

CLAIM FORM REQUIREMENTS

When billing for services, please pay attention to the following points:

- Submit claims on a current CMS 1500 or UB04 form. Please include the following information:
 1. Patient's name (CMS Box 2/UB04 Box 8a)
 2. Patient's 11-digit member number (CMS Box 1a/UB04 Box 60)
 3. Provider's 10-digit National Provider Identifier number
 - CMS1500:
 - a) Referring Provider NPI in Box 17B
 - b) Rendering Provider NPI in Box 24J
 - c) Service Facility Location Type II NPI in Box 32a
 - d) Billing Provider Type II in Box 33a
 - UB04:
 - a) Institution/Facility Type II NPI in Box 56
 - b) Attending Physician NPI in Box 76
 - c) Operating Physician NPI in Box 77
 4. ICD-9 diagnosis code and description (CMS Box 21/UB04 Box 66)
 5. Date of service (CMSBox24a/UB04 Box 45)
 6. Place of service (CMS Box 24b)

- | | |
|----|--------------------------------|
| 01 | Pharmacy |
| 03 | School |
| 04 | Homeless shelter |
| 09 | Prison - Correctional facility |
| 11 | Office |
| 12 | Home |
| 13 | Assisted living facility |
| 14 | Group home |
| 15 | Mobile unit |
| 17 | Walk-in retail clinic |
| 20 | Urgent care facility |
| 21 | Inpatient hospital |
| 22 | Outpatient hospital |

Claims Procedures Section

- 23 Emergency room - hospital
 - 24 Ambulatory surgical center
 - 25 Birthing center
 - 31 Skilled nursing facility
 - 32 Nursing facility
 - 33 Custodial care facility
 - 34 Hospice
 - 41 Ambulance - Land
 - 42 Ambulance - Air/Water
 - 49 Independent Clinic
 - 51 Inpatient psychiatric facility
 - 52 Psychiatric facility - partial hospitalization
 - 53 Community mental health center
 - 54 Intermediate care facility/mentally handicapped
 - 55 Residential substance abuse treatment facility
 - 56 Psychiatric residential treatment center
 - 57 Non-residential substance abuse treatment facility
 - 60 Mass immunization center
 - 61 Comprehensive inpatient rehabilitation facility
 - 62 Comprehensive outpatient rehabilitation facility
 - 65 End-stage renal disease treatment facility
 - 71 Public health clinic
 - 72 Rural health clinic
 - 81 Independent laboratory
7. Assignment of Benefit (CMS Box 13)
 8. CPT-9 or HCPCS code (CMS Box 24d) or RV code (UB04 Box 42)
 9. Other insurance, if applicable (CMS Box 11 a thru D/ UB04 Box 50)
 10. Tax I.D. (CMS Box 25/ UB04 Box 5)
 11. Referring physician name, if applicable (CMS Box 17)
- It is necessary to include all of this information on a claim and to ensure the alignment of the information is within the boxes. Failure to include this information may result in claims being returned, denied or incorrectly paid.
 - If you have questions about member eligibility, member numbers, provider numbers, a claim's status or claim



Claims Procedures Section

issues, please call our Provider Service Department at (608) 282-8900 or (800) 545-5015.

Claims Address

Physicians Plus Insurance Corporation - Claims
P.O. Box 269017
Plano, TX 75026-9017

Claims Procedures Section

Physicians Plus Accepts Physician and Hospital Claims Electronically

Physicians Plus Insurance Corporation works with the following major EDI clearinghouses:

Netwerkes
WebMD
PayorID = 39156

Please contact the clearinghouse or your Provider Network Liaison directly if you need more information on how to start submitting claims electronically to Dell/Physicians Plus. Other EDI vendors, clearinghouses, billing services or software vendors may already be connected through Netwerkes or WebMD to Physicians Plus.

If you have any general questions regarding electronic claim submission, please contact your Provider Network Liaison.

NOTE: Physicians Plus does not accept dental, pharmaceutical, subrogation or workers compensation claims electronically.

Provider Numbers

Physicians Plus processes claims using the National Provider Identifier (NPI). Beginning May 23, 2007, this number is required on all CMS 1500 and UB04 claim forms. Each provider should have applied for and received an NPI. Please remember the provider numbers determine claim payment, so it is essential to report the NPI on the CMS 1500 (Box 24J) or UB04 (Box 56) claim forms.

Hospital Audits

Physicians Plus may perform audits on select inpatient claims retrospectively and compare to medical record information to ensure the accuracy of billing. Physicians Plus may contract with a third party vendor to perform audits on our behalf.

Claims Procedures Section

Coding Requirements

Physicians Plus follows the coding guidelines of the Center for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), CPT, and ICD-9. Clarification and the appropriate use of specific codes is communicated to providers through memos and our provider newsletter. Please pay attention to the use of units and modifiers and use them appropriately.

Annual Coding Updates

Physicians Plus acknowledges that new and updated HCPCS, ICD-9-CM, and CPT codes are available prior to January 1 each year. However, Physicians Plus will not accept the new and updated codes until January 1 each calendar year. This grace period allows Physicians Plus staff to review and integrate these codes into our business software.

Coding Highlights

Physicians Plus uses the Non-Facility Total RVU to determine what code is considered primary and what code(s) should have the modifier 51 reduction. For most major surgeries, the RVU is the same for both the facility and non-facility, but when there is a difference, Physicians Plus uses the Non-Facility Total RVU. When the Non-Facility Total RVU is not listed, the Facility Total RVU is used.

Additional coding guidelines are available at www.ppplusic.com, “Providers”, “Coverage & Regulatory Updates”, “Coding Guidelines”, or by clicking [here](#).

Coding Questions

If you have questions regarding coding or billing procedures, please call our Provider Services Department at (608) 282-8900 or (800) 545-5015.

PAYMENT OF CLAIMS

Provider checks are processed and mailed once a week. An explanation and example of the provider remittance advice form is included in this section.

Questions about the Payment or Denial of a Claim

A request to review a claim denial or payment must be submitted to Physicians Plus within six (6) months of the claim determination, unless specifically stated otherwise in the provider agreement.

- 1) Physicians Plus has created **GO-TO**, a secure, on-line resource designed to help you with day-to-day interaction with Physicians Plus. By logging on to **GO-TO** through our website, www.pplusic.com, you can view claims and complete a Claim Adjustment Review Request (CARR) form. Using **GO-TO**SM is the quickest way to have a claim reprocessed.
- 2) If you have questions regarding payment or denial of a claim, please contact our Provider Services Department at (608) 282-8900 or (800) 545-5015. When contacting Physicians Plus by telephone for assistance with a claim, please have the member name, member number, provider name and date of service available. If the claim in question requires adjusting, the representative assisting you will complete an adjustment request and forward it to our Claims Department.
- 3) To request a review, complete a CARR form on paper and mail it to Physicians Plus. It can be found at www.pplusic.com "Providers", "Provider Manual & Forms", or by clicking [here](#). CARR forms should be mailed to the appropriate address as indicated on the CARR form. If you choose to use the CARR form, please attach a copy of the provider remittance advice or original claim. If there is a primary payer other than Physicians Plus, a copy of the primary payer's remittance advice must be attached.
- 4) If you receive an incorrect claim payment, please do not refund the money without using one of the

Claims Procedures Section

resources provided to you by Physicians Plus.

GO-TO

GO-TO is a secure, online management tool that gives providers access to health plan information and tools 24 hours a day, 7 days a week. By logging on and creating a new GO-TO account you can:

- Check the status of claims and authorizations
- View member benefit and eligibility information
- Submit Claim Adjustment Review Request (CARR) forms
- Submit Prior Authorization request
- Send secure messages to Physicians Plus Provider Services

Setting Up a Provider GO-TO Account

For information on how to create and use a GO-TO account, please click here:

[Physicians Plus Insurance Corporation : GO-TO Provider Reference Guide](#)

Claims Procedures Section

Remittance Advice Key

1. Physicians Plus claims address.
 2. Physicians Plus provider service phone number.
 3. Name and address of provider to whom the check is issued.
 4. IRS #: Federal tax ID number on file for check name.
 5. Check Date: Date check was run.
 6. Check #: Check number that corresponds to the remittance.
 7. Employee: Name of policyholder.
 8. Patient Name: Name of patient billed on claim.
 9. Member #: Physicians Plus member number of the patient.
 10. Claim #: Number assigned to claim for processing.
 11. Patient Account: Clinic account number as submitted on claim form.
 12. ICD9 DIAG: Diagnosis code(s) as submitted on claim, up to three.
 13. Provider: Name of provider.
 14. Provider ID: Number assigned to provider who provided services.
- Items 15- 28 correspond to the boxed column headings.**
15. Service Date: Date(s) of service submitted on claim.
 16. Service Code: Procedure code billed.
 17. Charged Amount: Amount billed on claim.
 18. Allowed Amount: Per provider contractual agreement.
 19. Deductible Amount: Amount applied to member's deductible. *MEMBER RESPONSIBILITY*
 20. Co-pay Amount: Amount of copayment. *MEMBER RESPONSIBILITY*
 21. Co-Ins. Amount: Amount of coinsurance. *MEMBER RESPONSIBILITY*
 22. Discount Managed Care Adjust: Provider contracted discount. *PROVIDER RESPONSIBILITY*
 23. Denied Amount: Charges ineligible for payment. *PROVIDER OR MEMBER RESPONSIBILITY*
 24. W/hold Amount: Amount of provider withhold.

Claims Procedures Section

25. OC: Number of units billed for the service code.
26. ANSI Code: American National Standards Institute (ANSI) code number assigned to claim adjustment reason codes.
27. Payment Amount: Amount of service paid.
28. Patient Responsibility: Total of all columns for which member is responsible.
29. Description of ANSI code.
30. Totals: Totals all columns of the claim.
31. Statement Totals: Totals each column included on the remittance.

COORDINATION OF BENEFITS (COB)

Often members have more than one group health insurance policy. Coordination of Benefits determines which policy is considered primary coverage for that person or family. It also determines how payments will be made by each policy, including Medicare.

Determination of Payments

The group health insurance policy that covers the patient as a subscriber is the primary payer. For example, let's say that John and Mary are married or domestic partners. If John has a group health policy through his employer, that policy is primary for any medical bills that John incurs. After that group health plan makes its payment, any balance that is the patient's responsibility may be sent to Mary's group health plan which is the secondary payer.

Determining which Policy to Bill for Dependents

When there are children involved, the "birthday rule" applies as follows: The insurance policy of the parent or legal guardian whose birthday falls earlier in the year has the primary payment responsibility for any dependent children. If John's birthday is in March and Mary's is in June, John's policy would have primary responsibility for the children. Remember, the year of birth does not matter, just the month. In a divorce, the divorce decree or custody ruling may specify which policy is primary.

How to Report Services when Physicians Plus is Secondary

The primary carrier should be billed first and a copy of the remittance advice from the primary carrier must accompany your claims when they are sent to the Physicians Plus claims address.

It is possible that the patient has not given you information about other insurance coverage. If that is the case, the claim will be denied with a COB reason code that indicates the reason for the denial. When the primary carrier has processed the claim you may submit any balance due, which is the patient's responsibility, to Physicians Plus. You may not submit contractual discount amounts. Please remember to include the remittance advice from the primary payer.

Claims Procedures Section

COB Refunds

Should you receive a payment in error, please notify Physicians Plus. Any overpayment will be recovered on-line or we will send you a refund request.

Please complete a CARR form when sending a COB refund to Physicians Plus. It can be found at www.pplusic.com "Providers", "Provider Manual & Forms", or by clicking [here](#).

Mail to: Physicians Plus Insurance Corporation
Attn: Adjustment Dept.
P.O. Box 269017
Plano, TX 75026-9017

SUBROGATION (Does not apply to Worker's Compensation Claims)

Often you will see patients who have been injured (i.e. motor vehicle accidents, dog bites, and falls). Because there may be a potential for recovery from another party it is important for your office to indicate the type of injury in box 10 of your HCFA 1500 or box 32 on the UB04 claim form.

Based on the information presented on the claim, Physicians Plus will investigate the potential for recovery from another carrier. This recovery may come from either medical payment coverage or another third party.

The investigation process begins at the member level. Ingenix is the subrogation vendor for Physicians Plus and will contact the member requesting specific information relating to their injury. If medical payment coverage is available the claim may be denied as services paid by another insurance carrier. In these instances, please contact Ingenix for further information. Ingenix's phone number is 800-529-0577.

For all other accident cases, Physicians Plus will process the claim according to the plan benefits. Physicians Plus will then pursue recovery of any benefit provided if another party is responsible. We understand subrogation can be a complicated process. If you have any questions, please contact our subrogation administrator at Ingenix at 800-529-0577.

WORKER'S COMPENSATION

Physicians Plus does not cover injuries or illnesses that are covered by Workers' Compensation. DO NOT include these charges in any claims submitted to Physicians Plus. The employer's Worker's Compensation carrier should be billed for these charges. If, however, you wish to submit claims so that they are on file with Physicians Plus, please send them to:

Subrogation Department
Physicians Plus Insurance Corporation
2650 Novation Parkway
Suite 400
Madison, WI 53713

Indicate that they are work-related and we will have them entered into our claims system and denied.

If the Worker's Compensation carrier denies the submitted claims, the member must go through the appeal process with their Worker's Compensation carrier. If the appeal is denied, the member must submit the denial and itemized bill to Physicians Plus at the above address within 60 days from the last appeal for processing.

Surgical Assistant Reimbursement Schedule

Physicians Plus has developed a list of surgical CPT codes where the charges of an assistant at surgeon may be reimbursable. Due to ever changing medical technologies, this list is subject to change and will be updated regularly. Inclusion in this list does not guarantee coverage of services. All treatment is subject to the terms, conditions and provisions of the Physicians Plus' benefit certificate.

The accepted assistant surgeon list is intended to reflect the prevailing standards for the practice of medicine that is consistent with health insurance industry requirements. The compilation of this list is based on board-certified practicing physician consultants' review of the recommendations put forth by the American College of Surgeons' assistant surgeon publication. As such, it is not necessarily the same as the one developed by the Centers for Medicare and Medicaid Services (CMS). The CMS assistant surgeon reimbursement policy is based solely on the frequency in a national sample that a particular procedure is billed with an assistant surgeon modifier. CMS uses no additional clinical basis for the creation of this policy.

Physicians Plus' general definition of a procedure for which an assistant surgeon may be accepted is as follows: a procedure that involves a difficult exposure, dissection and/or closure; a procedure for which an assistant surgeon is used routinely in the community; a procedure that is technically demanding, where the use of an assistant with the skills of a surgeon is imperative to safeguard the clinical outcome.

Physicians Plus requires that the primary surgeon indicate either in the body (Technical) portion of his/her operative report or on a separate line indicating the Assistant's name, what procedure(s) the assistant surgeon performed and what the assistant specifically did. This documentation is required in order to support medical necessity for the assistant.

Procedures not included on the list are those that one surgeon performs proficiently, or one in which the technical demands do not justify the use of another surgeon although other personnel such as operating room nurse or surgical technician may be utilized.

Reporting of Surgical Assistant Modifiers

Physicians Plus will allow the following modifiers for the reporting of surgical assistants.

Modifier 80 - describes an assistant at surgery providing full assist to the primary surgeon. This modifier is not intended for use by non-physician assistants (e.g., RN, PA).

Modifier 81 - describes a minimal assistant at surgery providing minimal assistance to the primary surgeon. This modifier is not intended for use by non-physician assistants (e.g., RN, PA).

Modifier 82 - describes an assistant surgeon provided by an MD when a qualified resident surgeon is not available.

Surgical Assistant Reimbursement Schedule

Modifier AS - describes a non-physician assistant at surgery. This would include services provided by physician assistants, nurse practitioners or clinical nurse specialists.

Surgical Assistant Reimbursement Schedule

Reimbursement Guidelines

Physicians Plus will reduce reimbursement as follows due to the presence of the assistant surgeon modifier. **Do not reduce your fees for assistant surgeons.** Physicians Plus will reduce your fee accordingly.

Modifier -80 and -82 will be reimbursed at 20% of the allowance for the primary surgery.

Modifier -81 and -AS will be reimbursed at 10% of the allowance for the primary surgery.

Appeal

You can appeal a denial of an assistant surgeon charge or request modification to this list by submitting a completed *Claim Adjustment/Review Request* via your secure GO-TO account (see section K2.3) or on paper along with the following information: 1) a letter indicating how the procedure met the above guidelines for reimbursement, 2) a copy of the operative report. Upon review, Physicians Plus will then issue a written response outlining the determination. A copy of the *Claim Adjustment/Review Request* can be downloaded from our website at www.pplusic.com

Paper Copy

You can download and print a paper copy of Physicians Plus' Surgical Assistant Reimbursement List below for reference. You may also request a paper copy by contacting your Provider Network Management Liaison.

Mark Bennehoff, PNM Liaison

(608) 417-4679

mark.bennehoff@pplusic.com

Service Area: Meriter Hospital; Columbia, Dodge, Fond du Lac, Green Lake, Jefferson, Marquette, Rock, Walworth, Waupaca, Waushara, and Winnebago counties.

Jean Hooverson, PNM Liaison II

(608) 417-4677

jean.hooverson@pplusic.com

Service Area: Chiropractic network; Dental network; Meriter Medical Group providers; Adams, Grant, Green, Iowa, Juneau, Lafayette, Richland, Sauk, Vernon, and Wood counties.

Traci Schaefer, PNM Liaison II

(608) 417-4680

traci.schaefer@pplusic.com

Service Area: UW Hospital and Clinics; UW Medical Foundation; independent providers in Dane county.

