



APPENDIX "A"
WCB FEE SCHEDULE – ALBERTA PHYSICIANS

Effective January 1, 2025

| Fee for Service | | | |
|---|----------------|-------------------------------|--|
| Service fees based on Alberta Health’s Schedule of Medical Benefits | | | |
| Reporting Fees | | | |
| General Practitioner Report Fees | WCB Fee | | WCB Health Services Code |
| First report (C050) | Same-day | \$94.15 | Select “create a new report” or “create a follow-up report” within Electronic Injury Reporting |
| | On-time | \$85.80 | |
| | Late | \$54.08 | |
| Progress report (C151) | Same-day | \$57.19 | |
| | On-time | \$52.12 | |
| | Late | \$32.86 | |
| Specialist Report Fees NOTE: All Specialists’ invoices must be submitted using Form C568 within Electronic Injury Reporting. | WCB Fee | | WCB Health Services Code |
| Consultation report | Same-day | \$115.05 | RF01E |
| | On-time | \$104.87 | |
| | Late | \$66.09 | |
| Follow-up report | Same-day | \$57.19 | RF03E |
| | On-time | \$52.12 | |
| | Late | \$32.86 | |
| Supplementary Report Fees | WCB Fee | | WCB Health Services Code |
| Photocopy of chart – First page NOTE: Use CALL fields to enter the number of pages (e.g. a 10- page chart would be billed as RF04, CALLS 10). | \$50.25 | Additional pages: \$0.62/page | RF04 |
| Summary of medical information without opinion | | | |
| General practitioner (first 30 minutes) | \$178.61 | | RF05 |
| General practitioner (additional 15-minute increments) | \$69.48 | | |
| Specialist (first 30 minutes) | \$218.33 | | RF05 |
| Specialist (additional 15-minute increments) | \$69.48 | | |
| Summary of medical information with opinion | | | |
| General practitioner (first 30 minutes) | \$208.38 | | RF06 |
| General practitioner (additional 15-minute increments) | \$69.48 | | |
| Specialist (first 30 minutes) | \$267.90 | | RF06 |
| Specialist (additional 15-minute increments) | \$69.48 | | |



| | | |
|---|-------------|------|
| Copies of specified documents or reports from a chart are requested by the WCB and are part of a summary of medical | \$0.62/page | RF08 |
|---|-------------|------|

| Relationships and Communication | WCB Fee | WCB Health Services Code |
|---|----------------|--|
| Telephone Consultation, Physician-WCB Physician or Physician- WCB Claim Owner, first 30 minutes | \$93.59 | TCAMA |
| <ul style="list-style-type: none"> Additional 10 minute increment or major portion thereof | \$31.18 | |
| Recoveries Administrative Fee | WCB Fee | WCB Health Services Code |
| Administrative fee, billable once per reversal episode for payment reversal outside of the current calendar year. | \$250.00 | RAF01 |
| Rural, Remote, Northern Payments | WCB Fee | WCB Health Services Code |
| Rural remote northern program (RRNP) community rate table - Open Government | | |
| Flat Rate Communities: Physicians may claim RRNPFF once per WCB claim number. | \$32.77 | RRNPFF |
| Variable Rate Communities: Additional community percentage paid based on location of care. Physician must have billing number for location. | Paid quarterly | No code, paid quarterly on a post-audit basis by WCB |

DEFINITIONS

“Business Day”: Monday through Friday from 12:00 a.m. to 11:59 p.m. Mountain Time (MT) each day (excluding New Year’s Day, Alberta Family Day, Good Friday, Victoria Monday, Canada Day, Labour Day, Thanksgiving Day, Christmas Day, August 1st Civic Holiday and Boxing Day).

“Examination date”: Day 0.

“Received by WCB”: The date the information is received (and automatically timestamped) by WCB. Please note that this is not the date the physician completes the report or submits it to a vendor.

“Same-day report submission”: The report is received by WCB on the same date as the completed examination, which includes up to 10:00 a.m. Mountain Time (MT) the following Business day;



“On-time report submission”: The time when WCB receives a report. This does not refer to the time when submitted by a general practitioner or specialist.

“GP first report”: The report is received within three (3) business days from the date of the completed examination up until 10:00 a.m. Mountain Time (MT) on the fourth (4th) business day following the completed examination.

“GP progress report”: The report is received within four (4) business days from the date of the completed examination up until 10:00 a.m. Mountain Time (MT) on the fifth (5th) business day following the completed examination.

“Specialist consultation report” and **“Specialist follow-up report”**: The report is received within four (4) business days from the date of the completed examination up until 10:00 a.m. Mountain Time (MT) on the fifth (5th) business day following the completed examination.

“Late report submission”: The report is received by WCB any time after the designated on-time report submissions.

EXPEDITED SERVICES

There are two time frames for expedited services:

- a) Within 15 Business Days (full expedited services fee apply).
- b) Between 16 – 25 Business Days (pro-rated expedited services fee apply).

Services will only be considered expedited when:

- For initial consultations, the report is received by the WCB within the above number of Business Days following receipt of the referral letter.
- For surgeries, the surgery is completed within the above number of Business Days following the day the decision is made to proceed with the surgery.

If a delay is imminent or anticipated due to outstanding investigations regarding the same worker, the specialist will advise the HCC who may, at their discretion, extend the period or periods referred to above. If the specialist fails to complete expedited consultation or expedited surgery and provide WCB with a report within the time frames stated above, an expedited services fees will not be payable. The periods of time to complete expedited services will not be extended due to office closures or specialist unavailability.

If a No Show/Cancellation Fee is billed for an initial consult or follow up visit because the patient fails to attend or cancels their appointment within three (3) Business Days of the appointment, the timeframe for expediting the patient resets and the date of the missed appointment is considered day 0 for the purpose of calculating timelines

SEE CODES & FEES ON THE FOLLOWING PAGE

| Expedited Consultation | WCB Fee | WCB Health Services Code |
|--|----------------|---------------------------------|
| Report received within 15 Business Days from referral. | \$446.56 | RF02 |
| Report received within 16 - 25 Business Days from referral. | \$148.87 | RF09 |
| Expedited Surgery | WCB Fee | WCB Health Services Code |
| Surgery completed within 15 Business Days from date of consult. | | |
| • Surgeon | \$577.39 | ES01A |
| • Anaesthetist | \$396.58 | ES02A |
| • Surgical Assistant | \$215.74 | ES03A |
| Surgery completed within 16 - 25 Business Days from date of consult. | | |
| • Surgeon | \$183.72 | ES04 |
| • Anaesthetist | \$122.46 | ES05 |
| • Surgical Assistant | \$61.26 | ES06 |

| Specialist Consults (Not affiliated with VSCs) | WCB Fee | WCB Health Services Code |
|---|---------------------------|---------------------------------|
| Initial consult | As per SOMB | 03.08A |
| Initial consult no show/ cancellation | Fee will match 03.08A fee | COM01N |
| Notification of cancellation with 3 Business Days' or less from date of consult | | |
| Follow-up consult | As per SOMB | 03.03A |
| Follow up consult no show/ cancellation | Fee will match 03.03A fee | COM02N |
| Notification of cancellation with 3 Business Days' or less from date of consult | | |



WCB VISITING SPECIALIST CLINIC (VSC) PHYSICIAN FEE SCHEDULE

| Visiting Specialist Clinic | Service Code | Fee |
|---|--------------|----------|
| Non back – first consult | VS01 | \$643.05 |
| Non back – follow-up consult | VS02 | \$214.96 |
| Back – first consult | VS03 | \$734.88 |
| Back – follow-up consult | VS04 | \$367.46 |
| Non back – first consult no show/cancellation with 3 Business Days or less from the date of consult | VS01N | \$643.05 |
| Non back – follow-up consult no show/cancellation with 3 Business Days or less from the date of consult | VS02N | \$214.96 |
| Back – first consult no show/cancellation with 3 Business Days or less from the date of consult | VS03N | \$734.88 |
| Back – follow-up Consult no show/cancellation with 3 Business Days or less from the date of consult | VS04N | \$367.46 |

| VSC Surgery | Service Code | Fee |
|--|--------------|----------|
| Surgery completed within 15 Business Days from date of consult | | |
| Surgeon | ES01 | \$551.17 |
| Anaesthetist | ES02 | \$367.46 |
| Surgical assistant | ES03 | \$183.72 |
| Surgery completed within 16 – 25 Business Days from date of consult | | |
| Surgeon | ES04 | \$183.72 |
| Anaesthetist | ES05 | \$122.46 |
| Surgical assistant | ES06 | \$61.26 |
| No-shows/cancellations with less than 3 Business Days' notice (NOTE: Payable only if surgery was the result of a VSC referral) | | |
| Surgery was to be completed within 15 Business Days from date of consult | | |
| Surgeon | ES01N | \$551.17 |
| Anaesthetist | ES02N | \$367.46 |
| Surgical assistant | ES03N | \$183.72 |
| Surgery was to be completed within 16 - 25 Business Days from date of consult | | |
| Surgeon | ES04N | \$183.72 |
| Anaesthetist | ES05N | \$122.46 |
| Surgical assistant | ES06N | \$61.26 |



| SERVICE CODE | PREMIUM CODES (Premium codes are the 351 SOMB codes contained in this table. The physician performing the procedure can bill the highest paid code performed at two (2) times the SOMB base rate. Only one (1) premium code can be billed per physician per operative encounter, excluding surgeries occurring within 4 calendar days from the date of accident.) |
|---------------------|--|
| 07.27AP | MANUAL RUPTURE OF JOINT ADHESIONS {MANIPULATION OF MAJOR JOINT(S) OR SPINE} |
| 07.53CP | APPLICATION OF OTHER CAST {FINGER} |
| 07.54BP | IMMOBILIZATION OF HIP JOINT, USING SPLINTING DEVICE |
| 14.13CP | EVACUATION OF EPIDURAL HEMATOMA, ABSCESS OR FLUID COLLECTION |
| 14.29AP | RESECTION OF DISRUPTED BRAIN TISSUE |
| 14.3 BP | OPERATIONS ON THALAMUS AND GLOBUS PALLIDUS (INCLUDING ANSA AND CINGULUS) {OTHER STEREOTACTIC PROCEDURE INCLUDING APPLICATION OF STEREOTACTIC FRAME OR FRAMELESS STEREOTAXY |
| 15.06AP | OTHER CRANIAL OSTEOPLASTY {CRANIOPLASTY} CRANIOPLASTY, OR CRANIAL VAULT REPAIR |
| 15.12CP | INTRACRANIAL DURAPLASTY WITH GRAFT |
| 16.09JP | OTHER EXPLORATION AND DECOMPRESSION OF SPINAL CANAL {REPEAT DECOMPRESSION, CERVICAL, THORACIC OR LUMBAR SPINE} |
| 16.09NP | INTERVERTEBRAL FUSION, THORACIC AND LUMBAR SPINE ONLY (ANTERIOR LUMBAR INTERVTEBRAL FUSION (ALIF), POSTERIOR LUMBAR INTERVETEBRAL FUSION (PLIF), TRANSLATERAL LUMBAR INTERVERTEBRAL FUSION (TLIF) OR LATERAL LUMBAR INTERBODY FUSION (LLIF) |
| 16.09OP | LAMINOPLASTY OR DECOMPRESSION (CERVICAL/THORACIC/LUMBAR) |
| 16.09PP | ANTEROLATERAL OR POSTEROLATERAL DECOMPRESSION OF SPINE, NOT SIMPLE DISCECTOMYOR LAMINECTOMY |
| 16.3 AP | EXCISION OR DESTRUCTION OF LESION OF SPINAL CORD AND SPINAL MENINGES {WITH REMOVAL OF TUMOR} |
| 16.3 CP | CERVICAL LAMINECTOMY WITH REMOVAL OF TUMOR |
| 16.43DP | REPAIR OF SPINE FRACTURE/DISLOCATION, POSTERIOR (CERVICAL, THORACIC, LUMBAR) |
| 16.49BP | LAMINECTOMY, CERVICOTHORACIC, 2 LEVELS OR LESS |
| 16.49CP | LAMINECTOMY, CERVICOTHORACIC, MORE THAN 2 LEVELS |
| 16.49DP | LAMINECTOMY, LUMBAR, FOR STENOSIS, 2 LEVELS OR LESS |
| 16.49EP | LAMINECTOMY, LUMBAR, FOR STENOSIS, MORE THAN 2 LEVELS |
| 16.93AP | INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR {IMPLANTATION OF EPIDURAL STIMULATOR FOR INTRACTABLE PAIN} |
| 17.05AP | OTHER INCISION OF CRANIAL AND PERIPHERAL NERVES {MAJOR, PROXIMAL TO MID PALM} |
| 17.05BP | OTHER INCISION OF CRANIAL AND PERIPHERAL NERVES {MINOR, DISTAL TO MID PALM} |
| 17.08BP | OTHER EXCISION OR AVULSION OF CRANIAL AND PERIPHERAL NERVES {EXCISION OF NEUROMA ON PERIPHERAL NERVE} |
| 17.2 AP | SUTURE OF CRANIAL AND PERIPHERAL NERVES {PERIPHERAL NERVE REPAIR - MAJOR} |
| 17.33PP | RELEASE OF CARPAL TUNNEL |
| 17.39AP | NEUROLYSIS, EXTERNAL AND INTERFASCICULAR RELEASE OF NERVE FROM SCAR TISSUE |
| 17.39BP | OTHER PERIPHERAL NERVE OR GANGLION DECOMPRESSION OR FREEINT OF ADHESIONS, MAJOR NERVE EXPLORATION |

