

Reimbursement Schedule

Pricing includes the Surgeon, Anesthesia and Inpatient/Outpatient Facility Fees

Description	Bundled Rate
INPATIENT	
Total Joints (Inpatient)	
Bilateral or Multiple Major Joint Replacement of Lower Extremity without Complication or Comorbidity	\$ 35,200.00
Revision of Hip or Knee Replacement with Complication or Comorbidity	\$ 29,500.00
Revision of Hip or Knee Replacement without Complication or Comorbidity	\$ 25,200.00
Major Joint Replacement or Reattachment of Lower Extremity with Complication or Comorbidity	\$ 29,500.00
Major Joint Replacement or Reattachment of Lower Extremity without Complication or Comorbidity	\$ 19,700.00
Major Joint Replacement or Reattachment of Lower Extremity with Metal Allergy	\$ 21,200.00
Major Joint & Limb Reattachment Procedures of Upper Extremity (Total Shoulder)	\$ 20,000.00
Spine/Back (Inpatient)	
Combined Anterior/Posterior Spinal Fusion with Complication or Comorbidity	\$ 61,400.00
Combined Anterior/Posterior Spinal Fusion without Complication or Comorbidity	\$ 54,450.00
Spinal Fusion, except Cervical, without Complication or Comorbidity	\$ 36,300.00
Cervical Spinal Fusion with Complication or Comorbidity	\$ 25,200.00
Cervical Spinal Fusion without Complication or Comorbidity	\$ 19,800.00
Back & Neck Procedures, except Spinal Fusion, with Complication or Comorbidity/Major Complication or DISC Device	\$ 25,700.00
Back & Neck Procedures, except Spinal Fusion, with Complication or Comorbidity	\$ 16,140.00
Back & Neck Procedures, except Spinal Fusion, without Complication or Comorbidity/Major Complication	\$ 12,400.00
Hip or Leg (Inpatient)	
Hip & Femur Procedures, except Major Joint, with Complication or Comorbidity	\$ 14,700.00
Knee (Inpatient)	
Knee Procedures without PDX of Infection with Complication or Comorbidity/Major Complication or Comorbidity	\$ 18,000.00
Upper Arm/Shoulder (Inpatient)	
Local Excision & Removal Internal Fix Devices, Except Hip & Femur, with Complication or Comorbidity	\$ 13,300.00
Local Excision & Removal Internal Fix Devices, Except Hip & Femur, without Complication or Comorbidity	\$ 10,800.00
Ankle/Foot (Inpatient)	
Lower Extremity Procedures, Except Hip, Foot, Femur, with Complication or Comorbidity	\$ 16,800.00
Lower Extremity Procedures, Except Hip, Foot, Femur without Complication or Comorbidity	\$ 12,600.00
Foot Procedures without Complication or Comorbidity	\$ 11,500.00
Soft Tissue (Inpatient)	
Soft Tissue Procedures with Complication or Comorbidity	\$ 16,500.00
Soft Tissue Procedures without Complicaton or Comorbidity	\$ 12,100.00
OUTPATIENT	
Shoulder/Upper Extremity (Outpatient)	
Excision, Tumor, Soft Tissue of Shoulder Area, Subcutaneous; 3 cm or greater	\$ 3,140.00
Distal Clavicle Excision (Shoulder)	\$ 4,840.00
Repair Rotator Cuff; Acute or Chronic	\$ 6,250.00
Repair Biceps Tendon (Repair of Torn Biceps in the Shoulder Region)	\$ 5,500.00
Treat Clavicle Fracture (Treatment of Shoulder Bone Fracture)	\$ 7,000.00
Fixation of Shoulder (Manipulation of the Shoulder)	\$ 2,200.00
Repair Tendon or Muscle, Upper Arm or Elbow, each	\$ 6,000.00
Shoulder Arthroscopy/Surgery/Repair of the Shoulder Capsule	\$ 5,850.00
Shoulder Arthroscopy/Surgery/Repair of Torn Ligaments	\$ 6,500.00
Shoulder Arthroscopy/Surgery with Debridement, Extensive	\$ 5,850.00
Distal Clavicle Excision (Shoulder), including Articular Surface	\$ 5,850.00
Arthroscopy Rotator Cuff Repair	\$ 8,000.00
Shoulder Arthroscopy; Surgery Debridement, Subacromial Decompression	\$ 5,850.00
Wrist/Hand/Finger (Outpatient)	
Wrist Incision Extensor Tendon Sheath	\$ 2,835.00
Ganglion Cyst Removal	\$ 2,835.00
Repair Wrist Joint(s) (Arthroplasty of the Wrist Joints)	\$ 4,700.00
Treat Fracture Radius/Ulna (Closed Treatment with Manipulation of the Lower Part of the Forearm)	\$ 1,400.00
Incise Finger Tendon Sheath (Trigger Finger Release)	\$ 2,850.00
Fasciectomy; Partial Release Palm Contracture	\$ 4,080.00
Synvectomy; Tendon Excision Palm/Finger	\$ 2,730.00
Excision of Lesion of Tendon Sheath or Joint Capsule, Hand or Finger	\$ 2,730.00