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
0078T	ENDOVASC AORT REPR W/DEVICE	0079T	ENDOVASC VISC EXTNSN REPR
14300	SKIN TISSUE REARRANGEMENT	14301	SKIN TISSUE REARRANGEMENT
14302	SKIN TISSUE REARRANGE ADD-ON	15731	FOREHEAD FLAP W/VASC PEDICLE
15732	MUSCLE-SKIN GRAFT, HEAD/NECK	15734	MUSCLE-SKIN GRAFT, TRUNK
15738	MUSCLE-SKIN GRAFT, LEG	15750	NEUROVASCULAR PEDICLE GRAFT
15756	FREE MYO/SKIN FLAP MICROVASC	15757	FREE SKIN FLAP, MICROVASC
15758	FREE FASCIAL FLAP, MICROVASC	15830	EXC SKIN ABD
15840	GRAFT FOR FACE NERVE PALSY	15841	GRAFT FOR FACE NERVE PALSY
15842	FLAP FOR FACE NERVE PALSY	15845	SKIN AND MUSCLE REPAIR, FACE
15847	EXC SKIN ABD ADD-ON	15935	REMOVE SACRUM PRESSURE SORE
15956	REMOVE THIGH PRESSURE SORE	15958	REMOVE THIGH PRESSURE SORE
19271	REVISION OF CHEST WALL	19272	EXTENSIVE CHEST WALL SURGERY
19302	P-MASTECTOMY W/LN REMOVAL	19303	MAST, SIMPLE, COMPLETE
19304	MAST, SUBQ	19305	MAST, RADICAL
19306	MAST, RAD, URBAN TYPE	19307	MAST, MOD RAD
19318	REDUCTION OF LARGE BREAST	19357	BREAST RECONSTRUCTION
19361	BREAST RECONSTR W/LAT FLAP	19364	BREAST RECONSTRUCTION
19366	BREAST RECONSTRUCTION	19367	BREAST RECONSTRUCTION
19368	BREAST RECONSTRUCTION	19369	BREAST RECONSTRUCTION
20100	EXPLORE WOUND, NECK	20150	EXCISE EPIPHYSEAL BAR
20250	OPEN BONE BIOPSY	20251	OPEN BONE BIOPSY
20692	APPLY BONE FIXATION DEVICE	20696	COMP MULTIPLANE EXT FIXATION
20802	REPLANTATION, ARM, COMPLETE	20805	REPLANT FOREARM, COMPLETE
20808	REPLANTATION HAND, COMPLETE	20816	REPLANTATION DIGIT, COMPLETE
20822	REPLANTATION DIGIT, COMPLETE	20824	REPLANTATION THUMB, COMPLETE
20827	REPLANTATION THUMB, COMPLETE	20838	REPLANTATION FOOT, COMPLETE
20902	REMOVAL OF BONE FOR GRAFT	20936	SPINAL BONE AUTOGRAFT
20937	SPINAL BONE AUTOGRAFT	20938	SPINAL BONE AUTOGRAFT
20955	FIBULA BONE GRAFT, MICROVASC	20956	ILIAC BONE GRAFT, MICROVASC
20957	MT BONE GRAFT, MICROVASC	20962	OTHER BONE GRAFT, MICROVASC
20969	BONE/SKIN GRAFT, MICROVASC	20970	BONE/SKIN GRAFT, ILIAC CREST
20972	BONE/SKIN GRAFT, METATARSAL	20973	BONE/SKIN GRAFT, GREAT TOE
21013	EXC FACE TUM DEEP< 2 CM	21014	EXC FACE TUM DEEP = 2 CM
21015	RESECTION OF FACIAL TUMOR	21016	RESECT FACE TUM = 2 CM
21034	EXCISE MAX/ZYGOMA MLG TUMOR	21044	REMOVAL OF JAW BONE LESION
21045	EXTENSIVE JAW SURGERY	21047	EXCISE LWR JAW CYST W/REPAIR

Surgical Assistant Reimbursement Schedule

21048	REMOVE MAXILLA CYST COMPLEX		21049	EXCIS UPPR JAW CYST W/REPAIR
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Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
21060	REMOVE JAW JOINT CARTILAGE	21121	RECONSTRUCTION OF CHIN
21122	RECONSTRUCTION OF CHIN	21123	RECONSTRUCTION OF CHIN
21127	AUGMENTATION, LOWER JAW BONE	21137	REDUCTION OF FOREHEAD
21138	REDUCTION OF FOREHEAD	21139	REDUCTION OF FOREHEAD
21141	RECONSTRUCT MIDFACE, LEFORT	21142	RECONSTRUCT MIDFACE, LEFORT
21143	RECONSTRUCT MIDFACE, LEFORT	21145	RECONSTRUCT MIDFACE, LEFORT
21146	RECONSTRUCT MIDFACE, LEFORT	21147	RECONSTRUCT MIDFACE, LEFORT
21150	RECONSTRUCT MIDFACE, LEFORT	21151	RECONSTRUCT MIDFACE, LEFORT
21154	RECONSTRUCT MIDFACE, LEFORT	21155	RECONSTRUCT MIDFACE, LEFORT
21159	RECONSTRUCT MIDFACE, LEFORT	21160	RECONSTRUCT MIDFACE, LEFORT
21172	RECONSTRUCT ORBIT/FOREHEAD	21175	RECONSTRUCT ORBIT/FOREHEAD
21179	RECONSTRUCT ENTIRE FOREHEAD	21180	RECONSTRUCT ENTIRE FOREHEAD
21181	CONTOUR CRANIAL BONE LESION	21182	RECONSTRUCT CRANIAL BONE
21183	RECONSTRUCT CRANIAL BONE	21184	RECONSTRUCT CRANIAL BONE
21188	RECONSTRUCTION OF MIDFACE	21193	RECONST LWR JAW W/O GRAFT
21194	RECONST LWR JAW W/GRAFT	21195	RECONST LWR JAW W/O FIXATION
21196	RECONST LWR JAW W/FIXATION	21198	RECONSTR LWR JAW SEGMENT
21199	RECONSTR LWR JAW W/ADVANCE	21206	RECONSTRUCT UPPER JAW BONE
21209	REDUCTION OF FACIAL BONES	21240	RECONSTRUCTION OF JAW JOINT
21242	RECONSTRUCTION OF JAW JOINT	21243	RECONSTRUCTION OF JAW JOINT
21244	RECONSTRUCTION OF LOWER JAW	21245	RECONSTRUCTION OF JAW
21246	RECONSTRUCTION OF JAW	21247	RECONSTRUCT LOWER JAW BONE
21255	RECONSTRUCT LOWER JAW BONE	21256	RECONSTRUCTION OF ORBIT
21260	REVISE EYE SOCKETS	21261	REVISE EYE SOCKETS
21263	REVISE EYE SOCKETS	21267	REVISE EYE SOCKETS
21268	REVISE EYE SOCKETS	21275	REVISION, ORBITOFACIAL BONES
21339	TREAT NASOETHMOID FRACTURE	21340	TREATMENT OF NOSE FRACTURE
21343	TREATMENT OF SINUS FRACTURE	21344	TREATMENT OF SINUS FRACTURE
21346	TREAT NOSE/JAW FRACTURE	21347	TREAT NOSE/JAW FRACTURE
21348	TREAT NOSE/JAW FRACTURE	21360	TREAT CHEEK BONE FRACTURE
21365	TREAT CHEEK BONE FRACTURE	21366	TREAT CHEEK BONE FRACTURE
21385	TREAT EYE SOCKET FRACTURE	21386	TREAT EYE SOCKET FRACTURE
21387	TREAT EYE SOCKET FRACTURE	21390	TREAT EYE SOCKET FRACTURE
21395	TREAT EYE SOCKET FRACTURE	21406	TREAT EYE SOCKET FRACTURE
21407	TREAT EYE SOCKET FRACTURE	21408	TREAT EYE SOCKET FRACTURE
21422	TREAT MOUTH ROOF FRACTURE	21423	TREAT MOUTH ROOF FRACTURE
21431	TREAT CRANIOFACIAL FRACTURE	21432	TREAT CRANIOFACIAL FRACTURE

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
21433	TREAT CRANIOFACIAL FRACTURE	21435	TREAT CRANIOFACIAL FRACTURE
21436	TREAT CRANIOFACIAL FRACTURE	21445	TREAT DENTAL RIDGE FRACTURE
21461	TREAT LOWER JAW FRACTURE	21462	TREAT LOWER JAW FRACTURE
21465	TREAT LOWER JAW FRACTURE	21470	TREAT LOWER JAW FRACTURE
21490	REPAIR DISLOCATED JAW	21495	TREAT HYOID BONE FRACTURE
21502	DRAIN CHEST LESION	21557	REMOVE TUMOR, NECK/CHEST
21558	RESECT NECK TUM = 5 CM	21600	PARTIAL REMOVAL OF RIB
21610	PARTIAL REMOVAL OF RIB	21615	REMOVAL OF RIB
21616	REMOVAL OF RIB AND NERVES	21620	PARTIAL REMOVAL OF STERNUM
21630	EXTENSIVE STERNUM SURGERY	21632	EXTENSIVE STERNUM SURGERY
21685	HYOID MYOTOMY & SUSPENSION	21705	REVISION OF NECK MUSCLE/RIB
21740	RECONSTRUCTION OF STERNUM	21742	REPAIR STERN/NUSS W/O SCOPE
21743	REPAIR STERNUM/NUSS W/SCOPE	21750	REPAIR OF STERNUM SEPARATION
21810	TREATMENT OF RIB FRACTURE(S)	22100	REMOVE PART OF NECK VERTEBRA
22101	REMOVE PART, THORAX VERTEBRA	22102	REMOVE PART, LUMBAR VERTEBRA
22103	REMOVE EXTRA SPINE SEGMENT	22110	REMOVE PART OF NECK VERTEBRA
22112	REMOVE PART, THORAX VERTEBRA	22114	REMOVE PART, LUMBAR VERTEBRA
22116	REMOVE EXTRA SPINE SEGMENT	22206	CUT SPINE 3 COL, THOR
22207	CUT SPINE 3 COL, LUMB	22208	CUT SPINE 3 COL, ADDL SEG
22210	REVISION OF NECK SPINE	22212	REVISION OF THORAX SPINE
22214	REVISION OF LUMBAR SPINE	22216	REVISE, EXTRA SPINE SEGMENT
22220	REVISION OF NECK SPINE	22222	REVISION OF THORAX SPINE
22224	REVISION OF LUMBAR SPINE	22226	REVISE, EXTRA SPINE SEGMENT
22318	TREAT ODONTOID FX W/O GRAFT	22319	TREAT ODONTOID FX W/GRAFT
22325	TREAT SPINE FRACTURE	22326	TREAT NECK SPINE FRACTURE
22327	TREAT THORAX SPINE FRACTURE	22328	TREAT EACH ADD SPINE FX
22532	LAT THORAX SPINE FUSION	22533	LAT LUMBAR SPINE FUSION
22534	LAT THOR/LUMB, ADD'L SEG	22548	NECK SPINE FUSION
22554	NECK SPINE FUSION	22556	THORAX SPINE FUSION
22558	LUMBAR SPINE FUSION	22585	ADDITIONAL SPINAL FUSION
22590	SPINE & SKULL SPINAL FUSION	22595	NECK SPINAL FUSION
22600	NECK SPINE FUSION	22610	THORAX SPINE FUSION
22612	LUMBAR SPINE FUSION	22614	SPINE FUSION, EXTRA SEGMENT
22630	LUMBAR SPINE FUSION	22632	SPINE FUSION, EXTRA SEGMENT
22800	FUSION OF SPINE	22802	FUSION OF SPINE
22804	FUSION OF SPINE	22808	FUSION OF SPINE
22810	FUSION OF SPINE	22812	FUSION OF SPINE

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
22818	KYPHECTOMY, 1-2 SEGMENTS	22819	KYPHECTOMY, 3 OR MORE
22830	EXPLORATION OF SPINAL FUSION	22840	INSERT SPINE FIXATION DEVICE
22841	INSERT SPINE FIXATION DEVICE	22842	INSERT SPINE FIXATION DEVICE
22843	INSERT SPINE FIXATION DEVICE	22844	INSERT SPINE FIXATION DEVICE
22845	INSERT SPINE FIXATION DEVICE	22846	INSERT SPINE FIXATION DEVICE
22847	INSERT SPINE FIXATION DEVICE	22848	INSERT PELV FIXATION DEVICE
22849	REINSERT SPINAL FIXATION	22850	REMOVE SPINE FIXATION DEVICE
22851	APPLY SPINE PROSTH DEVICE	22852	REMOVE SPINE FIXATION DEVICE
22855	REMOVE SPINE FIXATION DEVICE	22856	CERV ARTIFIC DISKECTOMY
22857	LUMBAR ARTIF DISKECTOMY	22861	REVISE CERV ARTIFIC DISC
22862	REVISE LUMBAR ARTIF DISC	22864	REMOVE CERV ARTIF DISC
22865	REMOVE LUMB ARTIF DISC	22900	REMOVE ABDOMINAL WALL LESION
22901	EXC BACK TUM DEEP = 5 CM	22904	RESECT ABD TUM < 5 CM
22905	RESECT ABD TUM > 5 CM	23020	RELEASE SHOULDER JOINT
23077	REMOVE TUMOR OF SHOULDER	23078	RESECT SHOULDER TUM > 5 CM
23107	EXPLORE TREAT SHOULDER JOINT	23120	PARTIAL REMOVAL, COLLAR BONE
23125	REMOVAL OF COLLAR BONE	23145	REMOVAL OF BONE LESION
23155	REMOVAL OF HUMERUS LESION	23156	REMOVAL OF HUMERUS LESION
23195	REMOVAL OF HEAD OF HUMERUS	23200	REMOVAL OF COLLAR BONE
23210	REMOVAL OF SHOULDER BLADE	23220	PARTIAL REMOVAL OF HUMERUS
23221	PARTIAL REMOVAL OF HUMERUS	23222	PARTIAL REMOVAL OF HUMERUS
23331	REMOVE SHOULDER FOREIGN BODY	23332	REMOVE SHOULDER FOREIGN BODY
23395	MUSCLE TRANSFER, SHOULDER/ARM	23397	MUSCLE TRANSFERS
23400	FIXATION OF SHOULDER BLADE	23405	INCISION OF TENDON & MUSCLE
23406	INCISE TENDON(S) & MUSCLE(S)	23410	REPAIR ROTATOR CUFF, ACUTE
23412	REPAIR ROTATOR CUFF, CHRONIC	23420	REPAIR OF SHOULDER
23430	REPAIR BICEPS TENDON	23440	REMOVE/TRANSPLANT TENDON
23450	REPAIR SHOULDER CAPSULE	23455	REPAIR SHOULDER CAPSULE
23460	REPAIR SHOULDER CAPSULE	23462	REPAIR SHOULDER CAPSULE
23465	REPAIR SHOULDER CAPSULE	23466	REPAIR SHOULDER CAPSULE
23470	RECONSTRUCT SHOULDER JOINT	23472	RECONSTRUCT SHOULDER JOINT
23485	REVISION OF COLLAR BONE	23490	REINFORCE CLAVICLE
23491	REINFORCE SHOULDER BONES	23515	TREAT CLAVICLE FRACTURE
23530	TREAT CLAVICLE DISLOCATION	23532	TREAT CLAVICLE DISLOCATION
23550	TREAT CLAVICLE DISLOCATION	23552	TREAT CLAVICLE DISLOCATION
23585	TREAT SCAPULA FRACTURE	23615	TREAT HUMERUS FRACTURE
23616	TREAT HUMERUS FRACTURE	23630	TREAT HUMERUS FRACTURE

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
23660	TREAT SHOULDER DISLOCATION	23670	TREAT DISLOCATION/FRACTURE
23680	TREAT DISLOCATION/FRACTURE	23800	FUSION OF SHOULDER JOINT
23802	FUSION OF SHOULDER JOINT	23900	AMPUTATION OF ARM & GIRDLE
23920	AMPUTATION AT SHOULDER JOINT	24006	RELEASE ELBOW JOINT
24101	EXPLORE/TREAT ELBOW JOINT	24115	REMOVE/GRAFT BONE LESION
24116	REMOVE/GRAFT BONE LESION	24125	REMOVE/GRAFT BONE LESION
24126	REMOVE/GRAFT BONE LESION	24134	REMOVAL OF ARM BONE LESION
24138	REMOVE ELBOW BONE LESION	24149	RADICAL RESECTION OF ELBOW
24150	EXTENSIVE HUMERUS SURGERY	24151	EXTENSIVE HUMERUS SURGERY
24155	REMOVAL OF ELBOW JOINT	24320	REPAIR OF ARM TENDON
24330	REVISION OF ARM MUSCLES	24331	REVISION OF ARM MUSCLES
24340	REPAIR OF BICEPS TENDON	24341	REPAIR ARM TENDON/MUSCLE
24342	REPAIR OF RUPTURED TENDON	24343	REPR ELBOW LAT LIGMNT W/TISSU
24344	RECONSTRUCT ELBOW LAT LIGMNT	24345	REPR ELBW MED LIGMNT W/TISSU
24346	RECONSTRUCT ELBOW MED LIGMNT	24360	RECONSTRUCT ELBOW JOINT
24361	RECONSTRUCT ELBOW JOINT	24362	RECONSTRUCT ELBOW JOINT
24363	REPLACE ELBOW JOINT	24365	RECONSTRUCT HEAD OF RADIUS
24366	RECONSTRUCT HEAD OF RADIUS	24400	REVISION OF HUMERUS
24410	REVISION OF HUMERUS	24420	REVISION OF HUMERUS
24430	REPAIR OF HUMERUS	24435	REPAIR HUMERUS WITH GRAFT
24470	REVISION OF ELBOW JOINT	24498	REINFORCE HUMERUS
24515	TREAT HUMERUS FRACTURE	24516	TREAT HUMERUS FRACTURE
24545	TREAT HUMERUS FRACTURE	24546	TREAT HUMERUS FRACTURE
24575	TREAT HUMERUS FRACTURE	24579	TREAT HUMERUS FRACTURE
24586	TREAT ELBOW FRACTURE	24587	TREAT ELBOW FRACTURE
24615	TREAT ELBOW DISLOCATION	24666	TREAT RADIUS FRACTURE
24685	TREAT ULNAR FRACTURE	24800	FUSION OF ELBOW JOINT
24802	FUSION/GRAFT OF ELBOW JOINT	24900	AMPUTATION OF UPPER ARM
24920	AMPUTATION OF UPPER ARM	24925	AMPUTATION FOLLOW-UP SURGERY
24930	AMPUTATION FOLLOW-UP SURGERY	24931	AMPUTATE UPPER ARM & IMPLANT
24940	REVISION OF UPPER ARM	25077	REMOVE TUMOR, FOREARM/WRIST
25078	RESECT FOREARM/WRIST TUM = 3 CM	25115	REMOVE WRIST/FOREARM LESION
25116	REMOVE WRIST/FOREARM LESION	25125	REMOVE/GRAFT FOREARM LESION
25135	REMOVE & GRAFT WRIST LESION	25145	REMOVE FOREARM BONE LESION
25170	EXTENSIVE FOREARM SURGERY	25251	REMOVAL OF WRIST PROSTHESIS
25263	REPAIR FOREARM TENDON/MUSCLE	25265	REPAIR FOREARM TENDON/MUSCLE
25300	FUSION OF TENDONS AT WRIST	25301	FUSION OF TENDONS AT WRIST

