

## Anesthesia Unit Values Reimbursement Schedule

This schedule reflects rate data as of : 11/1/2018

Conversion Factor: \$22.57 per unit - Effective 7/1/2013

Rates for time based codes are calculated using base units plus time spent.

Occurrence based codes (01953 and 01996) are paid a flat dollar rate.

**The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.**

**This provider type was last subject to a rate review\* on : 05/2014**

*\*Rate review refers to a comprehensive review of all the rates associated with this provider type. In 2017 the NV Legislature passed Assembly Bill 108 which, starting in 2018, requires NV Medicaid to perform a comprehensive rate review for each provider type at least once every four years. These reviews may or may not result in changes to reimbursement amounts.*

**Notes:**

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| Procedure Code | Description  | Time Based Codes - Base Units | Occurrence Based Codes - \$Rate |
|----------------|--|-------------------------------|---------------------------------|
| 00100          | ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY                 | 5                             |                                 |
| 00102          | ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP                | 6                             |                                 |
| 00103          | ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTOSIS | 5                             |                                 |
| 00104          | ANESTHESIA FOR ELECTROCONVULSIVE THERAPY                                       | 4                             |                                 |
| 00120          | ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY; | 5                             |                                 |
| 00124          | ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY; | 4                             |                                 |
| 00126          | ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY; | 4                             |                                 |
| 00140          | ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED                      | 5                             |                                 |
| 00142          | ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY                                 | 4                             |                                 |

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| 00144 | ANESTHESIA FOR PROCEDURES ON EYE;<br>CORNEAL TRANSPLANT                                | 6  |  |
| 00145 | ANESTHESIA FOR PROCEDURES ON EYE;<br>VITREORETINAL SURGERY                             | 6  |  |
| 00147 | ANESTHESIA FOR PROCEDURES ON EYE;<br>IRIDECTOMY  | 4  |  |
| 00148 | ANESTHESIA FOR PROCEDURES ON EYE;<br>OPHTHALMOSCOPY                                    | 4  |  |
| 00160 | ANESTHESIA FOR PROCEDURES ON NOSE<br>AND ACCESSORY SINUSES; NOT<br>OTHERWISE SPECIFIED | 5  |  |
| 00162 | ANESTHESIA FOR PROCEDURES ON NOSE<br>AND ACCESSORY SINUSES; RADICAL<br>SURGERY         | 7  |  |
| 00164 | ANESTHESIA FOR PROCEDURES ON NOSE<br>AND ACCESSORY SINUSES; BIOPSY, SOFT<br>TISSUE     | 4  |  |
| 00170 | ANESTHESIA FOR INTRAORAL<br>PROCEDURES, INCLUDING BIOPSY; NOT<br>OTHERWISE SPECIFIED   | 5  |  |
| 00172 | ANESTHESIA FOR INTRAORAL<br>PROCEDURES, INCLUDING BIOPSY; REPAIR<br>OF CLEFT PALATE    | 6  |  |
| 00174 | ANESTHESIA FOR INTRAORAL<br>PROCEDURES, INCLUDING BIOPSY;<br>EXCISION OF               | 6  |  |
| 00176 | ANESTHESIA FOR INTRAORAL<br>PROCEDURES, INCLUDING BIOPSY;<br>RADICAL SURGERY           | 7  |  |
| 00190 | ANESTHESIA FOR PROCEDURES ON FACIAL<br>BONES OR SKULL; NOT OTHERWISE<br>SPECIFIED      | 5  |  |
| 00192 | ANESTHESIA FOR PROCEDURES ON FACIAL<br>BONES OR SKULL; RADICAL SURGERY<br>(INCLUDING   | 7  |  |
| 00210 | ANESTHESIA FOR INTRACRANIAL<br>PROCEDURES; NOT OTHERWISE SPECIFIED                     | 11 |  |
| 00211 | ANESTHESIA FOR CRANIOTOMY OR<br>CRANIECTOMY FOR EVACUATION OF<br>HEMATOMA              | 10 |  |
| 00212 | ANESTHESIA FOR INTRACRANIAL<br>PROCEDURES; SUBDURAL TAPS                               | 5  |  |
| 00214 | ANESTHESIA FOR INTRACRANIAL<br>PROCEDURES; BURR HOLES, INCLUDING<br>VENTRICULOGRAPHY   | 9  |  |
| 00215 | ANESTHESIA FOR INTRACRANIAL<br>PROCEDURES; CRANIOPLASTY OR<br>ELEVATION OF DEPRESSED   | 9  |  |
| 00216 | ANESTHESIA FOR INTRACRANIAL<br>PROCEDURES; VASCULAR PROCEDURES                         | 15 |  |