Description	Bundled Rate
Tendon Repair in Finger/Hand	\$ 3,325.00
Percutaneous Finger 1-2 Pins	\$ 3,700.00
Revise Ulnar Nerve at Elbow	\$ 2,600.00
Carpal Tunnel Surgery	\$ 2,820.00
Open Treatment of Radial Shaft Fracture, with Internal and/or External Fixation and Closed Treatment of Dislocation of Distal Radioulnar Joint, with or without Percutaneous	\$ 8,300.00
Spine/Back (Outpatient)	
Laminotomy; Cervical w/Decompression, Facetectomy, Foraminotomy	\$ 8,000.00
Low Back Disk Surgery (Laminotomy or Microdiscectomy)	\$ 6,750.00
Spinal Cord Stimulator Placement	\$ 29,100.00
Foot/Ankle (Outpatient)	
Repair Achilles Tendon	\$ 6,100.00
Repair, Secondary, Disrupted Ligament, Ankle, Collateral	\$ 4,975.00
Fasciectomy; Partial Plantar Fascia	\$ 3,280.00
Excision, Interdigital Neuroma; Single	\$ 3,070.00
Repair of Hammertoe (1)	\$ 2,600.00
Repair of Hammertoe (2)	\$ 3,000.00
Repair of Hammertoe (3)	\$ 3,500.00
Hallux Rigidus Correction w/Chellectomy, Debridement Cap Release	\$ 3,750.00
Correction of Bunion	\$ 4,225.00
Fusion of Big Toe Joint	\$ 6,100.00
Partial Amputation of Toe	\$ 2,900.00
Foot Reconstruction	\$ 11,075.00
Achilles Tendon Degenerative Reconstruction	\$ 6,500.00
Osteotomy Metatarsal Head	\$ 4,235.00
Repair of Ankle Ligament	\$ 7,610.00
Osteotomy Metatarsal 2nd - 5th	\$ 4,175.00
Fasciotomy Foot and/or Toe	\$ 4,175.00
Bunionectomy w/Distal Osteotomy	\$ 4,370.00
Open Treatment Toe Dislocation w/Fixation	\$ 4,315.00
Revision of Calf Tendon	\$ 4,270.00
Hip Scope (Outpatient)	
Hip Arthroscopy; Femoroplasty, Shaving Femoral Head/Neck Junction; Labral Repair	\$ 10,900.00
Hip Arthroscopy; with Labral Repair	\$ 7,000.00
Knee (Outpatient)	
Arthroplasty, Knee, Condyle and Plateau; Medial or Lateral Compartment (Robotic Partial Knee)	\$ 15,600.00
Fixation of Knee Joint (Manipulation of the Knee)	\$ 1,700.00
Knee Arthroscopy; Surgical with or without Biopsy	\$ 4,100.00
Knee Arthroscopy; Surgical for Infection, Lavage and Drainage	\$ 4,100.00
Knee Arthroscopy; Surgical with Lateral Release	\$ 4,100.00
Knee Arthroscopy; Surgical Synovectomy, Limited	\$ 4,100.00
Knee Arthroscopy; Surgical Synovectomy, Major, Two or more Compartments	\$ 4,100.00
Knee Arthroscopy; Surgical Debridement/Shaving of Articular Cartilage	\$ 4,100.00
Knee Arthroscopy; Surgical with Meniscectomy (Medial AND Lateral)	\$ 4,100.00
Knee Arthroscopy; Surgical with Meniscectomy (Medial OR Lateral)	\$ 4,100.00
Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; without Autograft	\$ 7,200.00
Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; with Allograft	\$ 9,200.00
Ankle (Outpatient)	
Ankle Arthroscopy; Surgical, Excision of Osteochondral Defect of Talus and/or Tibia	\$ 6,400.00
Ankle Arthroscopy; Removal of Loose Body	\$ 3,950.00
Hardware Removal (Outpatient)	
Removal of Support Implant	\$ 3,620.00
Pain Procedures (Outpatient)	
Cervical, Thoracic Epidural Steroid Injection without Imaging Guidance	\$ 950.00
Cervical, Thoracic Epidural Steroid Injection with Imaging Guidance (fluoroscopy or CT)	\$ 950.00
Lumbar Intralaminar Epidural Steroid Injection without Imaging Guidance	\$ 950.00
Lumbar Intralaminar Epidural Steroid Injection with Imaging Guidance (fluoroscopy or CT)	\$ 950.00
Injection, Anesthetic Agent; Sciatic Nerve, Single Level	\$ 830.00
Injection, Anesthetic Agent; Femoral Nerve, Single Level	\$ 520.00
Injection/Steroid, Epidural Lumbar or Sacral, Single Level	\$ 950.00
Injection/Steroid, Epidural Lumbar or Sacral, Additional Level	\$ 550.00
Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (or nerves innervating that joint) with Image Guidance	\$ 950.00
Second Level (List Separately in Addition to Code for Primary Procedure)	\$ 375.00
Third and any Additional Level(s) (List Separately in Addition to Code for Primary Procedure)	\$ 375.00
Injection(s), Diagnostic or Therapeutic Agent; Paravertebral Facet Joint 1 Level	\$ 902.00
Injection(s), Diagnostic or Therapeutic Agent; Paravertebral Facet Joint 2 Level	\$ 290.00