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
25312	TRANSPLANT FOREARM TENDON	25315	REVISE PALSY HAND TENDON(S)
25316	REVISE PALSY HAND TENDON(S)	25320	REPAIR/REVISE WRIST JOINT
25332	REVISE WRIST JOINT	25335	REALIGNMENT OF HAND
25350	REVISION OF RADIUS	25355	REVISION OF RADIUS
25360	REVISION OF ULNA	25365	REVISE RADIUS & ULNA
25370	REVISE RADIUS OR ULNA	25375	REVISE RADIUS & ULNA
25390	SHORTEN RADIUS OR ULNA	25391	LENGTHEN RADIUS OR ULNA
25392	SHORTEN RADIUS & ULNA	25393	LENGTHEN RADIUS & ULNA
25400	REPAIR RADIUS OR ULNA	25405	REPAIR/GRAFT RADIUS OR ULNA
25415	REPAIR RADIUS & ULNA	25420	REPAIR/GRAFT RADIUS & ULNA
25425	REPAIR/GRAFT RADIUS OR ULNA	25426	REPAIR/GRAFT RADIUS & ULNA
25430	VASC GRAFT INTO CARPAL BONE	25431	REPAIR NONUNION CARPAL BONE
25440	REPAIR/GRAFT WRIST BONE	25441	RECONSTRUCT WRIST JOINT
25442	RECONSTRUCT WRIST JOINT	25443	RECONSTRUCT WRIST JOINT
25444	RECONSTRUCT WRIST JOINT	25445	RECONSTRUCT WRIST JOINT
25446	WRIST REPLACEMENT	25447	REPAIR WRIST JOINT(S)
25449	REMOVE WRIST JOINT IMPLANT	25490	REINFORCE RADIUS
25491	REINFORCE ULNA	25492	REINFORCE RADIUS AND ULNA
25515	TREAT FRACTURE OF RADIUS	25525	TREAT FRACTURE OF RADIUS
25526	TREAT FRACTURE OF RADIUS	25545	TREAT FRACTURE OF ULNA
25574	TREAT FRACTURE RADIUS & ULNA	25575	TREAT FRACTURE RADIUS/ULNA
25607	TREAT FX RAD EXTRA-ARTICUL	25608	TREAT FX RAD INTRA-ARTICUL
25609	TREAT FX RADIAL 3+ FRAG	25628	TREAT WRIST BONE FRACTURE
25645	TREAT WRIST BONE FRACTURE	25670	TREAT WRIST DISLOCATION
25676	TREAT WRIST DISLOCATION	25685	TREAT WRIST FRACTURE
25800	FUSION OF WRIST JOINT	25805	FUSION/GRAFT OF WRIST JOINT
25810	FUSION/GRAFT OF WRIST JOINT	25820	FUSION OF HAND BONES
25825	FUSE HAND BONES WITH GRAFT	25830	FUSION, RADIOULNAR JNT/ULNA
25905	AMPUTATION OF FOREARM	25907	AMPUTATION FOLLOW-UP SURGERY
25909	AMPUTATION FOLLOW-UP SURGERY	25915	AMPUTATION OF FOREARM
25922	AMPUTATE HAND AT WRIST	25924	AMPUTATION FOLLOW-UP SURGERY
25929	AMPUTATION FOLLOW-UP SURGERY	26255	EXTENSIVE HAND SURGERY
26260	EXTENSIVE FINGER SURGERY	26261	EXTENSIVE FINGER SURGERY
26352	REPAIR/GRAFT HAND TENDON	26357	REPAIR FINGER/HAND TENDON
26358	REPAIR/GRAFT HAND TENDON	26372	REPAIR/GRAFT HAND TENDON
26373	REPAIR FINGER/HAND TENDON	26390	REVISE HAND/FINGER TENDON
26392	REPAIR/GRAFT HAND TENDON	26434	REPAIR/GRAFT FINGER TENDON

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
26497	FINGER TENDON TRANSFER	26498	FINGER TENDON TRANSFER
26530	REVISE KNUCKLE JOINT	26531	REVISE KNUCKLE WITH IMPLANT
26541	REPAIR HAND JOINT WITH GRAFT	26546	REPAIR NONUNION HAND
26550	CONSTRUCT THUMB REPLACEMENT	26551	GREAT TOE-HAND TRANSFER
26553	SINGLE TRANSFER, TOE-HAND	26554	DOUBLE TRANSFER, TOE-HAND
26555	POSITIONAL CHANGE OF FINGER	26556	TOE JOINT TRANSFER
26562	REPAIR OF WEB FINGER	26580	REPAIR HAND DEFORMITY
26820	THUMB FUSION WITH GRAFT	27005	INCISION OF HIP TENDON
27006	INCISION OF HIP TENDONS	27025	INCISION OF HIP/THIGH FASCIA
27027	BUTTOCK FASCIOTOMY	27030	DRAINAGE OF HIP JOINT
27033	EXPLORATION OF HIP JOINT	27035	DENERVATION OF HIP JOINT
27036	EXCISION OF HIP JOINT/MUSCLE	27045	EXC HIP/PELV TUM DEEP > 5 CM
27048	REMOVE HIP/PELVIS LESION	27049	REMOVE TUMOR, HIP/PELVIS
27054	REMOVAL OF HIP JOINT LINING	27057	BUTTOCK FASCIOTOMY W/DBRDMT
27059	RESECT HIP/PELV TUM > 5 CM	27065	REMOVAL OF HIP BONE LESION
27066	REMOVAL OF HIP BONE LESION	27067	REMOVE/GRAFT HIP BONE LESION
27071	PARTIAL REMOVAL OF HIP BONE	27075	EXTENSIVE HIP SURGERY
27076	EXTENSIVE HIP SURGERY	27077	EXTENSIVE HIP SURGERY
27078	EXTENSIVE HIP SURGERY	27079	EXTENSIVE HIP SURGERY
27080	REMOVAL OF TAIL BONE	27090	REMOVAL OF HIP PROSTHESIS
27091	REMOVAL OF HIP PROSTHESIS	27097	REVISION OF HIP TENDON
27098	TRANSFER TENDON TO PELVIS	27100	TRANSFER OF ABDOMINAL MUSCLE
27105	TRANSFER OF SPINAL MUSCLE	27110	TRANSFER OF ILIOPSOAS MUSCLE
27111	TRANSFER OF ILIOPSOAS MUSCLE	27120	RECONSTRUCTION OF HIP SOCKET
27122	RECONSTRUCTION OF HIP SOCKET	27125	PARTIAL HIP REPLACEMENT
27130	TOTAL HIP ARTHROPLASTY	27132	TOTAL HIP ARTHROPLASTY
27134	REVISE HIP JOINT REPLACEMENT	27137	REVISE HIP JOINT REPLACEMENT
27138	REVISE HIP JOINT REPLACEMENT	27140	TRANSPLANT FEMUR RIDGE
27146	INCISION OF HIP BONE	27147	REVISION OF HIP BONE
27151	INCISION OF HIP BONES	27156	REVISION OF HIP BONES
27158	REVISION OF PELVIS	27161	INCISION OF NECK OF FEMUR
27165	INCISION/FIXATION OF FEMUR	27170	REPAIR/GRAFT FEMUR HEAD/NECK
27176	TREAT SLIPPED EPIPHYSIS	27177	TREAT SLIPPED EPIPHYSIS
27178	TREAT SLIPPED EPIPHYSIS	27179	REVISE HEAD/NECK OF FEMUR
27181	TREAT SLIPPED EPIPHYSIS	27202	TREAT TAIL BONE FRACTURE
27216	TREAT PELVIC RING FRACTURE	27217	TREAT PELVIC RING FRACTURE
27218	TREAT PELVIC RING FRACTURE	27226	TREAT HIP WALL FRACTURE

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
27227	TREAT HIP FRACTURE(S)	27228	TREAT HIP FRACTURE(S)
27236	TREAT THIGH FRACTURE	27245	TREAT THIGH FRACTURE
27254	TREAT HIP DISLOCATION	27258	TREAT HIP DISLOCATION
27259	TREAT HIP DISLOCATION	27280	FUSION OF SACROILIAC JOINT
27282	FUSION OF PUBIC BONES	27284	FUSION OF HIP JOINT
27286	FUSION OF HIP JOINT	27290	AMPUTATION OF LEG AT HIP
27295	AMPUTATION OF LEG AT HIP	27325	NEURECTOMY, HAMSTRING
27326	NEURECTOMY, POPLITEAL	27329	REMOVE TUMOR, THIGH/KNEE
27331	EXPLORE/TREAT KNEE JOINT	27332	REMOVAL OF KNEE CARTILAGE
27333	REMOVAL OF KNEE CARTILAGE	27335	REMOVE KNEE JOINT LINING
27357	REMOVE FEMUR LESION/GRAFT	27358	REMOVE FEMUR LESION/FIXATION
27364	RESECT THIGH/KNEE TUM > 5 CM	27365	EXTENSIVE LEG SURGERY
27381	REPAIR/GRAFT KNEECAP TENDON	27386	REPAIR/GRAFT OF THIGH MUSCLE
27390	INCISION OF THIGH TENDON	27392	INCISION OF THIGH TENDONS
27394	LENGTHENING OF THIGH TENDONS	27395	LENGTHENING OF THIGH TENDONS
27396	TRANSPLANT OF THIGH TENDON	27397	TRANSPLANTS OF THIGH TENDONS
27400	REVISE THIGH MUSCLES/TENDONS	27403	REPAIR OF KNEE CARTILAGE
27405	REPAIR OF KNEE LIGAMENT	27407	REPAIR OF KNEE LIGAMENT
27409	REPAIR OF KNEE LIGAMENTS	27412	AUTOCHONDROCYTE IMPLANT KNEE
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	27416	OSTEOCHONDRAL KNEE AUTOGRAFT
27418	REPAIR DEGENERATED KNEECAP	27422	REVISION OF UNSTABLE KNEECAP
27424	REVISION/REMOVAL OF KNEECAP	27427	RECONSTRUCTION, KNEE
27428	RECONSTRUCTION, KNEE	27429	RECONSTRUCTION, KNEE
27430	REVISION OF THIGH MUSCLES	27435	INCISION OF KNEE JOINT
27442	REVISION OF KNEE JOINT	27443	REVISION OF KNEE JOINT
27445	REVISION OF KNEE JOINT	27447	TOTAL KNEE ARTHROPLASTY
27448	INCISION OF THIGH	27450	INCISION OF THIGH
27454	REALIGNMENT OF THIGH BONE	27465	SHORTENING OF THIGH BONE
27466	LENGTHENING OF THIGH BONE	27468	SHORTEN/LENGTHEN THIGHS
27470	REPAIR OF THIGH	27472	REPAIR/GRAFT OF THIGH
27479	SURGERY TO STOP LEG GROWTH	27486	REVISE/REPLACE KNEE JOINT
27487	REVISE/REPLACE KNEE JOINT	27506	TREATMENT OF THIGH FRACTURE
27507	TREATMENT OF THIGH FRACTURE	27511	TREATMENT OF THIGH FRACTURE
27513	TREATMENT OF THIGH FRACTURE	27519	TREAT THIGH FX GROWTH PLATE
27524	TREAT KNEECAP FRACTURE	27535	TREAT KNEE FRACTURE
27536	TREAT KNEE FRACTURE	27540	TREAT KNEE FRACTURE
27556	TREAT KNEE DISLOCATION	27557	TREAT KNEE DISLOCATION

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
27558	TREAT KNEE DISLOCATION	27566	TREAT KNEECAP DISLOCATION
27580	FUSION OF KNEE	27590	AMPUTATE LEG AT THIGH
27591	AMPUTATE LEG AT THIGH	27592	AMPUTATE LEG AT THIGH
27598	AMPUTATE LOWER LEG AT KNEE	27615	REMOVE TUMOR, LOWER LEG
27616	RESECT LEG/ANKLE TUM > 5 CM	27626	REMOVE ANKLE JOINT LINING
27645	EXTENSIVE LOWER LEG SURGERY	27646	EXTENSIVE LOWER LEG SURGERY
27647	EXTENSIVE ANKLE/HEEL SURGERY	27650	REPAIR ACHILLES TENDON
27654	REPAIR OF ACHILLES TENDON	27698	REPAIR OF ANKLE LIGAMENT
27700	REVISION OF ANKLE JOINT	27702	RECONSTRUCT ANKLE JOINT
27703	RECONSTRUCTION, ANKLE JOINT	27705	INCISION OF TIBIA
27709	INCISION OF TIBIA & FIBULA	27712	REALIGNMENT OF LOWER LEG
27715	REVISION OF LOWER LEG	27720	REPAIR OF TIBIA
27722	REPAIR/GRAFT OF TIBIA	27724	REPAIR/GRAFT OF TIBIA
27725	REPAIR OF LOWER LEG	27727	REPAIR OF LOWER LEG
27740	REPAIR OF LEG EPIPHYSES	27742	REPAIR OF LEG EPIPHYSES
27745	REINFORCE TIBIA	27756	TREATMENT OF TIBIA FRACTURE
27758	TREATMENT OF TIBIA FRACTURE	27759	TREATMENT OF TIBIA FRACTURE
27814	TREATMENT OF ANKLE FRACTURE	27822	TREATMENT OF ANKLE FRACTURE
27823	TREATMENT OF ANKLE FRACTURE	27826	TREAT LOWER LEG FRACTURE
27827	TREAT LOWER LEG FRACTURE	27828	TREAT LOWER LEG FRACTURE
27829	TREAT LOWER LEG JOINT	27846	TREAT ANKLE DISLOCATION
27848	TREAT ANKLE DISLOCATION	27870	FUSION OF ANKLE JOINT, OPEN
27871	FUSION OF TIBIOFIBULAR JOINT	27880	AMPUTATION OF LOWER LEG
27881	AMPUTATION OF LOWER LEG	27888	AMPUTATION OF FOOT AT ANKLE
27894	DECOMPRESSION OF LEG	28102	REMOVE/GRAFT FOOT LESION
28103	REMOVE/GRAFT FOOT LESION	28106	REMOVE/GRAFT FOOT LESION
28107	REMOVE/GRAFT FOOT LESION	28116	REVISION OF FOOT
28130	REMOVAL OF ANKLE BONE	28171	EXTENSIVE FOOT SURGERY
28202	REPAIR/GRAFT OF FOOT TENDON	28210	REPAIR/GRAFT OF FOOT TENDON
28238	REVISION OF FOOT TENDON	28260	RELEASE OF MIDFOOT JOINT
28261	REVISION OF FOOT TENDON	28262	REVISION OF FOOT AND ANKLE
28264	RELEASE OF MIDFOOT JOINT	28296	CORRECTION OF BUNION
28297	CORRECTION OF BUNION	28299	CORRECTION OF BUNION
28300	INCISION OF HEEL BONE	28302	INCISION OF ANKLE BONE
28320	REPAIR OF FOOT BONES	28322	REPAIR OF METATARSALS
28340	RESECT ENLARGED TOE TISSUE	28341	RESECT ENLARGED TOE
28415	TREAT HEEL FRACTURE	28420	TREAT/GRAFT HEEL FRACTURE

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
28445	TREAT ANKLE FRACTURE	28446	OSTEOCHONDRAL TALUS AUTOGRFT
28465	TREAT MIDFOOT FRACTURE, EACH	28485	TREAT METATARSAL FRACTURE
28555	REPAIR FOOT DISLOCATION	28585	REPAIR FOOT DISLOCATION
28615	REPAIR FOOT DISLOCATION	28645	REPAIR TOE DISLOCATION
28705	FUSION OF FOOT BONES	28715	FUSION OF FOOT BONES
28725	FUSION OF FOOT BONES	28730	FUSION OF FOOT BONES
28735	FUSION OF FOOT BONES	28737	REVISION OF FOOT BONES
28740	FUSION OF FOOT BONES	28750	FUSION OF BIG TOE JOINT
28760	FUSION OF BIG TOE JOINT	28800	AMPUTATION OF MIDFOOT
29806	SHOULDER ARTHROSCOPY/SURGERY	29807	SHOULDER ARTHROSCOPY/SURGERY
29822	SHOULDER ARTHROSCOPY/SURGERY	29823	SHOULDER ARTHROSCOPY/SURGERY
29825	SHOULDER ARTHROSCOPY/SURGERY	29826	SHOULDER ARTHROSCOPY/SURGERY
29827	ARTHROSCOP ROTATOR CUFF REPR	29844	WRIST ARTHROSCOPY/SURGERY
29845	WRIST ARTHROSCOPY/SURGERY	29847	WRIST ARTHROSCOPY/SURGERY
29851	KNEE ARTHROSCOPY/SURGERY	29855	TIBIAL ARTHROSCOPY/SURGERY
29856	TIBIAL ARTHROSCOPY/SURGERY	29866	AUTGRFT IMPLNT, KNEE W/SCOPE
29867	ALLGRFT IMPLNT, KNEE W/SCOPE	29868	MENISCAL TRNSPL, KNEE W/SCPE
29882	KNEE ARTHROSCOPY/SURGERY	29883	KNEE ARTHROSCOPY/SURGERY
29885	KNEE ARTHROSCOPY/SURGERY	29887	KNEE ARTHROSCOPY/SURGERY
29888	KNEE ARTHROSCOPY/SURGERY	29889	KNEE ARTHROSCOPY/SURGERY
29897	ANKLE ARTHROSCOPY/SURGERY	29899	ANKLE ARTHROSCOPY/SURGERY
30125	REMOVAL OF NOSE LESION	30160	REMOVAL OF NOSE
31080	REMOVAL OF FRONTAL SINUS	31081	REMOVAL OF FRONTAL SINUS
31084	REMOVAL OF FRONTAL SINUS	31085	REMOVAL OF FRONTAL SINUS
31086	REMOVAL OF FRONTAL SINUS	31087	REMOVAL OF FRONTAL SINUS
31205	REMOVAL OF ETHMOID SINUS	31225	REMOVAL OF UPPER JAW
31230	REMOVAL OF UPPER JAW	31300	REMOVAL OF LARYNX LESION
31360	REMOVAL OF LARYNX	31365	REMOVAL OF LARYNX
31367	PARTIAL REMOVAL OF LARYNX	31368	PARTIAL REMOVAL OF LARYNX
31370	PARTIAL REMOVAL OF LARYNX	31375	PARTIAL REMOVAL OF LARYNX
31380	PARTIAL REMOVAL OF LARYNX	31382	PARTIAL REMOVAL OF LARYNX
31390	REMOVAL OF LARYNX & PHARYNX	31395	RECONSTRUCT LARYNX & PHARYNX
31400	REVISION OF LARYNX	31580	REVISION OF LARYNX
31584	TREAT LARYNX FRACTURE	31587	REVISION OF LARYNX
31588	REVISION OF LARYNX	31590	REINNERVATE LARYNX
31601	INCISION OF WINDPIPE	31611	SURGERY/SPEECH PROSTHESIS
31750	REPAIR OF WINDPIPE	31755	REPAIR OF WINDPIPE

