CPT® CODE	ABBREVIATED DESCRIPTION	ERROR PAYMENT GROUP	ERROR RATE	CORRECT PAYMENT GROUP	CORRECT RATE
	LISTED AS NOT COVERED IN ERROR				
15842	FACIAL NRV PARALYS FRE/MUSCL GRFT MICRO	NG	NC	11	BR
16030	DRESS/DEBRIDE LRG W/O ANESTHESIA	NG	NC	11	BR
19260	EXCISION CHEST WALL TUMOR INCLUDING RIBS	NG	NC	11	BR
19364	BREAST RECONSTRCT W/FREE FLAP	NG	NC	13	UR, BR
20955	FIBULA GRAFT W/MICROVASCULAR ANASTOMOSIS	NG	NC	13	UR, BR
21390	ORBITAL/FLR FX PERIORBITAL W/IMPLANT	NG	NC	11	BR
21406	OPEN/TRT ORBIT FX EXCP/BLOWOUT W/O IMP	NG	NC	11	BR
21407	OPEN/TRT ORBIT FX EXCPT/BLOWOUT W/IMPL	NG	NC	11	BR
21470	OPEN TRT MANDIBUL/FX BY MULTI SURGS	NG	NC	11	BR
21550	BIOPSY, SOFT TISSUE OF NECK OR THROAT	NG	NC	11	BR
21920	BIOPSY,SOFT TISSUE OF BACK/FLANK,SUPRFCL	NG	NC	11	BR
22100	PARTIAL RESECTION VERTEBRAL/COMPO CERV	NG	NC	11	BR
22101	PARTIAL RESECT VERTEBRL/COMP THORACIC	NG	NC	11	BR
22102	PARTIAL RESECT VERTEBRL/COMP LUMBAR	NG	NC	11	BR
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL	NG	NC	11	BR
23065	BIOPSY SOFT TISSUE-SUPERFICIAL SHDLD	NG	NC	11	BR
24065	BIOPSY SOFT TISSUES-SUPERFICIAL UP-ARM/E	NG	NC	11	BR
24150	RADICAL RESECTION-TUMOR-SHAFT/DISTAL HUM	NG	NC	11	BR
24151	RADICAL/RES TUMOR SHFT/DIST/HUM W/AUTO	NG	NC	11	BR
24152	RADICAL/RES TUMOR RADIAL HD/NK	NG	NC	11	BR
24153	RADICAL/RES TUMR RADIAL H W/GRFT	NG	NC	11	BR
25065	BIOPSY SOFT TISS-SUPERFICL FOREARM/WRIST	NG	NC	11	BR
25170	RADICAL RESECT TUMOR RADIUS/ULNA	NG	NC	11	BR
26035	DECOMPRES FINGERS AND/OR HAND, INJ INJUR	NG	NC	11	BR
26037	DECOMPRESSIVE FASCIOTOMY HAND	NG	NC	11	BR
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	NG	NC	11	BR
27524	OPEN TRT PATELLA FX W/REPAIR AND /OR EXC	NG	NC	11	BR
27613	BIOPSY SOFT TISSUE SUPERFICIAL ANK/LG	NG	NC	11	BR
30124	EXC DERMOID CYST NOSE SIMPLE, SKIN	NG	NC	11	BR
31600	TRACHEOSTOMY PLANNED	NG	NC	11	BR
31785	EXC TRACHEAL TUMOR OR CARCINOMA CERV	NG	NC	11	BR
32002	THORACENTESIS W/INSERT. TUBE W/WO WATER	NG	NC	11	BR
32005	CHEMICAL PLEURODESIS (PNEUMOTHORAX)	NG	NC	11	BR
32020	THORACOSTOMY TUBE W/WATER SEAL*	NG	NC	11	BR
34101	EMBOLECT/THROMBECT AXIL BRACHI/ARM INCIS	NG	NC	11	BR

CPT® CODE	ABBREVIATED DESCRIPTION	ERROR PAYMENT GROUP	ERROR RATE	CORRECT PAYMENT GROUP	CORRECT RATE
38700	SUPRAHYOID LYMPHADENECTOMY	NG	NC	11	BR
40805	REMOVAL EMBEDDED FOREIGN BDY-COMPLICATED	NG	NC	11	BR
40806	INCISION OF LABIAL FRENUM	NG	NC	11	BR
40820	DESTRUCTION LESION/SCAR,MOUTH PHSCL METH	NG	NC	11	BR
41000	INTRAORAL INCISION & DRAINAGE OR ABCESS*	NG	NC	11	BR
41105	BIOPSY TONGUE POSTERIOR ONE-THIRD	NG	NC	11	BR
41110	EXCISION LESION OF TONGUE W/O CLOSURE	NG	NC	11	BR
41115	EXCISION OF LINGUAL FRENUM	NG	NC	11	BR
41805	REMOVAL EMBED FOREIGN BDY FRM DENTOALVEO	NG	NC	11	BR
41806	REMOVAL EMBEDDED FOREIGN BODY FROM BONE	NG	NC	11	BR