* This list of procedures is for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.

Description	Bundled Rate
Injection(s), Diagnostic or Therapeutic Agent; Paravertebral Facet Joint 3 Level	\$ 290.00
SI Joint Injection	\$ 950.00
Paravertebral Facet Joint Nerve(s); (<i>Fluoroscopy or CT</i>); Lumbar or Sacral, Single Facet Joint	\$ 1,515.00
Paravertebral Facet Joint Nerve(s), (<i>Fluoroscopy or CT</i>); Lumbar or Sacral, Each Additional Facet Joint	\$ 810.00
Radiology Procedures (Outpatient)	
Arthrogram of Shoulder with Injection Procedure	\$ 525.00
Arthrogram of Hip with Injection Procedure	\$ 546.00
Arthrogram of Wrist with Injection Procedure	\$ 553.00
Arthrogram of Elbow with Injection Procedure	\$ 540.00
Bone Density	\$ 85.00
MRI - Brain Stem; without Contrast	\$ 700.00
MRI - Brain Stem; with or without Contrast	\$ 825.00
MRI - Cervical Spine; without Contrast	\$ 700.00
MRI - Cervical Spine; with or without Contrast	\$ 675.00
MRI - Chest (<i>Mediastinum</i>); without Contrast	\$ 650.00
MRI - Lower Extremity (Joint); with or without Contrast	\$ 825.00
MRI - Lower Extremity (Joint); without Contrast	\$ 700.00
MRI - Lower Extremity (Non-Joint); with Contrast	\$ 800.00
MRI - Lower Extremity (Non-Joint); without Contrast	\$ 675.00
MRI - Thoracic Spine; with and without Contrast	\$ 675.00
MRI - Lumbar Spine; with Contrast	\$ 800.00
MRI - Lumbar Spine; without Contrast	\$ 750.00
MRI - Pelvis; without Contrast	\$ 600.00
MRI - Pelvis; with or without Contrast	\$ 900.00
MRI - Thoracic Spine; without Contrast	\$ 600.00
MRI - Upper Extremity (Joint); with or without Contrast	\$ 825.00
MRI - Upper Extremity (Joint); with Contrast	\$ 650.00
MRI - Upper Extremity; Joint; without Contrast	\$ 650.00
CT Procedures (Outpatient)	
HEAD - Routine Head; without Contrast	\$ 300.00
HEAD - Routine Head; with Contrast	\$ 460.00
HEAD - Routine Head; with and without Contrast	\$ 500.00
HEAD - Maxillofacial/Sinuses; without Contrast	\$ 300.00
HEAD - Maxillofacial/Sinuses; with Contrast	\$ 460.00
HEAD - Maxillofacial/Sinuses; with and without Contrast	\$ 500.00
HEAD - Orbits; without Contrast (includes IACs)	\$ 300.00
HEAD - Orbits; with Contrast (includes IACs)	\$ 460.00
HEAD - Orbits; with and without Contrast (includes IACs)	\$ 500.00
NECK - C-Spine; without Contrast	\$ 300.00
NECK - C-Spine; with Contrast	\$ 460.00
NECK - C-Spine; with and without Contrast	\$ 500.00
NECK - Soft Tissue Neck; without Contrast	\$ 300.00
NECK - Soft Tissue Neck; with Contrast	\$ 460.00
NECK - Soft Tissue Neck; with and without Contrast	\$ 500.00
ABDOMEN - Abdomen; without Contrast	\$ 300.00
ABDOMEN - Abdomen; with Contrast	\$ 460.00
ABDOMEN - Abdomen; with and without Contrast	\$ 500.00
ABDOMEN - CTA Abdomen (Aortic Aneurysm)	\$ 520.00
ABDOMEN - Abdomen/Pelvis; without Contrast (Renal Stone)	\$ 480.00
ABDOMEN - Abdomen/Pelvis; with Contrast	\$ 650.00
ABDOMEN - Abdomen/Pelvis; with and without Contrast	\$ 650.00
ABDOMEN - CTA Abdomen/Pelvis (Aortic Aneurysm)	\$ 650.00
BACK - T-Spine; without Contrast	\$ 300.00
BACK - T-Spine; with Contrast	\$ 460.00
BACK - T-Spine; with and without Contrast	\$ 500.00
BACK - L-Spine; without Contrast	\$ 300.00
BACK - L-Spine; with Contrast	\$ 460.00
BACK - L-Spine; with and without Contrast	\$ 500.00
UPPER EXTREMITY - Shoulder; without Contrast	\$ 400.00
UPPER EXTREMITY - Elbow; without Contrast	\$ 400.00
UPPER EXTREMITY - Wrist; without Contrast	\$ 400.00
UPPER EXTREMITY - Hand; without Contrast	\$ 400.00
UPPER EXTREMITY - Humerus; without Contrast	\$ 400.00
UPPER EXTREMITY - Forearm; without Contrast	\$ 400.00
UPPER EXTREMITY - Upper Extremity; with Contrast	\$ 460.00
UPPER EXTREMITY - Upper Extremity; with and without Contrast	\$ 500.00