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
31760	REPAIR OF WINDPIPE	31766	RECONSTRUCTION OF WINDPIPE
31770	REPAIR/GRAFT OF BRONCHUS	31775	RECONSTRUCT BRONCHUS
31780	RECONSTRUCT WINDPIPE	31781	RECONSTRUCT WINDPIPE
31785	REMOVE WINDPIPE LESION	31786	REMOVE WINDPIPE LESION
31805	REPAIR OF WINDPIPE INJURY	32035	EXPLORATION OF CHEST
32036	EXPLORATION OF CHEST	32095	BIOPSY THROUGH CHEST WALL
32100	EXPLORATION/BIOPSY OF CHEST	32110	EXPLORE/REPAIR CHEST
32120	RE-EXPLORATION OF CHEST	32124	EXPLORE CHEST FREE ADHESIONS
32140	REMOVAL OF LUNG LESION(S)	32141	REMOVE/TREAT LUNG LESIONS
32150	REMOVAL OF LUNG LESION(S)	32151	REMOVE LUNG FOREIGN BODY
32160	OPEN CHEST HEART MASSAGE	32200	DRAIN, OPEN, LUNG LESION
32215	TREAT CHEST LINING	32220	RELEASE OF LUNG
32225	PARTIAL RELEASE OF LUNG	32310	REMOVAL OF CHEST LINING
32320	FREE/REMOVE CHEST LINING	32402	OPEN BIOPSY CHEST LINING
32440	REMOVAL OF LUNG	32442	SLEEVE PNEUMONECTOMY
32445	REMOVAL OF LUNG	32480	PARTIAL REMOVAL OF LUNG
32482	BILOBECTOMY	32484	SEGMENTECTOMY
32486	SLEEVE LOBECTOMY	32488	COMPLETION PNEUMONECTOMY
32491	LUNG VOLUME REDUCTION	32500	PARTIAL REMOVAL OF LUNG
32501	REPAIR BRONCHUS ADD-ON	32503	RESECT APICAL LUNG TUMOR
32504	RESECT APICAL LUNG TUM/CHEST	32540	REMOVAL OF LUNG LESION
32601	THORACOSCOPY, DIAGNOSTIC	32602	THORACOSCOPY, DIAGNOSTIC
32603	THORACOSCOPY, DIAGNOSTIC	32604	THORACOSCOPY, DIAGNOSTIC
32605	THORACOSCOPY, DIAGNOSTIC	32606	THORACOSCOPY, DIAGNOSTIC
32650	THORACOSCOPY, SURGICAL	32651	THORACOSCOPY, SURGICAL
32652	THORACOSCOPY, SURGICAL	32653	THORACOSCOPY, SURGICAL
32654	THORACOSCOPY, SURGICAL	32655	THORACOSCOPY, SURGICAL
32656	THORACOSCOPY, SURGICAL	32657	THORACOSCOPY, SURGICAL
32658	THORACOSCOPY, SURGICAL	32659	THORACOSCOPY, SURGICAL
32660	THORACOSCOPY, SURGICAL	32661	THORACOSCOPY, SURGICAL
32662	THORACOSCOPY, SURGICAL	32663	THORACOSCOPY, SURGICAL
32664	THORACOSCOPY, SURGICAL	32665	THORACOSCOPY, SURGICAL
32800	REPAIR LUNG HERNIA	32810	CLOSE CHEST AFTER DRAINAGE
32815	CLOSE BRONCHIAL FISTULA	32820	RECONSTRUCT INJURED CHEST
32850	DONOR PNEUMONECTOMY	32851	LUNG TRANSPLANT, SINGLE
32852	LUNG TRANSPLANT WITH BYPASS	32853	LUNG TRANSPLANT, DOUBLE
32854	LUNG TRANSPLANT WITH BYPASS	32855	PREPARE DONOR LUNG, SINGLE

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
32856	PREPARE DONOR LUNG, DOUBLE	32900	REMOVAL OF RIB(S)
32905	REVISE & REPAIR CHEST WALL	32906	REVISE & REPAIR CHEST WALL
32940	REVISION OF LUNG	33020	INCISION OF HEART SAC
33025	INCISION OF HEART SAC	33030	PARTIAL REMOVAL OF HEART SAC
33031	PARTIAL REMOVAL OF HEART SAC	33050	REMOVAL OF HEART SAC LESION
33120	REMOVAL OF HEART LESION	33130	REMOVAL OF HEART LESION
33140	HEART REVASCULARIZE (TMR)	33141	HEART TMR W/OTHER PROCEDURE
33202	INSERT EPICARD ELTRD, OPEN	33203	INSERT EPICARD ELTRD, ENDO
33236	REMOVE ELECTRODE/THORACOTOMY	33237	REMOVE ELECTRODE/THORACOTOMY
33238	REMOVE ELECTRODE/THORACOTOMY	33243	REMOVE ELTRD/THORACOTOMY
33249	ELTRD/INSERT PACE-DEFIB	33250	ABLATE HEART DYSRHYTHM FOCUS
33251	ABLATE HEART DYSRHYTHM FOCUS	33254	ABLATE ATRIA, LMTD
33255	ABLATE ATRIA W/O BYPASS, EXT	33256	ABLATE ATRIA W/BYPASS, EXTEN
33257	ABLATE ATRIA, LMTD, ADD-ON	33258	ABLATE ATRIA, X10SV, ADD-ON
33259	ABLATE ATRIA W/BYPASS ADD-ON	33261	ABLATE HEART DYSRHYTHM FOCUS
33265	ABLATE ATRIA W/BYPASS, ENDO	33266	ABLATE ATRIA W/O BYPASS ENDO
33300	REPAIR OF HEART WOUND	33305	REPAIR OF HEART WOUND
33310	EXPLORATORY HEART SURGERY	33315	EXPLORATORY HEART SURGERY
33320	REPAIR MAJOR BLOOD VESSEL(S)	33321	REPAIR MAJOR VESSEL
33322	REPAIR MAJOR BLOOD VESSEL(S)	33330	INSERT MAJOR VESSEL GRAFT
33332	INSERT MAJOR VESSEL GRAFT	33335	INSERT MAJOR VESSEL GRAFT
33400	REPAIR OF AORTIC VALVE	33401	VALVULOPLASTY, OPEN
33403	VALVULOPLASTY, W/CP BYPASS	33404	PREPARE HEART-AORTA CONDUIT
33405	REPLACEMENT OF AORTIC VALVE	33406	REPLACEMENT OF AORTIC VALVE
33410	REPLACEMENT OF AORTIC VALVE	33411	REPLACEMENT OF AORTIC VALVE
33412	REPLACEMENT OF AORTIC VALVE	33413	REPLACEMENT OF AORTIC VALVE
33414	REPAIR OF AORTIC VALVE	33415	REVISION, SUBVALVULAR TISSUE
33416	REVISE VENTRICLE MUSCLE	33417	REPAIR OF AORTIC VALVE
33420	REVISION OF MITRAL VALVE	33422	REVISION OF MITRAL VALVE
33425	REPAIR OF MITRAL VALVE	33426	REPAIR OF MITRAL VALVE
33427	REPAIR OF MITRAL VALVE	33430	REPLACEMENT OF MITRAL VALVE
33460	REVISION OF TRICUSPID VALVE	33463	VALVULOPLASTY, TRICUSPID
33464	VALVULOPLASTY, TRICUSPID	33465	REPLACE TRICUSPID VALVE
33468	REVISION OF TRICUSPID VALVE	33470	REVISION OF PULMONARY VALVE
33471	VALVOTOMY, PULMONARY VALVE	33472	REVISION OF PULMONARY VALVE
33474	REVISION OF PULMONARY VALVE	33475	REPLACEMENT, PULMONARY VALVE
33476	REVISION OF HEART CHAMBER	33478	REVISION OF HEART CHAMBER

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
33496	REPAIR, PROSTH VALVE CLOT	33500	REPAIR HEART VESSEL FISTULA
33501	REPAIR HEART VESSEL FISTULA	33502	CORONARY ARTERY CORRECTION
33503	CORONARY ARTERY GRAFT	33504	CORONARY ARTERY GRAFT
33505	REPAIR ARTERY W/TUNNEL	33506	REPAIR ARTERY, TRANSLOCATION
33507	REPAIR ART, INTRAMURAL	33508	ENDOSCOPIC VEIN HARVEST
33510	CABG, VEIN, SINGLE	33511	CABG, VEIN, TWO
33512	CABG, VEIN, THREE	33513	CABG, VEIN, FOUR
33514	CABG, VEIN, FIVE	33516	CABG, VEIN, SIX OR MORE
33517	CABG, ARTERY-VEIN, SINGLE	33518	CABG, ARTERY-VEIN, TWO
33519	CABG, ARTERY-VEIN, THREE	33521	CABG, ARTERY-VEIN, FOUR
33522	CABG, ARTERY-VEIN, FIVE	33523	CABG, ART-VEIN, SIX OR MORE
33530	CORONARY ARTERY, BYPASS/REOP	33533	CABG, ARTERIAL, SINGLE
33534	CABG, ARTERIAL, TWO	33535	CABG, ARTERIAL, THREE
33536	CABG, ARTERIAL, FOUR OR MORE	33542	REMOVAL OF HEART LESION
33545	REPAIR OF HEART DAMAGE	33548	RESTORE/REMODEL, VENTRICLE
33572	OPEN CORONARY ENDARTERECTOMY	33600	CLOSURE OF VALVE
33602	CLOSURE OF VALVE	33606	ANASTOMOSIS/ARTERY-AORTA
33608	REPAIR ANOMALY W/CONDUIT	33610	REPAIR BY ENLARGEMENT
33611	REPAIR DOUBLE VENTRICLE	33612	REPAIR DOUBLE VENTRICLE
33615	REPAIR, MODIFIED FONTAN	33617	REPAIR SINGLE VENTRICLE
33619	REPAIR SINGLE VENTRICLE	33641	REPAIR HEART SEPTUM DEFECT
33645	REVISION OF HEART VEINS	33647	REPAIR HEART SEPTUM DEFECTS
33660	REPAIR OF HEART DEFECTS	33665	REPAIR OF HEART DEFECTS
33670	REPAIR OF HEART CHAMBERS	33675	CLOSE MULT VSD
33676	CLOSE MULT VSD W/RESECTION	33677	CL MULT VSD W/REM PUL BAND
33681	REPAIR HEART SEPTUM DEFECT	33684	REPAIR HEART SEPTUM DEFECT
33688	REPAIR HEART SEPTUM DEFECT	33690	REINFORCE PULMONARY ARTERY
33692	REPAIR OF HEART DEFECTS	33694	REPAIR OF HEART DEFECTS
33697	REPAIR OF HEART DEFECTS	33702	REPAIR OF HEART DEFECTS
33710	REPAIR OF HEART DEFECTS	33720	REPAIR OF HEART DEFECT
33722	REPAIR OF HEART DEFECT	33724	REPAIR VENOUS ANOMALY
33726	REPAIR PUL VENOUS STENOSIS	33730	REPAIR HEART-VEIN DEFECT(S)
33732	REPAIR HEART-VEIN DEFECT	33735	REVISION OF HEART CHAMBER
33736	REVISION OF HEART CHAMBER	33737	REVISION OF HEART CHAMBER
33750	MAJOR VESSEL SHUNT	33755	MAJOR VESSEL SHUNT
33762	MAJOR VESSEL SHUNT	33764	MAJOR VESSEL SHUNT & GRAFT
33766	MAJOR VESSEL SHUNT	33767	MAJOR VESSEL SHUNT

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
33768	CAVOPULMONARY SHUNTING	33770	REPAIR GREAT VESSELS DEFECT
33771	REPAIR GREAT VESSELS DEFECT	33774	REPAIR GREAT VESSELS DEFECT
33775	REPAIR GREAT VESSELS DEFECT	33776	REPAIR GREAT VESSELS DEFECT
33777	REPAIR GREAT VESSELS DEFECT	33778	REPAIR GREAT VESSELS DEFECT
33779	REPAIR GREAT VESSELS DEFECT	33780	REPAIR GREAT VESSELS DEFECT
33781	REPAIR GREAT VESSELS DEFECT	33783	NIKAIDOH PROC W/OSTIA IMPLT
33786	REPAIR ARTERIAL TRUNK	33788	REVISION OF PULMONARY ARTERY
33800	AORTIC SUSPENSION	33802	REPAIR VESSEL DEFECT
33803	REPAIR VESSEL DEFECT	33813	REPAIR SEPTAL DEFECT
33814	REPAIR SEPTAL DEFECT	33820	REVISE MAJOR VESSEL
33822	REVISE MAJOR VESSEL	33824	REVISE MAJOR VESSEL
33840	REMOVE AORTA CONSTRICTION	33845	REMOVE AORTA CONSTRICTION
33851	REMOVE AORTA CONSTRICTION	33852	REPAIR SEPTAL DEFECT
33853	REPAIR SEPTAL DEFECT	33860	ASCENDING AORTIC GRAFT
33861	ASCENDING AORTIC GRAFT	33863	ASCENDING AORTIC GRAFT
33864	ASCENDING AORTIC GRAFT	33870	TRANSVERSE AORTIC ARCH GRAFT
33875	THORACIC AORTIC GRAFT	33877	THORACOABDOMINAL GRAFT
33880	ENDOVASC TAA REPR INCL SUBCL	33881	ENDOVASC TAA REPR W/O SUBCL
33883	INSERT ENDOVASC PROSTH, TAA	33884	ENDOVASC PROSTH, TAA, ADD-ON
33886	ENDOVASC PROSTH, DELAYED	33889	ARTERY TRANSPOSE/ENDOVAS TAA
33891	CAR-CAR BP GRFT/ENDOVAS TAA	33910	REMOVE LUNG ARTERY EMBOLI
33915	REMOVE LUNG ARTERY EMBOLI	33916	SURGERY OF GREAT VESSEL
33917	REPAIR PULMONARY ARTERY	33920	REPAIR PULMONARY ATRESIA
33922	TRANSECT PULMONARY ARTERY	33924	REMOVE PULMONARY SHUNT
33925	RPR PUL ART UNIFOCAL W/O CPB	33926	REPR PUL ART, UNIFOCAL W/CPB
33930	REMOVAL OF DONOR HEART/LUNG	33933	PREPARE DONOR HEART/LUNG
33935	TRANSPLANTATION, HEART/LUNG	33940	REMOVAL OF DONOR HEART
33944	PREPARE DONOR HEART	33945	TRANSPLANTATION OF HEART
33960	EXTERNAL CIRCULATION ASSIST	33970	AORTIC CIRCULATION ASSIST
33971	AORTIC CIRCULATION ASSIST	33973	INSERT BALLOON DEVICE
33974	REMOVE INTRA-AORTIC BALLOON	33975	IMPLANT VENTRICULAR DEVICE
33976	IMPLANT VENTRICULAR DEVICE	33977	REMOVE VENTRICULAR DEVICE
33978	REMOVE VENTRICULAR DEVICE	33979	INSERT INTRACORPOREAL DEVICE
33980	REMOVE INTRACORPOREAL DEVICE	33981	REPLACE VAD PUMP EXT
33982	REPLACE VAD INTRA W/O BP	33983	REPLACE VAD INTRA W BP
34001	REMOVAL OF ARTERY CLOT	34051	REMOVAL OF ARTERY CLOT
34101	REMOVAL OF ARTERY CLOT	34151	REMOVAL OF ARTERY CLOT

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
34201	REMOVAL OF ARTERY CLOT	34203	REMOVAL OF LEG ARTERY CLOT
34401	REMOVAL OF VEIN CLOT	34421	REMOVAL OF VEIN CLOT
34451	REMOVAL OF VEIN CLOT	34471	REMOVAL OF VEIN CLOT
34501	REPAIR VALVE, FEMORAL VEIN	34502	RECONSTRUCT VENA CAVA
34510	TRANSPOSITION OF VEIN VALVE	34520	CROSS-OVER VEIN GRAFT
34530	LEG VEIN FUSION	34800	ENDOVAS AAA REPR W/SM TUBE
34802	ENDOVAS AAA REPR W/2-P PART	34803	ENDOVAS AAA REPR W/3-P PART
34804	ENDOVAS AAA REPR W/1-P PART	34805	ENDOVAS AAA REPR W/LONG TUBE
34808	ENDOVAS ILIAC A DEVICE ADDON	34813	FEMORAL ENDOVAS GRAFT ADD-ON
34820	XPOSE FOR ENDOPROSTH, ILIAC	34825	ENDOASC EXTEND PROSTH, INIT
34826	ENDOASC EXTEN PROSTH, ADD'L	34830	OPEN AORTIC TUBE PROSTH REPR
34831	OPEN AORTOILIAC PROSTH REPR	34832	OPEN AORTOFEMOR PROSTH REPR
34833	XPOSE FOR ENDOPROSTH, ILIAC	34900	ENDOASC ILIAC REPR W/GRAFT
35001	REPAIR DEFECT OF ARTERY	35002	REPAIR ARTERY RUPTURE, NECK
35005	REPAIR DEFECT OF ARTERY	35011	REPAIR DEFECT OF ARTERY
35013	REPAIR ARTERY RUPTURE, ARM	35021	REPAIR DEFECT OF ARTERY
35022	REPAIR ARTERY RUPTURE, CHEST	35045	REPAIR DEFECT OF ARM ARTERY
35081	REPAIR DEFECT OF ARTERY	35082	REPAIR ARTERY RUPTURE, AORTA
35091	REPAIR DEFECT OF ARTERY	35092	REPAIR ARTERY RUPTURE, AORTA
35102	REPAIR DEFECT OF ARTERY	35103	REPAIR ARTERY RUPTURE, GROIN
35111	REPAIR DEFECT OF ARTERY	35112	REPAIR ARTERY RUPTURE, SPLEEN
35121	REPAIR DEFECT OF ARTERY	35122	REPAIR ARTERY RUPTURE, BELLY
35131	REPAIR DEFECT OF ARTERY	35132	REPAIR ARTERY RUPTURE, GROIN
35141	REPAIR DEFECT OF ARTERY	35142	REPAIR ARTERY RUPTURE, THIGH
35151	REPAIR DEFECT OF ARTERY	35152	REPAIR ARTERY RUPTURE, KNEE
35180	REPAIR BLOOD VESSEL LESION	35182	REPAIR BLOOD VESSEL LESION
35184	REPAIR BLOOD VESSEL LESION	35188	REPAIR BLOOD VESSEL LESION
35189	REPAIR BLOOD VESSEL LESION	35190	REPAIR BLOOD VESSEL LESION
35201	REPAIR BLOOD VESSEL LESION	35206	REPAIR BLOOD VESSEL LESION
35207	REPAIR BLOOD VESSEL LESION	35211	REPAIR BLOOD VESSEL LESION
35216	REPAIR BLOOD VESSEL LESION	35221	REPAIR BLOOD VESSEL LESION
35226	REPAIR BLOOD VESSEL LESION	35231	REPAIR BLOOD VESSEL LESION
35236	REPAIR BLOOD VESSEL LESION	35241	REPAIR BLOOD VESSEL LESION
35246	REPAIR BLOOD VESSEL LESION	35251	REPAIR BLOOD VESSEL LESION
35256	REPAIR BLOOD VESSEL LESION	35261	REPAIR BLOOD VESSEL LESION
35266	REPAIR BLOOD VESSEL LESION	35271	REPAIR BLOOD VESSEL LESION
35276	REPAIR BLOOD VESSEL LESION	35281	REPAIR BLOOD VESSEL LESION

