

**MO HealthNet Division Fee Schedule for Outpatient Surgical Procedures**

Procedure Code	Procedure Description	Rate Effective for Dates of Service Beginning
		1/1/2019
20251	BIOPSY, VERTEBRAL BODY, OPEN LUMBAR OR CERVICAL	\$5,606.03
22514	PERQ VERTEBRAL AUGMENTATION	\$5,606.03
22551	NECK SPINE FUSE&REMOV BEL C2	\$10,122.22
22558	ARTHRODESIS,ANTERIOR INTERBODY TECHNIQUE,INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE...;LUMBAR	\$15,369.94
22612	LUMBAR SPINE FUSION	\$10,122.22
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; LUMBAR	\$15,369.94
22633	LUMBAR SPINE FUSION COMBINED	\$15,369.94
22849	REINSERTION OF SPINAL FIXATION DEVICE	\$15,369.94
22856	CERV ARTIFIC DISKECTOMY	\$15,369.94
22857	LUMBAR ARTIF DISKECTOMY	\$15,369.94
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) W OR W/O METHYLMETHACRYLATE; PROX HUMER	\$10,122.22
27130	ARTHROPLASTY, ACETABULAR & PROXIMAL FEMORAL PROSTHETIC REPLACEMENT, W/ OR W/O AUTOGRAFT OR ALLOGRAFT	\$10,122.22
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA	\$10,122.22
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, W OR W/OUT TENORRHAPHY, EACH JOINT (SEPARATE PROCEDURE)	\$5,606.03
29823	ARTHROSCOPY, SHOULDER, SURGICAL DEBRIDEMENT, EXTENSIVE	\$5,606.03
29824	ANTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING.....	\$5,606.03
29827	ARTHROSCOP ROTATOR CUFF REPR	\$5,606.03
29877	ARTHROSCOPY, KNEE, SURGICAL DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	\$5,606.03
29879	ARTHROSCOPY, KNEE, SURGICAL ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY)	\$5,606.03
29914	HIP ARTHRO W/FEMOROPLASTY	\$5,606.03
29915	HIP ARTHRO ACETABULOPLASTY	\$5,606.03
43281	LAP PARAESOPHAG HERN REPAIR	\$7,594.89
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	13,500.00
43645	LAP GASTR BYPASS INCL SMLL I	13,500.00
43770	LAP PLACE GASTR ADJ DEVICE	13,500.00
43771	LAP REVISE GASTR ADJ DEVICE	7,000.00
43772	LAP RMVL GASTR ADJ DEVICE	7,000.00
43773	LAP REPLACE GASTR ADJ DEVICE	13,500.00
43774	LAP RMVL GASTR ADJ ALL PARTS	7,000.00
43775	LAP SLEEVE GASTRECTOMY	13,500.00
43845	GASTROPLASTY DUODENAL SWITCH	13,500.00
43846	GASTRIC RESTRICTIVE PROCEDURE,W/GASTRIC BYPASS FOR...;WITH SHORT LIMB ROUX-EN-Y GASTROENTEROSTOMY	13,500.00
43847	GASTRIC BYPASS INCL SMALL I	14,000.00
43848	REVISION GASTROPLASTY	14,000.00
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD)	\$4,488.37
49653	LAP VENT/ABD HERN PROC COMP	\$4,488.37
49654	LAP INC HERNIA REPAIR	\$7,600.00
62380	NJX INTERLAMINAR LMBR/SAC	\$5,606.03
63001	REMOVE SPINE LAMINA 1/2 CRVL	\$5,606.03
63015	REMOVE SPINE LAMINA >2 CRVCL	\$5,606.03
63020	NECK SPINE DISK SURGERY	\$5,606.03
63030	LOW BACK DISK SURGERY	\$5,606.03
63042	LAMINOTOMY SINGLE LUMBAR	\$5,606.03
63045	REMOVE SPINE LAMINA 1 CRVL	\$5,606.03
63046	REMOVE SPINE LAMINA 1 THRC	\$5,606.03
63047	REMOVE SPINE LAMINA 1 LMBR	\$5,606.03
63075	NECK SPINE DISK SURGERY	\$5,606.03
63685	INCIS. & SUBCUTANEOUS PLACE. SPINAL NEUROSTIMULATOR PULSE GENERATOR/RECVR,DIRECT/INDUCTIVE COUPLING	\$27,889.86
63707	REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY	\$2,879.18
63710	DURAL GRAFT, SPINAL	\$2,879.18