

CODE 1	CODE 2	CODE 3	CODE 4	CODE 5	PROCEDURE	TYPE	SCOE Bundle
15732					FASCIAL GRAFT TYMPANOSTOMY	ENT	5,060
15820					BLEPHAROPLASTY LOWER EYELID	EYES	4,150
15823	67900				BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	EYES	7,000
15823					BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	EYES	4,150
19120					EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	GENERAL	2,400
20680					REMOVAL OF IMPLANT DEEP	ORTHO	3,350
21310					CLOSED TREATMENT NASAL FRACTURE	ENT	1,900
23410					OPEN RCR REPAIR	ORTHO	6,300
26055	64721				TENDON SHEATH INCISION, CARPAL TUNNEL	ORTHO	3,100
26055					TRIGGER FINGER RELEASE	ORTHO	2,800
27096					GANGLION IMPAR	ORTHO	1,050
27438					ARTHROPLASTY PATELLA W/PROSTHESIS	ORTHO	15,550
27441					ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVT	ORTHO	15,550
27442					ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	ORTHO	15,550
27446					ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	ORTHO	15,550
27447					TOTAL KNEE ARTHROPLASTY	ORTHO	15,550
27570					MANIPULATION UNDER ANESTHESIA	ORTHO	2,000
29822					ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	ORTHO	6,200
29824					ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	ORTHO	6,200
29827					ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	ORTHO	8,300
29880					ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	ORTHO	4,000
29881					ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	ORTHO	4,000
29888					ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	ORTHO	7,500
30310					REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	ENT	1,500
30520					NASO-SEPTOPLASTY	ENT	3,550
31240					ENDOSCOPIC SINUS SURGERY	ENT	2,700
31256	31237				NASAL POLYPECTOMY	ENT	5,885
31510					DIRECT LARYNGOSCOPY W/BIOPSY	ENT	2,970
31541	31571				DIRECT LARYNGOSCOPY W/BIOPSY & MICROSCOPE	ENT	2,970
42820					TONSILLECTOMY AND ADENOIDECTOMY (T&A)	ENT	4,100
42826					TONSILLECTOMY	ENT	4,000
43235	43245	43450			EGD WITH DILATION W/O BIOPSY	ENDO	1,700
43235					EGD W/O BIOPSY OR DILATION	ENDO	1,500

CODE 1	CODE 2	CODE 3	CODE 4	CODE 5	PROCEDURE	TYPE	SCOE Bundle
43239	43249	43450	43248		EGD WITH BIOPSY AND DILATION	ENDO	1,900
43239					EGD WITH BIOPSY	ENDO	1,700
43247					EGD WITH FOREIGN BODY REMOVAL	ENDO	1,600
43249					EGD WITH BALLOON DILATION	ENDO	1,700
45378	43235	43249	43450	43248	COLONOSCOPY W/O TISSUE AND EGD W/O BIOPSY WITH DILATION	ENDO	2,200
45378	43235				COLONOSCOPY W/O TISSUE AND EGD WITHOUT BIOPSY	ENDO	2,000
45378	43239	43249	43450	43248	COLONOSCOPY W/O TISSUE AND EGD WITH BIOPSY AND DILATION	ENDO	2,400
45378	43239				COLONOSCOPY W/O TISSUE AND EGD WITH BIOPSY	ENDO	2,200
45378					COLONOSCOPY W/ NO TISSUE	ENDO	1,600
45380	43239	43249	43450	43248	COLONOSCOPY WITH BIOPSY AND EGD WITH BIOPSY AND DILATION	ENDO	2,600
45380	43239				COLONOSCOPY WITH BIOPSY AND EGD WITH BIOPSY	ENDO	2,400
45380	45381				COLONOSCOPY WITH	ENDO	2,400
45380	45385	43239			COLONOSCOPY WITH BIOPSY, SNARE BIOPSY, AND EGD	ENDO	2,400
45380	45385				COLONOSCOPY WITH BIOPSY AND SNARE BIOPSY	ENDO	2,300
45380					COLONOSCOPY W/ BIOPSY (SINGLE OR MULTIPLE)	ENDO	1,800
45381	45385				COLONOSCOPY WITH INJECTION AND SNARE BIOPSY	ENDO	2,300
45381					COLONOSCOPY WITH INJECTION	ENDO	1,800
45385	43235				COLONOSCOPY WITH POLYPECTOMY (SNARE) AND EGD W/O BIOPSY	ENDO	2,500
45385	43239	43249	43450	43248	COLONOSCOPY WITH POLYPECTOMY (SNARE) AND EGD WITH BIOPSY AND DILATION	ENDO	2,900
45385	43239				COLONOSCOPY WITH POLYPECTOMY (SNARE) AND EGD W/BIOPSY	ENDO	2,700
45385					COLONOSCOPY W/ POLYPECTOMY BY SNARE	ENDO	1,850
45390					COLONOSCOPY WITH RESECTION	ENDO	1,850
46250					HEMORRHOIDECTOMY	GENERAL	3,300
47562					LAPAROSCOPY SURG CHOLECYSTECTOMY	GENERAL	5,900
47563					LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	GENERAL	5,900
49402					REMOVE TYMPANOSTOMY TUBE OR OTHER FB	ENT	1,500
49505					RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	GENERAL	4,950
49505					RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	GENERAL	3,500
49505	49585				RPR INGUIN AND UMBILICAL HRNA 5 YRS/> REDUCIBLE	GENERAL	6,000
49520					RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	GENERAL	3,860
49560					RPR FIRST ABDOMINAL WALL HERNIA	GENERAL	4,500
49585					RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	GENERAL	3,200
49585					RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	GENERAL	3,190