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
35286	REPAIR BLOOD VESSEL LESION	35301	RECHANNELING OF ARTERY
35302	RECHANNELING OF ARTERY	35303	RECHANNELING OF ARTERY
35304	RECHANNELING OF ARTERY	35305	RECHANNELING OF ARTERY
35306	RECHANNELING OF ARTERY	35311	RECHANNELING OF ARTERY
35321	RECHANNELING OF ARTERY	35331	RECHANNELING OF ARTERY
35341	RECHANNELING OF ARTERY	35351	RECHANNELING OF ARTERY
35355	RECHANNELING OF ARTERY	35361	RECHANNELING OF ARTERY
35363	RECHANNELING OF ARTERY	35371	RECHANNELING OF ARTERY
35372	RECHANNELING OF ARTERY	35390	REOPERATION, CAROTID ADD-ON
35450	REPAIR ARTERIAL BLOCKAGE	35452	REPAIR ARTERIAL BLOCKAGE
35454	REPAIR ARTERIAL BLOCKAGE	35459	REPAIR ARTERIAL BLOCKAGE
35460	REPAIR VENOUS BLOCKAGE	35480	ATHERECTOMY, OPEN
35481	ATHERECTOMY, OPEN	35482	ATHERECTOMY, OPEN
35483	ATHERECTOMY, OPEN	35484	ATHERECTOMY, OPEN
35485	ATHERECTOMY, OPEN	35500	HARVEST VEIN FOR BYPASS
35501	ARTERY BYPASS GRAFT	35506	ARTERY BYPASS GRAFT
35507	ARTERY BYPASS GRAFT -DEL 12/06	35508	ARTERY BYPASS GRAFT
35509	ARTERY BYPASS GRAFT	35510	ARTERY BYPASS GRAFT
35511	ARTERY BYPASS GRAFT	35512	ARTERY BYPASS GRAFT
35515	ARTERY BYPASS GRAFT	35516	ARTERY BYPASS GRAFT
35518	ARTERY BYPASS GRAFT	35521	ARTERY BYPASS GRAFT
35522	ARTERY BYPASS GRAFT	35523	ARTERY BYPASS GRAFT
35525	ARTERY BYPASS GRAFT	35526	ARTERY BYPASS GRAFT
35531	ARTERY BYPASS GRAFT	35533	ARTERY BYPASS GRAFT
35535	ARTERY BYPASS GRAFT	35536	ARTERY BYPASS GRAFT
35537	ARTERY BYPASS GRAFT	35538	ARTERY BYPASS GRAFT
35539	ARTERY BYPASS GRAFT	35540	ARTERY BYPASS GRAFT
35548	ARTERY BYPASS GRAFT	35549	ARTERY BYPASS GRAFT
35551	ARTERY BYPASS GRAFT	35556	ARTERY BYPASS GRAFT
35558	ARTERY BYPASS GRAFT	35560	ARTERY BYPASS GRAFT
35563	ARTERY BYPASS GRAFT	35565	ARTERY BYPASS GRAFT
35566	ARTERY BYPASS GRAFT	35570	ARTERY BYPASS GRAFT
35571	ARTERY BYPASS GRAFT	35572	HARVEST FEMOROPOPLITEAL VEIN
35583	VEIN BYPASS GRAFT	35585	VEIN BYPASS GRAFT
35587	VEIN BYPASS GRAFT	35600	HARVEST ARTERY FOR CABG
35601	ARTERY BYPASS GRAFT	35606	ARTERY BYPASS GRAFT
35612	ARTERY BYPASS GRAFT	35616	ARTERY BYPASS GRAFT

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
35621	ARTERY BYPASS GRAFT	35623	BYPASS GRAFT, NOT VEIN
35626	ARTERY BYPASS GRAFT	35631	ARTERY BYPASS GRAFT
35632	ARTERY BYPASS GRAFT	35633	ARTERY BYPASS GRAFT
35634	ARTERY BYPASS GRAFT	35636	ARTERY BYPASS GRAFT
35637	ARTERY BYPASS GRAFT	35638	ARTERY BYPASS GRAFT
35642	ARTERY BYPASS GRAFT	35645	ARTERY BYPASS GRAFT
35646	ARTERY BYPASS GRAFT	35647	ARTERY BYPASS GRAFT
35650	ARTERY BYPASS GRAFT	35651	ARTERY BYPASS GRAFT
35654	ARTERY BYPASS GRAFT	35656	ARTERY BYPASS GRAFT
35661	ARTERY BYPASS GRAFT	35663	ARTERY BYPASS GRAFT
35665	ARTERY BYPASS GRAFT	35666	ARTERY BYPASS GRAFT
35671	ARTERY BYPASS GRAFT	35681	COMPOSITE BYPASS GRAFT
35682	COMPOSITE BYPASS GRAFT	35683	COMPOSITE BYPASS GRAFT
35685	BYPASS GRAFT PATENCY/PATCH	35686	BYPASS GRAFT/AV FIST PATENCY
35691	ARTERIAL TRANSPOSITION	35693	ARTERIAL TRANSPOSITION
35694	ARTERIAL TRANSPOSITION	35695	ARTERIAL TRANSPOSITION
35697	REIMPLANT ARTERY EACH	35700	REOPERATION, BYPASS GRAFT
35701	EXPLORATION, CAROTID ARTERY	35721	EXPLORATION, FEMORAL ARTERY
35741	EXPLORATION POPLITEAL ARTERY	35761	EXPLORATION OF ARTERY/VEIN
35800	EXPLORE NECK VESSELS	35820	EXPLORE CHEST VESSELS
35840	EXPLORE ABDOMINAL VESSELS	35860	EXPLORE LIMB VESSELS
35870	REPAIR VESSEL GRAFT DEFECT	35875	REMOVAL OF CLOT IN GRAFT
35876	REMOVAL OF CLOT IN GRAFT	35879	REVISE GRAFT W/VEIN
35881	REVISE GRAFT W/VEIN	35883	REVISE GRAFT W/NONAUTO GRAFT
35884	REVISE GRAFT W/VEIN	35901	EXCISION, GRAFT, NECK
35903	EXCISION, GRAFT, EXTREMITY	35905	EXCISION, GRAFT, THORAX
35907	EXCISION, GRAFT, ABDOMEN	36261	REVISION OF INFUSION PUMP
36460	TRANSFUSION SERVICE, FETAL	36821	AV FUSION DIRECT ANY SITE
36825	ARTERY-VEIN AUTOGRAFT	36830	ARTERY-VEIN NONAUTOGRAFT
36832	AV FISTULA REVISION, OPEN	36833	AV FISTULA REVISION
36834	REPAIR A-V ANEURYSM	36835	ARTERY TO VEIN SHUNT
36838	DIST REVAS LIGATION, HEMO	37140	REVISION OF CIRCULATION
37145	REVISION OF CIRCULATION	37160	REVISION OF CIRCULATION
37180	REVISION OF CIRCULATION	37181	SPLICE SPLEEN/KIDNEY VEINS
37207	TRANSCATH IV STENT, OPEN	37208	TRANSCATH IV STENT/OPEN ADDL
37600	LIGATION OF NECK ARTERY	37605	LIGATION OF NECK ARTERY
37606	LIGATION OF NECK ARTERY	37615	LIGATION OF NECK ARTERY

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
37616	LIGATION OF CHEST ARTERY	37617	LIGATION OF ABDOMEN ARTERY
37618	LIGATION OF EXTREMITY ARTERY	37620	REVISION OF MAJOR VEIN
37650	REVISION OF MAJOR VEIN	37660	REVISION OF MAJOR VEIN
37788	REVASCLARIZATION, PENIS	37790	PENILE VENOUS OCCLUSION
38100	REMOVAL OF SPLEEN, TOTAL	38101	REMOVAL OF SPLEEN, PARTIAL
38102	REMOVAL OF SPLEEN, TOTAL	38115	REPAIR OF RUPTURED SPLEEN
38120	LAPAROSCOPY, SPLENECTOMY	38308	INCISION OF LYMPH CHANNELS
38380	THORACIC DUCT PROCEDURE	38381	THORACIC DUCT PROCEDURE
38382	THORACIC DUCT PROCEDURE	38530	BIOPSY/REMOVAL, LYMPH NODES
38542	EXPLORE DEEP NODE(S), NECK	38555	REMOVAL, NECK/ARMPIT LESION
38562	REMOVAL, PELVIC LYMPH NODES	38564	REMOVAL, ABDOMEN LYMPH NODES
38570	LAPAROSCOPY, LYMPH NODE BIOP	38571	LAPAROSCOPY, LYMPHADENECTOMY
38572	LAPAROSCOPY, LYMPHADENECTOMY	38700	REMOVAL OF LYMPH NODES, NECK
38720	REMOVAL OF LYMPH NODES, NECK	38724	REMOVAL OF LYMPH NODES, NECK
38740	REMOVE ARMPIT LYMPH NODES	38745	REMOVE ARMPIT LYMPH NODES
38746	REMOVE THORACIC LYMPH NODES	38747	REMOVE ABDOMINAL LYMPH NODES
38760	REMOVE GROIN LYMPH NODES	38765	REMOVE GROIN LYMPH NODES
38770	REMOVE PELVIS LYMPH NODES	38780	REMOVE ABDOMEN LYMPH NODES
39000	EXPLORATION OF CHEST	39010	EXPLORATION OF CHEST
39200	REMOVAL CHEST LESION	39220	REMOVAL CHEST LESION
39501	REPAIR DIAPHRAGM LACERATION	39502	REPAIR PARAESOPHAGEAL HERNIA
39503	REPAIR OF DIAPHRAGM HERNIA	39520	REPAIR OF DIAPHRAGM HERNIA
39530	REPAIR OF DIAPHRAGM HERNIA	39531	REPAIR OF DIAPHRAGM HERNIA
39540	REPAIR OF DIAPHRAGM HERNIA	39541	REPAIR OF DIAPHRAGM HERNIA
39545	REVISION OF DIAPHRAGM	39560	RESECT DIAPHRAGM, SIMPLE
39561	RESECT DIAPHRAGM, COMPLEX	41130	PARTIAL REMOVAL OF TONGUE
41135	TONGUE AND NECK SURGERY	41140	REMOVAL OF TONGUE
41145	TONGUE REMOVAL, NECK SURGERY	41150	TONGUE, MOUTH, JAW SURGERY
41153	TONGUE, MOUTH, NECK SURGERY	41155	TONGUE, JAW, & NECK SURGERY
42120	REMOVE PALATE/LESION	42200	RECONSTRUCT CLEFT PALATE
42205	RECONSTRUCT CLEFT PALATE	42210	RECONSTRUCT CLEFT PALATE
42215	RECONSTRUCT CLEFT PALATE	42220	RECONSTRUCT CLEFT PALATE
42225	RECONSTRUCT CLEFT PALATE	42226	LENGTHENING OF PALATE
42227	LENGTHENING OF PALATE	42235	REPAIR PALATE
42260	REPAIR NOSE TO LIP FISTULA	42409	DRAINAGE OF SALIVARY CYST
42415	EXCISE PAROTID GLAND/LESION	42420	EXCISE PAROTID GLAND/LESION
42425	EXCISE PAROTID GLAND/LESION	42426	EXCISE PAROTID GLAND/LESION

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
42440	EXCISE SUBMAXILLARY GLAND	42507	PAROTID DUCT DIVERSION
42508	PAROTID DUCT DIVERSION	42510	PAROTID DUCT DIVERSION
42725	DRAINAGE OF THROAT ABSCESS	42810	EXCISION OF NECK CYST
42844	EXTENSIVE SURGERY OF THROAT	42845	EXTENSIVE SURGERY OF THROAT
42890	PARTIAL REMOVAL OF PHARYNX	42892	REVISION OF PHARYNGEAL WALLS
42894	REVISION OF PHARYNGEAL WALLS	42950	RECONSTRUCTION OF THROAT
42953	REPAIR THROAT, ESOPHAGUS	42955	SURGICAL OPENING OF THROAT
43020	INCISION OF ESOPHAGUS	43045	INCISION OF ESOPHAGUS
43100	EXCISION OF ESOPHAGUS LESION	43101	EXCISION OF ESOPHAGUS LESION
43107	REMOVAL OF ESOPHAGUS	43108	REMOVAL OF ESOPHAGUS
43112	REMOVAL OF ESOPHAGUS	43113	REMOVAL OF ESOPHAGUS
43116	PARTIAL REMOVAL OF ESOPHAGUS	43117	PARTIAL REMOVAL OF ESOPHAGUS
43118	PARTIAL REMOVAL OF ESOPHAGUS	43121	PARTIAL REMOVAL OF ESOPHAGUS
43122	PARTIAL REMOVAL OF ESOPHAGUS	43123	PARTIAL REMOVAL OF ESOPHAGUS
43124	REMOVAL OF ESOPHAGUS	43130	REMOVAL OF ESOPHAGUS POUCH
43135	REMOVAL OF ESOPHAGUS POUCH	43279	LAP MYOTOMY, HELLER
43280	LAPAROSCOPY, FUNDOPLASTY	43281	LAP PARAESOPHAG HERN REPAIR
43282	LAP PARAESOPHAG HER REPR W/MESH	43300	REPAIR OF ESOPHAGUS
43305	REPAIR ESOPHAGUS AND FISTULA	43310	REPAIR OF ESOPHAGUS
43312	REPAIR ESOPHAGUS AND FISTULA	43313	ESOPHAGOPLASTY CONGENITAL
43314	TRACHEO-ESOPHAGOPLASTY CONG	43320	FUSE ESOPHAGUS & STOMACH
43324	REVISE ESOPHAGUS & STOMACH	43325	REVISE ESOPHAGUS & STOMACH
43326	REVISE ESOPHAGUS & STOMACH	43330	REPAIR OF ESOPHAGUS
43331	REPAIR OF ESOPHAGUS	43340	FUSE ESOPHAGUS & INTESTINE
43341	FUSE ESOPHAGUS & INTESTINE	43350	SURGICAL OPENING, ESOPHAGUS
43351	SURGICAL OPENING, ESOPHAGUS	43352	SURGICAL OPENING, ESOPHAGUS
43360	GASTROINTESTINAL REPAIR	43361	GASTROINTESTINAL REPAIR
43400	LIGATE ESOPHAGUS VEINS	43401	ESOPHAGUS SURGERY FOR VEINS
43405	LIGATE/STAPLE ESOPHAGUS	43410	REPAIR ESOPHAGUS WOUND
43415	REPAIR ESOPHAGUS WOUND	43425	REPAIR ESOPHAGUS OPENING
43496	FREE JEJUNUM FLAP, MICROVASC	43500	SURGICAL OPENING OF STOMACH
43501	SURGICAL REPAIR OF STOMACH	43502	SURGICAL REPAIR OF STOMACH
43510	SURGICAL OPENING OF STOMACH	43520	INCISION OF PYLORIC MUSCLE
43605	BIOPSY OF STOMACH	43610	EXCISION OF STOMACH LESION
43611	EXCISION OF STOMACH LESION	43620	REMOVAL OF STOMACH
43621	REMOVAL OF STOMACH	43622	REMOVAL OF STOMACH
43631	REMOVAL OF STOMACH, PARTIAL	43632	REMOVAL OF STOMACH, PARTIAL

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
43633	REMOVAL OF STOMACH, PARTIAL	43634	REMOVAL OF STOMACH, PARTIAL
43635	REMOVAL OF STOMACH, PARTIAL	43640	VAGOTOMY & PYLORUS REPAIR
43641	VAGOTOMY & PYLORUS REPAIR	43644	LAP GASTRIC BYPASS/ROUX-EN-Y
43645	LAP GASTR BYPASS INCL SMLL I	43647	LAP IMPL ELECTRODE, ANTRUM
43648	LAP REVISE/REMV ELTRD ANTRUM	43651	LAPAROSCOPY, VAGUS NERVE
43652	LAPAROSCOPY, VAGUS NERVE	43653	LAPAROSCOPY, GASTROSTOMY
43770	LAP, PLACE GASTR ADJUST BAND	43771	LAP, REVISE ADJUST GAST BAND
43772	LAP, REMOVE ADJUST GAST BAND	43773	LAP, CHANGE ADJUST GAST BAND
43774	LAP REMOV ADJ GAST BAND/PORT	43775	LAP SLEEVE GASTRECTOMY
43800	RECONSTRUCTION OF PYLORUS	43810	FUSION OF STOMACH AND BOWEL
43820	FUSION OF STOMACH AND BOWEL	43825	FUSION OF STOMACH AND BOWEL
43830	PLACE GASTROSTOMY TUBE	43831	PLACE GASTROSTOMY TUBE
43832	PLACE GASTROSTOMY TUBE	43840	REPAIR OF STOMACH LESION
43842	V-BAND GASTROPLASTY	43843	GASTROPLASTY W/O V-BAND
43845	GASTROPLASTY DUODENAL SWITCH	43846	GASTRIC BYPASS FOR OBESITY
43847	GASTRIC BYPASS INCL SMALL I	43848	REVISION GASTROPLASTY
43850	REVISE STOMACH-BOWEL FUSION	43855	REVISE STOMACH-BOWEL FUSION
43860	REVISE STOMACH-BOWEL FUSION	43865	REVISE STOMACH-BOWEL FUSION
43870	REPAIR STOMACH OPENING	43880	REPAIR STOMACH-BOWEL FISTULA
43881	IMPL/REDO ELECTRD, ANTRUM	43882	REVISE/REMOVE ELECTRD ANTRUM
43886	REVISE GASTRIC PORT, OPEN	43887	REMOVE GASTRIC PORT, OPEN
43888	CHANGE GASTRIC PORT, OPEN	44005	FREEING OF BOWEL ADHESION
44010	INCISION OF SMALL BOWEL	44015	INSERT NEEDLE CATH BOWEL
44020	EXPLORE SMALL INTESTINE	44021	DECOMPRESS SMALL BOWEL
44025	INCISION OF LARGE BOWEL	44050	REDUCE BOWEL OBSTRUCTION
44055	CORRECT MALROTATION OF BOWEL	44110	EXCISE INTESTINE LESION(S)
44111	EXCISION OF BOWEL LESION(S)	44120	REMOVAL OF SMALL INTESTINE
44121	REMOVAL OF SMALL INTESTINE	44125	REMOVAL OF SMALL INTESTINE
44126	ENTERECTOMY W/O TAPER, CONG	44127	ENTERECTOMY W/TAPER, CONG
44128	ENTERECTOMY CONG, ADD-ON	44130	BOWEL TO BOWEL FUSION
44132	ENTERECTOMY, CADAVER DONOR	44133	ENTERECTOMY, LIVE DONOR
44135	INTESTINE TRANSPLNT, CADAVER	44136	INTESTINE TRANSPLANT, LIVE
44137	REMOVE INTESTINAL ALLOGRAFT	44139	MOBILIZATION OF COLON
44140	PARTIAL REMOVAL OF COLON	44141	PARTIAL REMOVAL OF COLON
44143	PARTIAL REMOVAL OF COLON	44144	PARTIAL REMOVAL OF COLON
44145	PARTIAL REMOVAL OF COLON	44146	PARTIAL REMOVAL OF COLON
44147	PARTIAL REMOVAL OF COLON	44150	REMOVAL OF COLON