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|--------------|--|
| 17.39CP | RELEASE ULNAR NERVE (INCLUDES TRANSPOSITION) |
| 17.4 AP | MICROSURGICAL ANASTOMOSIS OF INTRACRANIAL PORTION OF CRANIAL NERVE, WITH GRAFT TO INCLUDE CRANIOTOMY |
| 17.4 BP | PERIPHERAL NERVE RECONSTRUCTION UTILIZING MICROSURGICAL TECHNIQUE, MINOR, SINGLE CABLE |
| 17.4 CP | PERIPHERAL NERVE RECONSTRUCTION UTILIZING MICROSURGICAL TECHNIQUE, MAJOR, MULTIPLE CABLES |
| 17.5 AP | TRANSPOSITION OF CRANIAL AND PERIPHERAL NERVES {TRANSPOSITION OF PERIPHERAL NEUROMA} |
| 17.5 DP | SUBMUSCULAR ULNAR NERVE TRANSPOSITION |
| 17.61AP | ANASTOMOSIS OF CRANIAL OR PERIPHERAL NERVE {SPINO FACIAL OR FACIO HYPOGLOSSAL ANASTOMOSIS} |
| 17.63AP | REPAIR OF OLD TRAUMATIC INJURY OF CRANIAL AND PERIPHERAL NERVES {PERIPHERAL REPAIR USING MICROSURGICAL TECHNIQUE, SECONDARY} |
| 33.61AP | REDUCTION (CLOSED) OF NASAL FRACTURE {FRACTURE INTRA-NASAL REDUCTION AND SPLINTING} |
| 33.62AP | OPEN REDUCTION OF NASAL FRACTURE {AND MINI-PLATE FIXATION} |
| 33.62BP | OPEN REDUCTION OF NASAL FRACTURE {MINI-PLATE FIXATION VIA CORONAL APPROACH} |
| 50.01AP | INCISION OF INTRACRANIAL VESSELS {INTRACRANIAL ARTERIOTOMY UNDER MICRO DISSECTION} |
| 65.11AP | REPAIR OF INGUINAL HERNIA WITH/WITHOUT INCARCERATION, OBSTRUCTION OR STRANGULATION, INCLUDES USE OF MESH IF USED |
| 65.1 AP | REPAIR OF INGUINOFEMORAL HERNIA WITH GRAFT OR PROSTHESIS, UNILATERAL -- REPAIR OF RECURRENT INGUINAL OR FEMORAL HERNIA, INCLUDING MESH IF USED |
| 65.1 BP | REPAIR OF INGUINOFEMORAL HERNIA WITH GRAFT OR PROSTHESIS, UNILATERAL -- REPAIR OF INGUINAL OR FEMORAL HERNIA, INCLUDING MESH |
| 65.49AP | OTHER REPAIR OF UMBILICAL HERNIA AND/OR EPIGASTRIC HERNIA |
| 65.61AP | REPAIR OF INCISIONAL HERNIA INCLUDING MESH, IF USED |
| 65.7 AP | REPAIR OF DIAPHRAGMATIC HERNIA {ABDOMINAL APPROACH, ACQUIRED} |
| 66.19BP | OTHER LAPAROTOMY {DRAINAGE OF INTRAPERITONEAL ABSCESS, INCLUDING SUBPHRENIC AND PELVIC} |
| 88.02AP | (CLOSED) REDUCTION OF MALAR AND ZYGOMATIC FRACTURE {HOOK OR TEMPORAL ELEVATION} |
| 88.03AP | (CLOSED) REDUCTION OF MAXILLARY FRACTURE {WITH EXTERNAL FIXATION} |
| 88.04AP | (CLOSED) REDUCTION OF MANDIBULAR FRACTURE {WITH EXTERNAL FIXATION} |
| 88.12AP | OPEN REDUCTION OF MALAR AND ZYGOMATIC FRACTURE {FIXATION} |
| 88.12BP | OPEN REDUCTION OF MALAR AND ZYGOMATIC FRACTURE {WITH MINI-PLATE FIXATION OF FRACTURED ZYGOMA, MALAR, ONE PLATE} |

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|--------------|--|
| 88.12CP | OPEN REDUCTION OF MALAR AND ZYGOMATIC FRACTURE {WITH MINI-PLATE FIXATION OF FRACTURED ZYGOMA, MALAR, MORE THAN ONE} |
| 88.12DP | OPEN REDUCTION OF MALAR AND ZYGOMATIC FRACTURE {WITH MINI-PLATE FIXATION OF FRACTURED ZYGOMA, MALAR, VIA CORONAL APPROACH} |
| 88.13AP | OPEN REDUCTION OF MAXILLARY FRACTURE {WITH SUSPENSION} |
| 88.13BP | OPEN REDUCTION OF MAXILLARY FRACTURE {WITH MINI-PLATE FIXATION, ONE SIDE ONLY} |
| 88.14AP | OPEN REDUCTION OF MANDIBULAR FRACTURE, INTERNAL FIXATION, SINGLE |
| 88.14BP | OPEN REDUCTION OF MANDIBULAR FRACTURE, SINGLE AND INTERDENTAL FIXATION WITH SPLINT |
| 88.14CP | OPEN REDUCTION OF MANDIBULAR FRACTURE {MULTIPLE AND INTERDENTAL FIXATION WITH SPLINT} |
| 88.14DP | OPEN REDUCTION OF MANDIBULAR FRACTURE {MINI-PLATE FIXATION OF FRACTURED MANDIBLE, ONE PLATE OR LAG SCREWS} |
| 88.14EP | OPEN REDUCTION OF MANDIBULAR FRACTURE {WITH MINI-PLATE FIXATION OF FRACTURED MANDIBLE, MORE THAN ONE PLATE OR LAG SCREWS IN MORE THAN ONE FRACTURE} |
| 88.16AP | OPEN REDUCTION OF ORBITAL FRACTURE {ORBITAL FLOOR FRACTURE} |
| 88.16BP | OPEN REDUCTION OF ORBITAL FRACTURE {MINI-PLATE FIXATION OF FRACTURED SUPRAORBITAL RIDGE VIA CORONAL APPROACH} |
| 88.19AP | OPEN REDUCTION OF OTHER FACIAL FRACTURE {WITH MINI-PLATE FIXATION OF FRACTURED FRONTAL BONE VIA CORONAL APPROACH} |
| 88.76PP | OTHER FACIAL BONE REPAIR AND OSTEOPLASTY {RECONSTRUCTION OF MANDIBLE WITHOUT ASSOCIATED RESECTION; BONE GRAFT MANDIBLE} |
| 89.03P | SEQUESTRECTOMY, CARPALS AND METACARPALS |
| 89.09AP | SEQUESTRECTOMY UNSPECIFIED SITE {LARGE BONE} |
| 89.12AP | OTHER INCISION OF BONE WITHOUT DIVISION, RADIUS AND ULNA {OLECRANON EXCISION} |
| 89.12BP | OTHER INCISION OF BONE WITHOUT DIVISION, RADIUS AND ULNA {RADIAL HEAD OR NECK EXCISION} |
| 89.22AP | WEDGE OSTEOATOMY, RADIUS AND ULNA {RADIUS} |
| 89.22BP | WEDGE OSTEOATOMY, RADIUS AND ULNA {ULNA} |
| 89.23P | OSTEOATOMY, CARPAL BONES, PHALANX OR METACARPALS (INCLUDING FIXATION) |
| 89.24P | WEDGE OSTEOATOMY, FEMUR |
| 89.26AP | WEDGE OSTEOATOMY TIBIA AND FIBULA {TIBIA} |
| 89.36AP | OSTEOATOMY, TIBIA {MAL-UNITED FRACTURE, DISLOCATION, ANKLE} |
| 89.36CP | OSTEOATOMY, FIBULA (INCLUDING FIXATION) |
| 89.37AP | OTHER DIVISION OF BONE, TARSALS AND METATARSALS {OSTEOATOMY CALCANEUM OR TALUS} |
| 89.37BP | OTHER DIVISION OF BONE, TARSALS AND METATARSALS {LESSER BONE(S) OF FOOT} |
| 89.38BP | OSTEOATOMY, PELVIS (INCLUDING FIXATION) |
| 89.38CP | OSTEOATOMY FOR KYPHOSIS CORRECTION, POSTERIOR CERVICAL SPINE |

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|---------------------|--|
| 89.38DP | OSTEOTOMY, SPINE, POSTERIOR, THORACOLUMBAR |
| 89.38EP | SUBTRACTION/DECANCELLATION POSTERIOR OSTEOTOMY, LUMBAR |
| 89.38GP | PERIACETABULAR OSTEOTOMY |
| 89.41AP | BUNIONECTOMY WITH DISTAL OSTEOTOMY OF THE FIRST METATARSAL OR PROXIMAL PHALANX |
| 89.41BP | BUNIONECTOMY WITH PROXIMAL OSTEOTOMY, FIRST METATARSAL |
| 89.59AP | LOCAL EXCISION OF LESION OR TISSUE OF BONE, UNSPECIFIED SITE {BIOPSY BONE TUMOR, SUPERFICIAL} |
| 89.59FP | LOCAL EXCISION OF LESION OR TISSUE OF BONE, UNSPECIFIED SITE {LOCAL EXCISION OR SAUCERIZATION, LARGE BONE} |
| 89.6 AP | EXCISION OF BONE FOR GRAFT, ALLOGRAFT HARVESTING FROM CADAVER OR BONE BANK {MAJOR, MAY INCLUDE HEMIPELVIS, LONG BONE AND JOINT ARTICULATION} |
| 89.78HP | VERTEBRECTOMY CERVICAL, PARTIAL |
| 89.78IP | VERTEBRECTOMY CERVICAL, TOTAL, ONE LEVEL |
| 89.78JP | VERTEBRECTOMY, PARTIAL, THORACOLUMBAR |
| 89.78KP | VERTEBRECTOMY, TOTAL, THORACOLUMBAR, ONE LEVEL |
| 89.78LP | VERTEBRECTOMY CERVICAL, TOTAL, TWO LEVELS |
| 89.78MP | VERTEBRECTOMY CERVICAL, TOTAL, THREE LEVELS |
| 89.78NP | VERTEBRECTOMY CERVICAL, TOTAL, FOUR LEVELS |
| 89.78PP | VERTEBRECTOMY, TOTAL, THORACOLUMBAR, TWO LEVELS |
| 89.78QP | VERTEBRECTOMY, TOTAL, THORACOLUMBAR, THREE LEVELS |
| 89.78RP | VERTEBRECTOMY, TOTAL, THORACOLUMBAR, FOUR LEVELS |
| 89.78SP | ANTERIOR CERVICAL PLATING, 2 VERTEBRAE |
| 89.78TP | ANTERIOR CERVICAL PLATING, 3 VERTEBRAE |
| 89.78UP | ANTERIOR CERVICAL PLATING, 4 VERTEBRAE |
| 89.89BP | COMPLETE OSTEOTOMY UNSPECIFIED SITE {RADICAL OR WIDE EN-BLOC RESECTION OF BONE OR SOFT TISSUE TUMOR OF LIMB AND LIMB SALVAGE RECONSTRUCTION, FULL 60 MINUTES OR MAJOR PORTION THEREOF WHEN ONLY ONE CALL IS CLAIMED} |
| 90.01P | BONE GRAFT, HUMERUS |
| 90.02BP | BONE GRAFT {RADIUS} |
| 90.03AP | BONE GRAFT CARPALS AND METACARPALS {CARPAL SCAPHOID} |
| 90.03BP | BONE GRAFT CARPALS AND METACARPALS {METACARPAL OR PHALANX} |
| 90.03CP | BONE GRAFT, CARPALS AND METACARPALS, CARPAL, VASCULARIZED |
| 90.05AP | ARTICULAR OSTEOCHONDRAL GRAFT IN THE KNEE |
| 90.08AP | BONE GRAFT, OTHER SPECIFIED SITE {PHALANGES} |
| 90.6 DP | REMOVAL OF EXTERNAL FIXATION DEVICE |
| 90.6 EP | REMOVAL OF HARDWARE UNDER LOCAL ANESTHETIC |

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|--------------|--|
| 90.6 FP | REMOVAL OF HARDWARE, EXCLUDING EXTERNAL FIXATOR DEVICES, FIRST FULL 30 MINUTES OR MAJOR PORTION THEREOF FOR THE FIRST ALL WHEN ONLY ONE CALL IS CLAIMED |
| 91.01FP | CLOSED REDUCTION OF FRACTURE (WITHOUT INTERNAL FIXATION), RADIUS AND ULNA {COLLES} |
| 91.08LP | CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, OTHER SPECIFIED BONE, EXTERNAL FIXATION, PELVIS |
| 91.09AP | CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, UNSPECIFIED BONE, DIAPHYSEAL BONE EXTERNAL FIXATION WITH POSSIBLE METTAPHYSEAL FIXATION |
| 91.12AP | CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CARPAL AND METACARPALS {METACARPAL} |
| 91.13AP | CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGE OF HAND {PHALANX} |
| 91.14AP | CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {NECK} |
| 91.14BP | CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {WITH INSERTION OF INTRAMEDULLARY NAIL} |
| 91.14CP | CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {WITH INSERTION OF LOCKING INTRAMEDULLARY NAIL} |
| 91.15AP | CLOSED REDUCTION OF FRACTURE, TIBIA AND FIBULA WITH INSERTION OF INTRAMEDULLARY NAIL |
| 91.15BP | CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {WITH INSERTION OF LOCKING INTRAMEDULLARY NAIL} |
| 91.22AP | OPEN REDUCTION OF FRACTURE (WITHOUT INTERNAL FIXATION), CARPALS AND METACARPALS {OPEN REDUCTION WITHOUT INTERNAL FIXATION OF CARPAL} |
| 91.22BP | OPEN REDUCTION OF FRACTURE (WITHOUT INTERNAL FIXATION) CARPALS AND METACARPALS {OPEN REDUCTION WITHOUT INTERNAL FIXATION OF METACARPAL} |
| 91.23AP | OPEN REDUCTION OF FRACTURE (WITHOUT INTERNAL FIXATION) PHALANGES OF HAND {PHALANX} |
| 91.30AP | OPEN REDUCTION OF FRACTURE WITHINTERLA FIXATION, HUMERUS, ELBOW (MEDIAL OR LATERAL CONDYLES) |
| 91.30BP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, HUMERUS {SURGICAL NECK} |
| 91.30DP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, HUMERUS {SUPRACONDYLAR} |
| 91.30FP | ORIF, COMPLEX INTERCONDYLAR DISTAL HUMERAL FRACTURE (T-TYPE) MORE THAN 2 ARTICULAR FRAGMENTS |
| 91.30GP | ORIF, SIMPLE INTERCONDYLAR DISTAL HUMERAL FRACTURE, 2 ARTICULAR FRAGMENTS |
| 91.30HP | ORIF, COMPLEX PROXIMAL HUMERAL FRACTURE (3 - 4 PART), INCLUDING HEMIARTHROPLASTY |
| 91.31BP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, RADIUS AND ULNA {RADIUS SHAFT} |
| 91.31CP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, RADIUS AND ULNA {ULNA SHAFT} |
| 91.31GP | ORIF, COMPLEX DISTAL RADIAL FRACTURE (COMMINUTED, INTRA-ARTICULAR), NOT PERCUTANEOUS |