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| 00218 | ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION           | 13 |  |
| 00220 | ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES  | 10 |  |
| 00222 | ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVE | 6  |  |
| 00300 | ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERVES    | 5  |  |
| 00320 | ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND         | 6  |  |
| 00322 | ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND         | 3  |  |
| 00326 | ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LESS THAN 1  | 7  |  |
| 00350 | ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED      | 10 |  |
| 00352 | ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION              | 5  |  |
| 00400 | ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,        | 3  |  |
| 00402 | ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,        | 5  |  |
| 00404 | ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,        | 5  |  |
| 00406 | ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,        | 13 |  |
| 00410 | ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,        | 4  |  |
| 00450 | ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED       | 5  |  |
| 00454 | ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE            | 3  |  |
| 00470 | ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED                    | 6  |  |
| 00472 | ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)                   | 10 |  |

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| 00474 | ANESTHESIA FOR PARTIAL RIB RESECTION;<br>RADICAL PROCEDURES (EG, PECTUS<br>EXCAVATUM) | 13 |  |
| 00500 | ANESTHESIA FOR ALL PROCEDURES ON<br>ESOPHAGUS   | 15 |  |
| 00520 | ANESTHESIA FOR CLOSED CHEST<br>PROCEDURES; (INCLUDING<br>BRONCHOSCOPY) NOT OTHERWISE  | 6  |  |
| 00522 | ANESTHESIA FOR CLOSED CHEST<br>PROCEDURES; NEEDLE BIOPSY OF PLEURA                    | 4  |  |
| 00524 | ANESTHESIA FOR CLOSED CHEST<br>PROCEDURES; PNEUMOCENTESIS                             | 4  |  |
| 00528 | ANESTHESIA FOR CLOSED CHEST<br>PROCEDURES; MEDIASTINOSCOPY AND<br>DIAGNOSTIC          | 8  |  |
| 00529 | ANESTHESIA FOR CLOSED CHEST<br>PROCEDURES; MEDIASTINOSCOPY AND<br>DIAGNOSTIC          | 11 |  |
| 00530 | ANESTHESIA FOR PERMANENT<br>TRANSVENOUS PACEMAKER INSERTION                           | 4  |  |
| 00532 | ANESTHESIA FOR ACCESS TO CENTRAL<br>VENOUS CIRCULATION                                | 4  |  |
| 00534 | ANESTHESIA FOR TRANSVENOUS<br>INSERTION OR REPLACEMENT OF PACING                      | 7  |  |
| 00537 | ANESTHESIA FOR CARDIAC<br>ELECTROPHYSIOLOGIC PROCEDURES<br>INCLUDING RADIOFREQUENCY   | 7  |  |
| 00539 | ANESTHESIA FOR TRACHEOBRONCHIAL<br>RECONSTRUCTION                                     | 18 |  |
| 00540 | ANESTHESIA FOR THORACOTOMY<br>PROCEDURES INVOLVING LUNGS, PLEURA,<br>DIAPHRAGM, AND   | 12 |  |
| 00541 | ANESTHESIA FOR THORACOTOMY<br>PROCEDURES INVOLVING LUNGS, PLEURA,<br>DIAPHRAGM, AND   | 15 |  |
| 00542 | ANESTHESIA FOR THORACOTOMY<br>PROCEDURES INVOLVING LUNGS, PLEURA,<br>DIAPHRAGM, AND   | 15 |  |
| 00546 | ANESTHESIA FOR THORACOTOMY<br>PROCEDURES INVOLVING LUNGS, PLEURA,<br>DIAPHRAGM, AND   | 15 |  |
| 00548 | ANESTHESIA FOR THORACOTOMY<br>PROCEDURES INVOLVING LUNGS, PLEURA,<br>DIAPHRAGM, AND   | 17 |  |
| 00550 | ANESTHESIA FOR STERNAL DEBRIDEMENT  | 10 |  |
| 00560 | ANESTHESIA FOR PROCEDURES ON HEART,<br>PERICARDIAL SAC, AND GREAT VESSELS<br>OF       | 15 |  |
| 00561 | ANESTHESIA FOR PROCEDURES ON HEART,<br>PERICARDIAL SAC, AND GREAT VESSELS<br>OF       | 25 |  |

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| 00562 | ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF      | 20 |  |
| 00563 | ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF      | 25 |  |
| 00566 | ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITHOUT PUMP OXYGENATOR  | 25 |  |
| 00567 | ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITH PUMP OXYGENATOR     | 18 |  |
| 00580 | ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT                       | 20 |  |
| 00600 | ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFIED  | 10 |  |
| 00604 | ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIENT  | 13 |  |
| 00620 | ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFIED  | 10 |  |
| 00625 | ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD VIA AN ANTERIOR       | 13 |  |
| 00626 | ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD VIA AN ANTERIOR       | 15 |  |
| 00630 | ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED            | 8  |  |
| 00632 | ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY               | 7  |  |
| 00635 | ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR   | 4  |  |
| 00640 | ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE       | 3  |  |
| 00670 | ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL          | 13 |  |
| 00700 | ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE      | 4  |  |
| 00702 | ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LIVER | 4  |  |
| 00730 | ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL                    | 5  |  |
| 00731 | ANES UPR GI NDSC PX NOS  | 5  |  |