42104	EXCISION LESION PALATE UVULA W/O CLOSURE	NG	NC	11	BR
42106	EXCISION LESION PALATE UVULA W/ CLOSURE	NG	NC	11	BR
42160	DESTRUCTION OF LESION PALATE OR UVULA	NG	NC	11	BR
42225	PALATOPLAST CLF PAL-ATTCH PHARYNGEAL FLP	NG	NC	11	BR
42281	INSERT PIN-RETAINED PALATAL PROSTHESIS	NG	NC	11	BR
42335	SIALOLITHOTOMY SUBMANDIBULAR COMPLICATED	NG	NC	11	BR
44345	REVISION COLOSTOMY-COMPLICATED, SEP PROC	NG	NC	13	UR, BR
44346	REVISE COLOSTMY,W/REPAIR PARAC HRN,SEP P	NG	NC	13	UR, BR
51005	ASPIRATION BLADDER BY TROCAR INTRACATH	NG	NC	11	BR
51725	SIMPLE CYSTOMETROGRAM (CMG)	NG	NC	11	BR
54125	AMPUTATION OF PENIS-COMPLETE	NG	NC	13	UR, BR
56405	INCISION AND DRAINAGE OF VULVA OR PERINE	NG	NC	11	BR
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PR	NG	NC	11	BR
57310	CLOSURE OF URETHROVAGINAL FISTULA	NG	NC	11	BR
57320	CLOS VESICOVAGINAL FISTULA VAGINAL APPR	NG	NC	11	BR
57800	DILATE CERV CANAL INTRUMNTL SEP PROC	NG	NC	11	BR
60220	TOTAL THYROID LOBECTOMY, UNILATERAL	NG	NC	11	BR
60225	LOBECTOMY TOTAL THYROID W CONTRAL SUBT	NG	NC	11	BR
69424	VENT TUBE REMOV(INSRT BY OTHR PHYS)	NG	NC	11	BR
	PAYMENT GROUP CHANGED				
29800	ARTHSCPY,TMJ,DIAG,W OR W/O SYN BIO(SEP)	3	1206.00	6	$1,936
29804	ARTHROSCOPY, TMJ, SURGICAL	3	1206.00	6	$1,936
29805	SHOULDER ARTHROSCOPY, DX	3	1206.00	6	$1,936
29806	SHOULDER ARTHROSCOPY/SURGERY	3	1206.00	6	$1,936
29807	SHOULDER ARTHROSCOPY/SURGERY	3	1206.00	6	$1,936

CPT® CODE	ABBREVIATED DESCRIPTION	ERROR PAYMENT GROUP	ERROR RATE	CORRECT PAYMENT GROUP	CORRECT RATE
29819	ARTHROSCOPY SHOULDER W REMOVAL OF BODY	3	1206.00	6	$1,936
29820	ARTHROSCOPY SHOULDER SYNOVECTOMY PARTIAL	3	1206.00	6	$1,936
29821	ARTHROSCOPY SHOULDER SYNOVECTOMY CMPLT	3	1206.00	6	$1,936
29822	ARTHROSCOPY SHOULDER DEBRIDEMENT LIMITED	3	1206.00	6	$1,936
29823	ARTHROSCOPY SHOULDER DEBRIDEMENT EXTNSV	3	1206.00	6	$1,936
29824	SHOULDER ARTHROSCOPY/SURGERY	5	1695.00	6	$1,936
29825	ARTHROSCOPY SHOULDER W LYSIS & RESCT ADH	3	1206.00	6	$1,936
29826	ARTHROSCOPY,DECOMPRESSION OF SUBACROMIAL	3	1206.00	6	$1,936
29830	ARTHROSCOPY ELBOW DIAGNOSTIC	3	1206.00	6	$1,936
29834	ARTHROSCOPY ELBOW W REMOVAL OF BODY	3	1206.00	6	$1,936
29835	ARTHROSCOPY ELBOW SYNOVECTOMY PARTIAL	3	1206.00	6	$1,936
29836	ARTHROSCOPY ELBOW SYNOVECTOMY COMPLETE	3	1206.00	6	$1,936
29837	ARTHROSCOPY ELBOW DEBRIDEMENT LIMITED	3	1206.00	6	$1,936
29838	ARTHROSCOPY ELBOW DEBRIDEMENT EXTENSIVE	3	1206.00	6	$1,936
29840	ARTHROSCOPY,WRIST,DX,W/WO SYNOVIAL BIOPS	3	1206.00	6	$1,936
29843	ARTHROSCOPY,WRIST,SURGCL:INFECT,LAVAGE,D	3	1206.00	6	$1,936
29844	ARTHROSCOPY WRIST,SYNOVECTOMY PARTIAL	3	1206.00	6	$1,936
29845	ARTHROSCOPY WRIST, SYNOVECTOMY COMPLETE	3	1206.00	6	$1,936
29846	ARTHROSCOPY WRIST,EXCIS FIBROCART A/O JT	3	1206.00	6	$1,936
29847	ARTHROSCOPY WRIST, INTERN FIXAT FX/INSTA	3	1206.00	6	$1,936
