



HOLISTA

Empowering Value-Based Healthcare

Episode of Care Offerings

Table of Contents

Inclusions & Exclusions based on Episode:	4
Orthopedic Episodes with Physical Therapy	4
Anterior Cervical Fusion 22551	4
Anterior Cervical Fusion multiple level 22551 & 22552	5
Anterior Lumbar Fusion 22612	5
Repair of ruptured musculotendinous cuff 23412	5
Total Shoulder, Arthroscopy 23472	6
Tendon Sheath Incision (Trigger Finger Release) 26055	6
Hip, Total Replacement 27130	6
Revision of Knee Joint (Partial Knee) 27446	7
Knee, Total Replacement 27447	7
Open treatment of distal fibular fracture 27792	7
Open treatment of distal tibiofibular joint (syndesmosis) disruption, internal fixation 27829	8
Correction Hallux Valgus with or without sesamoidectomy 28299	8
Open treatment of metatarsal fracture 28485	8
Shoulder, Arthroscopy – surgical; capsulorrhaphy 29806	9
Shoulder, Arthroscopy – surgical; repair of SLAP lesion 29807	9
Shoulder, Arthroscopy - debridement 29822	9
Shoulder, Arthroscopy – debridement, extensive 29823	10
Shoulder, Arthroscopy 29824	10
Shoulder, Arthroscopy – surgical; subacromial decompression 29826 & 29822	10
Shoulder, Arthroscopy – debridement extensive, subacromial decomp. 29826 & 29823	11
Shoulder, Rotator Cuff (arthroscopic) 29827	11
Shoulder, Arthroscopy – bicep tenodesis 29828	11
Knee, Arthroscopy 29877	12
Knee, Arthroscopy – surgical; abrasion arthroplasty 29879	12
Arthroscopic Meniscectomy medial and lateral 29880	12
Arthroscopic Meniscectomy medial OR lateral 29881	13
Knee, Arthroscopy - Meniscal Repair (medial or lateral) 29882	13
Knee ACL/MCL Repair 29888	13
Hip, Arthroscopy (Femoroplasty) 29914	14
Hip, Arthroscopy acetabuloplasty 29915	14
Hip, Arthroscopy (Labral Repair) 29916	14

Laminotomy, Lumbar	63030	15
Spinal disk surgery add-on	63035	15
Laminotomy single lumbar	63042	15
Remove spine lamina 1 lumbar	63047	16
Decompress spinal cord lumbar	63056	16
Neuroplasty, elbow	64718	16
Orthopedic Episodes without Physical Therapy		18
Excision of lesion of tendon sheath or joint capsule	26160	18
Patellofemoral	27438	18
Correction, Hammertoe	28285	18
Hallux rigidus correction with cheilectomy	28289	19
Correction Hallux Valgus	28292 or 28296	19
Arthroscopy, wrist, surgical; excision and/or repair	29846	19
Carpal Tunnel (ASC)	64721	20
Carpal Tunnel (In Office)	64999/76946	20
Carpal Tunnel - Bilateral (In Office)	64999/76946-50	20
ENT Episodes		22
Closed treatment of nasal bone fracture; with stabilization	21320	22
Turbinate Reduction - Bilateral	30140-50	22
Septoplasty	30520	22
Septoplasty & Turbinate Reduction	30520/30140	23
Adentonsillectomy under 12 y/o	42820	23
Adentonsillectomy over 12 y/o	42821	23
Tonsillectomy under 12 y/o	42825	24
Tonsillectomy over 12 y/o	42826	24
Adenoidectomy under 12 y/o	42830	24
Adenoidectomy over 12 y/o	42831	25
Bilateral Myringotomy & Tubes	69436-50	25
Conservative Non-Surgical Episodes		26
Conservative Non-Surgical		26
Sleep Study Episodes		27
Home Sleep Study: CPAP	95806, 95806/E0601	27
Baseline in-lab Sleep Study: BIPAP	95810, 95811/E0470	27
Titration in-lab Sleep Study: BIPAP/ASV/ST/AVAPS	95811/E0471	27



