970	41899
Oral Surgery		
LEF 1 Simple	\$17,013	21141
LEF 1 Complex	\$18,500	21142, 21147
Osteotomy Simple	\$16,110	21196
Osteotomy Complex	\$18,713	21198
Osteotomy Maxillary & Mandibular (OVN included)(Hrdwre not included)	\$33,338	21143, 21196
Genioplasty	\$7,163	21121
Fracture Simple, Closed	\$5,890	21451
Fracture Simple, Open	\$8,663	21461
Fracture Intermediate	\$13,610	21462
Fracture Complex (Mandibular)	\$21,438	21470
TMJ Arthroplasy Unilateral w/ Osteotomy	\$17,145	21240 or 21242, 21193
TMJ Arthroplasty Unilateral (hdwr not included)	\$6,128	21240 or 21242
TMJ Arthroplasty Bilateral (hdwr not included)	\$12,150	21240-50 or 21242-50
TMJ Arthrocentesis Bilateral	\$3,765	20605-50
TMJ Replacement	\$55,108	21243
Cleft Simple (includes overnight)	\$13,785	40700 or 30460 or 30600 or 40720
Cleft Complex (includes overnight)	\$19,460	40701 or 40702 or 30462 or 42205 or 42200 or 42210 or 42215
Maxillary Bone Graft w/ Excision Nasal Palatine Cyst	\$8,820	21210, 21030
Orbital Floor Fracture Repair	\$13,789	21390 or 21395
Maxillary Osteotomy, Mandibular Osteotomy, Genioplasty	\$35,438	21196, 21143, 21121
Includes overnight		
Hardware is not included		
Urology		
Mini-Arc Mid-Urethral Suspension	\$5,346	57288
Anterior Repair & Mini Arc Urethral Suspension	\$6,836	57240, 57288
Anterior Repair	\$5,075	57240
Posterior Repair	\$7,211	57250
Anterior & Posterior Repair	\$6,125	57260
Rectocele Repair	\$6,030	45560
Rectocele Repair & Posterior Elevate	\$7,620	57250, 45560
Hydrocelectomy-Unilateral	\$4,165	55040
Hydrocelectomy-Bilateral	\$5,425	55041
Varicocelectomy	\$4,165	55535
Laparoscopic Varicocelectomy	\$6,255	55550
Spermatoclectomy	\$4,165	54840
Spermatoclectomy (Bilateral)	\$4,995	54840-50
Epididymectomy - Partial	\$4,165	54860
Epididymectomy - Total	\$4,740	54861
Transperineal Urethroplasty	\$4,165	53010, 53400

Testicular Biopsy	\$2,210	54500
Vasovasostomy	\$6,120	55400
Circumcision	\$2,930	54160 or 54161
Corpora Cavernosa Shunt	\$4,620	54420 or 54430
Penile Prosthesis (implant not included)	\$9,200	54400 or 54401 or 54405
Penile Prosthesis Removal	\$4,225	54406
Insertion of AMS 800 Urinary Sphincter	\$18,830	53445
Insert Testicular Implant	\$5,480	54660
Ultrasound and biopsy of prostate (TRUS) path is included	\$4,085	55700
MRI Guided Prostate Biopsy	\$5,282	55700, 76498
Cystoscopy		
With Bilat. Retrograde Pyelogram	\$3,210	52351
With Stent Removal	\$3,210	52310
With Stone Extraction/Stent	\$4,715	52332 or 52320
With TURP (plus cost of laser if used)	\$4,910	52601 or 52648
With TURBT	\$4,260	52234 or 52235
With DVIU	\$3,010	52276
With Urethral Dilatation	\$3,150	52260
Cystoscopy w/ RGP & TRUS	\$4,365	52351, 55700
Cystoscopy w/ RGP w/ laser lithotripsy (laser additional)	\$4,365	52353 or 52356
Cystoscopy w/ RGP w/ laser litho bilateral (laser additional)	\$6,130	52353-50 or 52356-50
Cystourethroscopy w/ botox injection (botox not included)	\$2,810	52287, 10585
Orchiopexy	\$4,165	54640
Orchiopexy-Bilateral	\$4,860	54640-50
Laparoscopic Orchiopexy (Dr. Kropp)	\$8,488	54692
Orchiectomy	\$4,165	54520 or 54522
Radical Orchiectomy	\$4,967	54530
ESWL w/ shockwave rental	\$6,130	50590
Interstim Placement (sacral nerve stimulator) (implant addn'l)	\$6,960	64581, 64590, 76000, 95972
Interstim Battery Change (implant not included)	\$5,070	64585, 64590
Interstim Trial	\$1,507	64561
Urolift (anchors not included)	\$4,120	52441 or 52442
Urethral Meatoplasty	\$3,360	53450