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| 00732 | ANES UPR GI NDSC PX ERCP  | 6  |  |
| 00750 | ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED         | 4  |  |
| 00752 | ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIONAL) | 6  |  |
| 00754 | ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE                     | 7  |  |
| 00756 | ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF        | 7  |  |
| 00770 | ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS                  | 15 |  |
| 00790 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING            | 7  |  |
| 00792 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING            | 13 |  |
| 00794 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING            | 8  |  |
| 00796 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING            | 30 |  |
| 00797 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING            | 11 |  |
| 00800 | ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE       | 4  |  |
| 00802 | ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY      | 5  |  |
| 00811 | ANES LWR INTST NDSC NOS   | 4  |  |
| 00812 | ANES LWR INTST SCR COLSC  | 3  |  |
| 00813 | ANES UPR LWR GI NDSC PX   | 5  |  |
| 00820 | ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL                     | 5  |  |
| 00830 | ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED         | 4  |  |
| 00832 | ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS  | 6  |  |
| 00834 | ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,     | 5  |  |
| 00836 | ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,     | 6  |  |

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| 00840 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING           | 6  |  |
| 00842 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING           | 4  |  |
| 00844 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING           | 7  |  |
| 00846 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING           | 8  |  |
| 00848 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING           | 8  |  |
| 00851 | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING           | 6  |  |
| 00860 | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY  | 6  |  |
| 00862 | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY  | 7  |  |
| 00864 | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY  | 8  |  |
| 00865 | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY  | 7  |  |
| 00866 | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY  | 10 |  |
| 00868 | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY  | 10 |  |
| 00870 | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY  | 5  |  |
| 00872 | ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH         | 7  |  |
| 00873 | ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH      | 5  |  |
| 00880 | ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE      | 15 |  |
| 00882 | ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA CAVA | 10 |  |
| 00902 | ANESTHESIA FOR; ANORECTAL PROCEDURE  | 5  |  |

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| 00904 | ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE                                  | 7 |  |
| 00906 | ANESTHESIA FOR; VULVECTOMY  | 4 |  |
| 00908 | ANESTHESIA FOR; PERINEAL PROSTATECTOMY                                      | 6 |  |
| 00910 | ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT  | 3 |  |
| 00912 | ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);      | 5 |  |
| 00914 | ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);      | 5 |  |
| 00916 | ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);      | 5 |  |
| 00918 | ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITH | 5 |  |
| 00920 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 3 |  |
| 00921 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 3 |  |
| 00922 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 6 |  |
| 00924 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 4 |  |
| 00926 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 4 |  |
| 00928 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 6 |  |
| 00930 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 4 |  |
| 00932 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 4 |  |
| 00934 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 6 |  |
| 00936 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 8 |  |
| 00938 | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL        | 4 |  |



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| 00940 | ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR | 3  |  |
| 00942 | ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR | 4  |  |
| 00944 | ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR | 6  |  |
| 00948 | ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR | 4  |  |
| 00950 | ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR | 5  |  |
| 00952 | ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR | 4  |  |
| 01112 | ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR      | 5  |  |
| 01120 | ANESTHESIA FOR PROCEDURES ON BONY PELVIS  | 6  |  |
| 01130 | ANESTHESIA FOR BODY CAST APPLICATION OR REVISION                                | 3  |  |
| 01140 | ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION                     | 15 |  |
| 01150 | ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER       | 10 |  |
| 01160 | ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT  | 4  |  |
| 01170 | ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT    | 8  |  |
| 01173 | ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACTURE  | 12 |  |
| 01200 | ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT                        | 4  |  |
| 01202 | ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT                             | 4  |  |
| 01210 | ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED     | 6  |  |
| 01212 | ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION         | 10 |  |
| 01214 | ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY      | 8  |  |

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| 01215 | ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP      | 10 |  |
| 01220 | ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR              | 4  |  |
| 01230 | ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE     | 6  |  |
| 01232 | ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION        | 5  |  |
| 01234 | ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL RESECTION | 8  |  |
| 01250 | ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE  | 4  |  |
| 01260 | ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING          | 3  |  |
| 01270 | ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS    | 8  |  |
| 01272 | ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS    | 4  |  |
| 01274 | ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS    | 6  |  |
| 01320 | ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE  | 4  |  |
| 01340 | ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR                     | 4  |  |
| 01360 | ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR                       | 5  |  |
| 01380 | ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT                             | 3  |  |
| 01382 | ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT                | 3  |  |
| 01390 | ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR    | 3  |  |
| 01392 | ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR      | 4  |  |
| 01400 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT     | 4  |  |
| 01402 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; TOTAL   | 7  |  |