| SERVICE CODE | PREMIUM CODES (Premium codes are the 351 SOMB codes contained in this table. The physician performing the procedure can bill the highest paid code performed at two (2) times the SOMB base rate. Only one (1) premium code can be billed per physician per operative encounter, excluding surgeries occurring within 4 calendar days from the date of accident.) |
|---------------------|--|
| 91.31HP | ORIF, GALEAZZI FRACTURE |
| 91.31JP | ORIF, RADIAL HEAD/NECK OR REPLACEMENT RADIAL HEAD ARTHROPLASTY |
| 91.31KP | OPEN REDUCTION, COMPLEX COMMUNUTED FRACTURE, PROXIMAL ULNA |
| 91.32AP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CARPALS AND METACARPALS {METACARPAL} |
| 91.32DP | ORIF SCAPHOID AND CARPAL BONES |
| 91.33AP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND {PHALANX(S)} |
| 91.33BP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND {ORIF INTRA-ARTICULAR OR BENNETT'S FRACTURE} |
| 91.34AP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {INTER-TROCHANTERIC} |
| 91.34BP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {BICONDYLAR, SUPRACONDYLAR FRACTURE, T-SHAPED} |
| 91.34CP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {SUPRACONDYLAR FRACTURE} |
| 91.34DP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {FRACTURE FEMORAL CONDYLE} |
| 91.34EP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {FEMUR, NECK} |
| 91.34FP | ORIF FEMORAL HEAD FRACTURE |
| 91.34GP | ORIF, FEMORAL, SHAFT FRACTURE |
| 91.35AP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {TIBIAL PLATEAU} |
| 91.35BP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {TIBIA} |
| 91.35CP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {MEDIAL MALLEOLUS} |
| 91.35DP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {FIBULA, SHAFT} |
| 91.35GP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {TIBIAL PLATEAU - BICONDYLAR FRACTURE (T TYPE, COMMUNUTED, DISPLACED)} |
| 91.35HP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {LATERAL MALLEOLUS} |
| 91.35KP | ORIF, TIBIAL PLAFOND (2 INTRA-ARTICULAR FRAGMENTS) |
| 91.35LP | ORIF, COMMUNUTED TIBIAL PLAFOND (MORE THAN 2 INTRA-ARTICULAR FRAGMENTS) |
| 91.35MP | ORIF, POSTERIOR MALLEOLUS |
| 91.35NP | SYNDESOSIS SCREW INSERTION |
| 91.36AP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TARSALS AND METATARSALS {TALUS} |
| 91.36CP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TARSALS AND METATARSALS {OTHER TARSAL BONE(S), INCLUDING NAVICULAR FRACTURE} |

| SERVICE CODE | PREMIUM CODES (Premium codes are the 351 SOMB codes contained in this table. The physician performing the procedure can bill the highest paid code performed at two (2) times the SOMB base rate. Only one (1) premium code can be billed per physician per operative encounter, excluding surgeries occurring within 4 calendar days from the date of accident.) |
|---------------------|--|
| 91.36DP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TARSALS AND METATARSALS {METAORIF OF FRACTURE, METATARSAL(S)} |
| 91.36GP | ORIF LISFRANC FRACTURE DISLOCATION, 3 OR MORE DISLOCATIONS |
| 91.36HP | TALAR FRACTURE, COMPLEX |
| 91.36IP | ORIF INTRA-ARTICULAR COMMINUTED CALCANEUS FRACTURE, MORE THAN THREE INTRA-ARTICULAR PARTS |
| 91.37AP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF FOOT {TOE} |
| 91.38AP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, OTHER SPECIFIED BONE {CLAVICLE} |
| 91.38DP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, OTHER SPECIFIED BONE {ACETABULUM, SIMPLE WALL, ANTERIOR/POSTERIOR} |
| 91.38FP | OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, OTHER SPECIFIED BONE {PATELLA} |
| 91.38HP | ORIF, PUBIC SYMPHYSIS OR ILIAC WING |
| 91.38JP | ORIF, COMPLEX, ACETABULAR (COLUMN) FRACTURE |
| 91.38KP | ORIF, SACROILIAC JOINT |
| 91.78DP | VERTEBRA FRACTURE, FRACTURE DISLOCATION, HALO TRACTION, TOTAL CARE |
| 91.82AP | ORIF, CARPAL DISLOCATION |
| 91.83BP | OPEN REDUCTION OF DISLOCATION OF HAND AND FINGER {MP OR IP JOINT} |
| 91.84AP | OPEN REDUCTION OF DISLOCATION OF HIP |
| 91.85AP | OPEN REDUCTION OF DISLOCATION OF KNEE {TIBIO-FEMORAL} |
| 91.88BP | OPEN REDUCTION OF DISLOCATION, ACROMIO-CLAVICULAR, ACUTE REPAIR, LESS THAN 6 WEEKS FROM DATE OF INJURY |
| 91.90AP | OPEN OR CLOSED REDUCTION OF FRACTURE, HUMERUS WITH INSERTION OF INTERMEDULLARY LOCKING NAIL |
| 92.11P | ARTHROTOMY, ELBOW |
| 92.12P | ARTHROTOMY, WRIST |
| 92.13P | ARTHROTOMY, HAND AND FINGER |
| 92.14P | ARTHROTOMY, HIP |
| 92.15P | ARTHROTOMY, KNEE |
| 92.16P | ARTHROTOMY, ANKLE |
| 92.19AP | OTHER ARTHROTOMY, UNSPECIFIED SITE {ARTHROTOMY, ANY JOINT, NOT ELSEWHERE CLASSIFIED} |
| 92.31EP | EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC, ANTERIOR CERVICAL DISCECTOMY AND FUSION, ONE LEVEL |
| 92.31FP | EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC, THORACIC DISC, ANTERIOR APPROACH |
| 92.31JP | EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC, POSTEROLATERAL FUSION, LUMBAR, 2 LEVELS OR LESS |
| 92.31LP | CERVICAL/LUMBAR DISCECTOMY WITHOUT FUSION |

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|---------------------|--|
| 92.31MP | ANTERIOR CERVICAL DISCECTOMY AND FUSION, TWO LEVELS |
| 92.31NP | ANTERIOR CERVICAL DISCECTOMY AND FUSION, THREE LEVELS |
| 92.31PP | ANTERIOR CERVICAL DISCECTOMY AND FUSION, FOUR LEVELS |
| 92.31QP | MICROSCOPIC ASSISTED DISCECTOMY |
| 92.31RP | ARTIFICIAL DISC REPLACEMENT, CERVICAL DISC |
| 92.31SP | ARTIFICIAL DISC REPLACEMENT, LUMBAR DISC |
| 92.32BP | EXCISION OF SEMILUNAR CARTILAGE OF KNEE {ARTHROSCOPY KNEE, INCLUDING MENISCECTOMY} |
| 92.32CP | EXCISION OF SEMILUNAR CARTILAGE OF KNEE {MENISCAL REPAIR} |
| 92.32DP | ARTHROSCOPY, KNEE, INCLUDING NON-RECONSTRUCTIVE PROCEDURES (LOOSE BODY, PLICA, ETC.) |
| 92.40P | SYNOVECTOMY, SHOULDER |
| 92.43AP | SYNOVECTOMY, HAND AND FINGER {MP JOINT OR IP JOINT} |
| 92.44 P | SYNOVECTOMY, HIP |
| 92.45 P | SYNOVECTOMY, KNEE |
| 92.8CP | ARTHROSCOPY, HIP, THERAPEUTIC INTERVENTION, INCLUDING DEBRIDEMENT/DRILLING, ETC. |
| 92.8 DP | ARTHROSCOPY (WRIST, ELBOW, ANKLE, SHOULDER, KNEE) THERAPEUTIC INTERVENTION, INCLUDING DEBRIDEMENT/DRILLING, ETC. |
| 93.01BP | OCCIPITAL CERVICAL FUSION WITH INSTRUMENTATION |
| 93.02AP | OTHER CERVICAL SPINAL FUSION {2 VERTEBRAE} |
| 93.02BP | OTHER CERVICAL SPINAL FUSION {3 - 5 VERTEBRAE} |
| 93.05DP | OTHER DORSOLUMBAR SPINAL FUSION {INSTRUMENTATION OF SPINE FOLLOWING DECOMPRESSION} |
| 93.09BP | OTHER SPINAL FUSION {ARTHRODESIS SACRO-ILIAC OR INSTRUMENTATION SACRUM TO PELVIS} |
| 93.09CP | PERCUTANEOUS SACROILIAC JOINT FIXATION |
| 93.09DP | INSTRUMENTATION OF DORSOLUMBAR AND CERVICAL SPINE WITH OR WITHOUT FUSION, POSTERIOR, 2 VERTEBRAE |
| 93.09EP | SCOLIOSIS CORRECTION (ANTERIOR OR POSTERIOR, MORE THAN 5 LEVELS) |
| 93.09FP | INSTRUMENTATION OF DORSOLUMBAR AND CERVICAL SPINE WITH OR WITHOUT FUSION, POSTERIOR, 3 VERTEBRAE |
| 93.09GP | INSTRUMENTATION OF DORSOLUMBAR AND CERVICAL SPINE WITH OR WITHOUT FUSION, POSTERIOR, 4 VERTEBRAE |
| 93.09HP | INSTRUMENTATION OF DORSOLUMBAR AND CERVICAL SPINE WITH OR WITHOUT FUSION, POSTERIOR, 5 VERTEBRAE |
| 93.11AP | ANKLE FUSION |
| 93.12AP | SINGLE HINDFOOT JOINT FUSION OR SYNDES MOSIS FUSION |
| 93.12BP | DOUBLE HINDFOOT JOINT FUSION |

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|---------------------|--|
| 93.12CP | TRIPLE HINDFOOT JOINT FUSION |
| 93.13AP | ARTHRODESIS OF SUBTALAR JOINT WITH BONE BLOCK LENGTHENING |
| 93.16AP | METATARSOPHALANGEAL FUSION {MP JOINT GREAT TOE} |
| 93.18BP | OTHER FUSION OF TOE {OTHER TOE JOINTS} |
| 93.22P | ARTHRODESIS OF KNEE |
| 93.25P | CARPORADIAL FUSION |
| 93.26P | METACARPOCARPAL FUSION |
| 93.26AP | INTERCARPAL FUSION |
| 93.27P | METACARPOPHALANGEAL FUSION |
| 93.28P | INTERPHALANGEAL FUSION <ARTHRODESIS OR TENODESIS> |
| 93.39BP | OTHER ARTHROPLASTY OF FOOT AND TOE {OTHER TOES, EXCISION METATARSAL HEAD, HOFFMANN'S PROCEDURE} |
| 93.41AP | TOTAL KNEE REPLACEMENT (GEOMEDIC) (POLYCENTRIC) {TOTAL KNEE ARTHROPLASTY INCLUDING HEMIARTHROPLASTY} |
| 93.44AP | PATELLAR STABILIZATION {RECONSTRUCTION, PATELLAR TENDON TRANSPLANT FOR RECURRENT DISLOCATION PATELLA} |
| 93.45AP | OTHER REPAIR OF THE CRUCIATE LIGAMENTS {ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION} WITH BONE – PATELLAR TENDON GRAFT |
| 93.45CP | ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION WITH MENISCECTOMY |
| 93.45EP | REVISION ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION |
| 93.45GP | POSTERIOR CRUCIATE LIGAMENT RECONSTRUCTION |
| 93.45JP | REVISION ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION WITH MENISCECTOMY |
| 93.47AP | OTHER REPAIR OF KNEE {EARLY REPAIR, KNEE, COLLATERAL LIGAMENT, LESS THAN 14 DAYS} |
| 93.47CP | OTHER REPAIR OF KNEE {RECONSTRUCTION OF COLLATERAL LIGAMENT, KNEE, LATE REPAIR, MORE THAN 14 DAYS} |
| 93.49AP | OTHER REPAIR OF ANKLE {RECONSTRUCTION LIGAMENT(S), ANKLE, EARLY REPAIR, LESS THAN 14 DAYS} |
| 93.49BP | OTHER REPAIR OF ANKLE {RECONSTRUCTION LIGAMENT(S), ANKLE, LATE REPAIR, MORE THAN 14 DAYS} |
| 93.49CP | OTHER REPAIR OF ANKLE {ARTHROPLASTY, ANKLE} |
| 93.59AP | OTHER TOTAL HIP REPLACEMENT {TOTAL HIP ARTHROPLASTY} |
| 93.69AP | CONGENITAL DISLOCATION OF HIP WITH ACETABULOPLASTY OR ILIAC OSTEOTOMY, OR SHELF |
| 93.69CP | HEMIARTHROPLASTY HIP WITH CEMENTED PROSTHESIS |
| 93.6 AP | OTHER ARTHROPLASTY OF HIP {RESECTION ARTHROPLASTY OF HIP} |
| 93.6 BP | SURGICAL HIP DISLOCATION WITH TROCHANTERIC FLIP, OSTEOCHONDROPLASTY LABRAL REPAIR |
| 93.71AP | ARTHROPLASTY OF HAND AND FINGER WITH SYNTHETIC PROSTHESIS {RESECTION ARTHROPLASTY, MP OR IP JOINT, SINGLE} |