CODE 1	CODE 2	CODE 3	CODE 4	CODE 5	PROCEDURE	TYPE	SCOE Bundle
50590	52005	52332	52352		LITHOTRIPSY XTRCORN SHOCK WAVE; ETC.	UROLOGY	6,000
50590	52005				LITHOTRIPSY XTRCORN SHOCK WAVE; ETC.	UROLOGY	8,150
50590	52332				LITHOTRIPSY WITH STENT PLACEMENT	UROLOGY	6,000
50590	52353	52356			LITHOTRIPSY XTRCORN SHOCK WAVE; ETC.	UROLOGY	8,150
50590	52353				LITHOTRIPSY AND CYSTOURETHROSCOPY	UROLOGY	8,150
50590					LITHOTRIPSY XTRCORN SHOCK WAVE	UROLOGY	5,750
51610					INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	UROLOGY	200
52000					CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	UROLOGY	2,000
52005					CYSTO BLADDER W/URETERAL CATHETERIZATION	UROLOGY	2,300
52204					CYSTOURETHROSCOPY W/ BIOPSY	UROLOGY	2,800
52234					CYSTO W/REMOVAL OF TUMORS SMALL	UROLOGY	2,800
52260					CYSTO W/DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS	UROLOGY	2,000
52281					CYSTO, W/CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS	UROLOGY	2,300
52310					CYSTO W/REMOVAL STENT FROM URETHRA OR BLADDER; SIMPLE	UROLOGY	2,880
52332					CYSTO W/INSERT URETERAL STENT	UROLOGY	3,600
52341					CYSTO W/TREATMENT OF URETERAL STRICTURE	UROLOGY	2,150
52352					CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	UROLOGY	3,600
52353	52332				CYSTOURETHROSCOPY WITH STENT PLACEMENT	UROLOGY	4,150
52648					LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	UROLOGY	4,900
53445					INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	UROLOGY	15,950
54161					CIRCUMCISION AGE >28 DAYS	UROLOGY	2,000
54500					BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	UROLOGY	1,900
54530					ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	UROLOGY	3,600
54650					ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS	UROLOGY	3,600
54860					EPIDIDYMECTOMY UNILATERAL	UROLOGY	3,600
54860					EPIDIDYMECTOMY - TOTAL	UROLOGY	4,100
54861					EPIDIDYMECTOMY BILATERAL	UROLOGY	4,100
55040					EXCISION HYDROCELE UNILATERAL	UROLOGY	3,600
55400					VASOVASOSTOMY VASOVASORRHAPHY	UROLOGY	5,300
55535					EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	UROLOGY	3,600
55700					PROSTATE NEEDLE BIOPSY ANY APPROACH	UROLOGY	3,000
57287					REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE	UROLOGY	4,500
57288					SLING OPERATION STRESS INCONTINENCE	UROLOGY	4,500

