

State of Maine

Department of Health & Human Services

Section 14, Advanced Practice Registered Nursing Services, CRNA Rates/Fee Schedule

Effective Date January 1, 2016 - December 31, 2016

CPT Anesthesia Code	CPT Anesthesia Descriptor	Base Unit Value	Conversion Factor	Start Date	End Date
00100	Anesthesia for procedures on salivary glands, including biopsy	5	\$10.48		
00102	Anesthesia for procedures involving plastic repair of cleft lip	6	\$10.48		
00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)	5	\$10.48		
00104	Anesthesia for electroconvulsive therapy	4	\$10.48		
00120	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified	5	\$10.48		
00124	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy	4	\$10.48		
00126	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy	4	\$10.48		
00140	Anesthesia for procedures on eye; not otherwise specified	5	\$10.48		
00142	Anesthesia for procedures on eye; lens surgery	4	\$10.48		
00144	Anesthesia for procedures on eye; corneal transplant	6	\$10.48		
00145	Anesthesia for procedures on eye; vitreoretinal surgery	6	\$10.48		
00147	Anesthesia for procedures on eye; iridectomy	4	\$10.48		
00148	Anesthesia for procedures on eye; ophthalmoscopy	4	\$10.48		
00160	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified	5	\$10.48		
00162	Anesthesia for procedures on nose and accessory sinuses; radical surgery	7	\$10.48		
00164	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue	4	\$10.48		
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	5	\$10.48		
00172	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate	6	\$10.48		
00174	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor	6	\$10.48		
00176	Anesthesia for intraoral procedures, including biopsy; radical surgery	7	\$10.48		
00190	Anesthesia for procedures on facial bones or skull; not otherwise specified	5	\$10.48		
00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)	7	\$10.48		
00210	Anesthesia for intracranial procedures; not otherwise specified	11	\$10.48		
00211	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma	10	\$10.48		
00212	Anesthesia for intracranial procedures; subdural taps	5	\$10.48		
00214	Anesthesia for intracranial procedures; burr holes, including ventriculography	9	\$10.48		
00215	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)	9	\$10.48		
00216	Anesthesia for intracranial procedures; vascular procedures	15	\$10.48		
00218	Anesthesia for intracranial procedures; procedures in sitting position	13	\$10.48		
00220	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures	10	\$10.48		
00222	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve	6	\$10.48		
00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified	5	\$10.48		
00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	6	\$10.48		
00322	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid	3	\$10.48		

CPT Anesthesia Code	CPT Anesthesia Descriptor	Base Unit Value	Conversion Factor	Start Date	End Date
00326	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age	7	\$10.48		
00350	Anesthesia for procedures on major vessels of neck; not otherwise specified	10	\$10.48		
00352	Anesthesia for procedures on major vessels of neck; simple ligation	5	\$10.48		
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified	3	\$10.48		
00402	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)	5	\$10.48		
00404	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast	5	\$10.48		
00406	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection	13	\$10.48		
00410	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias	4	\$10.48		
00450	Anesthesia for procedures on clavicle and scapula; not otherwise specified	5	\$10.48		
00454	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle	3	\$10.48		
00470	Anesthesia for partial rib resection; not otherwise specified	6	\$10.48		
00472	Anesthesia for partial rib resection; thoracoplasty (any type)	10	\$10.48		
00474	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)	13	\$10.48		
00500	Anesthesia for all procedures on esophagus	15	\$10.48		
00520	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified	6	\$10.48		
00522	Anesthesia for closed chest procedures; needle biopsy of pleura	4	\$10.48		
00524	Anesthesia for closed chest procedures; pneumocentesis	4	\$10.48		
00528	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing one lung ventilation	8	\$10.48		
00529	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing one lung ventilation	11	\$10.48		
00530	Anesthesia for permanent transvenous pacemaker insertion	4	\$10.48		
00532	Anesthesia for access to central venous circulation	4	\$10.48		
00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator	7	\$10.48		
00537	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation	7	\$10.48		
00539	Anesthesia for tracheobronchial reconstruction	18	\$10.48		
00540	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified	12	\$10.48		
00541	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing one lung ventilation	15	\$10.48		
00542	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication	15	\$10.48		
00546	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty	15	\$10.48		
00548	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi	17	\$10.48		
00550	Anesthesia for sternal debridement	10	\$10.48		