PSG/MSLT – Bundle	95810, 95811/95805.....	28
Baseline in-lab Sleep Study: CPAP	95810, 95811/E0601.....	28
MRI Episodes		29
MRI, Lumbar, without contrast	72148	29
MRI, Any joint of upper extremity, without contrast	73221	29
MRI, Lower extremity other than joint, without contrast	73718.....	29
MRI, Any joint of lower extremity, without contrast	73721.....	30
MRI, Any joint of lower extremity, with contrast		30
In-Office Hand Procedures		31
Bilateral carpal tunnel release	64721-50	31
Bilateral carpal tunnel release w/ additional services	64721-50, 22.....	31
Reconstruction of tendon pulley	25000.....	31
Reconstruction of tendon pulley with additional services	25000-22	32
Bilateral Reconstruction of tendon pulley	25000-50.....	32
Bilateral Reconstruction of tendon pulley with additional services	25000-50,22	32
Excision of lesion on tendon sheath or joint capsule	26160	33
Excision of lesion on tendon sheath or joint capsule with additional services	26160-22	33
Bilateral Excision of lesion on tendon sheath or joint capsule	26160-50.....	33
Bilateral Excision of lesion on tendon sheath or joint capsule w/ additional services	26160-50,22	34
Repair, extensor tendon, hand, primary or secondary	26410	34
Repair, extensor tendon, hand, primary or secondary with additional services	26410-22	34
Bilateral Repair, extensor tendon, hand, primary or secondary	26410-50	35
Bilateral Repair, extensor tendon, hand, primary or secondary with additional services	26410-50,22.....	35
Fasciotomy, palmar; percutaneous	26040	35
Fasciotomy, palmar; percutaneous with additional services	26040-22	36
Bilateral Fasciotomy, palmar; percutaneous	26040-50.....	36
Bilateral Fasciotomy, palmar; percutaneous with additional services	26040-50,22	36
Tendon sheath incision with additional services	26055-22	37
Bilateral Tendon sheath incision	26055-50	37
Bilateral Tendon sheath incision with additional services	26055-50,22	37
Holista Network Facilities		38
Holista Network Providers		39

Inclusions & Exclusions based on Episode:

Bundle Inclusions	Bundle Exclusions
<p>Based on the bundle, the below list of services may be performed, administered or applied in connection with the applicable Bundle at a Participating Provider Site of Service during the Episode Period by a Participating Provider. Collectively, the following list represents the core Bundle components:</p> <ol style="list-style-type: none"> 1. All facility services provided by the applicable ASC Facility, including operating room services, recovery room services, medical and surgical supplies (including dressings, intravenous catheters, urinary catheters and rectal and nasogastric tubes), intraoperative imaging, blood products, laboratory tests and implants. 2. All professional services provided by surgeons, anesthesiologists or certified registered nurse anesthetists in the performance of the Bundle. 3. Medical and surgical supplies used in connection with the Bundle (including dressings, intravenous catheters, urinary catheters and rectal and nasogastric tubes). 4. For Bundles that are surgical procedures: Professional services provided by surgeons, anesthesiologists or certified registered nurse anesthetists for post-operative recovery from surgery, post-surgical pain and/or wound management and related medical and surgical supplies, and post-operative x-rays. 5. Complications that are a direct result of the Bundle that occur during the Episode Period and can be provided in the Participating Provider’s office setting. 6. Holista Care Pathway and Bundle Administration <p><i>Employers can purchase Complication Protection separately through Holista provided by Leavitt Risk Partners.</i></p>	<p>The following services or items are not included in Bundles and are explicitly excluded from the Contract Rate for such Bundles:</p> <ol style="list-style-type: none"> 1. Skilled nursing facility care during which there is no rehabilitation or physical therapy. 2. Pharmaceuticals and imaging studies not specifically listed as included in a Bundle. 3. Health services or items that are part of care for conditions, injury or diseases other than that for which the applicable Bundle was undertaken. 4. Other Covered Services unrelated to the Bundle. 5. Health services that are not covered under a Benefit Program. 6. Hospital admissions or any health services or items which are performed or provided anywhere other than a Participating Provider Site of Service, regardless of whether such health services or items are provided by a Participating Provider and regardless of whether such health services or items would otherwise constitute a Bundle component if performed at a Participating Provider Site of Service. 7. Health services rendered by providers who are not Participating Providers in the specific Bundle. 8. Durable medical equipment, unless expressly listed as a Bundle inclusion 9. Any health services and items that are not identified as part of a Bundle and/or are not provided to Members shall be billed and paid separately and are not included in the Contract Rates for any Bundle.