Description	Bundled Rate
THORAX - Chest; without Contrast	\$ 300.00
THORAX - Chest; with Contrast	\$ 500.00
THORAX - Chest; with and without Contrast	\$ 460.00
THORAX - High Res Chest	\$ 460.00
THORAX - CTA Chest; with Contrast (PE)	\$ 520.00
LOWER EXTREMITY - Hip; without Contrast	\$ 400.00
LOWER EXTREMITY - Femur; without Contrast	\$ 400.00
LOWER EXTREMITY - Knee; without Contrast	\$ 400.00
LOWER EXTREMITY - Tib/Fib; without Contrast	\$ 400.00
LOWER EXTREMITY - Ankle; without Contrast	\$ 400.00
LOWER EXTREMITY - Foot; without Contrast	\$ 400.00
LOWER EXTREMITY - Lower Extremity; with Contrast	\$ 460.00
LOWER EXTREMITY - Lower Extremity; without Contrast	\$ 500.00
PELVIS - Bony Pelvis; without Contrast	\$ 300.00
PELVIS - Bony Pelvis; with Contrast	\$ 460.00
PELVIS - Bony Pelvis; with and without Contrast	\$ 500.00
Ultrasound Procedures (Outpatient)	
Venous Doppler (Upper or Lower Extremity) Bilateral	\$ 400.00
Venous Doppler (Upper or Lower Extremity) Unilateral	\$ 400.00
Arterial Doppler (Upper or Lower Extremity) Bi or Uni 1-2 Levels	\$ 300.00
Arterial Doppler (Upper or Lower Extremity) Bi or Uni 3 or more Levels	\$ 300.00
Carotid	\$ 400.00
Abdominal Limited	\$ 350.00
Abdominal Complete	\$ 350.00
Aorta	\$ 350.00
Renal	\$ 350.00
Thyroid	\$ 350.00
Soft Tissue	\$ 350.00
Scrotum	\$ 350.00
Echocardiogram Complete	\$ 700.00