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTE	4	1489.00	6	$1,936
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTE	4	1489.00	6	$1,936
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBI	4	1489.00	6	$1,936
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBI	4	1489.00	6	$1,936
29860	HIP ARTHROSCOPY, DX	4	1489.00	6	$1,936
29861	HIP ARTHROSCOPY, SURG, REMOVAL FOREIGN	4	1489.00	6	$1,936
29863	HIP ARTHROSCOPY, SURG, SYNOVECTOMY	4	1489.00	6	$1,936
29870	ARTHROSCOPY KNEE DIAGNOSTIC	3	1206.00	6	$1,936
29871	ARTHROSCOPY KNEE INFCT LVG DRNG	3	1206.00	6	$1,936
29874	ARTHROSCOPY KNEE REMOVAL LOOSE FRGN BODY	3	1206.00	6	$1,936
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED	4	1489.00	6	$1,936
29876	ARTHROSCOPY KNEE SYNOVECTOMY MAJ 2 O MR	4	1489.00	6	$1,936
29877	ARTHROSCOPY KNEE DEBRIDEMENT ARTC CARTLG	4	1489.00	6	$1,936
29879	ARTHROSCOPY KNEE ABRASION ARTHROPLASTY	3	1206.00	6	$1,936
29880	ARTHROSCOPY KNEE,W MENISCECT (MED & LAT)	4	1489.00	6	$1,936
29881	ARTHROSCOPY KNEE W MENISCECTOMY	4	1489.00	6	$1,936
29882	ARTHROSCOPY KNEE W MENISCUS REPAIR	3	1206.00	6	$1,936
29883	ARTHROSCOPY KNEE,W MENISCUS REP(MED & LA	3	1206.00	6	$1,936

CPT® CODE	ABBREVIATED DESCRIPTION	ERROR PAYMENT GROUP	ERROR RATE	CORRECT PAYMENT GROUP	CORRECT RATE
29884	ARTHROSCOPY KNEE W LYSIS ADH W WO MANIP	3	1206.00	6	$1,936
29885	ARTHROSCOPY KNEE,DRILLING W BONE GRFT,W/	3	1206.00	6	$1,936
29886	ARTHROSCOPY KNEE DRILL FOR INTACT OSTEO	3	1206.00	6	$1,936
29887	ARTHROSCOPY KNEE DRL INTCT OSTEO LSN FIX	3	1206.00	6	$1,936
29888	ARTHROSCOPY AIDED ANT CRUC LIG REP/AUGM	6	1936.00	7	$2,352
29889	ARTHROSCOPY AIDED POST CRUC LIG REP/AUGM	6	1936.00	7	$2,352
29891	ANKLE ARTHROSCOPY/SURGERY	3	1206.00	6	$1,936
29892	ANKLE ARTHROSCOPY/SURGERY	3	1206.00	6	$1,936
29894	ARTHROSCOPY ANKLE (TIBIOTALAR/FIBULOTALA	3	1206.00	6	$1,936
29895	ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	3	1206.00	6	$1,936
29897	ARTHROSCOPY ANKLE DEBRIDGEMENT LIMITED	3	1206.00	6	$1,936
29898	ARTHROSCOPY ANKLE DEBRIDEMENT EXTENSIVE	3	1206.00	6	$1,936
29899	ANKLE ARTHROSCOPY/SURGERY	3	1206.00	6	$1,936
29900	MCP JOINT ARTHROSCOPY, DX	3	1206.00	6	$1,936
29901	MCP JOINT ARTHROSCOPY, SURG	3	1206.00	6	$1,936
29902	MCP JOINT ARTHROSCOPY, SURG	3	1206.00	6	$1,936
	INVALID CODES LISTED IN ERROR				
26585	REPAIR BIFID DIGIT	11	BR	Invalid Code	Invalid Code
26597	RELEASE SCAR CONTRCTR,FLX/EXTNS W/GRFT	11	BR	Invalid Code	Invalid Code
29815	ARTHROSCOPY SHOULDER DIAGNOSTIC	11	BR	Invalid Code	Invalid Code
53443	URETHRPLSTY W/TUBRZATION POSTR URET/BLAD	11	BR	Invalid Code	Invalid Code
54407	REMOVE, RPR OR REPLACE INFLTBL PENILE PR	11	BR	Invalid Code	Invalid Code
58551	LAPAROSCOPY, REMOVAL LEIOMYOMATA	NG	NC	Invalid Code	Invalid Code
	NOT COVERED CODES LISTED AS COVERED				