Orthopedic Episodes with Physical Therapy

Anterior Cervical Fusion

22551

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
-----------	--------------------------	----------	----------------	--------------	------------------------

Anterior Cervical Fusion	22551	N/A	G95.20	0360	\$26,711.34
--------------------------	-------	-----	--------	------	-------------

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
22551	00600-00670	98941	L8699

Anterior Cervical Fusion multiple level

22551 & 22552

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Anterior Cervical Fusion – multiple levels	22551 & 22552	N/A	G95.20	0360	\$27,321.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
22551 & 22552	00600-00670	98941	L8699

Anterior Lumbar Fusion

22612

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount
Anterior Lumbar Fusion	22612	N/A	M43.26	0360	\$26,711.34

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
22612	00600-00670	98941	L8699

Repair of ruptured musculotendinous cuff

23412

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Repair of ruptured musculotendinous cuff	23412	N/A	M12.9	0360	\$17,052.00	\$21,398.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
23412	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Total Shoulder, Arthoroscopy

23472

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Total Shoulder Arthrosopy	23472	N/A	M12.819	0360	\$31,338.00	\$34,685.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
23472	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Tendon Sheath Incision (Trigger Finger Release)

26055

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Tendon sheath incision (Trigger Finger Release)	26055	N/A	M65.30	0360	\$6,103.00	\$6,927.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
26055	01810-01860	97110, 97140	L8699

Hip, Total Replacement

27130

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Hip, Total Replacement	27130	N/A	M06.059	0360	\$27,484.54	\$34,376.25

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
27130	01402, 01214	97110, 97140, 97001, 97163	L8699

Revision of Knee Joint (Partial Knee)

27446

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Revision of Knee Joint	27446	N/A	M05.469	0360	\$27,793.81	\$35,715.25

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
27446	01402, 01214	97110, 97140, 97001, 97163	L8699

Knee, Total Replacement

27447

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Knee, Total Replacement	27447	N/A	M05.869	0360	\$29,649.48	\$35,715.25

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
27447	01402, 01214	97110, 97140, 97001, 97163	L8699

Open treatment of distal fibular fracture

27792

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Open treatment of distal fibular fracture	27792	N/A	M84.369G	0360	\$14,601.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
27792	01200-01274	97012	L8699

Open treatment of distal tibiofibular joint (syndesmosis) disruption, internal fixation 27829

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation	27829	N/A	M24.873	0360	\$17,382.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
27829	01200-01274	97012	L8699

Correction Hallux Valgus with or without sesamoidectomy 28299

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Correction, hallux valgus (bunion) with or without sesamoidectomy; by double osteotomy	28299	N/A	M20.10	0360	\$10,790.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
28299	01462-01522	L8699

Open treatment of metatarsal fracture 28485

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Open treatment of metatarsal fracture	28485	N/A	M84.30XP	0360	\$14,601.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
28485	01200-01274	97012	L8699

Shoulder, Arthroscopy – surgical; capsulorrhapy

29806

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Shoulder, Arthroscopy – surgical; capsulorrhapy	29806	N/A	M24.419	0360	\$17,935.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29806	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Shoulder, Arthroscopy – surgical; repair of SLAP lesion

29807

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)*
Shoulder, Arthroscopy – surgical; repair of SLAP lesion	29807	N/A	M24.419	0360	\$17,935.00	\$20,678.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy* (GB Only)	Implant
29807	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Shoulder, Arthroscopy - debridement

29822

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Shoulder, Arthroscopy - debridement	29822	N/A	M24.819	0360	\$18,515.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29822	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Shoulder, Arthroscopy – debridement, extensive

29823

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Shoulder, Arthroscopy – debridement, extensive	29823	N/A	M12.519	0360	\$18,515.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29823	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Shoulder, Arthroscopy

29824

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Shoulder, Arthroscopy	29824	N/A	M12.519	0360	\$13,309.28	\$18,977.75

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29824	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Shoulder, Arthroscopy – surgical; subacromial decompression

29826 & 29822

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Shoulder, Arthroscopy – surgical; subacromial decompression	29826 & 29822	N/A	M12.519	0360	\$16,970.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29826 & 29822	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Shoulder, Arthroscopy – debridement extensive, subacromial decomp. 29826 & 29823