| SERVICE CODE | PREMIUM CODES (Premium codes are the 351 SOMB codes contained in this table. The physician performing the procedure can bill the highest paid code performed at two (2) times the SOMB base rate. Only one (1) premium code can be billed per physician per operative encounter, excluding surgeries occurring within 4 calendar days from the date of accident.) |
|--------------|--|
| 93.71CP | RECONSTRUCTION OF COLLATERAL LIGAMENT AND/OR THE VOLAR PLATE OF THE MP OR IP JOINT |
| 93.71DP | TOTAL FINGER JOINT ARTHROPLASTY (REPLACEMENT WITH SYNTHETIC JOINT) |
| 93.81AP | TOTAL JOINT ARTHROPLASTY OF SHOULDER (GLENOID AND HUMERAL REPLACEMENT) |
| 93.81BP | HEMIARTHROPLASTY OF SHOULDER, WITH SYNTHETIC PROSTHESIS |
| 93.83BP | OTHER REPAIR OF SHOULDER {REPAIR RECURRENT STERNO-CLAVICULAR, ACROMIOCLAVICULAR DISLOCATION WITH TENDON GRAFT FROM DIFFEENT SITE} |
| 93.83CP | POSTERIOR SHOULDER INSTABILITY REPAIR |
| 93.83DP | BANKART REPAIR OR CAPSULAR SHIFT FOR ANTERIOR INSTABILITY |
| 93.83EP | SUPERIOR LABRUM ANTERIOR-POSTERIOR (SLAP) REPAIR (REATTACHMENT OF THE BICEPS ANCHOR UTILIZING AND ANCHORING DEVICE) |
| 93.83FP | BANKART REPAIR (REATTACHMENT OF THE LABRUM TO THE RIM OF THE GLENOID) PLUS SUPERIOR LABRUM ANTERIOR-POSTERIOR (SLAP) REPAIR (REATTACHMENT OF THE BICEPS ANHCOR UTILIZING AN ANCHORING DEVICE) |
| 93.83HP | ROTATOR CUFF REPAIR, INCLUDING TENDON TRANSFER |
| 93.83IP | ROTATOR CUFF REPAIR WITH SUPERIOR LABRUM ANTERIOR-POSTERIOR (SLAP) OR BANKART REPAIR, INCLUCDING TENDON TRANSFER |
| 93.83NP | REVISION ROTATOR CUFF REPAIR, INCLUDING TENDON TRANSFER |
| 93.83OP | CIRCUMFERENTIAL REPAIR GLENOID LABRUM |
| 93.85AP | OTHER REPAIR OF ELBOW {ARTHROPLASTY ELBOW} |
| 93.87AP | OTHER REPAIR OF WRIST {ARTHROPLASTY DISTAL RADIO-ULNAR JOINT, INCLUDING RESECTION SOFT TISSUE INTERPOSITION TECHNIQUE OR RESECTION FUSION TECHNIQUE} |
| 93.87BP | OTHER REPAIR OF WRIST {ARTHROPLASTY OF WRIST – EXCISION SINGLE CARPAL BONE WITH OR WITHOUT INSERTION OF SYNTHETIC PROSTHESIS} |
| 93.87EP | RESECTION ARTHROPLASTY OF WRIST (PROXIMAL ROW CARPECTOMY) |
| 93.87JP | TRIANGULO FIBROCARILAGE COMPLEX REPAIR, ARTHROSCOPIC OR OPEN |
| 93.87KP | WRIST LIGAMENT RECONSTRUCTION (INCLUDING SCAPHOLUNATE OR LUNOTRIQUETRAL LIGAMENT) |
| 93.8 AP | ARTHROPLASTY OF UPPER EXTREMITY, EXCEPT HAND {ACROMIO-CLAVICULAR OR STERNO-CLAVICULAR} |
| 93.91AP | ARTHROCENTESIS {JOINT ASPIRATION, INJECTION, HIP} |
| 93.91BP | ARTHROCENTESIS {JOINT ASPIRATION, INJECTION, OTHER JOINTS} |
| 93.96BP | RECONSTRUCTION, ELBOW, SINGLE LIGAMENT, MORE THAN 14 DAYS |
| 93.96CP | RECONSTRUCTION, ELBOW, TWO LIGAMENTS, MORE THAN 14 DAYS |
| 93.96DP | PRIMARY TOTAL JOINT ARTHROPLASTY (ANKLE, ELBOW, WRIST) |
| 93.96EP | PRIMARY TOTAL JOINT ARTHROPLASTY WITH MAJOR RECONSTRUCTION INCLUDING STRUCTURAL ALLOGRAFT, PROTUSIO RING/CUSTOM IMPLANT (HIP, KNEE, ANKLE, SHOULDER, ELBOW, WRIST) |
| 93.96FP | REVISION TOTAL JOINT ARTHROPLASTY - BEARING CHANGE ONLY OR PATELLAR REVISION |

| SERVICE CODE | PREMIUM CODES (Premium codes are the 351 SOMB codes contained in this table. The physician performing the procedure can bill the highest paid code performed at two (2) times the SOMB base rate. Only one (1) premium code can be billed per physician per operative encounter, excluding surgeries occurring within 4 calendar days from the date of accident.) |
|---------------------|--|
| 93.96GP | OTHER REPAIR OF JOINT, REMOVAL COMPONENTS, INSERTION SPACER (PROSTALAC OR EQUIVALENT) |
| 93.96HP | REVISION TOTAL JOINT ARTHROPLASTY, SINGLE SIDE (EXCLUDING PATELLAR REVISION) |
| 93.96IP | REVISION TOTAL JOINT ARTHROPLASTY, BOTH SIDES |
| 93.96JP | REVISION TOTAL JOINT ARTHROPLASTY WITH MAJOR RECONSTRUCTION, ONE SIDE INC STRUCTURAL ALLOGRAFT/PROTRUSIO RING/CUSTOM IMP |
| 93.96KP | REV TTL JNT ARTHROPLASTY WITH MJR RECONSTRUCTION, TWO SIDE INCLUDING STRUCTURAL ALLOGRAFT/PROTRUSIO RING/CUSTOM IMPLANT |
| 93.96LP | LIGAMENT REPAIR, ELBOW, ACUTE, LESS THAN 14 DAYS |
| 94.01AP | INCISION OF TENDON SHEATH OF HAND |
| 94.42AP | DELAYED SUTURE OF FLEXOR TENDON OF HAND {SECONDARY REPAIR, FLEXOR} |
| 94.43AP | DELAYED SUTURE OF OTHER TENDON OF HAND {SECONDARY REPAIR, EXTENSOR} |
| 94.44AP | OTHER SUTURE OF FLEXOR TENDON OF HAND {PRIMARY REPAIR, FLEXOR} |
| 94.45AP | OTHER SUTURE OF OTHER TENDON OF HAND {PRIMARY REPAIR, EXTENSOR} |
| 94.55P | OTHER TRANSFER OR TRANSPLANTATION OF TENDON OF HAND |
| 94.71AP | TENDON PULLEY RECONSTRUCTION {HAND} |
| 94.72AP | PLASTIC OPERATION ON HAND WITH GRAFT OF TENDON {FLEXOR OR EXTENSOR, TENDON GRAFT} |
| 94.72BP | FIRST STAGE OF TENDON GRAFT USING ALLOPLASTIC SPACER |
| 94.82AP | OTHER CHANGE IN LENGTH OF MUSCLE, TENDON AND FASCIA OF HAND {TENDON LENGTHENING OR SHORTENING} |
| 94.91AP | FREEING OF ADHESIONS OF MUSCLE, TENDON, FASCIA AND BURSA OF HAND {TENOLYSIS} |
| 94.91BP | FREEING OF ADHESIONS OF MUSCLE, TENDON, FASCIA AND BURSA OF HAND {TENOLYSIS FOLLOWING FLEXOR TENDON GRAFT} |
| 95.01BP | INCISION OF TENDON SHEATH {INCISION OF TENDON SHEATH, STENOSING TENOSYNOVITIS OR EXCISION TENDON SHEATH TUMOR} |
| 95.09AP | INCISION OF OTHER SOFT TISSUE {REMOVAL OF DEEP FOREIGN BODY, W/WO IMAGING, FULL 15 MINUTES OF OPERATING TIME OR MAJOR PORTION THEREOF FOR THE FIRST CALL WHEN ONLY ONE CALL IS CLAIMED. |
| 95.13AP | OTHER TENOTOMY {HIP FLEXOR RELEASE} |
| 95.15AP | FASCIOTOMY FOR DIVISION {FASCIOTOMY OF ALL COMPARTMENTS IN ONE EXTREMITY IN ONE LIMB SEGMENT (ARM, FOREARM, HAND, BUTTOCK, THIGH, LEG, FOOT)} |
| 95.15CP | FASCIOTOMY FOR DIVISION {DIVISION ILIO-TIBIAL BAND, DISTAL END} |
| 95.19AP | DIVISION OF OTHER SOFT TISSUE {RELEASE OR SEVER OPERATION FOR ERBS PALSY} |
| 95.29AP | EXCISION OF LESION OF OTHER SOFT TISSUE {BAKER'S CYST} |
| 95.32AP | OTHER EXCISION OF TENDON {EXCISION TENDON SHEATHS FOREARM, WRIST, TUBERCULAR OR OTHER GRANULOMA} |
| 95.32BP | TENOSYNOVECTOMY, WRIST |
| 95.54AP | OTHER SUTURE OF TENDON {PRIMARY REPAIR OF TENDO ACHILLES, LESS THAN 14 DAYS} |

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|--------------|--|
| 95.54BP | OTHER SUTURE OF TENDON {PRIMARY REPAIR, EXTENSOR, LESS THAN 14 DAYS} |
| 95.54CP | OTHER SUTURE OF TENDON {PRIMARY REPAIR, FLEXOR, LESS THAN 14 DAYS} |
| 95.54DP | RECONSTRUCTION OF TENDO ACHILLES, MORE THAN 14 DAYS |
| 95.54EP | QUADRICEPS OR PATELLAR TENDON REPAIR |
| 95.54FP | OTHER SUTURE OF TENDON, PRIMARY REPAIR, EXTENSOR, GREATER THAN 14 DAYS |
| 95.54GP | OTHER SUTURE OF TENDON, PRMARY REPAIR, FLEXOR, GREATER THAN 14 DAYS |
| 95.65BP | OTHER TRANSFER OR TRANSPLANTATION OF TENDON {ABOUT SHOULDER} |
| 95.65CP | OTHER TRANSFER OR TRANSPLANTATION OF TENDON {ABOUT ELBOW} |
| 95.65DP | OTHER TRANSFER OR TRANSPLANTATION OF TENDON {ABOUT HIP} |
| 95.65EP | OTHER TRANSFER OR TRANSPLANTATION OF TENDON {ABOUT KNEE} |
| 95.65FP | OTHER TRANSFER OR TRANSPLANTATION OF TENDON {DISTAL KNEE} |
| 95.65GP | OTHER TRANSFER OR TRANSPLANTATION OF TENDON {DISTAL ELBOW} |
| 95.71AP | TENDON PULLEY RECONSTRUCTION {TENDON GRAFT FOR PULLEY RECONSTRUCTION} |
| 95.71BP | TENDON PULLEY RECONSTRUCTION {REPAIR RECURRENT DISLOCATION PERONEAL TENDONS} |
| 95.72BP | PLASTIC OPERATION WITH GRAFT OF TENDON {FLEXOR OR EXTENSOR TENDON GRAFT} |
| 95.76AP | OTHER CHANGE IN LENGTH OF MUSCLE, TENDON AND FASCIA {TENDON LENGTHENING OR SHORTENING} |
| 95.76CP | OTHER CHANGE IN LENGTH OF MUSCLE, TENDON AND FASCIA MYOTENDINOUS LENGTHENING OR GASTROSOLEUS SLIDE |
| 95.77AP | BICEPS TENODESIS, INCLUDING TENDON TRANSFER |
| 95.78AP | OTHER PLASTIC OPERATIONS ON MUSCLE {QUADRICEPSPLASTY} |
| 95.78BP | DISTAL BICEPS/TRICEPS, PRIMARY REPAIR, LESS THAN 14 DAYS |
| 95.78CP | DISTAL BICEPS/TRICEPS, LATE REPAIR, MORE THAN 14 DAYS |
| 95.91AP | FREEING OF ADHESIONS OF MUSCLE, TENDON, FASCIA, AND BURSA {TENOLYSIS} |
| 95.91BP | FREEING OF ADHESIONS OF MUSCLE, TENDON, FASCIA, AND BURSA {TENOLYSIS FOLLOWING FLEXOR TENDON GRAFT} |
| 95.91CP | SUBACROMIAL DECOMPRESSION, INCLUDING BURSECTOMY |
| 96.01AP | AMPUTATION AND DISARTICULATION OF FINGER(S), EXCEPT THUMB {FINGER, ONE} |
| 96.02AP | AMPUTATION AND DISARTICULATION OF THUMB, DISTAL TO MP JOINT |
| 96.03AP | AMPUTATION THROUGH HAND {METACARPAL, ENTIRE RAY} |
| 96.03BP | AMPUTATION THROUGH HAND {THROUGH METACARPAL OR MP JOINT} |
| 96.04P | DISARTICULATION OF WRIST |
| 96.05P | AMPUTATION THROUGH FOREARM |
| 96.11AP | AMPUTATION AND DISARTICULATION OF TOE(S) {TOE, ONE} |
| 96.12BP | AMPUTATION AND DISARTICULATION OF FOOT {TRANSMETATARSAL} |
| 96.14P | AMPUTATION OF LOWER LEG <BELOW KNEE> |