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
44151	REMOVAL OF COLON/ILEOSTOMY	44155	REMOVAL OF COLON/ILEOSTOMY
44156	REMOVAL OF COLON/ILEOSTOMY	44157	COLECTOMY W/ILEOANAL ANAST
44158	COLECTOMY W/NEO-RECTUM POUCH	44160	REMOVAL OF COLON
44180	LAP, ENTEROLYSIS	44186	LAP, JEJUNOSTOMY
44187	LAP, ILEO/JEJUNO-STOMY	44188	LAP, COLOSTOMY
44202	LAP, ENTERECTOMY	44203	LAP RESECT S/INTESTINE, ADDL
44204	LAPARO PARTIAL COLECTOMY	44205	LAP COLECTOMY PART W/ILEUM
44206	LAP PART COLECTOMY W/STOMA	44207	L COLECTOMY/COLOPROCTOSTOMY
44208	L COLECTOMY/COLOPROCTOSTOMY	44210	LAPARO TOTAL PROCTOCOLECTOMY
44211	LAP COLECTOMY W/PROCTECTOMY	44212	LAPARO TOTAL PROCTOCOLECTOMY
44213	LAP, MOBIL SPLENIC FL ADD-ON	44227	LAP, CLOSE ENTEROSTOMY
44300	OPEN BOWEL TO SKIN	44310	ILEOSTOMY/JEJUNOSTOMY
44314	REVISION OF ILEOSTOMY	44316	DEVISE BOWEL POUCH
44320	COLOSTOMY	44322	COLOSTOMY WITH BIOPSIES
44345	REVISION OF COLOSTOMY	44346	REVISION OF COLOSTOMY
44602	SUTURE, SMALL INTESTINE	44603	SUTURE, SMALL INTESTINE
44604	SUTURE, LARGE INTESTINE	44605	REPAIR OF BOWEL LESION
44615	INTESTINAL STRICTUROPLASTY	44620	REPAIR BOWEL OPENING
44625	REPAIR BOWEL OPENING	44626	REPAIR BOWEL OPENING
44640	REPAIR BOWEL-SKIN FISTULA	44650	REPAIR BOWEL FISTULA
44660	REPAIR BOWEL-BLADDER FISTULA	44661	REPAIR BOWEL-BLADDER FISTULA
44680	SURGICAL REVISION, INTESTINE	44700	SUSPEND BOWEL W/PROSTHESIS
44701	INTRAOP COLON LAVAGE ADD-ON	44715	PREPARE DONOR INTESTINE
44720	PREP DONOR INTESTINE/VENOUS	44721	PREP DONOR INTESTINE/ARTERY
44800	EXCISION OF BOWEL POUCH	44820	EXCISION OF MESENTERY LESION
44850	REPAIR OF MESENTERY	44900	DRAIN APP ABSCESS, OPEN
44960	APPENDECTOMY	44970	LAPAROSCOPY, APPENDECTOMY
45110	REMOVAL OF RECTUM	45111	PARTIAL REMOVAL OF RECTUM
45112	REMOVAL OF RECTUM	45113	PARTIAL PROCTECTOMY
45114	PARTIAL REMOVAL OF RECTUM	45116	PARTIAL REMOVAL OF RECTUM
45119	REMOVE RECTUM W/RESERVOIR	45120	REMOVAL OF RECTUM
45121	REMOVAL OF RECTUM AND COLON	45123	PARTIAL PROCTECTOMY
45126	PELVIC EXENTERATION	45130	EXCISION OF RECTAL PROLAPSE
45135	EXCISION OF RECTAL PROLAPSE	45136	EXCISE ILEOANAL RESERVIOR
45160	EXCISION OF RECTAL LESION	45170	EXCISION OF RECTAL LESION
45171	EXC RECT TUM TRANSANAL PART	45172	EXC RECT TUM TRANSANAL FULL
45395	LAP, REMOVAL OF RECTUM	45397	LAP, REMOVE RECTUM W/POUCH

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
45400	LAPAROSCOPIC PROC	45402	LAP PROCTOPEXY W/SIG RESECT
45540	CORRECT RECTAL PROLAPSE	45541	CORRECT RECTAL PROLAPSE
45550	REPAIR RECTUM/REMOVE SIGMOID	45560	REPAIR OF RECTOCELE
45563	EXPLORATION/REPAIR OF RECTUM	45800	REPAIR RECT/BLADDER FISTULA
45805	REPAIR FISTULA W/COLOSTOMY	45820	REPAIR RECTOURETHRAL FISTULA
45825	REPAIR FISTULA W/COLOSTOMY	46710	REPR PER/VAG POUCH SNGL PROC
46712	REPR PER/VAG POUCH DBL PROC	46715	REP PERF ANOPER FISTU
46716	REP PERF ANOPER/VESTIB FISTU	46730	CONSTRUCTION OF ABSENT ANUS
46735	CONSTRUCTION OF ABSENT ANUS	46740	CONSTRUCTION OF ABSENT ANUS
46742	REPAIR OF IMPERFORATED ANUS	46744	REPAIR OF CLOACAL ANOMALY
46746	REPAIR OF CLOACAL ANOMALY	46748	REPAIR OF CLOACAL ANOMALY
46750	REPAIR OF ANAL SPHINCTER	46751	REPAIR OF ANAL SPHINCTER
46760	REPAIR OF ANAL SPHINCTER	46761	REPAIR OF ANAL SPHINCTER
46762	IMPLANT ARTIFICIAL SPHINCTER	47010	OPEN DRAINAGE, LIVER LESION
47015	INJECT/ASPIRATE LIVER CYST	47100	WEDGE BIOPSY OF LIVER
47120	PARTIAL REMOVAL OF LIVER	47122	EXTENSIVE REMOVAL OF LIVER
47125	PARTIAL REMOVAL OF LIVER	47130	PARTIAL REMOVAL OF LIVER
47133	REMOVAL OF DONOR LIVER	47135	TRANSPLANTATION OF LIVER
47136	TRANSPLANTATION OF LIVER	47140	PARTIAL REMOVAL, DONOR LIVER
47141	PARTIAL REMOVAL, DONOR LIVER	47142	PARTIAL REMOVAL, DONOR LIVER
47143	PREP DONOR LIVER, WHOLE	47144	PREP DONOR LIVER, 3-SEGMENT
47145	PREP DONOR LIVER, LOBE SPLIT	47146	PREP DONOR LIVER/VENOUS
47147	PREP DONOR LIVER/ARTERIAL	47300	SURGERY FOR LIVER LESION
47350	REPAIR LIVER WOUND	47360	REPAIR LIVER WOUND
47361	REPAIR LIVER WOUND	47362	REPAIR LIVER WOUND
47370	LAPARO ABLATE LIVER TUMOR RF	47371	LAPARO ABLATE LIVER CRYOSURG
47380	OPEN ABLATE LIVER TUMOR RF	47381	OPEN ABLATE LIVER TUMOR CRYO
47382	PERCUT ABLATE LIVER RF	47400	INCISION OF LIVER DUCT
47420	INCISION OF BILE DUCT	47425	INCISION OF BILE DUCT
47460	INCISE BILE DUCT SPHINCTER	47562	LAPAROSCOPIC CHOLECYSTECTOMY
47480	INCISION OF GALLBLADDER	47563	LAPARO CHOLECYSTECTOMY/GRAPH
47564	LAPARO CHOLECYSTECTOMY/EXPLR	47570	LAPARO CHOLECYSTOENTEROSTOMY
47600	REMOVAL OF GALLBLADDER	47605	REMOVAL OF GALLBLADDER
47610	REMOVAL OF GALLBLADDER	47612	REMOVAL OF GALLBLADDER
47620	REMOVAL OF GALLBLADDER	47700	EXPLORATION OF BILE DUCTS
47701	BILE DUCT REVISION	47711	EXCISION OF BILE DUCT TUMOR
47712	EXCISION OF BILE DUCT TUMOR	47715	EXCISION OF BILE DUCT CYST

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
47720	FUSE GALLBLADDER & BOWEL	47721	FUSE UPPER GI STRUCTURES
47740	FUSE GALLBLADDER & BOWEL	47741	FUSE GALLBLADDER & BOWEL
47760	FUSE BILE DUCTS AND BOWEL	47765	FUSE LIVER DUCTS & BOWEL
47780	FUSE BILE DUCTS AND BOWEL	47785	FUSE BILE DUCTS AND BOWEL
47800	RECONSTRUCTION OF BILE DUCTS	47801	PLACEMENT, BILE DUCT SUPPORT
47802	FUSE LIVER DUCT & INTESTINE	47900	SUTURE BILE DUCT INJURY
48000	DRAINAGE OF ABDOMEN	48001	PLACEMENT OF DRAIN, PANCREAS
48020	REMOVAL OF PANCREATIC STONE	48100	BIOPSY OF PANCREAS, OPEN
48105	RESECT/DEBRIDE PANCREAS	48120	REMOVAL OF PANCREAS LESION
48140	PARTIAL REMOVAL OF PANCREAS	48145	PARTIAL REMOVAL OF PANCREAS
48146	PANCREATECTOMY	48148	REMOVAL OF PANCREATIC DUCT
48150	PARTIAL REMOVAL OF PANCREAS	48152	PANCREATECTOMY
48153	PANCREATECTOMY	48154	PANCREATECTOMY
48155	REMOVAL OF PANCREAS	48160	PANCREAS REMOVAL/TRANSPLANT
48500	SURGERY OF PANCREATIC CYST	48510	DRAIN PANCREATIC PSEUDOCYST
48520	FUSE PANCREAS CYST AND BOWEL	48540	FUSE PANCREAS CYST AND BOWEL
48545	PANCREATORRHAPHY	48547	DUODENAL EXCLUSION
48548	FUSE PANCREAS AND BOWEL	48550	DONOR PANCREATECTOMY
48551	PREP DONOR PANCREAS	48552	PREP DONOR PANCREAS/VENOUS
48554	TRANSPL ALLOGRAFT PANCREAS	48556	REMOVAL, ALLOGRAFT PANCREAS
49000	EXPLORATION OF ABDOMEN	49002	REOPENING OF ABDOMEN
49010	EXPLORATION BEHIND ABDOMEN	49020	DRAIN ABDOMINAL ABSCESS
49040	DRAIN, OPEN, ABDOM ABSCESS	49060	DRAIN, OPEN, RETROP ABSCESS
49062	DRAIN TO PERITONEAL CAVITY	49203	EXC ABD TUM 5 CM OR LESS
49204	EXC ABD TUM OVER 5 CM	49205	EXC ABD TUM OVER 10 CM
49215	EXCISE SACRAL SPINE TUMOR	49220	MULTIPLE SURGERY, ABDOMEN
49255	REMOVAL OF OMENTUM	49323	LAPARO DRAIN LYMPHOCELE
49324	LAP INSERTION PERM IP CATH	49325	LAP REVISION PERM IP CATH
49326	LAP W/OMENTOPEXY ADD-ON	49402	REMOVE FOREIGN BODY, ADBOMEN
49419	INSRT ABDOM CATH FOR CHEMOTX	49425	INSERT ABDOMEN-VENOUS DRAIN
49435	INSERT SUBQ EXTEN TO IP CATH	49436	EMBEDDED IP CATH EXIT-SITE
49492	RPR ING HERN PREMIE, BLOCKED	49495	RPR ING HERNIA BABY, REDUC
49496	RPR ING HERNIA BABY, BLOCKED	49500	RPR ING HERNIA, INIT, REDUCE
49501	RPR ING HERNIA, INIT BLOCKED	49507	PRP I/HERN INIT BLOCK >5 YR
49521	REREPAIR ING HERNIA, BLOCKED	49525	REPAIR ING HERNIA, SLIDING
49540	REPAIR LUMBAR HERNIA	49550	RPR REM HERNIA, INIT, REDUCE
49553	RPR FEM HERNIA, INIT BLOCKED	49555	REREPAIR FEM HERNIA, REDUCE

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
49557	REREPAIR FEM HERNIA, BLOCKED	49560	RPR VENTRAL HERN INIT, REDUC
49561	RPR VENTRAL HERN INIT, BLOCK	49565	REREPAIR VENTRL HERN, REDUCE
49566	REREPAIR VENTRL HERN, BLOCK	49568	HERNIA REPAIR W/MESH
49570	RPR EPIGASTRIC HERN, REDUCE	49572	RPR EPIGASTRIC HERN, BLOCKED
49580	RPR UMBIL HERN, REDUC < 5 YR	49582	RPR UMBIL HERN, BLOCK < 5 YR
49585	RPR UMBIL HERN, REDUC > 5 YR	49587	RPR UMBIL HERN, BLOCK > 5 YR
49590	REPAIR SPIGELIAN HERNIA	49600	REPAIR UMBILICAL LESION
49605	REPAIR UMBILICAL LESION	49606	REPAIR UMBILICAL LESION
49610	REPAIR UMBILICAL LESION	49611	REPAIR UMBILICAL LESION
49650	LAPARO HERNIA REPAIR INITIAL	49651	LAPARO HERNIA REPAIR RECUR
49652	LAP VENT/ABD HERNIA REPAIR	49653	LAP VENT/ABD HERN PROC COMP
49654	LAP INC HERNIA REPAIR	49655	LAP INC HERN REPAIR COMP
49656	LAP INC HERNIA REPAIR RECUR	49657	LAP INC HERN RECUR COMP
49900	REPAIR OF ABDOMINAL WALL	49904	OMENTAL FLAP, EXTRA-ABDOM
49905	OMENTAL FLAP, INTRA-ABDOM	49906	FREE OMENTAL FLAP, MICROVASC
50010	EXPLORATION OF KIDNEY	50020	RENAL ABSCESS, OPEN DRAIN
50040	DRAINAGE OF KIDNEY	50045	EXPLORATION OF KIDNEY
50060	REMOVAL OF KIDNEY STONE	50065	INCISION OF KIDNEY
50070	INCISION OF KIDNEY	50075	REMOVAL OF KIDNEY STONE
50081	REMOVAL OF KIDNEY STONE	50100	REVISE KIDNEY BLOOD VESSELS
50120	EXPLORATION OF KIDNEY	50125	EXPLORE AND DRAIN KIDNEY
50130	REMOVAL OF KIDNEY STONE	50135	EXPLORATION OF KIDNEY
50205	BIOPSY OF KIDNEY	50220	REMOVE KIDNEY, OPEN
50225	REMOVAL KIDNEY OPEN, COMPLEX	50230	REMOVAL KIDNEY OPEN, RADICAL
50234	REMOVAL OF KIDNEY & URETER	50236	REMOVAL OF KIDNEY & URETER
50240	PARTIAL REMOVAL OF KIDNEY	50250	CRYOABLATE RENAL MASS OPEN
50280	REMOVAL OF KIDNEY LESION	50290	REMOVAL OF KIDNEY LESION
50300	REMOVE CADAVER DONOR KIDNEY	50320	REMOVE KIDNEY, LIVING DONOR
50323	PREP CADAVER RENAL ALLOGRAFT	50325	PREP DONOR RENAL GRAFT
50327	PREP RENAL GRAFT/VENOUS	50328	PREP RENAL GRAFT/ARTERIAL
50329	PREP RENAL GRAFT/URETERAL	50340	REMOVAL OF KIDNEY
50360	TRANSPLANTATION OF KIDNEY	50365	TRANSPLANTATION OF KIDNEY
50370	REMOVE TRANSPLANTED KIDNEY	50380	REIMPLANTATION OF KIDNEY
50400	REVISION OF KIDNEY/URETER	50405	REVISION OF KIDNEY/URETER
50500	REPAIR OF KIDNEY WOUND	50520	CLOSE KIDNEY-SKIN FISTULA
50525	REPAIR RENAL-ABDOMEN FISTULA	50526	REPAIR RENAL-ABDOMEN FISTULA
50540	REVISION OF HORSESHOE KIDNEY	50541	LAPARO ABLATE RENAL CYST

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
50542	LAPARO ABLATE RENAL MASS	50543	LAPARO PARTIAL NEPHRECTOMY
50544	LAPAROSCOPY, PYELOPLASTY	50545	LAPARO RADICAL NEPHRECTOMY
50546	LAPAROSCOPIC NEPHRECTOMY	50547	LAPARO REMOVAL DONOR KIDNEY
50548	LAPARO REMOVE W/URETER	50593	PERC CRYO ABLATE RENAL TUM
50600	EXPLORATION OF URETER	50605	INSERT URETERAL SUPPORT
50610	REMOVAL OF URETER STONE	50620	REMOVAL OF URETER STONE
50630	REMOVAL OF URETER STONE	50650	REMOVAL OF URETER
50660	REMOVAL OF URETER	50700	REVISION OF URETER
50715	RELEASE OF URETER	50722	RELEASE OF URETER
50725	RELEASE/REVISE URETER	50727	REVISE URETER
50728	REVISE URETER	50740	FUSION OF URETER & KIDNEY
50750	FUSION OF URETER & KIDNEY	50760	FUSION OF URETERS
50770	SPLICING OF URETERS	50780	REIMPLANT URETER IN BLADDER
50782	REIMPLANT URETER IN BLADDER	50783	REIMPLANT URETER IN BLADDER
50785	REIMPLANT URETER IN BLADDER	50800	IMPLANT URETER IN BOWEL
50810	FUSION OF URETER & BOWEL	50815	URINE SHUNT TO INTESTINE
50820	CONSTRUCT BOWEL BLADDER	50825	CONSTRUCT BOWEL BLADDER
50830	REVISE URINE FLOW	50840	REPLACE URETER BY BOWEL
50845	APPENDICO-VESICOSTOMY	50860	TRANSPLANT URETER TO SKIN
50900	REPAIR OF URETER	50920	CLOSURE URETER/SKIN FISTULA
50930	CLOSURE URETER/BOWEL FISTULA	50940	RELEASE OF URETER
50945	LAPAROSCOPY URETEROLITHOTOMY	50947	LAPARO NEW URETER/BLADDER
50948	LAPARO NEW URETER/BLADDER	51020	INCISE & TREAT BLADDER
51040	INCISE & DRAIN BLADDER	51045	INCISE BLADDER/DRAIN URETER
51050	REMOVAL OF BLADDER STONE	51060	REMOVAL OF URETER STONE
51080	DRAINAGE OF BLADDER ABSCESS	51500	REMOVAL OF BLADDER CYST
51520	REMOVAL OF BLADDER LESION	51525	REMOVAL OF BLADDER LESION
51530	REMOVAL OF BLADDER LESION	51535	REPAIR OF URETER LESION
51550	PARTIAL REMOVAL OF BLADDER	51555	PARTIAL REMOVAL OF BLADDER
51565	REVISE BLADDER & URETER(S)	51570	REMOVAL OF BLADDER
51575	REMOVAL OF BLADDER & NODES	51580	REMOVE BLADDER/REVISE TRACT
51585	REMOVAL OF BLADDER & NODES	51590	REMOVE BLADDER/REVISE TRACT
51595	REMOVE BLADDER/REVISE TRACT	51596	REMOVE BLADDER/CREATE POUCH
51597	REMOVAL OF PELVIC STRUCTURES	51800	REVISION OF BLADDER/URETHRA
51820	REVISION OF URINARY TRACT	51840	ATTACH BLADDER/URETHRA
51841	ATTACH BLADDER/URETHRA	51845	REPAIR BLADDER NECK
51860	REPAIR OF BLADDER WOUND	51865	REPAIR OF BLADDER WOUND