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Shoulder, Arthroscopy – debridement extensive, subacromial decompression	29826 & 29823	N/A	M12.519	0390	\$17,750.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29826 & 29823	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Shoulder, Rotator Cuff (arthroscopic)

29827

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Shoulder, Rotator Cuff (arthroscopic)	29827	N/A	M12.519	0360	\$15,731.96	\$20,574.25

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29827	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Shoulder, Arthroscopy – bicep tenodesis

29828

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Shoulder, Arthroscopy – bicep tendodesis	29828	N/A	M12.519	0360	\$12,438.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29828	01610-01680	97110, 97140, 97161, 97162, 97163	L8699

Knee, Arthroscopy

29877

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Knee, Arthroscopy	29877	N/A	M06.839	0360	\$11,510.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29877	01320-01444	97110, 97140, 97001, 97163	L8699

Knee, Arthroscopy – surgical; abrasion arthroplasty

29879

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Knee, Arthroscopy – surgical; abrasion arthroplasty or multiple drilling or microfracture	29879	N/A	M23.50	0360	\$9,245.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29879	01320-01444	97110, 97140, 97001, 97163	L8699

Arthroscopic Meniscectomy medial and lateral

29880

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Arthroscopic Meniscectomy medial and lateral	29880	N/A	M67.863	0360	\$10,429.00	\$11,510.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29880	01320-01444	97110, 97140, 97001, 97163	L8699

Arthroscopic Meniscectomy medial OR lateral

29881

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Arthroscopic Meniscectomy medial or lateral	29881	N/A	M67.80	0360	\$10,738.00	\$11,510.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29881	01320-01444	97110, 97140, 97001, 97163	L8699

Knee, Arthroscopy - Meniscal Repair (medial or lateral)

29882

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Knee, Arthroscopy – Meniscal Repair (medial or lateral)	29882	N/A	M23.302	0360	\$12,438.00	\$16,660.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29882	01320-01444	97110, 97140, 97001, 97163	L8699

Knee ACL/MCL Repair

29888

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Knee ACL / MCL Repair	29888	N/A	M23.50	0360	\$17,288.66	\$20,677.25

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
29888	01320-01444	97110, 97140, 97001, 97163	L8699

Hip, Arthroscopy (Femoroplasty)

29914

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Hip, Arthroplasty (Femoroplasty)	22914	N/A	M25.559	0360	\$15,630.00	\$17,897.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
22914	01402, 01214	97110, 97140, 97001, 97163	L8699

Hip, Arthroscopy acetabuloplasty

29915

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Hip, Arthroplasty acetabuloplasty	22915	N/A	M24.859	0360	\$17,897.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
22915	01402, 01214	97110, 97140, 97001, 97163	L8699

Hip, Arthroscopy (Labral Repair)

29916

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Hip, Arthroplasty Labral Repair	22916	N/A	M25.559	0360	\$18,515.00	\$20,987.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
22916	01402, 01214	97110, 97140, 97001, 97163	L8699

Laminotomy, Lumbar

63030

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Laminotomy, Lumbar	63030	N/A	M51.25	0360	\$16,146.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
63030	00600-00670	98941	L8699

Spinal disk surgery add-on

63035

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Spinal disk surgery add-on	63035	N/A	G54.1	0360	\$7,890.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
63035	00600-00670	98941	L8699

Laminotomy single lumbar

63042

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Laminotomy single lumbar	63042	N/A	G54.1	0360	\$14,858.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
63042	00600-00670	98941	L8699

Remove spine lamina 1 lumbar

63047

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Laminotomy, Lumbar	63047	N/A	M51.25	0360	\$16,094.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
63047	00600-00670	98941	L8699

Decompress spinal cord lumbar

63056

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Laminotomy, Lumbar	63056	N/A	M47.26	0360	\$15,579.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
63056	00600-00670	98941	L8699

Neuroplasty, elbow

64718

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Neuroplasty, elbow	64718	N/A	G56.20	0360	\$8,112.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Physical Therapy	Implant
64718	00600-00670	98941	L8699

Orthopedic Episodes without Physical Therapy

Excision of lesion of tendon sheath or joint capsule

26160

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Excision of lesion of tendon sheath or joint capsule	26160	N/A	M67.949	0360	\$3,683.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
26160	01810-01860	L8699