36488	INSERTION OF CATHETER, VEIN	1	787.00	NC	Not Covered
36490	INSERTION OF CATHETER, VEIN	1	787.00	NC	Not Covered
49500	REPAIR ING HERNIA UNDER AGE 5-W/WO HYDRO	4	1489.00	NC	Not Covered
49501	RPR ING HERNIA, INIT BLOCKED	9	3166.00	NC	Not Covered
50947	LAPARO NEW URETER/BLADDER	9	3166.00	NC	Not Covered
50948	LAPARO NEW URETER/BLADDER	9	3166.00	NC	Not Covered
54162	LYSIS OR EXCISION OF PENILE POST-CIRC ADHESIONS	2	1054.00	NC	Not Covered
54163	REPAIR INCOMPLETE CIRCUMCISION	2	1054.00	NC	Not Covered

CPT® CODE	ABBREVIATED DESCRIPTION	ERROR PAYMENT GROUP	ERROR RATE	CORRECT PAYMENT GROUP	CORRECT RATE
54164	FRENULOTOMY OF PENIS	2	1054.00	NC	Not Covered
58353	ENDOMETRIAL ABLATION, THERMAL, W/OUT HYS	4	1489.00	NC	Not Covered
58545	LAPAROSCOPIC MYOMECTOMY	9	3166.00	NC	Not Covered
58546	LAPARO-MYOMECTOMY, COMPLEX	9	3166.00	NC	Not Covered
58600	LIGATION OR TRANSECTION OF FALLOPIAN	11	BR	NC	Not Covered
58615	OCCLUSION FALLOPIAN TUBES BY DEVICE	11	BR	NC	Not Covered
59871	REMOVE CERCLAGE SUTURE	5	1695.00	NC	Not Covered
62280	INJECTION NEUROLYTIC SUBSTANCE SUBRACH	1	787.00	NC	Not Covered
62287	PERCUTANEOUS DISKECTOMY	9	NC	NC	Not Covered
62350	IMPLANTATION,REVISION OR REPOSITIONING O	2	1054.00	NC	Not Covered
62355	REMOVAL OF PREV IMPLANTED INTRATHECAL OR	2	1054.00	NC	Not Covered
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FO	2	1054.00	NC	Not Covered
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FO	2	1054.00	NC	Not Covered
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FO	2	1054.00	NC	Not Covered
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUM	2	1054.00	NC	Not Covered
63650	PERCUTAN IMPLANT NS ELECTRODS EPIDURAL	2	1054.00	NC	Not Covered
63660	REVISION/REMOVAL SPINAL NS ELECTRODES	1	787.00	NC	Not Covered
63685	INC SUBCUTANEOUS PLACEMENT NS RECEIVER	2	1054.00	NC	Not Covered
63688	REVISION/REMOVAL SPINAL NS RECEIVER	1	787.00	NC	Not Covered
64581	IMPLANT NEUROELECTRODES	11	BR	NC	Not Covered
	LISTED ON THE ASC FEE SCHEDULE IN ERROR				
31710	CATHERIZATION BRONCHOGRAPHY W/WO MAT	NG	NC	N/A for ASC	N/A for ASC
31715	TRANSTRACHEAL INJECTION FOR BRONCHOGRAPH	NG	NC	N/A for ASC	N/A for ASC
38790	INJECT PROCEDURE LYMPHANGIOGRAPHY	NG	NC	N/A for ASC	N/A for ASC
49400	PNEUMOPERITONEUM INITIAL*	NG	NC	N/A for ASC	N/A for ASC
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR	NG	NC	N/A for ASC	N/A for ASC
50690	INJ PROC VISUALIZ ILIAL/URETRPYLOGRPHY	NG	NC	N/A for ASC	N/A for ASC
51600	INJ PROC F CYSTOGRAPHY/VOID URETHOGRPH*	NG	NC	N/A for ASC	N/A for ASC
51605	INJ PROC & PLACE CHAIN FR CONTRAST URETH	NG	NC	N/A for ASC	N/A for ASC
51610	INJ PROC FOR RETRO-URETHROCYSTOGRAP	NG	NC	N/A for ASC	N/A for ASC
69710	IMPLANT/REPLACEMENT HEARING DEV,ELECTROM	NG	NC	N/A for ASC	N/A for ASC