CPT Anesthesia Code	CPT Anesthesia Descriptor	Base Unit Value	Conversion Factor	Start Date	End Date
00560	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator	15	\$10.48		
00561	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age	25	\$10.48		
00562	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all non-coronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after origi	20	\$10.48		
00563	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest	25	\$10.48		
00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	25	\$10.48		
00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	18	\$10.48		
00580	Anesthesia for heart transplant or heart/lung transplant	20	\$10.48		
00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified	10	\$10.48		
00604	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position	13	\$10.48		
00620	Anesthesia for procedures on thoracic spine and cord; not otherwise specified	10	\$10.48		
00625	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing one lung ventilation	13	\$10.48		
00626	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing one lung ventilation	15	\$10.48		
00630	Anesthesia for procedures in lumbar region; not otherwise specified	8	\$10.48		
00632	Anesthesia for procedures in lumbar region; lumbar sympathectomy	7	\$10.48		
00635	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture	4	\$10.48		
00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	3	\$10.48		
00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)	13	\$10.48		
00700	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified	4	\$10.48		
00702	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy	4	\$10.48		
00730	Anesthesia for procedures on upper posterior abdominal wall	5	\$10.48		
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	5	\$10.48		
00750	Anesthesia for hernia repairs in upper abdomen; not otherwise specified	4	\$10.48		
00752	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence	6	\$10.48		
00754	Anesthesia for hernia repairs in upper abdomen; omphalocele	7	\$10.48		
00756	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia	7	\$10.48		
00770	Anesthesia for all procedures on major abdominal blood vessels	15	\$10.48		
00790	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified	7	\$10.48		
00792	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)	13	\$10.48		
00794	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)	8	\$10.48		
00796	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)	30	\$10.48		
00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	11	\$10.48		

CPT Anesthesia Code	CPT Anesthesia Descriptor	Base Unit Value	Conversion Factor	Start Date	End Date
00800	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified	4	\$10.48		
00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy	5	\$10.48		
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	5	\$10.48		
00820	Anesthesia for procedures on lower posterior abdominal wall	5	\$10.48		
00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	4	\$10.48		
00832	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias	6	\$10.48		
00834	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age	5	\$10.48		
00836	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery	6	\$10.48		
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	6	\$10.48		
00842	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis	4	\$10.48		
00844	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection	7	\$10.48		
00846	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy	8	\$10.48		
00848	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration	8	\$10.48		
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	6	\$10.48		
00860	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified	6	\$10.48		
00862	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy	7	\$10.48		
00864	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy	8	\$10.48		
00865	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)	7	\$10.48		
00866	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy	10	\$10.48		
00868	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)	10	\$10.48		
00870	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy	5	\$10.48		
00872	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath	7	\$10.48		
00873	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath	5	\$10.48		
00880	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	15	\$10.48		
00882	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation	10	\$10.48		
00902	Anesthesia for; anorectal procedure	5	\$10.48		
00904	Anesthesia for; radical perineal procedure	7	\$10.48		
00906	Anesthesia for; vulvectomy	4	\$10.48		
00908	Anesthesia for; perineal prostatectomy	6	\$10.48		
00910	Anesthesia for transurethral procedures (including urethroscopy); not otherwise specified	3	\$10.48		
00912	Anesthesia for transurethral procedures (including urethroscopy); transurethral resection of bladder tumor(s)	5	\$10.48		
00914	Anesthesia for transurethral procedures (including urethroscopy); transurethral resection of prostate	5	\$10.48		