Patellofemoral

27438

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Arthroplasty, patella (Patellofemoral)	27438	N/A	M76.50	0360	\$22,413.00

DURATION: DAY OF PROCEDURE TO 90 DAYS AFTER PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
27438	01200-01274	L8699

Correction, Hammertoe

28285

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	28285	N/A	M20.10	0360	\$7,934.02

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
28285	01462-01522	L8699

Hallux rigidus correction with cheilectomy

28289

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Hallux rigidus correction with cheilectomy	28289	N/A	M20.10	0360	\$8,631.96

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
28289	01462-01522	L8699

Correction Hallux Valgus

28292 or 28296

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Correction, hallux valgus (bunion)	28292, 28296	N/A	M20.10	0360	\$8,520.62

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
28292, 28296	01462-01522	L8699

Arthroscopy, wrist, surgical; excision and/or repair

29846

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Arthroscopy, wrist, surgical; excision and/or repair	29846	N/A	M24.139	0360	\$7,082.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Radiology	Facility & Surgeon	Anesthesia	Implant
29846	01810-01860	76942	L8699

Carpal Tunnel (ASC)

64721

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)	Funding Amount (Green Bay)
Carpal Tunnel (ASC)	64721	N/A	G56.0	0360	\$5,000.00	\$5,562.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
64721	01810-01860	L8699

Carpal Tunnel (In Office)

64999/76946

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Carpal Tunnel (In-Office)	64999	N/A	G56.0	0360	\$3,634.02

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Radiology	Implant
64999	01810-01860	76942	L8699

Carpal Tunnel - Bilateral (In Office)

64999/76946-50

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Carpal Tunnel (In-Office)	64999/76942	50	G56.0	0360	\$6,800.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Radiology	Implant
64999/76942-50	01810-01860	76942	L8699

ENT Episodes

Closed treatment of nasal bone fracture; with stabilization

21320

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Closed treatment of nasal bone fracture; with stabilization	21320	N/A	S02.2XXA	0360	\$3,711.34

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
21320	00160-00164	L8699

Turbinate Reduction - Bilateral

30140-50

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Bilateral Turbinate Reduction	30140	50	J34.9	0360	\$4,373.20

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
30140-50	00160-00164	L8699

Septoplasty

30520

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Septoplasty	30520	N/A	J34.9	0360	\$4,785.57

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
30520	00160-00164	L8699

Septoplasty & Turbinate Reduction

30520/30140

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Septoplasty and Turbinate Reduction	30140	N/A	J34.9	0360	\$6,289.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
30140-50	00160-00164	L8699

Adentonsillectomy under 12 y/o

42820

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Adentonsillectomy <u>under</u> 12 yo	42820	N/A	R09.81	0360	\$6,288.66

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
42820	00120,00124, 00126	L8699

Adentonsillectomy over 12 y/o

42821

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Adentonsillectomy <u>over</u> 12 yo	42821	N/A	R09.81	0360	\$4,785.57

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
42821	00120,00124, 00126	L8699

Tonsillectomy under 12 y/o

42825

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Tonsillectomy under 12 yo	42825	N/A	J35.8	0360	\$4,373.20

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
42825	00160, 00162, 00164	L8699

Tonsillectomy over 12 y/o

42826

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Tonsillectomy over 12 yo	42826	N/A	J35.8	0360	\$3,857.73

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
42826	00160, 00162, 00164	L8699

Adenoidectomy under 12 y/o

42830

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Adenoidectomy under 12 yo	42830	N/A	J34.89	0360	\$4,257.73

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
42830	00300-00352	L8699

Adenoidectomy over 12 y/o

42831

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Adenoidectomy over 12 yo	42831	N/A	J34.89	0360	\$3,711.34

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
42831	00300-00352	L8699

Bilateral Myringotomy & Tubes

69436-50

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Bilateral Myringotomy and tubes	69436	50	H65.00	0360	\$4,373.20

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia	Implant
69436	00120,00124, 00126	L8699