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|---------------------------|--|
| 96.15P | AMPUTATION OF THIGH OR DISARTICULATION OF KNEE SUPRACONDYLAR, THIGH THROUGH FEMUR) |
| 96.2AP | REVISION OF AMPUTATION STUMP {FINGER} |
| 96.3 AP | REATTACHMENT OF EXTREMITY {INVOLVING MICROSURGICAL TECHNIQUE, FULL 60 MINUTES OR MAJOR PORTION THEREOF FOR THE FIRST CALL WHEN ONLY ONE CALL IS CLAIMED (INCLUDES PREPARATION OF SEVERED PART)} |
| 98.03AP | INCISION AND DRAINAGE OF ABSCESS OR HEMATOMA, SUBCUTANEOUS OR SUBMUCOUS |
| 98.11AP | DEBRIDEMENT OF WOUND OR INFECTED TISSUE NON-FUNCTIONAL AREA {UP TO 32 SQUARE CMS} |
| 98.11BP | DEBRIDEMENT OF WOUND OR INFECTED TISSUE NON-FUNCTIONAL AREA {OVER 32 SQUARE CMS} |
| 98.11CP | DEBRIDEMENT OF WOUND OR INFECTED TISSUE NON-FUNCTIONAL AREA {OVER 64 SQUARE CMS} |
| 98.11DP | DEBRIDEMENT OF WOUND OR INFECTED TISSUE FUNCTIONAL AREA {UP TO 32 SQUARE CMS} |
| 98.11EP | DEBRIDEMENT OF WOUND OR INFECTED TISSUE FUNCTIONAL AREA {OVER 32 SQUARE CMS} |
| 98.11FP | DEBRIDEMENT OF WOUND OR INFECTED TISSUE FUNCTIONAL AREA {OVER 64 SQUARE CMS} |
| 9812VFP **See Footnote | LASER RESURFACING OF SCARS INCLUDING BURN SCARS, FUNCTIONAL AREA, OVER 32 AND UP TO 64 TOTAL SQUARE CMS <i>**Due to system character limitations, the premium code for service code 98.12VF could not be created using the existing code convention with the decimal. This service code must be submitted as 9812VFP.</i> |
| 98.22BP | SUTURE OF SKIN AND SUBCUTANEOUS TISSUE OF OTHER SITES {LACERATION, FACE > 2.5CMS (1 UNIT) &/OR BODY > 5CMS} |
| 98.51BP | FLAP OR PEDICLE GRAFT, UNQUALIFIED {COMPOSITE COMPOUND FLAP USING TWO OR MORE OF THE FOLLOWING: SKIN, MUSCLE, BONE: WITH AXIAL BLOOD SUPPLY |
| 98.53P | ADVANCEMENT OF FLAP OR PEDICLE GRAFT (NO DONOR DEFECT) |
| 98.5 AP | FLAP OR PEDICLE GRAFT {ROTATION OR TRANSPOSITION FLAP} |
| 98.71CP | CORRECTION OF SYNDACTYLY {POST-TRAUMATIC EXCISION OF SCAR AND SKIN GRAFT} |
| 98.79CP | OTHER REPAIR AND RECONSTRUCTION OF SKIN AND SUBCUTANEOUS TISSUE NEC {INSERTION OF BONE/CARTILAGE/PROSTHETIC GRAFT} |

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|--------------|--|
| 07.27AN | ANE MANUAL RUPTURE OF JOINT ADHESIONS {MANIPULATION OF MAJOR JOINT(S) OR SPINE} |
| 07.53CN | ANE APPLICATION OF OTHER CAST {FINGER} |
| 07.54BN | ANE IMMOBILIZATION OF HIP JOINT, USING SPLINTING DEVICE |
| 14.13CN | ANE EVACUATION OF EPIDURAL HEMATOMA, ABSCESS OR FLUID COLLECTION |
| 14.29AN | ANE RESECTION OF DISRUPTED BRAIN TISSUE |
| 14.3 BN | ANE OPERATIONS ON THALAMUS AND GLOBUS PALLIDUS (INCLUDING ANSA AND CINGULUS) {OTHER STEREOTACTIC PROCEDURE INCLUDING APPLICATION OF STEREOTACTIC FRAME OR FRAMELESS STEREOTAXY |
| 15.06AN | ANE OTHER CRANIAL OSTEOPLASTY {CRANIOPLASTY} CRANIOPLASTY, OR CRANIAL VAULT REPAIR |
| 15.12CN | ANE INTRACRANIAL DURAPLASTY WITH GRAFT |
| 16.09JN | ANE OTHER EXPLORATION AND DECOMPRESSION OF SPINAL CANAL {REPEAT DECOMPRESSION, CERVICAL, THORACIC OR LUMBAR SPINE} |
| 16.09NN | ANE INTERVERTEBRAL FUSION, THORACIC AND LUMBAR SPINE ONLY (ANTERIOR LUMBAR INTERVTEBRAL FUSION (ALIF), POSTERIOR LUMBAR INTERVETEBRAL FUSION (PLIF), TRANSLATERAL LUMBAR INTERVERTEBRAL FUSION (TLIF) OR LATERAL LUMBAR INTERBODY FUSION (LLIF) |
| 16.09ON | ANE LAMINOPLASTY OR DECOMPRESSION (CERVICAL/THORACIC/LUMBAR) |
| 16.09PN | ANE ANTEROLATERAL OR POSTEROLATERAL DECOMPRESSION OF SPINE, NOT SIMPLE DISCECTOMYOR LAMINECTOMY |
| 16.3 AN | ANE EXCISION OR DESTRUCTION OF LESION OF SPINAL CORD AND SPINAL MENINGES {WITH REMOVAL OF TUMOR} |
| 16.3 CN | ANE CERVICAL LAMINECTOMY WITH REMOVAL OF TUMOR |
| 16.43DN | ANE REPAIR OF SPINE FRACTURE/DISLOCATION, POSTERIOR (CERVICAL, THORACIC, LUMBAR) |
| 16.49BN | ANE LAMINECTOMY, CERVICOTHORACIC, 2 LEVELS OR LESS |
| 16.49CN | ANE LAMINECTOMY, CERVICOTHORACIC, MORE THAN 2 LEVELS |
| 16.49DN | ANE LAMINECTOMY, LUMBAR, FOR STENOSIS, 2 LEVELS OR LESS |
| 16.49EN | ANE LAMINECTOMY, LUMBAR, FOR STENOSIS, MORE THAN 2 LEVELS |
| 16.93AN | ANE INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR {IMPLANTATION OF EPIDURAL STIMULATOR FOR INTRACTABLE PAIN} |
| 17.05AN | ANE OTHER INCISION OF CRANIAL AND PERIPHERAL NERVES {MAJOR, PROXIMAL TO MID PALM} |
| 17.05BN | ANE OTHER INCISION OF CRANIAL AND PERIPHERAL NERVES {MINOR, DISTAL TO MID PALM} |
| 17.08BN | ANE OTHER EXCISION OR AVULSION OF CRANIAL AND PERIPHERAL NERVES {EXCISION OF NEUROMA ON PERIPHERAL NERVE} |
| 17.2 AN | ANE SUTURE OF CRANIAL AND PERIPHERAL NERVES {PERIPHERAL NERVE REPAIR - MAJOR} |
| 17.33PN | ANE RELEASE OF CARPAL TUNNEL |
| 17.39AN | ANE NEUROLYSIS, EXTERNAL AND INTERFASCICULAR RELEASE OF NERVE FROM SCAR TISSUE |

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| 17.39BN | ANE OTHER PERIPHERAL NERVE OR GANGLION DECOMPRESSION OR FREEINT OF ADHESIONS, MAJOR NERVE EXPLORATION |
| 17.39CN | ANE RELEASE ULNAR NERVE (INCLUDES TRANSPOSITION) |
| 17.4 AN | ANE MICROSURGICAL ANASTOMOSIS OF INTRACRANIAL PORTION OF CRANIAL NERVE, WITH GRAFT TO INCLUDE CRANIOTOMY |
| 17.4 BN | ANE PERIPHERAL NERVE RECONSTRUCTION UTILIZING MICROSURGICAL TECHNIQUE, MINOR, SINGLE CABLE |
| 17.4 CN | ANE PERIPHERAL NERVE RECONSTRUCTION UTILIZING MICROSURGICAL TECHNIQUE, MAJOR, MULTIPLE CABLES |
| 17.5 AN | ANE TRANSPOSITION OF CRANIAL AND PERIPHERAL NERVES {TRANSPOSITION OF PERIPHERAL NEUROMA} |
| 17.5 DN | ANE SUBMUSCULAR ULNAR NERVE TRANSPOSITION |
| 17.61AN | ANE ANASTOMOSIS OF CRANIAL OR PERIPHERAL NERVE {SPINO FACIAL OR FACIO HYPOGLOSSAL ANASTOMOSIS} |
| 17.63AN | ANE REPAIR OF OLD TRAUMATIC INJURY OF CRANIAL AND PERIPHERAL NERVES {PERIPHERAL REPAIR USING MICROSURGICAL TECHNIQUE, SECONDARY |
| 33.61AN | ANE REDUCTION (CLOSED) OF NASAL FRACTURE {FRACTURE INTRA-NASAL REDUCTION AND SPLINTING} |
| 33.62AN | ANE OPEN REDUCTION OF NASAL FRACTURE {AND MINI-PLATE FIXATION} |
| 33.62BN | ANE OPEN REDUCTION OF NASAL FRACTURE {MINI-PLATE FIXATION VIA CORONAL APPROACH} |
| 50.01AN | ANE INCISION OF INTRACRANIAL VESSELS {INTRACRANIAL ARTERIOTOMY UNDER MICRO DISSECTION} |
| 65.11AN | ANE REPAIR OF INGUINAL HERNIA WITH/WITHOUT INCARCERATION, OBSTRUCTION OR STRANGULATION, INCLUDES USE OF MESH IF USED |
| 65.1 AN | ANE REPAIR OF INGUINOFEMORAL HERNIA WITH GRAFT OR PROSTHESIS, UNILATERAL -- REPAIR OF RECURRENT INGUINAL OR FEMORAL HERNIA, INCLUDING MESH IF USED |
| 65.1 BN | ANE REPAIR OF INGUINOFEMORAL HERNIA WITH GRAFT OR PROSTHESIS, UNILATERAL -- REPAIR OF INGUINAL OR FEMORAL HERNIA, INCLUDING MESH |
| 65.49AN | ANE OTHER REPAIR OF UMBILICAL HERNIA AND/OR EPIGASTRIC HERNIA |
| 65.61AN | ANE REPAIR OF INCISIONAL HERNIA INCLUDING MESH, IF USED |
| 65.7 AN | ANE REPAIR OF DIAPHRAGMATIC HERNIA {ABDOMINAL APPROACH, ACQUIRED} |
| 66.19BN | ANE OTHER LAPAROTOMY {DRAINAGE OF INTRAPERITONEAL ABSCESS, INCLUDING SUBPHRENIC AND PELVIC} |
| 88.02AN | ANE (CLOSED) REDUCTION OF MALAR AND ZYGOMATIC FRACTURE {HOOK OR TEMPORAL ELEVATION} |
| 88.03AN | ANE (CLOSED) REDUCTION OF MAXILLARY FRACTURE {WITH EXTERNAL FIXATION} |
| 88.04AN | ANE (CLOSED) REDUCTION OF MANDIBULAR FRACTURE {WITH EXTERNAL FIXATION} |

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|--------------|---|
| 88.12AN | ANE OPEN REDUCTION OF MALAR AND ZYGOMATIC FRACTURE {FIXATION} |
| 88.12BN | ANE OPEN REDUCTION OF MALAR AND ZYGOMATIC FRACTURE {WITH MINI-PLATE FIXATION OF FRACTURED ZYGOMA, MALAR, ONE PLATE} |
| 88.12CN | ANE OPEN REDUCTION OF MALAR AND ZYGOMATIC FRACTURE {WITH MINI-PLATE FIXATION OF FRACTURED ZYGOMA, MALAR, MORE THAN ONE} |
| 88.12DN | ANE OPEN REDUCTION OF MALAR AND ZYGOMATIC FRACTURE {WITH MINI-PLATE FIXATION OF FRACTURED ZYGOMA, MALAR, VIA CORONAL APPROACH} |
| 88.13AN | ANE OPEN REDUCTION OF MAXILLARY FRACTURE {WITH SUSPENSION} |
| 88.13BN | ANE OPEN REDUCTION OF MAXILLARY FRACTURE {WITH MINI-PLATE FIXATION, ONE SIDE ONLY} |
| 88.14AN | ANE OPEN REDUCTION OF MANDIBULAR FRACTURE, INTERNAL FIXATION, SINGLE |
| 88.14BN | ANE OPEN REDUCTION OF MANDIBULAR FRACTURE, SINGLE AND INTERDENTAL FIXATION WITH SPLINT |
| 88.14CN | ANE OPEN REDUCTION OF MANDIBULAR FRACTURE {MULTIPLE AND INTERDENTAL FIXATION WITH SPLINT} |
| 88.14DN | ANE OPEN REDUCTION OF MANDIBULAR FRACTURE {MINI-PLATE FIXATION OF FRACTURED MANDIBLE, ONE PLATE OR LAG SCREWS} |
| 88.14EN | ANE OPEN REDUCTION OF MANDIBULAR FRACTURE {WITH MINI-PLATE FIXATION OF FRACTURED MANDIBLE, MORE THAN ONE PLATE OR LAG SCREWS IN MORE THAN ONE FRACTURE} |
| 88.16AN | ANE OPEN REDUCTION OF ORBITAL FRACTURE {ORBITAL FLOOR FRACTURE} |
| 88.16BN | ANE OPEN REDUCTION OF ORBITAL FRACTURE {MINI-PLATE FIXATION OF FRACTURED SUPRAORBITAL RIDGE VIA CORONAL APPROACH} |
| 88.19AN | ANE OPEN REDUCTION OF OTHER FACIAL FRACTURE {WITH MINI-PLATE FIXATION OF FRACTURED FRONTAL BONE VIA CORONAL APPROACH} |
| 88.76PN | ANE OTHER FACIAL BONE REPAIR AND OSTEOPLASTY {RECONSTRUCTION OF MANDIBLE WITHOUT ASSOCIATED RESECTION; BONE GRAFT MANDIBLE} |
| 89.03N | ANE SEQUESTRECTOMY, CARPALS AND METACARPALS |
| 89.09AN | ANE SEQUESTRECTOMY UNSPECIFIED SITE {LARGE BONE} |
| 89.12AN | ANE OTHER INCISION OF BONE WITHOUT DIVISION, RADIUS AND ULNA {OLECRANON EXCISION} |
| 89.12BN | ANE OTHER INCISION OF BONE WITHOUT DIVISION, RADIUS AND ULNA {RADIAL HEAD OR NECK EXCISION} |
| 89.22AN | ANE WEDGE OSTEOATOMY, RADIUS AND ULNA {RADIUS} |
| 89.22BN | ANE WEDGE OSTEOATOMY, RADIUS AND ULNA {ULNA} |
| 89.23N | ANE OSTEOATOMY, CARPAL BONES, PHALANX OR METACARPALS (INCLUDING FIXATION) |
| 89.24N | ANE WEDGE OSTEOATOMY, FEMUR |
| 89.26AN | ANE WEDGE OSTEOATOMY TIBIA AND FIBULA {TIBIA} |
| 89.36AN | ANE OSTEOATOMY, TIBIA {MAL-UNITED FRACTURE, DISLOCATION, ANKLE} |
| 89.36CN | ANE OSTEOATOMY, FIBULA (INCLUDING FIXATION) |