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| 01404 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT;          | 5 |  |
| 01420 | ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOINT   | 3 |  |
| 01430 | ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWISE    | 3 |  |
| 01432 | ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOUS    | 6 |  |
| 01440 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHERWISE | 8 |  |
| 01442 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL     | 8 |  |
| 01444 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL     | 8 |  |
| 01462 | ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT              | 3 |  |
| 01464 | ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT                     | 3 |  |
| 01470 | ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, | 3 |  |
| 01472 | ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, | 5 |  |
| 01474 | ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, | 5 |  |
| 01480 | ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT      | 3 |  |
| 01482 | ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADICAL  | 4 |  |
| 01484 | ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT;          | 4 |  |
| 01486 | ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTAL    | 7 |  |
| 01490 | ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR                   | 3 |  |
| 01500 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT; NOT | 8 |  |

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| 01502 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;     | 6  |  |
| 01520 | ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED        | 3  |  |
| 01522 | ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIRECT OR | 5  |  |
| 01610 | ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE   | 5  |  |
| 01620 | ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR | 4  |  |
| 01622 | ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT             | 4  |  |
| 01630 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND     | 5  |  |
| 01634 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND     | 9  |  |
| 01636 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND     | 15 |  |
| 01638 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND     | 10 |  |
| 01650 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE     | 6  |  |
| 01652 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRACHIAL | 10 |  |
| 01654 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT      | 8  |  |
| 01656 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMORAL  | 10 |  |
| 01670 | ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA                   | 4  |  |
| 01680 | ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE      | 3  |  |
| 01710 | ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF    | 3  |  |
| 01712 | ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF    | 5  |  |

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| 01714 | ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF    | 5 |  |
| 01716 | ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF    | 5 |  |
| 01730 | ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW                       | 3 |  |
| 01732 | ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT                | 3 |  |
| 01740 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT       | 4 |  |
| 01742 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; OSTEOTOMY | 5 |  |
| 01744 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; REPAIR OF | 5 |  |
| 01756 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; RADICAL   | 6 |  |
| 01758 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; EXCISION  | 5 |  |
| 01760 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; TOTAL     | 7 |  |
| 01770 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE     | 6 |  |
| 01772 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY       | 6 |  |
| 01780 | ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE        | 3 |  |
| 01782 | ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY        | 4 |  |
| 01810 | ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE   | 3 |  |
| 01820 | ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES      | 3 |  |
| 01829 | ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST                  | 3 |  |
| 01830 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL    | 3 |  |

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| 01832 | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL   | 6 |  |
| 01840 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT         | 6 |  |
| 01842 | ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; EMBOLECTOMY | 6 |  |
| 01844 | ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)      | 6 |  |
| 01850 | ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWISE  | 3 |  |
| 01852 | ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAPHY  | 4 |  |
| 01860 | ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR    | 3 |  |
| 01916 | ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY                             | 5 |  |
| 01920 | ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND      | 7 |  |
| 01922 | ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY                       | 7 |  |
| 01924 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE  | 5 |  |
| 01925 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE  | 7 |  |
| 01926 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE  | 8 |  |
| 01930 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE  | 5 |  |
| 01931 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE  | 7 |  |
| 01932 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE  | 6 |  |
| 01933 | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE  | 7 |  |
| 01935 | ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL    | 5 |  |

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| 01936 | ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL  | 5                                     |         |
| 01951 | ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR  | 3                                     |         |
| 01952 | ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR  | 5                                     |         |
| 01953 | ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR  | Add-on code. Time is billed on 01952. | \$21.12 |
| 01958 | ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE                           | 5                                     |         |
| 01960 | ANESTHESIA FOR VAGINAL DELIVERY ONLY   | 5                                     |         |
| 01961 | ANESTHESIA FOR CESAREAN DELIVERY ONLY  | 7                                     |         |
| 01962 | ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY                        | 8                                     |         |
| 01963 | ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ ANESTHESIA | 8                                     |         |
| 01965 | ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES                      | 4                                     |         |
| 01966 | ANESTHESIA FOR INDUCED ABORTION PROCEDURES                                   | 4                                     |         |
| 01967 | ANESTH/ANALG VAG DELIVERY  | 5                                     |         |
| 01968 | ANES/ANALG CS DELIVER ADD-ON   | 2                                     |         |
| 01969 | ANESTH/ANALG CS HYST ADD-ON  | 5                                     |         |
| 01991 | ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN   | 3                                     |         |
| 01992 | ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN   | 5                                     |         |
| 01996 | DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG        | Code is not time based.               | \$63.36 |