Conservative Non-Surgical Episodes

Conservative Non-Surgical

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	TOTAL Funding
Carpal Tunnel Treatment	97161	G56.01	\$2,946.00
Knee Pathology Treatment	97161	M23.91	\$4,749.00
Shoulder Pathology Treatment	97161	M24.811	\$6,654.00
Hip Pathology Treatment	97161	M25.551	\$3,564.00
Low Back Pain Treatment – Acute	97161	M54.50	\$2,740.00
Low Back Pain Treatment – Subacute	97161	G89.29	\$4,157.00
Low Back Pain Treatment – Chronic	97161	G89.4	\$6,963.00

Procedure Bundle	Included Diagnosis Codes	Treatment Duration	# of Funding Requests	Cost PER Funding Request	Funding Request Timing (Days)
Carpal Tunnel Treatment	G56.01, G56.02	90 days	2	\$1,473.00	45/90
Knee pathology Treatment	M23.91, M23.92, M23.93	90 days	2	\$2,374.50	45/90
Shoulder pathology Treatment	M24.811, M24.812	180 days	4	\$1,663.45	60/90/140/180
Hip pathology Treatment	M25.551, M25.552	90 days	2	\$1,782.00	45/90
Low Back Pain Treatment					
Acute	M54.50, G89.11	60 days	1	\$2,740.00	60
Subacute	M54.50, G89.29	120 days	3	\$1,384.67	60/90/120
Chronic	M54.50, G89.4	180 days	4	\$1,740.75	60/90/140/180

Sleep Study Episodes

Home Sleep Study: CPAP

95806, 95806/E0601

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Home Sleep Study: CPAP	95806 E0601	R06.03	0500	\$2,800.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility, 2 Office Visits & 2 Mask Replacements

Baseline in-lab Sleep Study: BIPAP

95810, 95811/E0470

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Baseline in-lab Sleep Study: BIPAP	95810, 95811 E0470	R06.03	0500	\$4,520.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility, 2 Office Visits & 2 Mask Replacements

Titration in-lab Sleep Study: BIPAP/ASV/ST/AVAPS

95811/E0471

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Titration in-lab Sleep Study: BIPAP/ASV/ST/AVAPS	95811 E0471	R06.03	0500	\$6,750.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility, 2 Office Visits & 2 Mask Replacements

PSG/MSLT – Bundle

95810, 95811/95805

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
PSG/MSLT – Bundle	95810, 95811 & 95805	R06.03	0500	\$3,025.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility, 2 Office Visits & 2 Mask Replacements

Baseline in-lab Sleep Study: CPAP

95810, 95811/E0601

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
PSG/MSLT – Bundle	95810, 95811/E0601	R06.06	0500	\$3,775.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility, 2 Office Visits & 2 Mask Replacements

MRI Episodes

MRI, Lumbar, without contrast

72148

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
MRI, Lumbar, without contrast	72148	N/A	0400	\$1,030.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility

MRI, Any joint of upper extremity, without contrast

73221

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
MRI, Any joint of upper extremity, without contrast	73221	N/A	0400	\$1,030.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility

MRI, Lower extremity other than joint, without contrast

73718

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
MRI, lower extremity other than joint, without contrast	73718	N/A	0400	\$1,030.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility

MRI, Any joint of lower extremity, without contrast

73721

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
MRI, Any joint of lower extremity, without contrast	73721	N/A	0400	\$1,133.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility

MRI, Any joint of lower extremity, with contrast

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
MRI, Any joint of lower extremity, with contrast	73722	N/A	0400	\$1,288.00

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility

In-Office Hand Procedures

Bilateral carpal tunnel release

64721-50

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral carpal tunnel release	64721	50	G56.0	0360	\$5,304.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
64721	01810-01860

Bilateral carpal tunnel release w/ additional services

64721-50, 22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (SE WI)
Bilateral carpal tunnel release	64721	50:22	G56.0	0360	\$6,128.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
64721:50:22	01810-01860

Reconstruction of tendon pulley

25000

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Reconstruction of tendon pulley, each tendon	25000	N/A	G56.0	0360	\$2,729.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
25000	01810-01860

Reconstruction of tendon pulley with additional services

25000-22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Reconstruction of tendon pulley, each tendon, with additional services	25000	22	G56.0	0360	\$3,553.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
25000:22	01810-01860

