<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Rate Effective for Dates of Service Beginning</th>
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<tbody>
<tr>
<td>20251</td>
<td>BIOPSY, VERTEBRAL BODY, OPEN LUMBAR OR CERVICAL</td>
<td>$5,606.03</td>
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<tr>
<td>22514</td>
<td>PERQ VERTEBRAL AUGMENTATION</td>
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<td>22551</td>
<td>NECK SPINE FUSE &amp; REMOV BEL C2</td>
<td>$10,122.22</td>
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<tr>
<td>22558</td>
<td>ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR</td>
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<tr>
<td>22612</td>
<td>LUMBAR SPINE FUSION</td>
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<td>22630</td>
<td>ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; LUMBAR</td>
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<td>22633</td>
<td>LUMBAR SPINE FUSION COMBINED</td>
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<tr>
<td>22849</td>
<td>REINSERTION OF SPINAL FIXATION DEVICE</td>
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<tr>
<td>22856</td>
<td>CERV ARTIFIC DISKECTOMY</td>
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<tr>
<td>22857</td>
<td>LUMBAR ARTIFIC DISKECTOMY</td>
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<tr>
<td>23491</td>
<td>PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) W OR W/O METHYLMETHACRYLATE; PROX HUMER</td>
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<tr>
<td>27130</td>
<td>ARTHROPLASTY, ACETABULAR &amp; PROXIMAL FEMORAL PROSTHETIC REPLACEMENT, W/ OR W/O AUTOGRAFT OR ALLOGRAFT</td>
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<td>27447</td>
<td>ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA</td>
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<td>28270</td>
<td>CAPSULOTOMY; METATARSPHALANGEAL JOINT, W OR W/OUT TENORRHAPHY, EACH JOINT (SEPARATE PROCEDURE)</td>
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<tr>
<td>29823</td>
<td>ARTHROSCOPY, SHOULDER, SURGICAL DEBRIDEMENT, EXTENSIVE</td>
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<tr>
<td>29824</td>
<td>ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING.....</td>
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<tr>
<td>29827</td>
<td>ARTHROSCOPY ROTATOR CUFF REPR</td>
<td>$5,606.03</td>
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<tr>
<td>29877</td>
<td>ARTHROSCOPY, KNEE, SURGICAL DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)</td>
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<td>29879</td>
<td>ARTHROSCOPY, KNEE, SURGICAL ABRATION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY)</td>
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<td>29915</td>
<td>HIP ARTHRO ACETABULOPLASTY</td>
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<td>43281</td>
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<td>43644</td>
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<td>43645</td>
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<td>LAP REVISE GASTR ADJ DEVICE</td>
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<td>43772</td>
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<tr>
<td>43774</td>
<td>LAP RMVL GASTR ADJ ALL PARTS</td>
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<td>43775</td>
<td>LAP SLEEVE GASTRECTOMY</td>
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<td>43845</td>
<td>GASTROPLASTY DUODENAL SWITCH</td>
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<td>43846</td>
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<td>LAP VENT/ABD HERN PROC COMP</td>
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<tr>
<td>63001</td>
<td>REMOVE SPINE LAMINA 1/2 CRVL</td>
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<td>REMOVE SPINE LAMINA &gt;2 CRVL</td>
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<tr>
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<td>REMOVE SPINE LAMINA 1 CRVL</td>
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<td>63046</td>
<td>REMOVE SPINE LAMINA 1 THRC</td>
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<td>REMOVE SPINE LAMINA 1 LMBR</td>
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<td>INCIS. &amp; SUBCUTANEOUS PLACE. SPINAL NEUROSTIMULATOR PULSE GENERATOR/RECVR, DIRECT/INDUCTIVE COUPLING</td>
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<tr>
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</tbody>
</table>