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|--------------|--|
| 89.37AN | ANE OTHER DIVISION OF BONE, TARSALS AND METATARSALS {OSTEOTOMY CALCANEUM OR TALUS} |
| 89.37BN | ANE OTHER DIVISION OF BONE, TARSALS AND METATARSALS {LESSER BONE(S) OF FOOT} |
| 89.38BN | ANE OSTEOTOMY, PELVIS (INCLUDING FIXATION) |
| 89.38CN | ANE OSTEOTOMY FOR KYPHOSIS CORRECTION, POSTERIOR CERVICAL SPINE |
| 89.38DN | ANE OSTEOTOMY, SPINE, POSTERIOR, THORACOLUMBAR |
| 89.38EN | ANE SUBTRACTION/DECANCELLATION POSTERIOR OSTEOTOMY, LUMBAR |
| 89.38GN | ANE PERIACETABULAR OSTEOTOMY |
| 89.41AN | ANE BUNIONECTOMY WITH DISTAL OSTEOTOMY OF THE FIRST METATARSAL OR PROXIMAL PHALANX |
| 89.41BN | ANE BUNIONECTOMY WITH PROXIMAL OSTEOTOMY, FIRST METATARSAL |
| 89.59AN | ANE LOCAL EXCISION OF LESION OR TISSUE OF BONE, UNSPECIFIED SITE {BIOPSY BONE TUMOR, SUPERFICIAL} |
| 89.59FN | ANE LOCAL EXCISION OF LESION OR TISSUE OF BONE, UNSPECIFIED SITE {LOCAL EXCISION OR SAUCERIZATION, LARGE BONE} |
| 89.6 AN | ANE EXCISION OF BONE FOR GRAFT, ALLOGRAFT HARVESTING FROM CADAVER OR BONE BANK {MAJOR, MAY INCLUDE HEMIPELVIS, LONG BONE AND JOINT ARTICULATION} |
| 89.78HN | ANE VERTEBRECTOMY CERVICAL, PARTIAL |
| 89.78IN | ANE VERTEBRECTOMY CERVICAL, TOTAL, ONE LEVEL |
| 89.78JN | ANE VERTEBRECTOMY, PARTIAL, THORACOLUMBAR |
| 89.78KN | ANE VERTEBRECTOMY, TOTAL, THORACOLUMBAR, ONE LEVEL |
| 89.78LN | ANE VERTEBRECTOMY CERVICAL, TOTAL, TWO LEVELS |
| 89.78MN | ANE VERTEBRECTOMY CERVICAL, TOTAL, THREE LEVELS |
| 89.78NN | ANE VERTEBRECTOMY CERVICAL, TOTAL, FOUR LEVELS |
| 89.78PN | ANE VERTEBRECTOMY, TOTAL, THORACOLUMBAR, TWO LEVELS |
| 89.78QN | ANE VERTEBRECTOMY, TOTAL, THORACOLUMBAR, THREE LEVELS |
| 89.78RN | ANE VERTEBRECTOMY, TOTAL, THORACOLUMBAR, FOUR LEVELS |
| 89.78SN | ANE ANTERIOR CERVICAL PLATING, 2 VERTEBRAE |
| 89.78TN | ANE ANTERIOR CERVICAL PLATING, 3 VERTEBRAE |
| 89.78UN | ANE ANTERIOR CERVICAL PLATING, 4 VERTEBRAE |
| 89.89BN | ANE COMPLETE OSTEOTOMY UNSPECIFIED SITE {RADICAL OR WIDE EN-BLOC RESECTION OF BONE OR SOFT TISSUE TUMOR OF LIMB AND LIMB SALVAGE RECONSTRUCTION, FULL 60 MINUTES OR MAJOR PORTION THEREOF WHEN ONLY ONE CALL IS CLAIMED} |
| 90.01N | ANE BONE GRAFT, HUMERUS |
| 90.02BN | ANE BONE GRAFT {RADIUS} |
| 90.03AN | ANE BONE GRAFT CARPALS AND METACARPALS {CARPAL SCAPHOID} |
| 90.03BN | ANE BONE GRAFT CARPALS AND METACARPALS {METARCARPAL OR PHALANX} |

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|--------------|---|
| 90.03CN | ANE BONE GRAFT, CARPALS AND METACARPALS, CARPAL, VASCULARIZED |
| 90.05AN | ANE ARTICULAR OSTEOCHONDRAL GRAFT IN THE KNEE |
| 90.08AN | ANE BONE GRAFT, OTHER SPECIFIED SITE {PHALANGES} |
| 90.6 DN | ANE REMOVAL OF EXTERNAL FIXATION DEVICE |
| 90.6 EN | ANE REMOVAL OF HARDWARE UNDER LOCAL ANESTHETIC |
| 90.6 FN | ANE REMOVAL OF HARDWARE, EXCLUDING EXTERNAL FIXATOR DEVICES, FIRST FULL 30 MINUTES OR MAJOR PORTION THEREOF FOR THE FIRST ALL WHEN ONLY ONE CALL IS CLAIMED |
| 91.01FN | ANE CLOSED REDUCTION OF FRACTURE (WITHOUT INTERNAL FIXATION), RADIUS AND ULNA {COLLES} |
| 91.08LN | ANE CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, OTHER SPECIFIED BONE, EXTERNAL FIXATION, PELVIS |
| 91.09AN | ANE CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, UNSPECIFIED BONE, DIAPHYSEAL BONE EXTERNAL FIXATION WITH POSSIBLE METTAPHYSEAL FIXATION |
| 91.12AN | ANE CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CARPAL AND METACARPALS {METACARPAL} |
| 91.13AN | ANE CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGE OF HAND {PHALANX} |
| 91.14AN | ANE CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {NECK} |
| 91.14BN | ANE CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {WITH INSERTION OF INTRAMEDULLARY NAIL} |
| 91.14CN | ANE CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {WITH INSERTION OF LOCKING INTRAMEDULLARY NAIL} |
| 91.15AN | ANE CLOSED REDUCTION OF FRACTURE, TIBIA AND FIBULA WITH INSERTION OF INTRAMEDULLARY NAIL |
| 91.15BN | ANE CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {WITH INSERTION OF LOCKING INTRAMEDULLARY NAIL} |
| 91.22AN | ANE OPEN REDUCTION OF FRACTURE (WITHOUT INTERNAL FIXATION), CARPALS AND METACARPALS {OPEN REDUCTION WITHOUT INTERNAL FIXATION OF CARPAL} |
| 91.22BN | ANE OPEN REDUCTION OF FRACTURE (WITHOUT INTERNAL FIXATION) CARPALS AND METACARPALS {OPEN REDUCTION WITHOUT INTERNAL FIXATION OF METACARPAL} |
| 91.23AN | ANE OPEN REDUCTION OF FRACTURE (WITHOUT INTERNAL FIXATION) PHALANGES OF HAND {PHALANX} |
| 91.30AN | ANE OPEN REDUCTION OF FRACTURE WITHINTERLA FIXATION, HUMERUS, ELBOW (MEDIAL OR LATERAL CONDYLES) |
| 91.30BN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, HUMERUS {SURGICAL NECK} |
| 91.30DN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, HUMERUS {SUPRACONDYLAR} |
| 91.30FN | ANE ORIF, COMPLEX INTERCONDYLAR DISTAL HUMERAL FRACTURE (T-TYPE) MORE THAN 2 ARTICULAR FRAGMENTS |
| 91.30GN | ANE ORIF, SIMPLE INTERCONDYLAR DISTAL HUMERAL FRACTURE, 2 ARTICULAR FRAGMENTS |

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|--------------|---|
| 91.30HN | ANE ORIF, COMPLEX PROXIMAL HUMERAL FRACTURE (3 - 4 PART), INCLUDING HEMIARTHROPLASTY |
| 91.31BN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, RADIUS AND ULNA {RADIUS SHAFT} |
| 91.31CN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, RADIUS AND ULNA {ULNA SHAFT} |
| 91.31GN | ANE ORIF, COMPLEX DISTAL RADIAL FRACTURE (COMMINUTED, INTRA-ARTICULAR), NOT PERCUTANEOUS |
| 91.31HN | ANE ORIF, GALEAZZI FRACTURE |
| 91.31JN | ANE ORIF, RADIAL HEAD/NECK OR REPLACEMENT RADIAL HEAD ARTHROPLASTY |
| 91.31KN | ANE OPEN REDUCTION, COMPLEX COMMINUTED FRACTURE, PROXIMAL ULNA |
| 91.32AN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CARPALS AND METACARPALS {METACARPAL} |
| 91.32DN | ANE ORIF SCAPHOID AND CARPAL BONES |
| 91.33AN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND {PHALANX(S)} |
| 91.33BN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND {ORIF INTRA-ARTICULAR OR BENNETT'S FRACTURE} |
| 91.34AN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {INTER-TROCHANTERIC} |
| 91.34BN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {BICONDYLAR, SUPRACONDYLAR FRACTURE, T-SHAPED} |
| 91.34CN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {SUPRACONDYLAR FRACTURE} |
| 91.34DN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {FRACTURE FEMORAL CONDYLE} |
| 91.34EN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR {FEMUR, NECK} |
| 91.34FN | ANE ORIF FEMORAL HEAD FRACTURE |
| 91.34GN | ANE ORIF, FEMORAL, SHAFT FRACTURE |
| 91.35AN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {TIBIAL PLATEAU} |
| 91.35BN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {TIBIA} |
| 91.35CN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {MEDIAL MALLEOLUS} |
| 91.35DN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {FIBULA, SHAFT} |
| 91.35GN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {TIBIAL PLATEAU - BICONDYLAR FRACTURE (T TYPE, COMMINUTED, DISPLACED)} |
| 91.35HN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA {LATERAL MALLEOLUS} |

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|--------------|--|
| 91.35KN | ANE ORIF, TIBIAL PLAFOND (2 INTRA-ARTICULAR FRAGMENTS) |
| 91.35LN | ANE ORIF, COMMINUTED TIBIAL PLAFOND (MORE THAN 2 INTRA-ARTICULAR FRAGMENTS) |
| 91.35MN | ANE ORIF, POSTERIOR MALLEOLUS |
| 91.35NN | ANE SYNDESMOSIS SCREW INSERTION |
| 91.36AN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TARSALS AND METATARSALS {TALUS} |
| 91.36CN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TARSALS AND METATARSALS {OTHER TARSAL BONE(S), INCLUDING NAVICULAR FRACTURE} |
| 91.36DN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TARSALS AND METATARSALS {METAORIF OF FRACTURE, METATARSAL(S) } |
| 91.36GN | ANE ORIF LISFRANC FRACTURE DISLOCATION, 3 OR MORE DISLOCATIONS |
| 91.36HN | ANE TALAR FRACTURE, COMPLEX |
| 91.36IN | ANE ORIF INTRA-ARTICULAR COMMINUTED CALCANEUS FRACTURE, MOR ETHAN THREE INTR-ARTICULAR PARTS |
| 91.37AN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF FOOT {TOE} |
| 91.38AN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, OTHER SPECIFIED BONE {CLAVICLE} |
| 91.38DN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, OTHER SPECIFIED BONE {ACETABULUM, SIMPLE WALL, ANTERIOR/POSTERIOR} |
| 91.38FN | ANE OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, OTHER SPECIFIED BONE {PATELLA} |
| 91.38HN | ANE ORIF, PUBIC SYMPHYSIS OR ILIAC WING |
| 91.38JN | ANE ORIF, COMPLEX, ACETABULAR (COLUMN) FRACTURE |
| 91.38KN | ANE ORIF, SACROILIAC JOINT |
| 91.78DN | ANE VERTEBRA FRACTURE, FRACTURE DISLOCATION, HALO TRACTION, TOTAL CARE |
| 91.82AN | ANE ORIF, CARPAL DISLOCATION |
| 91.83BN | ANE OPEN REDUCTION OF DISLOCATION OF HAND AND FINGER {MP OR IP JOINT} |
| 91.84AN | ANE OPEN REDUCTION OF DISLOCATION OF HIP |
| 91.85AN | ANE OPEN REDUCTION OF DISLOCATION OF KNEE {TIBIO-FEMORAL} |
| 91.88BN | ANE OPEN REDUCTION OF DISLOCATION, ACROMIO-CLAVICULAR, ACUTE REPAIR, LESS THAN 6 WEEKS FROM DATE OF INJURY |
| 91.90AN | ANE OPEN OR CLOSED REDUCTION OF FRACTURE, HUMERUS WITH INSERTION OF INTERMEDULLARY LOCKING NAIL |
| 92.11N | ANE ARTHROTOMY, ELBOW |
| 92.12N | ANE ARTHROTOMY, WRIST |
| 92.13N | ANE ARTHROTOMY, HAND AND FINGER |
| 92.14N | ANE ARTHROTOMY, HIP |