Bilateral Reconstruction of tendon pulley

25000-50

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral Reconstruction of tendon pulley, each tendon	25000	50	G56.0	0360	\$3,759.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
25000:50	01810-01860

Bilateral Reconstruction of tendon pulley with additional services

25000-50,22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral Reconstruction of tendon pulley, each tendon with additional services	25000	50:22	G56.0	0360	\$4,583.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
25000:50:22	01810-01860

Excision of lesion on tendon sheath or joint capsule

26160

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Excision of lesion on tendon sheath or joint capsule, hand or finger	26160	N/A	G56.0	0360	\$2,729.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26160	01810-01860

Excision of lesion on tendon sheath or joint capsule with additional services

26160-22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Excision of lesion on tendon sheath or joint capsule, hand or finger with additional services	26160	22	G56.0	0360	\$3,553.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26160:22	01810-01860

Bilateral Excision of lesion on tendon sheath or joint capsule

26160-50

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral Excision of lesion on tendon sheath or joint capsule, hand or finger	26160	50	G56.0	0360	\$3,759.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26160:50	01810-01860

Bilateral Excision of lesion on tendon sheath or joint capsule w/ additional services
26160-50,22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral Excision of lesion on tendon sheath or joint capsule, hand or finger with additional services	26160	50:22	G56.0	0360	\$4,583.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26160:50:22	01810-01860

Repair, extensor tendon, hand, primary or secondary
26410

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	26410	N/A	G56.0	0360	\$3,244.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26410	01810-01860

Repair, extensor tendon, hand, primary or secondary with additional services 26410-22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon with additional services	26410	22	G56.0	0360	\$4,068.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26410:22	01810-01860

Bilateral Repair, extensor tendon, hand, primary or secondary

26410-50

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	26410	50	G56.0	0360	\$4,583.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26410:50	01810-01860

Bilateral Repair, extensor tendon, hand, primary or secondary with additional services

26410-50,22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon with additional services	26410	50:22	G56.0	0360	\$5,304.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26410:50:22	01810-01860

Fasciotomy, palmar; percutaneous

26040

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Fasciotomy, palmar; percutaneous	26040	N/A	G56.0	0360	\$3,244.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26040	01810-01860

Fasciotomy, palmar; percutaneous with additional services
26040-22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Fasciotomy, palmar; percutaneous with additional services	26040	22	G56.0	0360	\$4,068.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26040:22	01810-01860

Bilateral Fasciotomy, palmar; percutaneous
26040-50

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral Fasciotomy, palmar; percutaneous	26040	50	G56.0	0360	\$4,583.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26040:50	01810-01860

Bilateral Fasciotomy, palmar; percutaneous with additional services
26040-50,22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral Fasciotomy, palmar; percutaneous with additional services	26040	50:22	G56.0	0360	\$5,304.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26040:50:22	01810-01860

Tendon sheath incision with additional services

26055-22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Tendon sheath incision with additional services	26055	22	G56.0	0360	\$3,553.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26055:22	01810-01860

Bilateral Tendon sheath incision

26055-50

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral Tendon sheath incision	26055	50	G56.0	0360	\$3,759.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26055:50	01810-01860

Bilateral Tendon sheath incision with additional services

26055-50,22

FUNDING CLAIM DETAILS:

Procedure	Primary Billing CPT Code	Modifier	Diagnosis Code	Revenue Code	Funding Amount (Green Bay)
Bilateral Tendon sheath incision with additional services	26055	50:22	G56.0	0360	\$4,583.50

DURATION: DAY OF PROCEDURE

INCLUDED:

Facility & Surgeon	Anesthesia
26055:50:22	01810-01860

Holista Network Facilities

Name	Address	City	State	Zip
Advanced Physical Therapy & Sports Medicine SC	2105 E Enterprise Ave	Appleton	WI	54913
Alliance ENT And Hearing Center	201 North Mayfair Road	Wauwatosa	WI	53226
Aspen Orthopedic Specialists	19475 W North Ave	Brookfield	WI	53045
Aspen Orthopedic Specialists	17000 West North Avenue	Brookfield	WI	53005
Aspen Orthopedic Specialists	12555 West National Avenue	New Berlin	WI	53151
Aspen Orthopedic Specialists	8907 S Howell Ave	Oak Creek	WI	53154
Aspen Orthopedic Specialists	2205 North Calhoun Road	Brookfield	WI	53005
Endeavor Sleep	11649 North Port Washington Rd	Mequon	WI	53092
Milwaukee Surgical Suites LLC	6495 S 27th St	Franklin	WI	53132
Orthopaedic Associates Of Wisconsin, SC	N15w28300 Golf Rd	Pewaukee	WI	53072
Orthopedic & Sports Medicine Specialists Of Green Bay, SC	2223 Lime Kiln Rd	Green Bay	WI	54311
Ovation Hand Institute	10532 N Port Washington Rd	Mequon	WI	53092
Physical Therapy Of Milwaukee	3906 S 27th St	Milwaukee	WI	53221