Cryo Prostate	\$18,044	55873 or 55866
Insertion of AMS 800 Urinary Sphincter (implant not included)	\$8,030	53445
REZUM	\$4,120	53854
Penile Nesbit Tuck (peyronie's disease)	\$5,125	54360
Hypospadias Repair	\$6,836	54163
Cystography, dilation w/ hydrodistention, bilateral RGP	\$3,210	52005, 52260
Circumcision Revision, Lysis penile adhesion	\$2,975	54162
Cystoscopy, Bulkamid, Anterior Repair (cost bulkamid not included)	\$7,931	51715, 57240
Cystoscopy w/ (B) RGP, hydro-distention, bladder biopsy	\$4,910	52204, 52005, 52260
Cystourethroscopy, balloon dilation, stent, retrograde pyelography	\$5,710	52344, 52332
ESWL with Cystoscopy TURP (includes laser)	\$10,060	50590, 52648
Cysto Cyber laser TURP, Laser bladder stones w/ holmium	\$10,749	52648, 52317
Pediatric Inguinal Hernia Repair & Orchiopexy	\$5,045	54640, 49500
Lithotripsy (laser) Ureteroscopy w/ ESWL (laser additional)	\$7,880	50590, 52356, 52332
Exc. Penile Lesion (path add'l)	\$2,930	54060
Cystoscopy with Bulkamid (Bulkamid add'l)	\$4,260	51715
ESWL, Ureteroscopy w/ SBM, Rezum	\$13,530	50590, 53854, 52352
Cystourethroscopy w/ Optilume Balloon Dilatation	\$4,910	52284
Pediatric Penoplasty	\$5,125	54300
Circumcision, Chordee Repair, Scrotoplasty	\$6,836	54161, 54300, 55175
Male Urethral Sling (sling add'l)	\$8,030	53440
Exploration Scrotum & Excision of Testicular Mass	\$4,860	54730, 54865
Gynecology		
Hysterectomy (includes overnight stay)	\$9,190	58550/58552

Total Abdominal Hysterectomy (includes pain pump)	\$10,390	58150
Diagnostic Laparoscopy	\$5,600	49320
Diagnostic Laparoscopy w/ TOT	\$8,951	49320, 57288
Hysteroscopy/ablation	\$4,560	58563
Hysteroscopy, diagnostic	\$2,900	58555
D&C / Removal IUD	\$2,200	58120 or 58301
Suction D&C	\$2,200	59820 or 59821
Hysteroscopy, surgical w/ biopsy endometrium	\$2,900	58558
Hysteroscopy w/ polyp removal (polypectomy)	\$5,180	58558
Hysteroscopy, surgical w/ biopsy endometrium	\$6,380	58558/58563
Laparoscopic removal of ovaries	\$6,836	58661
Removal adhesions, lesion, cyst ovary, endometriosis	\$6,836	58662
LAVH w Anterior Repair	\$10,482	58550/57240
LAVH W/ TOT	\$11,520	58552/57288
LAVH W/ TOT, Ant and/or Post. Repair	\$12,055	58552, 57288, 57260 or 52740
TAH w/ TOT, Ant and/or Post. Repair	\$13,885	58150, 57260, 57288
Ovarian Cystectomy	\$5,940	58925
Mini Laparotomy	\$6,836	49000
Mini Laparotomy w/ BSO (includes OVN)	\$9,270	49000/58661
Laparoscopic Myomectomy	\$10,470	58545 or 58546
Open Myomectomy	\$10,470	58140
Conization/LEEP (path add'l)	\$3,290	57520 or 57522
Laser Ablation of Cervix (Laser add'l)	\$3,290	57513
Colposcopy	\$1,275	57454
Vulvectomy/Labialplasty	\$3,345	56620
Labialplasty & Perineorrhaphy	\$5,255	56620, 56810
Nexplanon Removal	\$2,680	11982, 76000
Hymenectomy	\$2,900	56700
Excision of Bartholin's Cyst	\$4,368	56740
Laser of Hemangiomas or warts (plus laser fee)	\$3,625	56515
Laparoscopy with salpingectomy for ectopic pregnancy	\$6,836	59150
Excision of vaginal wall cyst	\$3,345	57135
Wide local excision vulva & colposcopy	\$4,790	56605, 57454
Diagnostic Laparoscopy, hysteroscopy w/ myosure	\$8,030	49320, 58558
Laparoscopic Ovary Removal, Hysteroscopy w/ Myosure	\$10,390	58661, 58558
Laparoscopy, Salpingoophorectomy, Hysteroscopy Endo. Ablation	\$10,536	58661, 58563
Lap. Salpingectomy & Hysteroscopy polyp removal (no myosure)	\$7,336	58661, 58558
Laparoscopy, Lysis of Adhesions, Laser of Endometriosis, Posterior Repair (laser add'l)	\$6,836	58660, 58662, 57250