| SERVICE CODE | ANESTHETIC PREMIUM CODES (ANE Premium codes are the 351 SOMB codes contained in this table. The anesthesiologist can bill the anesthetic premium code corresponding to the premium code claimed by the surgeon at two (2) times the ANE base rate. Only one (1) premium code can be billed per physician per operative encounter, excluding surgeries occurring within 4 calendar days from the date of accident.) |
|--------------|--|
| 92.15N | ANE ARTHROTOMY, KNEE |
| 92.16N | ANE ARTHROTOMY, ANKLE |
| 92.19AN | ANE OTHER ARTHROTOMY, UNSPECIFIED SITE {ARTHROTOMY, ANY JOINT, NOT ELSEWHERE CLASSIFIED} |
| 92.31EN | ANE EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC, ANTERIOR CERVICAL DISCECTOMY AND FUSION, ONE LEVEL |
| 92.31FN | ANE EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC, THORACIC DISC, ANTERIOR APPROACH |
| 92.31JN | ANE EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC, POSTEROLATERAL FUSION, LUMBAR, 2 LEVELS OR LESS |
| 92.31LN | ANE CERVICAL/LUMBAR DISCECTOMY WITHOUT FUSION |
| 92.31MN | ANE ANTERIOR CERVICAL DISCECTOMY AND FUSION, TWO LEVELS |
| 92.31NN | ANE ANTERIOR CERVICAL DISCECTOMY AND FUSION, THREE LEVELS |
| 92.31PN | ANE ANTERIOR CERVICAL DISCECTOMY AND FUSION, FOUR LEVELS |
| 92.31QN | ANE MICROSCOPIC ASSISTED DISCECTOMY |
| 92.31RN | ANE ARTIFICIAL DISC REPLACEMENT, CERVICAL DISC |
| 92.31SN | ANE ARTIFICIAL DISC REPLACEMENT, LUMBAR DISC |
| 92.32BN | ANE EXCISION OF SEMILUNAR CARTILAGE OF KNEE {ARTHROSCOPY KNEE, INCLUDING MENISCECTOMY} |
| 92.32CN | ANE EXCISION OF SEMILUNAR CARTILAGE OF KNEE {MENISCAL REPAIR} |
| 92.32DN | ANE ARTHROSCOPY, KNEE, INCLUDING NON-RECONSTRUCTIVE PROCEDURES (LOOSE BODY, PLICA, ETC.) |
| 92.40N | ANE SYNOVECTOMY, SHOULDER |
| 92.43AN | ANE SYNOVECTOMY, HAND AND FINGER {MP JOINT OR IP JOINT} |
| 92.44 N | ANE SYNOVECTOMY, HIP |
| 92.45 N | ANE SYNOVECTOMY, KNEE |
| 92.8CN | ANE ARTHROSCOPY, HIP, THERAPEUTIC INTERVENTION, INCLUDING DEBRIDEMENT/DRILLING, ETC. |
| 92.8 DN | ANE ARTHROSCOPY (WRIST, ELBOW, ANKLE, SHOULDER, KNEE) THERAPEUTIC INTERVENTION, INCLUDING DEBRIDEMENT/DRILLING, ETC. |
| 93.01BN | ANE OCCIPITAL CERVICAL FUSION WITH INSTRUMENTATION |
| 93.02AN | ANE OTHER CERVICAL SPINAL FUSION {2 VERTEBRAE} |
| 93.02BN | ANE OTHER CERVICAL SPINAL FUSION {3 - 5 VERTEBRAE} |
| 93.05DN | ANE OTHER DORSOLUMBAR SPINAL FUSION {INSTRUMENTATION OF SPINE FOLLOWING DECOMPRESSION} |
| 93.09BN | ANE OTHER SPINAL FUSION {ARTHRODESIS SACRO-ILIAC OR INSTRUMENTATION SACRUM TO PELVIS} |
| 93.09CN | ANE PERCUTANEOUS SACROILIAC JOINT FIXATION |

| SERVICE CODE | ANESTHETIC PREMIUM CODES (ANE Premium codes are the 351 SOMB codes contained in this table. The anesthesiologist can bill the anesthetic premium code corresponding to the premium code claimed by the surgeon at two (2) times the ANE base rate. Only one (1) premium code can be billed per physician per operative encounter, excluding surgeries occurring within 4 calendar days from the date of accident.) |
|--------------|---|
| 93.09DN | ANE INSTRUMENTATION OF DORSOLUMBAR AND CERVICAL SPINE WITH OR WITHOUT FUSION, POSTERIOR, 2 VERTEBRAE |
| 93.09EN | ANE SCOLIOSIS CORRECTION (ANTERIOR OR POSTERIOR, MORE THAN 5 LEVELS) |
| 93.09FN | ANE INSTRUMENTATION OF DORSOLUMBAR AND CERVICAL SPINE WITH OR WITHOUT FUSION, POSTERIOR, 3 VERTEBRAE |
| 93.09GN | ANE INSTRUMENTATION OF DORSOLUMBAR AND CERVICAL SPINE WITH OR WITHOUT FUSION, POSTERIOR, 4 VERTEBRAE |
| 93.09HN | ANE INSTRUMENTATION OF DORSOLUMBAR AND CERVICAL SPINE WITH OR WITHOUT FUSION, POSTERIOR, 5 VERTEBRAE |
| 93.11AN | ANE ANKLE FUSION |
| 93.12AN | ANE SINGLE HINDFOOT JOINT FUSION OR SYNDESOSIS FUSION |
| 93.12BN | ANE DOUBLE HINDFOOT JOINT FUSION |
| 93.12CN | ANE TRIPLE HINDFOOT JOINT FUSION |
| 93.13AN | ANE ARTHRODESIS OF SUBTALAR JOINT WITH BONE BLOCK LENGTHENING |
| 93.16AN | ANE METATARSOPHALANGEAL FUSION {MP JOINT GREAT TOE} |
| 93.18BN | ANE OTHER FUSION OF TOE {OTHER TOE JOINTS} |
| 93.22N | ANE ARTHRODESIS OF KNEE |
| 93.25N | ANE CARPORADIAL FUSION |
| 93.26N | ANE METACARPOCARPAL FUSION |
| 93.26AN | ANE INTERCARPAL FUSION |
| 93.27N | ANE METACARPOPHALANGEAL FUSION |
| 93.28N | ANE INTERPHALANGEAL FUSION <ARTHRODESIS OR TENODESIS> |
| 93.39BN | ANE OTHER ARTHROPLASTY OF FOOT AND TOE {OTHER TOES, EXCISION METATARSAL HEAD, HOFFMANN'S PROCEDURE} |
| 93.41AN | ANE TOTAL KNEE REPLACEMENT (GEOMEDIC) (POLYCENTRIC) {TOTAL KNEE ARTHROPLASTY INCLUDING HEMIARTHROPLASTY} |
| 93.44AN | ANE PATELLAR STABILIZATION {RECONSTRUCTION, PATELLAR TENDON TRANSPLANT FOR RECURRENT DISLOCATION PATELLA} |
| 93.45AN | ANE OTHER REPAIR OF THE CRUCIATE LIGAMENTS {ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION} WITH BONE – PATELLAR TENDON GRAFT |
| 93.45CN | ANE ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION WITH MENISCECTOMY |
| 93.45EN | ANE REVISION ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION |
| 93.45GN | ANE POSTERIOR CRUCIATE LIGAMENT RECONSTRUCTION |
| 93.45JN | ANE REVISION ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION WITH MENISCECTOMY |
| 93.47AN | ANE OTHER REPAIR OF KNEE {EARLY REPAIR, KNEE, COLLATERAL LIGAMENT, LESS THAN 14 DAYS} |
| 93.47CN | ANE OTHER REPAIR OF KNEE {RECONSTRUCTION OF COLLATERAL LIGAMENT, KNEE, LATE REPAIR, MORE THAN 14 DAYS} |
| 93.49AN | ANE OTHER REPAIR OF ANKLE {RECONSTRUCTION LIGAMENT(S), ANKLE, EARLY REPAIR, LESS THAN 14 DAYS} |

| SERVICE CODE | ANESTHETIC PREMIUM CODES (ANE Premium codes are the 351 SOMB codes contained in this table. The anesthesiologist can bill the anesthetic premium code corresponding to the premium code claimed by the surgeon at two (2) times the ANE base rate. Only one (1) premium code can be billed per physician per operative encounter, excluding surgeries occurring within 4 calendar days from the date of accident.) |
|--------------|---|
| 93.49BN | ANE OTHER REPAIR OF ANKLE {RECONSTRUCTION LIGAMENT(S), ANKLE, LATE REPAIR, MORE THAN 14 DAYS} |
| 93.49CN | ANE OTHER REPAIR OF ANKLE {ARTHROPLASTY, ANKLE} |
| 93.59AN | ANE OTHER TOTAL HIP REPLACEMENT {TOTAL HIP ARTHROPLASTY} |
| 93.69AN | ANE CONGENITAL DISLOCATION OF HIP WITH ACETABULOPLASTY OR ILIAC OSTEOTOMY, OR SHELF |
| 93.69CN | ANE HEMIARTHROPLASTY HIP WITH CEMENTED PROSTHESIS |
| 93.6 AN | ANE OTHER ARTHROPLASTY OF HIP {RESECTION ARTHROPLASTY OF HIP} |
| 93.6 BN | ANE SURGICAL HIP DISLOCATION WITH TROCHANTERIC FLIP, OSTEOCHONDROPLASTY LABRAL REPAIR |
| 93.71AN | ANE ARTHROPLASTY OF HAND AND FINGER WITH SYNTHETIC PROSTHESIS {RESECTION ARTHROPLASTY, MP OR IP JOINT, SINGLE} |
| 93.71CN | ANE RECONSTRUCTION OF COLLATERAL LIGAMENT AND/OR THE VOLAR PLATE OF THE MP OR IP JOINT |
| 93.71DN | ANE TOTAL FINGER JOINT ARTHROPLASTY (REPLACEMENT WITH SYNTHETIC JOINT) |
| 93.81AN | ANE TOTAL JOINT ARTHROPLASTY OF SHOULDER (GLENOID AND HUMERAL REPLACEMENT) |
| 93.81BN | ANE HEMIARTHROPLASTY OF SHOULDER, WITH SYNTHETIC PROSTHESIS |
| 93.83BN | ANE OTHER REPAIR OF SHOULDER {REPAIR RECURRENT STERNO-CLAVICULAR, ACROMIOCLAVICULAR DISLOCATION WITH TENDON GRAFT FROM DIFFERENT SITE} |
| 93.83CN | ANE POSTERIOR SHOULDER INSTABILITY REPAIR |
| 93.83DN | ANE BANKART REPAIR OR CAPSULAR SHIFT FOR ANTERIOR INSTABILITY |
| 93.83EN | ANE SUPERIOR LABRUM ANTERIOR-POSTERIOR (SLAP) REPAIR (REATTACHMENT OF THE BICEPS ANCHOR UTILIZING AND ANCHORING DEVICE) |
| 93.83FN | ANE BANKART REPAIR (REATTACHMENT OF THE LABRUM TO THE RIM OF THE GLENOID) PLUS SUPERIOR LABRUM ANTERIOR-POSTERIOR (SLAP) REPAIR (REATTACHMENT OF THE BICEPS ANHCOR UTILIZING AN ANCHORING DEVICE) |
| 93.83HN | ANE ROTATOR CUFF REPAIR, INCLUDING TENDON TRANSFER |
| 93.83IN | ANE ROTATOR CUFF REPAIR WITH SUPERIOR LABRUM ANTERIOR-POSTERIOR (SLAP) OR BANKART REPAIR, INCLUDING TENDON TRANSFER |
| 93.83NN | ANE REVISION ROTATOR CUFF REPAIR, INCLUDING TENDON TRANSFER |
| 93.83ON | ANE CIRCUMFERENTIAL REPAIR GLENOID LABRUM |
| 93.85AN | ANE OTHER REPAIR OF ELBOW {ARTHROPLASTY ELBOW} |
| 93.87AN | ANE OTHER REPAIR OF WRIST {ARTHROPLASTY DISTAL RADIO-ULNAR JOINT, INCLUDING RESECTION SOFT TISSUE INTERPOSITION TECHNIQUE OR RESECTION FUSION TECHNIQUE} |
| 93.87BN | ANE OTHER REPAIR OF WRIST {ARTHROPLASTY OF WRIST – EXCISION SINGLE CARPAL BONE WITH OR WITHOUT INSERTION OF SYNTHETIC PROSTHESIS} |
| 93.87EN | ANE RESECTION ARTHROPLASTY OF WRIST (PROXIMAL ROW CARPECTOMY) |
| 93.87JN | ANE TRIANGULO FIBROCARILAGE COMPLEX REPAIR, ARTHROSCOPIC OR OPEN |
| 93.87KN | ANE WRIST LIGAMENT RECONSTRUCTION (INCLUDING SCAPHOLUNATE OR LUNOTRIQUETRAL LIGAMENT) |