CODE 1	CODE 2	CODE 3	CODE 4	CODE 5	PROCEDURE	TYPE	SCOE Bundle
62320					NJX DX/THER SBST EPIDURAL/SUBRACH CRV/THRC	PAIN	1,100
62321					NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	PAIN	1,100
63685					INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	PAIN	29,000
64483	64484				NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 2 LVL	PAIN	1,500
64483					NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	PAIN	1,250
64484					NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EACH ADDITIONAL LEVEL	PAIN	250
64490	64491	64492			NJX DX/THER AGT PVRT FACET JT CRV/THRC 3 LEVEL	PAIN	1,750
64490	64491				NJX DX/THER AGT PVRT FACET JT CRV/THRC 2 LEVEL	PAIN	1,500
64490					NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	PAIN	1,250
64491					NJX DX/THER AGT PVRT FACET JT CRV/THRC 2 LEVEL	PAIN	250
64492					NJX DX/THER AGT PVRT FACET JT CRV/THRC 3 AND EACH ADDTL LEVEL	PAIN	250
64493	64494	64495			NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3 LEVEL	PAIN	1,750
64493	64494				NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2 LEVEL	PAIN	1,500
64493					NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	PAIN	1,250
64494					NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2 LEVEL	PAIN	250
64495					NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3 AND EACH ADDTL LEVEL	PAIN	250
64520					INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	PAIN	1,250
64633	64634				DSTR NROLYTC AGNT PARVERTEB FCT 2 LEVEL CRVCL/THORA	PAIN	3,000
64633					DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	PAIN	2,500
64634					DSTR NROLYTC AGNT PARVERTEB FCT CRVCL/THORA ADDTL LEVEL	PAIN	500
64635	64636				DSTR NROLYTC AGNT PARVERTEB FCT 2 LEVEL LMBR/SACRAL	PAIN	3,100
64635					DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	PAIN	2,700
64636					DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL - EACH ADDTL LEVEL	PAIN	400
64718	64721				CARPAL TUNNEL RELEASE WITH ULNAR NERVE DECOMPRESSION	ORTHO	5,500
64718					NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	ORTHO	4,500
64721					CARPAL TUNNEL RELEASE	ORTHO	2,800
65420					EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	EYES	2,800
65855					TRABECULOPLASTY LASER SURG 1/> SESSIONS	EYES	1,500
66982					XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG	EYES	3,600
66984					CATARACT REMOVAL INSERTION OF LENS	EYES	3,600
66986					EXCHANGE OF INTRAOCULAR LENS	EYES	3,500
67108					EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	EYES	4,700
67808					EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	EYES	2,000
67840					EXCISION CYST UPPER LID	EYES	2,500

CODE 1	CODE 2	CODE 3	CODE 4	CODE 5	PROCEDURE	TYPE	SCOE Bundle
67900					REPAIR BROW PTOSIS	EYES	3,500
67917					REPAIR OF ECTROPION	EYES	3,100
67924					REPAIR OF ENTROPION	EYES	3,100
68720					DACRYOCSTORHINOSTOMY	EYES	4,200
68811					TEAR DUCT PROBE (SINGLE)	EYES	1,900
69436					BILATERAL MYRINGOTOMY WITH TUBES (BMT)	ENT	2,900

Notes

Implants and Equipment Rental

Any hardware or implants necessary for completion of the procedure (plates, screws, e.g. for orthopedic procedures) that is not included in the above pricing will be provided at invoice cost without any markup and copies of the invoices will be provided. If it is necessary for equipment (ex. Laser) to be rented by the provider (and the above pricing does not include), pricing will be provided at cost without any markup.

Initial Consultation

The initial consultation fee shall be reimbursed by the Employer's Plan at a rate of \$200.00 regardless of the consultation outcome. The invoice will include the \$200.00 consultation fee in addition to the surgery fee. However, in the event the surgery was not warranted or performed, the invoice shall include the consultation fee only.

Pre-Op

Pre-Op testing is not included in the bundle and will be billed under regular benefits.

Durable Medical Equipment (DME)

DME is not included (e.g. specialty or custom braces or equipment) in the bundle and will be billed under regular benefits.

CODE 1	CODE 2	CODE 3	CODE 4	CODE 5	PROCEDURE	TYPE	SCOE Bundle
					<u>Pathology</u> Pathology included are CPT codes 88300, 88302, 88304, 88305, 88307, 88309, 88331, and 88332. Any subsequent stains, reference studies, or any pathology outside the CPT codes are not included in the bundle and will be billed under regular benefits.		
					<u>Intraoperative Monitoring</u> Intraoperative monitoring services are not included in the bundle and will be billed under regular benefits.		
					<u>Initial Follow-up</u> The initial follow-up visit after surgery will be part of the bundle. This does not include follow-up from EGD's or colonoscopies. They are not included in the bundle and will be billed under regular benefits.		
					<u>Bilateral</u> Bilateral procedures will be priced at 150% of the bundle price.		