CPT Anesthesia Code	CPT Anesthesia Descriptor	Base Unit Value	Conversion Factor	Start Date	End Date
00916	Anesthesia for transurethral procedures (including urethrocytoscopy); post-transurethral resection bleeding	5	\$10.48		
00918	Anesthesia for transurethral procedures (including urethrocytoscopy); with fragmentation, manipulation and/or removal of ureteral calculus	5	\$10.48		
00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	3	\$10.48		
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	3	\$10.48		
00922	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles	6	\$10.48		
00924	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral	4	\$10.48		
00926	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal	4	\$10.48		
00928	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal	6	\$10.48		
00930	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral	4	\$10.48		
00932	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis	4	\$10.48		
00934	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy	6	\$10.48		
00936	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy	8	\$10.48		
00938	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)	4	\$10.48		
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	3	\$10.48		
00942	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures	4	\$10.48		
00944	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy	6	\$10.48		
00948	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage	4	\$10.48		
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	4	\$10.48		
01112	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest	5	\$10.48		
01120	Anesthesia for procedures on bony pelvis	6	\$10.48		
01130	Anesthesia for body cast application or revision	3	\$10.48		
01140	Anesthesia for interpelviabdominal (hindquarter) amputation	15	\$10.48		
01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	10	\$10.48		
01160	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint	4	\$10.48		
01170	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint	8	\$10.48		
01173	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum	12	\$10.48		
01180	Anesthesia for obturator neurectomy; extrapelvic	3	\$10.48		
01190	Anesthesia for obturator neurectomy; intrapelvic	4	\$10.48		
01200	Anesthesia for all closed procedures involving hip joint	4	\$10.48		
01202	Anesthesia for arthroscopic procedures of hip joint	4	\$10.48		
01210	Anesthesia for open procedures involving hip joint; not otherwise specified	6	\$10.48		

CPT Anesthesia Code	CPT Anesthesia Descriptor	Base Unit Value	Conversion Factor	Start Date	End Date
01212	Anesthesia for open procedures involving hip joint; hip disarticulation	10	\$10.48		
01214	Anesthesia for open procedures involving hip joint; total hip arthroplasty	8	\$10.48		
01215	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty	10	\$10.48		
01220	Anesthesia for all closed procedures involving upper two-thirds of femur	4	\$10.48		
01230	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified	6	\$10.48		
01232	Anesthesia for open procedures involving upper two-thirds of femur; amputation	5	\$10.48		
01234	Anesthesia for open procedures involving upper two-thirds of femur; radical resection	8	\$10.48		
01250	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg	4	\$10.48		
01260	Anesthesia for all procedures involving veins of upper leg, including exploration	3	\$10.48		
01270	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	8	\$10.48		
01272	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation	4	\$10.48		
01274	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy	6	\$10.48		
01320	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area	4	\$10.48		
01340	Anesthesia for all closed procedures on lower one-third of femur	4	\$10.48		
01360	Anesthesia for all open procedures on lower one-third of femur	5	\$10.48		
01380	Anesthesia for all closed procedures on knee joint	3	\$10.48		
01382	Anesthesia for diagnostic arthroscopic procedures of knee joint	3	\$10.48		
01390	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella	3	\$10.48		
01392	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella	4	\$10.48		
01400	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified	4	\$10.48		
01402	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty	7	\$10.48		
01404	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee	5	\$10.48		
01420	Anesthesia for all cast applications, removal, or repair involving knee joint	3	\$10.48		
01430	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified	3	\$10.48		
01432	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula	6	\$10.48		
01440	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	8	\$10.48		
01442	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft	8	\$10.48		
01444	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm	8	\$10.48		
01462	Anesthesia for all closed procedures on lower leg, ankle, and foot	3	\$10.48		
01464	Anesthesia for arthroscopic procedures of ankle and/or foot	3	\$10.48		
01470	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified	3	\$10.48		
01472	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft	5	\$10.48		
01474	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)	5	\$10.48		