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
51880	REPAIR OF BLADDER OPENING	51900	REPAIR BLADDER/VAGINA LESION
51920	CLOSE BLADDER-UTERUS FISTULA	51925	HYSTERECTOMY/BLADDER REPAIR
51940	CORRECTION OF BLADDER DEFECT	51960	REVISION OF BLADDER & BOWEL
51980	CONSTRUCT BLADDER OPENING	51990	LAPARO URETHRAL SUSPENSION
51992	LAPARO SLING OPERATION	53085	DRAINAGE OF URINARY LEAKAGE
53210	REMOVAL OF URETHRA	53215	REMOVAL OF URETHRA
53230	REMOVAL OF URETHRA LESION	53235	REMOVAL OF URETHRA LESION
53400	REVISE URETHRA, STAGE 1	53405	REVISE URETHRA, STAGE 2
53410	RECONSTRUCTION OF URETHRA	53415	RECONSTRUCTION OF URETHRA
53420	RECONSTRUCT URETHRA, STAGE 1	53425	RECONSTRUCT URETHRA, STAGE 2
53430	RECONSTRUCTION OF URETHRA	53431	RECONSTRUCT URETHRA/BLADDER
53440	MALE SLING PROCEDURE	53442	REMOVE/REVISE MALE SLING
53444	INSERT TANDEM CUFF	53445	INSERT URO/VES NCK SPHINCTER
53446	REMOVE URO SPHINCTER	53447	REMOVE/REPLACE UR SPHINCTER
53448	REMOV/REPLC UR SPHINCTR COMP	53449	REPAIR URO SPHINCTER
53450	REVISION OF URETHRA	53460	REVISION OF URETHRA
53500	URETHRLYS, TRANSVAG W/ SCOPE	53505	REPAIR OF URETHRA INJURY
53510	REPAIR OF URETHRA INJURY	53515	REPAIR OF URETHRA INJURY
53520	REPAIR OF URETHRA DEFECT	54110	TREATMENT OF PENIS LESION
54111	TREAT PENIS LESION, GRAFT	54112	TREAT PENIS LESION, GRAFT
54115	TREATMENT OF PENIS LESION	54120	PARTIAL REMOVAL OF PENIS
54125	REMOVAL OF PENIS	54130	REMOVE PENIS & NODES
54135	REMOVE PENIS & NODES	54205	TREATMENT OF PENIS LESION
54250	PENIS STUDY	54300	REVISION OF PENIS
54304	REVISION OF PENIS	54308	RECONSTRUCTION OF URETHRA
54312	RECONSTRUCTION OF URETHRA	54316	RECONSTRUCTION OF URETHRA
54324	RECONSTRUCTION OF URETHRA	54326	RECONSTRUCTION OF URETHRA
54328	REVISE PENIS/URETHRA	54332	REVISE PENIS/URETHRA
54336	REVISE PENIS/URETHRA	54340	SECONDARY URETHRAL SURGERY
54344	SECONDARY URETHRAL SURGERY	54348	SECONDARY URETHRAL SURGERY
54352	RECONSTRUCT URETHRA/PENIS	54360	PENIS PLASTIC SURGERY
54380	REPAIR PENIS	54385	REPAIR PENIS
54390	REPAIR PENIS AND BLADDER	54400	INSERT SEMI-RIGID PROSTHESIS
54405	INSERT MULTI-COMP PENIS PROS	54406	REMOVE MUTI-COMP PENIS PROS
54408	REPAIR MULTI-COMP PENIS PROS	54410	REMOVE/REPLACE PENIS PROSTH
54411	REMOV/REPLC PENIS PROS, COMP	54415	REMOVE SELF-CONTD PENIS PROS
54416	REMOV/REPLC PENIS CONTAIN PROS	54417	REMOV/REPLC PENIS PROS, COMPL

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
54420	REVISION OF PENIS	54430	REVISION OF PENIS
54440	REPAIR OF PENIS	54522	ORCHIECTOMY, PARTIAL
54530	REMOVAL OF TESTIS	54535	EXTENSIVE TESTIS SURGERY
54550	EXPLORATION FOR TESTIS	54560	EXPLORATION FOR TESTIS
54650	ORCHIOPEXY (FOWLER-STEPHENS)	54680	RELOCATION OF TESTIS(ES)
54690	LAPAROSCOPY, ORCHIECTOMY	54692	LAPAROSCOPY, ORCHIOPEXY
54900	FUSION OF SPERMATIC DUCTS	54901	FUSION OF SPERMATIC DUCTS
55150	REMOVAL OF SCROTUM	55400	REPAIR OF SPERM DUCT
55520	REMOVAL OF SPERM CORD LESION	55535	REVISE SPERMATIC CORD VEINS
55550	LAPARO LIGATE SPERMATIC VEIN	55600	INCISE SPERM DUCT POUCH
55605	INCISE SPERM DUCT POUCH	55650	REMOVE SPERM DUCT POUCH
55680	REMOVE SPERM POUCH LESION	55705	BIOPSY OF PROSTATE
55720	DRAINAGE OF PROSTATE ABSCESS	55725	DRAINAGE OF PROSTATE ABSCESS
55801	REMOVAL OF PROSTATE	55810	EXTENSIVE PROSTATE SURGERY
55812	EXTENSIVE PROSTATE SURGERY	55815	EXTENSIVE PROSTATE SURGERY
55821	REMOVAL OF PROSTATE	55831	REMOVAL OF PROSTATE
55840	EXTENSIVE PROSTATE SURGERY	55842	EXTENSIVE PROSTATE SURGERY
55845	EXTENSIVE PROSTATE SURGERY	55860	SURGICAL EXPOSURE, PROSTATE
55862	EXTENSIVE PROSTATE SURGERY	55865	EXTENSIVE PROSTATE SURGERY
55866	LAPARO RADICAL PROSTATECTOMY	55970	SEX TRANSFORMATION, M TO F
55980	SEX TRANSFORMATION, F TO M	56620	PARTIAL REMOVAL OF VULVA
56625	COMPLETE REMOVAL OF VULVA	56630	EXTENSIVE VULVA SURGERY
56631	EXTENSIVE VULVA SURGERY	56632	EXTENSIVE VULVA SURGERY
56633	EXTENSIVE VULVA SURGERY	56634	EXTENSIVE VULVA SURGERY
56637	EXTENSIVE VULVA SURGERY	56640	EXTENSIVE VULVA SURGERY
56700	PARTIAL REMOVAL OF HYMEN	56800	REPAIR OF VAGINA
56805	REPAIR CLITORIS	56810	REPAIR OF PERINEUM
57106	REMOVE VAGINA WALL, PARTIAL	57107	REMOVE VAGINA TISSUE, PART
57109	VAGINECTOMY PARTIAL W/NODES	57110	REMOVE VAGINA WALL, COMPLETE
57111	REMOVE VAGINA TISSUE, COMPL	57112	VAGINECTOMY W/NODES, COMPL
57120	CLOSURE OF VAGINA	57130	REMOVE VAGINA LESION
57200	REPAIR OF VAGINA	57210	REPAIR VAGINA/PERINEUM
57220	REVISION OF URETHRA	57230	REPAIR OF URETHRAL LESION
57240	REPAIR BLADDER & VAGINA	57250	REPAIR RECTUM & VAGINA
57260	REPAIR OF VAGINA	57265	EXTENSIVE REPAIR OF VAGINA
57267	INSERT MESH/PELVIC FLR ADDON	57268	REPAIR OF BOWEL BULGE
57270	REPAIR OF BOWEL POUCH	57280	SUSPENSION OF VAGINA

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
57282	COLPOPEXY, EXTRAPERITONEAL	57283	COLPOPEXY, INTRAPERITONEAL
57284	REPAIR PARAVAGINAL DEFECT	57285	REPAIR PARAVAG DEFECT, VAG
57287	REVISE/REMOVE SLING REPAIR	57288	REPAIR BLADDER DEFECT
57289	REPAIR BLADDER & VAGINA	57291	CONSTRUCTION OF VAGINA
57292	CONSTRUCT VAGINA WITH GRAFT	57295	REVISE VAG GRAFT VIA VAGINA
57296	REVISE VAG GRAFT, OPEN ABD	57300	REPAIR RECTUM-VAGINA FISTULA
57305	REPAIR RECTUM-VAGINA FISTULA	57307	FISTULA REPAIR & COLOSTOMY
57308	FISTULA REPAIR, TRANSPERINE	57310	REPAIR URETHROVAGINAL LESION
57311	REPAIR URETHROVAGINAL LESION	57320	REPAIR BLADDER-VAGINA LESION
57330	REPAIR BLADDER-VAGINA LESION	57335	REPAIR VAGINA
57423	REPAIR PARAVAG DEFECT, LAP	57425	LAPAROSCOPY, SURG, COLPOPEXY
57426	REVISE PROSTH VAG GRAFT LAP	57530	REMOVAL OF CERVIX
57531	REMOVAL OF CERVIX, RADICAL	57540	REMOVAL OF RESIDUAL CERVIX
57545	REMOVE CERVIX/REPAIR PELVIS	57550	REMOVAL OF RESIDUAL CERVIX
57555	REMOVE CERVIX/REPAIR VAGINA	57556	REMOVE CERVIX, REPAIR BOWEL
57720	REVISION OF CERVIX	58140	MYOMECTOMY ABDOM METHOD
58145	MYOMECTOMY VAG METHOD	58146	MYOMECTOMY ABDOM COMPLEX
58150	TOTAL HYSTERECTOMY	58152	TOTAL HYSTERECTOMY
58180	PARTIAL HYSTERECTOMY	58200	EXTENSIVE HYSTERECTOMY
58210	EXTENSIVE HYSTERECTOMY	58240	REMOVAL OF PELVIS CONTENTS
58260	VAGINAL HYSTERECTOMY	58262	VAG HYST INCLUDING T/O
58263	VAG HYST W/T/O & VAG REPAIR	58267	VAG HYST W/URINARY REPAIR
58270	VAG HYST W/ENTEROCELE REPAIR	58275	HYSTERECTOMY/REVISE VAGINA
58280	HYSTERECTOMY/REVISE VAGINA	58285	EXTENSIVE HYSTERECTOMY
58290	VAG HYST COMPLEX	58291	VAG HYST INCL T/O, COMPLEX
58292	VAG HYST T/O & REPAIR, COMPL	58293	VAG HYST W/URO REPAIR, COMPL
58294	VAG HYST W/ENTEROCELE, COMPL	58345	REOPEN FALLOPIAN TUBE
58400	SUSPENSION OF UTERUS	58410	SUSPENSION OF UTERUS
58520	REPAIR OF RUPTURED UTERUS	58540	REVISION OF UTERUS
58541	LSH, UTERUS 250 G OR LESS	58542	LSH W/T/O UT 250 G OR LESS
58543	LSH UTERUS ABOVE 250 G	58544	LSH W/T/O UTERUS ABOVE 250 G
58545	LAPAROSCOPIC MYOMECTOMY	58546	LAPARO-MYOMECTOMY, COMPLEX
58548	LAP RADICAL HYST	58550	LAPARO-ASST VAG HYSTERECTOMY
58552	LAPARO-VAG HYST INCL T/O	58553	LAPARO-VAG HYST, COMPLEX
58554	LAPARO-VAG HYST W/T/O, COMPL	58560	HYSTEROSCOPY, RESECT SEPTUM
58565	HYSTEROSCOPY, STERILIZATION	58570	TLH, UTERUS 250 G OR LESS
58571	TLH W/T/O 250 G OR LESS	58572	TLH, UTERUS OVER 250 G

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
58573	TLH W/T/O UTERUS OVER 250 G	58600	DIVISION OF FALLOPIAN TUBE
58605	DIVISION OF FALLOPIAN TUBE	58611	LIGATE OVIDUCT(S) ADD-ON
58660	LAPAROSCOPY, LYSIS	58661	LAPAROSCOPY, REMOVE ADNEXA
58662	LAPAROSCOPY, EXCISE LESIONS	58672	LAPAROSCOPY, FIMBRIOPLASTY
58673	LAPAROSCOPY, SALPINGOSTOMY	58700	REMOVAL OF FALLOPIAN TUBE
58720	REMOVAL OF OVARY/TUBE(S)	58740	REVISE FALLOPIAN TUBE(S)
58750	REPAIR OVIDUCT	58752	REVISE OVARIAN TUBE(S)
58760	REMOVE TUBAL OBSTRUCTION	58770	CREATE NEW TUBAL OPENING
58805	DRAINAGE OF OVARIAN CYST(S)	58820	DRAIN OVARY ABSCESS, OPEN
58822	DRAIN OVARY ABSCESS, PERCUT	58825	TRANSPOSITION, OVARY(S)
58900	BIOPSY OF OVARY(S)	58920	PARTIAL REMOVAL OF OVARY(S)
58925	REMOVAL OF OVARIAN CYST(S)	58940	REMOVAL OF OVARY(S)
58943	REMOVAL OF OVARY(S)	58950	RESECT OVARIAN MALIGNANCY
58951	RESECT OVARIAN MALIGNANCY	58952	RESECT OVARIAN MALIGNANCY
58953	TAH, RAD DISSECT FOR DEBULK	58954	TAH RAD DEBULK/LYMPH REMOVE
58956	BSO, OMENTECTOMY W/TAH	58957	RESECT RECURRENT GYN MAL
58958	RESECT RECUR GYN MAL W/LYM	58960	EXPLORATION OF ABDOMEN
58976	TRANSFER OF EMBRYO	59074	FETAL FLUID DRAINAGE W/US
59076	FETAL SHUNT PLACEMENT, W/US	59100	REMOVE UTERUS LESION
59120	TREAT ECTOPIC PREGNANCY	59121	TREAT ECTOPIC PREGNANCY
59130	TREAT ECTOPIC PREGNANCY	59135	TREAT ECTOPIC PREGNANCY
59136	TREAT ECTOPIC PREGNANCY	59140	TREAT ECTOPIC PREGNANCY
59150	TREAT ECTOPIC PREGNANCY	59151	TREAT ECTOPIC PREGNANCY
59325	REVISION OF CERVIX	59350	REPAIR OF UTERUS
59514	CESAREAN DELIVERY ONLY	59525	REMOVE UTERUS AFTER CESAREAN
59620	ATTEMPTED VBAC DELIVERY ONLY	59857	ABORTION
59870	EVACUATE MOLE OF UTERUS	60200	REMOVE THYROID LESION
60210	PARTIAL THYROID EXCISION	60212	PARTIAL THYROID EXCISION
60220	PARTIAL REMOVAL OF THYROID	60225	PARTIAL REMOVAL OF THYROID
60240	REMOVAL OF THYROID	60252	REMOVAL OF THYROID
60254	EXTENSIVE THYROID SURGERY	60260	REPEAT THYROID SURGERY
60270	REMOVAL OF THYROID	60271	REMOVAL OF THYROID
60280	REMOVE THYROID DUCT LESION	60281	REMOVE THYROID DUCT LESION
60500	EXPLORE PARATHYROID GLANDS	60502	RE-EXPLORE PARATHYROIDS
60505	EXPLORE PARATHYROID GLANDS	60512	AUTOTRANSPLANT PARATHYROID
60520	REMOVAL OF THYMUS GLAND	60521	REMOVAL OF THYMUS GLAND
60522	REMOVAL OF THYMUS GLAND	60540	EXPLORE ADRENAL GLAND

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
60545	EXPLORE ADRENAL GLAND	60600	REMOVE CAROTID BODY LESION
60605	REMOVE CAROTID BODY LESION	60650	LAPAROSCOPY ADRENALECTOMY
61140	PIERCE SKULL FOR BIOPSY	61154	PIERCE SKULL & REMOVE CLOT
61156	PIERCE SKULL FOR DRAINAGE	61250	PIERCE SKULL & EXPLORE
61253	PIERCE SKULL & EXPLORE	61304	OPEN SKULL FOR EXPLORATION
61305	OPEN SKULL FOR EXPLORATION	61312	OPEN SKULL FOR DRAINAGE
61313	OPEN SKULL FOR DRAINAGE	61314	OPEN SKULL FOR DRAINAGE
61315	OPEN SKULL FOR DRAINAGE	61320	OPEN SKULL FOR DRAINAGE
61321	OPEN SKULL FOR DRAINAGE	61322	DECOMPRESSIVE CRANIOTOMY
61323	DECOMPRESSIVE LOBECTOMY	61330	DECOMPRESS EYE SOCKET
61332	EXPLORE/BIOPSY EYE SOCKET	61333	EXPLORE ORBIT/REMOVE LESION
61334	EXPLORE ORBIT/REMOVE OBJECT	61340	SUBTEMPORAL DECOMPRESSION
61343	INCISE SKULL (PRESS RELIEF)	61345	RELIEVE CRANIAL PRESSURE
61440	INCISE SKULL FOR SURGERY	61450	INCISE SKULL FOR SURGERY
61458	INCISE SKULL FOR BRAIN WOUND	61460	INCISE SKULL FOR SURGERY
61470	INCISE SKULL FOR SURGERY	61480	INCISE SKULL FOR SURGERY
61490	INCISE SKULL FOR SURGERY	61500	REMOVAL OF SKULL LESION
61501	REMOVE INFECTED SKULL BONE	61510	REMOVAL OF BRAIN LESION
61512	REMOVE BRAIN LINING LESION	61514	REMOVAL OF BRAIN ABSCESS
61516	REMOVAL OF BRAIN LESION	61518	REMOVAL OF BRAIN LESION
61519	REMOVE BRAIN LINING LESION	61520	REMOVAL OF BRAIN LESION
61521	REMOVAL OF BRAIN LESION	61522	REMOVAL OF BRAIN ABSCESS
61524	REMOVAL OF BRAIN LESION	61526	REMOVAL OF BRAIN LESION
61530	REMOVAL OF BRAIN LESION	61531	IMPLANT BRAIN ELECTRODES
61533	IMPLANT BRAIN ELECTRODES	61534	REMOVAL OF BRAIN LESION
61535	REMOVE BRAIN ELECTRODES	61536	REMOVAL OF BRAIN LESION
61537	REMOVAL OF BRAIN TISSUE	61538	REMOVAL OF BRAIN TISSUE
61539	REMOVAL OF BRAIN TISSUE	61540	REMOVAL OF BRAIN TISSUE
61541	INCISION OF BRAIN TISSUE	61542	REMOVAL OF BRAIN TISSUE
61543	REMOVAL OF BRAIN TISSUE	61544	REMOVE & TREAT BRAIN LESION
61545	EXCISION OF BRAIN TUMOR	61546	REMOVAL OF PITUITARY GLAND
61548	REMOVAL OF PITUITARY GLAND	61550	RELEASE OF SKULL SEAMS
61552	RELEASE OF SKULL SEAMS	61556	INCISE SKULL/SUTURES
61557	INCISE SKULL/SUTURES	61558	EXCISION OF SKULL/SUTURES
61559	EXCISION OF SKULL/SUTURES	61563	EXCISION OF SKULL TUMOR
61564	EXCISION OF SKULL TUMOR	61566	REMOVAL OF BRAIN TISSUE
61567	INCISION OF BRAIN TISSUE	61570	REMOVE FOREIGN BODY, BRAIN