Holista Network Providers

Npi	Name	Facility
1710989090	Anthony A Rieder	Milwaukee Surgical Suites
1184675365	Ryan J Kehoe	Milwaukee Surgical Suites
1215226436	Christopher Michael Kilian	Orthopaedic Associates of Wisconsin
1629050216	Daniel Patrick Holub	Orthopaedic Associates of Wisconsin
1396727905	Hongsheng Zhu	Orthopaedic Associates of Wisconsin
1659467132	James A Foley	Orthopaedic Associates of Wisconsin
1528382413	Jeffrey Miles Copping	Orthopaedic Associates of Wisconsin
1861713265	Laith Mutasem Al-Shihabi	Orthopaedic Associates of Wisconsin
1588627368	Matthew Robert Bong	Orthopaedic Associates of Wisconsin
1639152747	Michael Eugene Tjarksen	Orthopaedic Associates of Wisconsin
1750657904	Mitchell Robert Klement	Orthopaedic Associates of Wisconsin
1124381710	Paul Ronald Johnson	Orthopaedic Associates of Wisconsin
1952383531	Rick Frank Papandrea	Orthopaedic Associates of Wisconsin
1841578879	Samuel Rh Steiner	Orthopaedic Associates of Wisconsin
1134124803	Scott Bennett Schneider	Orthopaedic Associates of Wisconsin
1336122712	Steven Jon Merkow	Orthopaedic Associates of Wisconsin
1689787764	Thomas Blake Viehe	Orthopaedic Associates of Wisconsin
1225010689	Timothy Karl Schultz	Orthopaedic Associates of Wisconsin
1104809458	William Alexander Davies	Orthopaedic Associates of Wisconsin
1396830451	Andrea P Schraith	Ovation Hand Institute
1093001851	Brian Curtin	Ovation Hand Institute
1205887775	Mark W Niedfeldt	Ovation Hand Institute
1912935115	Richard L Harrison	Ovation Hand Institute
1982687323	Susan M Lemens	Ovation Hand Institute
1053765982	Paul Bruhnding	Orthopedic Sports & Medicine Specialists of Green Bay
1699035386	Manpreet Sethi	Orthopedic Sports & Medicine Specialists of Green Bay
1043269806	William Enright	Orthopedic Sports & Medicine Specialists of Green Bay
1265752877	Benjamin Zellner	Orthopedic Sports & Medicine Specialists of Green Bay
1932373818	Gregory Kirwan	Orthopedic Sports & Medicine Specialists of Green Bay
1952728206	Jacob Seiler	Orthopedic Sports & Medicine Specialists of Green Bay
1740367796	James Grace	Orthopedic Sports & Medicine Specialists of Green Bay
1891051538	Walker Flannery	Orthopedic Sports & Medicine Specialists of Green Bay
1861443608	Erica Kroncke	Orthopedic Sports & Medicine Specialists of Green Bay
1568452175	Robby Amiot	Aspen Orthopedic Specialists
1699935031	Jonathon Printz	Aspen Orthopedic Specialists
1811925381	Lawrence Maciolek	Aspen Orthopedic Specialists
1124018809	Jeffrey Larson	Aspen Orthopedic Specialists
1114917812	Sean Wilson	Aspen Orthopedic Specialists
1205813334	Corina Welch	Aspen Orthopedic Specialists

1992012918	Sylvestra Ramirez	Physical Therapy of Milwaukee
1205170404	Maria Chilbert	Physical Therapy of Milwaukee
1083254916	Aida Munoz	Physical Therapy of Milwaukee
1710989090	Anthony A Rieder	Alliance ENT and Hearing Center