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|--------------|--|
| 93.8 AN | ANE ARTHROPLASTY OF UPPER EXTREMITY, EXCEPT HAND {ACROMIO-CLAVICULAR OR STERNO-CLAVICULAR} |
| 93.91AN | ANE ARTHROCENTESIS {JOINT ASPIRATION, INJECTION, HIP} |
| 93.91BN | ANE ARTHROCENTESIS {JOINT ASPIRATION, INJECTION, OTHER JOINTS} |
| 93.96BN | ANE RECONSTRUCTION, ELBOW, SINGLE LIGAMENT, MORE THAN 14 DAYS |
| 93.96CN | ANE RECONSTRUCTION, ELBOW, TWO LIGAMENTS, MORE THAN 14 DAYS |
| 93.96DN | ANE PRIMARY TOTAL JOINT ARTHROPLASTY (ANKLE, ELBOW, WRIST) |
| 93.96EN | ANE PRIMARY TOTAL JOINT ARTHROPLASTY WITH MAJOR RECONSTRUCTION INCLUDING STRUCTURAL ALLOGRAFT, PROTUSIO RING/CUSTOM IMPLANT (HIP, KNEE, ANKLE, SHOULDER, ELBOW, WRIST) |
| 93.96FN | ANE REVISION TOTAL JOINT ARTHROPLASTY - BEARING CHANGE ONLY OR PATELLAR REVISION |
| 93.96GN | ANE OTHER REPAIR OF JOINT, REMOVAL COMPONENTS, INSERTION SPACER (PROSTALAC OR EQUIVALENT) |
| 93.96HN | ANE REVISION TOTAL JOINT ARTHROPLASTY, SINGLE SIDE (EXCLUDING PATELLAR REVISION) |
| 93.96IN | ANE REVISION TOTAL JOINT ARTHROPLASTY, BOTH SIDES |
| 93.96JN | ANE REVISION TOTAL JOINT ARTHROPLASTY WITH MAJOR RECONSTRUCTION, ONE SIDE INC STRUCTURAL ALLOGRAFT/PROTRUSIO RING/CUSTOM IMP |
| 93.96KN | ANE REV TTL JNT ARTHROPLASTY WITH MJR RECONSTRUCTION, TWO SIDE INCLUDING STRUCTURAL ALLOGRAFT/PROTRUSIO RING/CUSTOM IMPLANT |
| 93.96LN | ANE LIGAMENT REPAIR, ELBOW, ACUTE, LESS THAN 14 DAYS |
| 94.01AN | ANE INCISION OF TENDON SHEATH OF HAND |
| 94.42AN | ANE DELAYED SUTURE OF FLEXOR TENDON OF HAND {SECONDARY REPAIR, FLEXOR} |
| 94.43AN | ANE DELAYED SUTURE OF OTHER TENDON OF HAND {SECONDARY REPAIR, EXTENSOR} |
| 94.44AN | ANE OTHER SUTURE OF FLEXOR TENDON OF HAND {PRIMARY REPAIR, FLEXOR} |
| 94.45AN | ANE OTHER SUTURE OF OTHER TENDON OF HAND {PRIMARY REPAIR, EXTENSOR} |
| 94.55N | ANE OTHER TRANSFER OR TRANSPLANTATION OF TENDON OF HAND |
| 94.71AN | ANE TENDON PULLEY RECONSTRUCTION {HAND} |
| 94.72AN | ANE PLASTIC OPERATION ON HAND WITH GRAFT OF TENDON {FLEXOR OR EXTENSOR, TENDON GRAFT} |
| 94.72BN | ANE FIRST STAGE OF TENDON GRAFT USING ALLOPLASTIC SPACER |
| 94.82AN | ANE OTHER CHANGE IN LENGTH OF MUSCLE, TENDON AND FASCIA OF HAND {TENDON LENGTHENING OR SHORTENING} |
| 94.91AN | ANE FREEING OF ADHESIONS OF MUSCLE, TENDON, FASCIA AND BURSA OF HAND {TENOLYSIS} |
| 94.91BN | ANE FREEING OF ADHESIONS OF MUSCLE, TENDON, FASCIA AND BURSA OF HAND {TENOLYSIS FOLLOWING FLEXOR TENDON GRAFT} |
| 95.01BN | ANE INCISION OF TENDON SHEATH {INCISION OF TENDON SHEATH, STENOSING TENOSYNOVITIS OR EXCISION TENDON SHEATH TUMOR} |

| SERVICE CODE | ANESTHETIC PREMIUM CODES (ANE Premium codes are the 351 SOMB codes contained in this table. The anesthesiologist can bill the anesthetic premium code corresponding to the premium code claimed by the surgeon at two (2) times the ANE base rate. Only one (1) premium code can be billed per physician per operative encounter, excluding surgeries occurring within 4 calendar days from the date of accident.) |
|--------------|---|
| 95.09AN | ANE INCISION OF OTHER SOFT TISSUE {REMOVAL OF DEEP FOREIGN BODY, W/WO IMAGING, FULL 15 MINUTES OF OPERATING TIME OR MAJOR PORTION THEREOF FOR THE FIRST CALL WHEN ONLY ONE CALL IS CLAIMED. |
| 95.13AN | ANE OTHER TENOTOMY {HIP FLEXOR RELEASE} |
| 95.15AN | ANE FASCIOTOMY FOR DIVISION {FASCIOTOMY OF ALL COMPARTMENTS IN ONE EXTREMITY IN ONE LIMB SEGMENT (ARM, FOREARM, HAND, BUTTOCK, THIGH, LEG, FOOT)} |
| 95.15CN | ANE FASCIOTOMY FOR DIVISION {DIVISION ILIO-TIBIAL BAND, DISTAL END} |
| 95.19AN | ANE DIVISION OF OTHER SOFT TISSUE {RELEASE OR SEVER OPERATION FOR ERBS PALSY} |
| 95.29AN | ANE EXCISION OF LESION OF OTHER SOFT TISSUE {BAKER'S CYST} |
| 95.32AN | ANE OTHER EXCISION OF TENDON {EXCISION TENDON SHEATHS FOREARM, WRIST, TUBERCULAR OR OTHER GRANULOMA} |
| 95.32BN | ANE TENOSYNOVECTOMY, WRIST |
| 95.54AN | ANE OTHER SUTURE OF TENDON {PRIMARY REPAIR OF TENDO ACHILLES, LESS THAN 14 DAYS} |
| 95.54BN | ANE OTHER SUTURE OF TENDON {PRIMARY REPAIR, EXTENSOR, LESS THAN 14 DAYS} |
| 95.54CN | ANE OTHER SUTURE OF TENDON {PRIMARY REPAIR, FLEXOR, LESS THAN 14 DAYS} |
| 95.54DN | ANE RECONSTRUCTION OF TENDO ACHILLES, MORE THAN 14 DAYS |
| 95.54EN | ANE QUADRICEPS OR PATELLAR TENDON REPAIR |
| 95.54FN | ANE OTHER SUTURE OF TENDON, PRIMARY REPAIR, EXTENSOR, GREATER THAN 14 DAYS |
| 95.54GN | ANE OTHER SUTURE OF TENDON, PRIMARY REPAIR, FLEXOR, GREATER THAN 14 DAYS |
| 95.65BN | ANE OTHER TRANSFER OR TRANSPLANTATION OF TENDON {ABOUT SHOULDER} |
| 95.65CN | ANE OTHER TRANSFER OR TRANSPLANTATION OF TENDON {ABOUT ELBOW} |
| 95.65DN | ANE OTHER TRANSFER OR TRANSPLANTATION OF TENDON {ABOUT HIP} |
| 95.65EN | ANE OTHER TRANSFER OR TRANSPLANTATION OF TENDON {ABOUT KNEE} |
| 95.65FN | ANE OTHER TRANSFER OR TRANSPLANTATION OF TENDON {DISTAL KNEE} |
| 95.65GN | ANE OTHER TRANSFER OR TRANSPLANTATION OF TENDON {DISTAL ELBOW} |
| 95.71AN | ANE TENDON PULLEY RECONSTRUCTION {TENDON GRAFT FOR PULLEY RECONSTRUCTION} |
| 95.71BN | ANE TENDON PULLEY RECONSTRUCTION {REPAIR RECURRENT DISLOCATION PERONEAL TENDONS} |
| 95.72BN | ANE PLASTIC OPERATION WITH GRAFT OF TENDON {FLEXOR OR EXTENSOR TENDON GRAFT} |
| 95.76AN | ANE OTHER CHANGE IN LENGTH OF MUSCLE, TENDON AND FASCIA {TENDON LENGTHENING OR SHORTENING} |
| 95.76CN | ANE OTHER CHANGE IN LENGTH OF MUSCLE, TENDON AND FASCIA MYOTENDINOUS LENGTHENING OR GASTROSOLEUS SLIDE |
| 95.77AN | ANE BICEPS TENODESIS, INCLUDING TENDON TRANSFER |
| 95.78AN | ANE OTHER PLASTIC OPERATIONS ON MUSCLE {QUADRICEPSPLASTY} |
| 95.78BN | ANE DISTAL BICEPS/TRICEPS, PRIMARY REPAIR, LESS THAN 14 DAYS |
| 95.78CN | ANE DISTAL BICEPS/TRICEPS, LATE REPAIR, MORE THAN 14 DAYS |

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|---------------------------|--|
| 95.91AN | ANE FREEING OF ADHESIONS OF MUSCLE, TENDON, FASCIA, AND BURSA {TENOLYSIS} |
| 95.91BN | ANE FREEING OF ADHESIONS OF MUSCLE, TENDON, FASCIA, AND BURSA {TENOLYSIS FOLLOWING FLEXOR TENDON GRAFT} |
| 95.91CN | ANE SUBACROMIAL DECOMPRESSION, INCLUDING BURSECTOMY |
| 96.01AN | ANE AMPUTATION AND DISARTICULATION OF FINGER(S), EXCEPT THUMB {FINGER, ONE} |
| 96.02AN | ANE AMPUTATION AND DISARTICULATION OF THUMB, DISTAL TO MP JOINT |
| 96.03AN | ANE AMPUTATION THROUGH HAND {METACARPAL, ENTIRE RAY} |
| 96.03BN | ANE AMPUTATION THROUGH HAND {THROUGH METACARPAL OR MP JOINT} |
| 96.04N | ANE DISARTICULATION OF WRIST |
| 96.05N | ANE AMPUTATION THROUGH FOREARM |
| 96.11AN | ANE AMPUTATION AND DISARTICULATION OF TOE(S) {TOE, ONE} |
| 96.12BN | ANE AMPUTATION AND DISARTICULATION OF FOOT {TRANSMETATARSAL} |
| 96.14N | ANE AMPUTATION OF LOWER LEG <BELOW KNEE> |
| 96.15N | ANE AMPUTATION OF THIGH OR DISARTICULATION OF KNEE SUPRACONDYLAR, THIGH THROUGH FEMUR) |
| 96.2AN | ANE REVISION OF AMPUTATION STUMP {FINGER} |
| 96.3 AN | ANE REATTACHMENT OF EXTREMITY {INVOLVING MICROSURGICAL TECHNIQUE, FULL 60 MINUTES OR MAJOR PORTION THEREOF FOR THE FIRST CALL WHEN ONLY ONE CALL IS CLAIMED (INCLUDES PREPARATION OF SEVERED PART)} |
| 98.03AN | ANE INCISION AND DRAINAGE OF ABSCESS OR HEMATOMA, SUBCUTANEOUS OR SUBMUCOUS |
| 98.11AN | ANE DEBRIDEMENT OF WOUND OR INFECTED TISSUE NON-FUNCTIONAL AREA {UP TO 32 SQUARE CMS} |
| 98.11BN | ANE DEBRIDEMENT OF WOUND OR INFECTED TISSUE NON-FUNCTIONAL AREA {OVER 32 SQUARE CMS} |
| 98.11CN | ANE DEBRIDEMENT OF WOUND OR INFECTED TISSUE NON-FUNCTIONAL AREA {OVER 64 SQUARE CMS} |
| 98.11DN | ANE DEBRIDEMENT OF WOUND OR INFECTED TISSUE FUNCTIONAL AREA {UP TO 32 SQUARE CMS} |
| 98.11EN | ANE DEBRIDEMENT OF WOUND OR INFECTED TISSUE FUNCTIONAL AREA {OVER 32 SQUARE CMS} |
| 98.11FN | ANE DEBRIDEMENT OF WOUND OR INFECTED TISSUE FUNCTIONAL AREA {OVER 64 SQUARE CMS} |
| 9812VFN **See Footnote | ANE LASER RESURFACING OF SCARS INCLUDING BURN SCARS, FUNCTIONAL AREA, OVER 32 AND UP TO 64 TOTAL SQUARE CMS <i>**Due to system character limitations, the premium code for service code 98.12VF could not be created using the existing code convention with the decimal. This service code must be submitted as 9812VFN.</i> |
| 98.22BN | ANE SUTURE OF SKIN AND SUBCUTANEOUS TISSUE OF OTHER SITES {LACERATION, FACE > 2.5CMS (1 UNIT) &/OR BODY > 5CMS} |
| 98.51BN | ANE FLAP OR PEDICLE GRAFT, UNQUALIFIED {COMPOSITE COMPOUND FLAP USING TWO OR MORE OF THE FOLLOWING: SKIN, MUSCLE, BONE: WITH AXIAL BLOOD SUPPLY |

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|--------------|---|
| 98.53N | ANE ADVANCEMENT OF FLAP OR PEDICLE GRAFT (NO DONOR DEFECT) |
| 98.5 AN | ANE FLAP OR PEDICLE GRAFT {ROTATION OR TRANSPOSITION FLAP} |
| 98.71CN | ANE CORRECTION OF SYNDACTYLY {POST-TRAUMATIC EXCISION OF SCAR AND SKIN GRAFT} |
| 98.79CN | ANE OTHER REPAIR AND RECONSTRUCTION OF SKIN AND SUBCUTANEOUS TISSUE NEC {INSERTION OF BONE/CARTILAGE/PROSTHETIC GRAFT} |



APPENDIX “B”

CLASSIFICATION OF WORK CAPABILITIES

Reference: National Occupational Classification Career Handbook (NOC-CH).

Limited work – Exerting up to 5 kg (11 lbs) of force.

Examples: An occupation where the Worker sits most of the time, and only walks or stands for brief periods

Light work – Exerting up to 10 kg (22 lbs) of force.

Example: Walking or standing to a significant degree, or sitting constantly but with arm and/or leg controls with exertion of force greater than limited.

Medium work – Exerting up to 20 kg (44 lbs) of force.

Heavy work – Exerting over 20 kg (44 lbs) of force.

Frequency:

Never – 0% of the day

Occasional – 1-33% of the day (includes the frequency of “rare” which is 1-5% of the day)

Frequent – 34-66% of the day

Constant – 67-100% of the day