CPT Anesthesia Code	CPT Anesthesia Descriptor	Base Unit Value	Conversion Factor	Start Date	End Date
01480	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified	3	\$10.48		
01482	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)	4	\$10.48		
01484	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula	4	\$10.48		
01486	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement	7	\$10.48		
01490	Anesthesia for lower leg cast application, removal, or repair	3	\$10.48		
01500	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	8	\$10.48		
01502	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter	6	\$10.48		
01520	Anesthesia for procedures on veins of lower leg; not otherwise specified	3	\$10.48		
01522	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter	5	\$10.48		
01610	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla	5	\$10.48		
01620	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint	4	\$10.48		
01622	Anesthesia for diagnostic arthroscopic procedures of shoulder joint	4	\$10.48		
01630	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified	5	\$10.48		
01634	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation	9	\$10.48		
01636	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscaphular (forequarter) amputation	15	\$10.48		
01638	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement	10	\$10.48		
01650	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified	6	\$10.48		
01652	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm	10	\$10.48		
01654	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft	8	\$10.48		
01656	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft	10	\$10.48		
01670	Anesthesia for all procedures on veins of shoulder and axilla	4	\$10.48		
01680	Anesthesia for shoulder cast application, removal or repair; not otherwise specified	3	\$10.48		
01682	Anesthesia for shoulder cast application, removal or repair; shoulder spica	4	\$10.48		
01710	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified	3	\$10.48		
01712	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open	5	\$10.48		
01714	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder	5	\$10.48		
01716	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps	5	\$10.48		
01730	Anesthesia for all closed procedures on humerus and elbow	3	\$10.48		
01732	Anesthesia for diagnostic arthroscopic procedures of elbow joint	3	\$10.48		
01740	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified	4	\$10.48		

CPT Anesthesia Code	CPT Anesthesia Descriptor	Base Unit Value	Conversion Factor	Start Date	End Date
01742	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus	5	\$10.48		
01744	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus	5	\$10.48		
01756	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures	6	\$10.48		
01758	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus	5	\$10.48		
01760	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement	7	\$10.48		
01770	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified	6	\$10.48		
01772	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy	6	\$10.48		
01780	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified	3	\$10.48		
01782	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy	4	\$10.48		
01810	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand	3	\$10.48		
01820	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones	3	\$10.48		
01829	Anesthesia for diagnostic arthroscopic procedures on the wrist	3	\$10.48		
01830	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified	3	\$10.48		
01832	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement	6	\$10.48		
01840	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified	6	\$10.48		
01842	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy	6	\$10.48		
01844	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)	6	\$10.48		
01850	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified	3	\$10.48		
01852	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy	4	\$10.48		
01860	Anesthesia for forearm, wrist, or hand cast application, removal, or repair	3	\$10.48		
01916	Anesthesia for diagnostic arteriography/venography	5	\$10.48		
01920	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)	7	\$10.48		
01922	Anesthesia for non-invasive imaging or radiation therapy	7	\$10.48		
01924	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	5	\$10.48		
01925	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary	7	\$10.48		
01926	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	8	\$10.48		
01930	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	5	\$10.48		
01931	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])	7	\$10.48		
01932	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular	6	\$10.48		

CPT Anesthesia Code	CPT Anesthesia Descriptor	Base Unit Value	Conversion Factor	Start Date	End Date
01933	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial	7	\$10.48		
01935	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic	5	\$10.48		
01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	5	\$10.48		
01951	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area	3	\$10.48		
01952	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area	5	\$10.48		
01953	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separa	1	\$10.48		
01958	Anesthesia for external cephalic version procedure	5	\$10.48		
01960	Anesthesia for vaginal delivery only	5	\$10.48		
01961	Anesthesia for cesarean delivery only	7	\$10.48		
01962	Anesthesia for urgent hysterectomy following delivery	8	\$10.48		
01963	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care	8	\$10.48		
01965	Anesthesia for incomplete or missed abortion procedures	4	\$10.48		
01966	Anesthesia for induced abortion procedures	4	\$10.48		
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)	5	\$10.48		
01968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	2	\$10.48		
01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	5	\$10.48		
01990	Physiological support for harvesting of organ(s) from brain-dead patient	7	\$10.48		
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position	3	\$10.48		
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position	5	\$10.48		
01999	Unlisted anesthesia procedure(s)	0	\$10.48		