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
61571	INCISE SKULL FOR BRAIN WOUND	61575	SKULL BASE/BRAINSTEM SURGERY
61576	SKULL BASE/BRAINSTEM SURGERY	61580	CRANIOFACIAL APPROACH, SKULL
61581	CRANIOFACIAL APPROACH, SKULL	61582	CRANIOFACIAL APPROACH, SKULL
61583	CRANIOFACIAL APPROACH, SKULL	61584	ORBITOCRANIAL APPROACH/SKULL
61585	ORBITOCRANIAL APPROACH/SKULL	61586	RESECT NASOPHARYNX, SKULL
61590	INFRATEMPORAL APPROACH/SKULL	61591	INFRATEMPORAL APPROACH/SKULL
61592	ORBITOCRANIAL APPROACH/SKULL	61595	TRANSTEMPORAL APPROACH/SKULL
61596	TRANSCOCHLEAR APPROACH/SKULL	61597	TRANSCONDYLAR APPROACH/SKULL
61598	TRANSPETROSAL APPROACH/SKULL	61600	RESECT/EXCISE CRANIAL LESION
61601	RESECT/EXCISE CRANIAL LESION	61605	RESECT/EXCISE CRANIAL LESION
61606	RESECT/EXCISE CRANIAL LESION	61607	RESECT/EXCISE CRANIAL LESION
61608	RESECT/EXCISE CRANIAL LESION	61609	TRANSECT ARTERY, SINUS
61610	TRANSECT ARTERY, SINUS	61611	TRANSECT ARTERY, SINUS
61612	TRANSECT ARTERY, SINUS	61613	REMOVE ANEURYSM, SINUS
61615	RESECT/EXCISE LESION, SKULL	61616	RESECT/EXCISE LESION, SKULL
61618	REPAIR DURA	61619	REPAIR DURA
61623	ENDOVASC TEMPORY VESSEL OCCL	61630	INTRACRANIAL ANGIOPLASTY
61635	INTRACRAN ANGIOPLSTY W/STENT	61640	DILATE IC VASOSPASM, INIT
61641	DILATE IC VASOSPASM ADD-ON	61642	DILATE IC VASOSPASM ADD-ON
61680	INTRACRANIAL VESSEL SURGERY	61682	INTRACRANIAL VESSEL SURGERY
61684	INTRACRANIAL VESSEL SURGERY	61686	INTRACRANIAL VESSEL SURGERY
61690	INTRACRANIAL VESSEL SURGERY	61692	INTRACRANIAL VESSEL SURGERY
61697	BRAIN ANEURYSM REPR, COMPLX	61698	BRAIN ANEURYSM REPR, COMPLX
61700	BRAIN ANEURYSM REPR, SIMPLE	61702	INNER SKULL VESSEL SURGERY
61703	CLAMP NECK ARTERY	61705	REVISE CIRCULATION TO HEAD
61708	REVISE CIRCULATION TO HEAD	61710	REVISE CIRCULATION TO HEAD
61711	FUSION OF SKULL ARTERIES	61850	IMPLANT NEUROELECTRODES
61860	IMPLANT NEUROELECTRODES	61863	IMPLANT NEUROELECTRODE
61864	IMPLANT NEUROELECTRDE, ADDL	61867	IMPLANT NEUROELECTRODE
61868	IMPLANT NEUROELECTRDE, ADD'L	61870	IMPLANT NEUROELECTRODES
61875	IMPLANT NEUROELECTRODES	61880	REVISE/REMOVE NEUROELECTRODE
62005	TREAT SKULL FRACTURE	62010	TREATMENT OF HEAD INJURY
62100	REPAIR BRAIN FLUID LEAKAGE	62115	REDUCTION OF SKULL DEFECT
62116	REDUCTION OF SKULL DEFECT	62117	REDUCTION OF SKULL DEFECT
62120	REPAIR SKULL CAVITY LESION	62121	INCISE SKULL REPAIR
62140	REPAIR OF SKULL DEFECT	62141	REPAIR OF SKULL DEFECT
62142	REMOVE SKULL PLATE/FLAP	62143	REPLACE SKULL PLATE/FLAP

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
62145	REPAIR OF SKULL & BRAIN	62146	REPAIR OF SKULL WITH GRAFT
62147	REPAIR OF SKULL WITH GRAFT	62160	NEUROENDOSCOPY ADD-ON
62161	DISSECT BRAIN W/SCOPE	62162	REMOVE COLLOID CYST W/SCOPE
62163	NEUROENDOSCOPY W/FB REMOVAL	62164	REMOVE BRAIN TUMOR W/SCOPE
62165	REMOVE PITUIT TUMOR W/SCOPE	62180	ESTABLISH BRAIN CAVITY SHUNT
62190	ESTABLISH BRAIN CAVITY SHUNT	62192	ESTABLISH BRAIN CAVITY SHUNT
62200	ESTABLISH BRAIN CAVITY SHUNT	62220	ESTABLISH BRAIN CAVITY SHUNT
62223	ESTABLISH BRAIN CAVITY SHUNT	62230	REPLACE/REVISE BRAIN SHUNT
62256	REMOVE BRAIN CAVITY SHUNT	62258	REPLACE BRAIN CAVITY SHUNT
62351	IMPLANT SPINAL CANAL CATH	63001	REMOVAL OF SPINAL LAMINA
63003	REMOVAL OF SPINAL LAMINA	63005	REMOVAL OF SPINAL LAMINA
63011	REMOVAL OF SPINAL LAMINA	63012	REMOVAL OF SPINAL LAMINA
63015	REMOVAL OF SPINAL LAMINA	63016	REMOVAL OF SPINAL LAMINA
63017	REMOVAL OF SPINAL LAMINA	63020	NECK SPINE DISK SURGERY
63030	LOW BACK DISK SURGERY	63035	SPINAL DISK SURGERY ADD-ON
63040	LAMINOTOMY, SINGLE CERVICAL	63042	LAMINOTOMY, SINGLE LUMBAR
63043	LAMINOTOMY, ADD'L CERVICAL	63044	LAMINOTOMY, ADD'L LUMBAR
63045	REMOVAL OF SPINAL LAMINA	63046	REMOVAL OF SPINAL LAMINA
63047	REMOVAL OF SPINAL LAMINA	63048	REMOVE SPINAL LAMINA ADD-ON
63050	CERVICAL LAMINOPLASTY	63051	C-LAMINOPLASTY W/GRAFT/PLATE
63055	DECOMPRESS SPINAL CORD	63056	DECOMPRESS SPINAL CORD
63057	DECOMPRESS SPINE CORD ADD-ON	63064	DECOMPRESS SPINAL CORD
63066	DECOMPRESS SPINE CORD ADD-ON	63075	NECK SPINE DISK SURGERY
63076	NECK SPINE DISK SURGERY	63077	SPINE DISK SURGERY, THORAX
63078	SPINE DISK SURGERY, THORAX	63081	REMOVAL OF VERTEBRAL BODY
63082	REMOVE VERTEBRAL BODY ADD-ON	63085	REMOVAL OF VERTEBRAL BODY
63086	REMOVE VERTEBRAL BODY ADD-ON	63087	REMOVAL OF VERTEBRAL BODY
63088	REMOVE VERTEBRAL BODY ADD-ON	63090	REMOVAL OF VERTEBRAL BODY
63091	REMOVE VERTEBRAL BODY ADD-ON	63101	REMOVAL OF VERTEBRAL BODY
63102	REMOVAL OF VERTEBRAL BODY	63103	REMOVE VERTEBRAL BODY ADD-ON
63170	INCISE SPINAL CORD TRACT(S)	63172	DRAINAGE OF SPINAL CYST
63173	DRAINAGE OF SPINAL CYST	63180	REVISE SPINAL CORD LIGAMENTS
63182	REVISE SPINAL CORD LIGAMENTS	63185	INCISE SPINAL COLUMN/NERVES
63190	INCISE SPINAL COLUMN/NERVES	63191	INCISE SPINAL COLUMN/NERVES
63194	INCISE SPINAL COLUMN & CORD	63195	INCISE SPINAL COLUMN & CORD
63196	INCISE SPINAL COLUMN & CORD	63197	INCISE SPINAL COLUMN & CORD
63198	INCISE SPINAL COLUMN & CORD	63199	INCISE SPINAL COLUMN & CORD

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
63200	RELEASE OF SPINAL CORD	63250	REVISE SPINAL CORD VESSELS
63251	REVISE SPINAL CORD VESSELS	63252	REVISE SPINAL CORD VESSELS
63265	EXCISE INTRASPINAL LESION	63266	EXCISE INTRASPINAL LESION
63267	EXCISE INTRASPINAL LESION	63268	EXCISE INTRASPINAL LESION
63270	EXCISE INTRASPINAL LESION	63271	EXCISE INTRASPINAL LESION
63272	EXCISE INTRASPINAL LESION	63273	EXCISE INTRASPINAL LESION
63275	BIOPSY/EXCISE SPINAL TUMOR	63276	BIOPSY/EXCISE SPINAL TUMOR
63277	BIOPSY/EXCISE SPINAL TUMOR	63278	BIOPSY/EXCISE SPINAL TUMOR
63280	BIOPSY/EXCISE SPINAL TUMOR	63281	BIOPSY/EXCISE SPINAL TUMOR
63282	BIOPSY/EXCISE SPINAL TUMOR	63283	BIOPSY/EXCISE SPINAL TUMOR
63285	BIOPSY/EXCISE SPINAL TUMOR	63286	BIOPSY/EXCISE SPINAL TUMOR
63287	BIOPSY/EXCISE SPINAL TUMOR	63290	BIOPSY/EXCISE SPINAL TUMOR
63295	REPAIR OF LAMINECTOMY DEFECT	63300	REMOVAL OF VERTEBRAL BODY
63301	REMOVAL OF VERTEBRAL BODY	63302	REMOVAL OF VERTEBRAL BODY
63303	REMOVAL OF VERTEBRAL BODY	63304	REMOVAL OF VERTEBRAL BODY
63305	REMOVAL OF VERTEBRAL BODY	63306	REMOVAL OF VERTEBRAL BODY
63307	REMOVAL OF VERTEBRAL BODY	63308	REMOVE VERTEBRAL BODY ADD-ON
63655	IMPLANT NEUROELECTRODES	63660	REVISE/REMOVE NEUROELECTRODE
63661	REMOVE SPINE ELTRD PERQ ARAY	63662	REMOVE SPINE ELTRD PLATE
63663	REVISE SPINE ELTRD PERQ ARAY	63664	REVISE SPINE ELTRD PLATE
63685	INSRT/REDO SPINE N GENERATOR	63700	REPAIR OF SPINAL HERNIATION
63702	REPAIR OF SPINAL HERNIATION	63704	REPAIR OF SPINAL HERNIATION
63706	REPAIR OF SPINAL HERNIATION	63707	REPAIR SPINAL FLUID LEAKAGE
63709	REPAIR SPINAL FLUID LEAKAGE	63710	GRAFT REPAIR OF SPINE DEFECT
63740	INSTALL SPINAL SHUNT	63741	INSTALL SPINAL SHUNT
63744	REVISION OF SPINAL SHUNT	64580	IMPLANT NEUROELECTRODES
64704	REVISE HAND/FOOT NERVE	64708	REVISE ARM/LEG NERVE
64712	REVISION OF SCIATIC NERVE	64713	REVISION OF ARM NERVE(S)
64714	REVISE LOW BACK NERVE(S)	64716	REVISION OF CRANIAL NERVE
64722	RELIEVE PRESSURE ON NERVE(S)	64732	INCISION OF BROW NERVE
64736	INCISION OF CHIN NERVE	64738	INCISION OF JAW NERVE
64740	INCISION OF TONGUE NERVE	64742	INCISION OF FACIAL NERVE
64746	INCISE DIAPHRAGM NERVE	64752	INCISION OF VAGUS NERVE
64755	INCISION OF STOMACH NERVES	64760	INCISION OF VAGUS NERVE
64761	INCISION OF PELVIS NERVE	64763	INCISE HIP/THIGH NERVE
64766	INCISE HIP/THIGH NERVE	64771	SEVER CRANIAL NERVE
64772	INCISION OF SPINAL NERVE	64786	REMOVE SCIATIC NERVE LESION

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
64792	REMOVAL OF NERVE LESION	64802	REMOVE SYMPATHETIC NERVES
64804	REMOVE SYMPATHETIC NERVES	64809	REMOVE SYMPATHETIC NERVES
64818	REMOVE SYMPATHETIC NERVES	64821	REMOVE SYMPATHETIC NERVES
64822	REMOVE SYMPATHETIC NERVES	64823	REMOVE SYMPATHETIC NERVES
64835	REPAIR OF HAND OR FOOT NERVE	64836	REPAIR OF HAND OR FOOT NERVE
64837	REPAIR NERVE ADD-ON	64840	REPAIR OF LEG NERVE
64856	REPAIR/TRANSPOSE NERVE	64857	REPAIR ARM/LEG NERVE
64858	REPAIR SCIATIC NERVE	64859	NERVE SURGERY
64861	REPAIR OF ARM NERVES	64862	REPAIR OF LOW BACK NERVES
64864	REPAIR OF FACIAL NERVE	64865	REPAIR OF FACIAL NERVE
64866	FUSION OF FACIAL/OTHER NERVE	64868	FUSION OF FACIAL/OTHER NERVE
64870	FUSION OF FACIAL/OTHER NERVE	64872	SUBSEQUENT REPAIR OF NERVE
64874	REPAIR & REVISE NERVE ADD-ON	64876	REPAIR NERVE/SHORTEN BONE
64885	NERVE GRAFT, HEAD OR NECK	64886	NERVE GRAFT, HEAD OR NECK
64890	NERVE GRAFT, HAND OR FOOT	64891	NERVE GRAFT, HAND OR FOOT
64892	NERVE GRAFT, ARM OR LEG	64893	NERVE GRAFT, ARM OR LEG
64895	NERVE GRAFT, HAND OR FOOT	64896	NERVE GRAFT, HAND OR FOOT
64897	NERVE GRAFT, ARM OR LEG	64898	NERVE GRAFT, ARM OR LEG
64901	NERVE GRAFT ADD-ON	64902	NERVE GRAFT ADD-ON
64905	NERVE PEDICLE TRANSFER	64907	NERVE PEDICLE TRANSFER
64910	NERVE REPAIR W/ALLOGRAFT	64911	NEURORRAPHY W/VEIN AUTOGRAFT
65105	REMOVE EYE/ATTACH IMPLANT	65110	REMOVAL OF EYE
65112	REMOVE EYE/REVISE SOCKET	65114	REMOVE EYE/REVISE SOCKET
65260	REMOVE FOREIGN BODY FROM EYE	65265	REMOVE FOREIGN BODY FROM EYE
65710	CORNEAL TRANSPLANT	65730	CORNEAL TRANSPLANT
65750	CORNEAL TRANSPLANT	65756	CORNEAL TRNSPL, ENDOTHELIAL
65757	PREP CORNEAL ENDO ALLOGRAFT	65770	REVISE CORNEA WITH IMPLANT
65781	OCULAR RECONST, TRANSPLANT	65900	REMOVE EYE LESION
66165	GLAUCOMA SURGERY	66170	GLAUCOMA SURGERY
66180	IMPLANT EYE SHUNT	66185	REVISE EYE SHUNT
66220	REPAIR EYE LESION	66225	REPAIR/GRAFT EYE LESION
67027	IMPLANT EYE DRUG SYSTEM	67039	LASER TREATMENT OF RETINA
67040	LASER TREATMENT OF RETINA	67041	VIT FOR MACULAR PUCKER
67042	VIT FOR MACULAR HOLE	67043	VIT FOR MEMBRANE DISSECT
67107	REPAIR DETACHED RETINA	67108	REPAIR DETACHED RETINA
67112	REREPAIR DETACHED RETINA	67113	REPAIR RETINAL DETACH, CPLX
67121	REMOVE EYE IMPLANT MATERIAL	67255	REINFORCE/GRAFT EYE WALL

Surgical Assistant Reimbursement Schedule

CPT	Description	CPT	Description
67340	REVISE EYE MUSCLE ADD-ON	67400	EXPLORE/BIOPSY EYE SOCKET
67413	EXPLORE/TREAT EYE SOCKET	67414	EXPLR/DECOMPRESS EYE SOCKET
67420	EXPLORE/TREAT EYE SOCKET	67430	EXPLORE/TREAT EYE SOCKET
67440	EXPLORE/DRAIN EYE SOCKET	67445	EXPLR/DECOMPRESS EYE SOCKET
67450	EXPLORE/BIOPSY EYE SOCKET	67570	DECOMPRESS OPTIC NERVE
67973	RECONSTRUCTION OF EYELID	67974	RECONSTRUCTION OF EYELID
68720	CREATE TEAR SAC DRAIN	68745	CREATE TEAR DUCT DRAIN
68750	CREATE TEAR DUCT DRAIN	69155	EXTENSIVE EAR/NECK SURGERY
69320	REBUILD OUTER EAR CANAL	69530	EXTENSIVE MASTOID SURGERY
69535	REMOVE PART OF TEMPORAL BONE	69550	REMOVE EAR LESION
69552	REMOVE EAR LESION	69554	REMOVE EAR LESION
69670	REMOVE MASTOID AIR CELLS	69715	TEMPLE BNE IMPLNT W/STIMULAT
69717	TEMPLE BONE IMPLANT REVISION	69718	REVISE TEMPLE BONE IMPLANT
69725	RELEASE FACIAL NERVE	69740	REPAIR FACIAL NERVE
69745	REPAIR FACIAL NERVE	69820	ESTABLISH INNER EAR WINDOW
69840	REVISE INNER EAR WINDOW	69915	INCISE INNER EAR NERVE
69950	INCISE INNER EAR NERVE	69955	RELEASE FACIAL NERVE
69960	RELEASE INNER EAR CANAL	69970	REMOVE INNER EAR LESION
93631	HEART PACING, MAPPING	93650	ABLATE HEART DYSRHYTHM FOCUS
93651	ABLATE HEART DYSRHYTHM FOCUS	93652	ABLATE HEART DYSRHYTHM FOCUS
D6010	ODONTICS ENDOSTEAL IMPLANT	D6040	ODONTICS EPOSTEAL IMPLANT
D6050	ODONTICS TRANSOSTEAL IMPLANT	D6057	CUSTOM ABUTMENT
D7710	MAXILLA OPEN REDUCT COMPOUND	D7780	REDUCT COMPOUND FACIAL BONE FX
D7941	BONE CUTTING RAMUS CLOSED	D7943	CUTTING RAMUS OPEN W/GRAFT
D7945	BONE CUTTING BODY MANDIBLE	D7946	RECONSTRUCTION MAXILLA TOTAL
D7947	RECONSTRUCT MAXILLA SEGMENT	D7948	RECONSTRUCT MIDFACE NO GRAFT
D7949	RECONSTRUCT MIDFACE W/GRAFT	D7950	MANDIBLE GRAFT
D7955	REPAIR MAXILLOFACIAL DEFECTS	G0412	OPEN TX ILIAC SPINE UNI/BIL
G0413	PELVIC RING FRACTURE UNI/BIL	G0414	PELVIC RING FX TREAT INT FIX
G0415	OPEN TX POST PELVIC FX	S2053	TRANSPLANTATION OF SMALL INT
S2054	TRANSPLANTATION OF MULTIVISC	S2055	HARVESTING OF DONOR MULTIVIS
S2060	LOBAR LUNG TRANSPLANTATION	S2061	DONOE LOBECTOMY (LUNG)
S2065	SIMULT PANC KIDN TRANS	S2066	BREAT GAP FLAP RECONST
S2067	BREAST "STACKED" DIEP/GAP	S2068	BREAST DIEP OR SIEA FLAP
S2102	ISLET CELL TISSUE TRANSPLANT	S2103	ADRENAL TISSUE TRANSPLANT
S2115	PERICETABULAR OSTEOTOMY	S2118	TOTAL HIP RESURFACING
S2152	SOLID ORGAN TRANSPL PKG	S2205	MINIMALLY INVASIVE DIRECT CO

Surgical Assistant Reimbursement Schedule

CPT	Description		CPT	Description
S2206	MINIMALLY INVASIVE DIRECT CO		S2207	MINIMALLY INVASIVE DIRECT CO
S2208	MINIMALLY INVASIVE DIRECT CO		S2209	MINIMALLY INVASIVE DIRECT CO
S2350	DISKECTOMY, ANTERIOR, WITH D		S2351	DISKECTOMY, ANTERIOR, WITH D
S2360	VERTEBROPLACE CERV 1ST		S2361	VERTEBROPLAST CERV ADDL
S2400	FETAL SURG CONGEN HERNIA		S2401	FETAL SURG URIN TRAC OBSTR
S2402	FETAL SURG CONG CYST MALF		S2403	FETAL SURG PULMON SEQUEST
S2404	FETAL SURG MYELOMENINGO		S2405	FETAL SURGE SACROCOC TERATOMA
S2409	FETAL SURG NOC		S2411	FETOSCOPI LASER THER TTTS