NAME OF NEUROSURGICAL SERVICE	UP TO $4500/YR.			UP TO $7500/YR.			OVER $7500/YR.		
	PRESENT BLUE SHIELD ALLOWANCE IN YOUR STATE	AFTER CARE PERIOD	FAIR FEE, IN YOUR OPINION	PRESENT BLUE SHIELD ALLOWANCE IN YOUR STATE	AFTER CARE PERIOD	FAIR FEE, IN YOUR OPINION	PRESENT BLUE SHIELD ALLOWANCE IN YOUR STATE	AFTER CARE PERIOD	FAIR FEE, IN YOUR OPINION
LUMBAR PUNCTURE									
CISTERNAL PUNCTURE									
AVULSION OF ORBITAL OR SUBOCCIPITAL NERVES									
EXCISION OF PORTION OF SKULL FOR OSTEOMYELITIS									
CRANIOPLASTY WITH BONE GRAFT OR METAL OR PLASTIC									
OPEN REDUCTION OF FRACTURE OF SKULL									
REMOVAL OF INTRACRANIAL FOREIGN BODY									
CRANIOPLASTY WITH REPARATIVE BRAIN SURGERY									
SUBTEMPORAL DECOMPRESSION									
OPEN REDUCTION SKULL FRACTURE WITH REPARATIVE BRAIN SURGERY									
MANAGEMENT OF CLOSED HEAD INJURY (WITH OR WITHOUT FRACTURE)									
DRAINAGE OF EPIDURAL, SUBDURAL, OR SUBARACHNOID SPACE FOR ABSCESS OR HEMATOMA, CRANIAL									
DRAINAGE OF EPIDURAL, SUBDURAL OR SUBARACHNOID SPACE FOR ABSCESS OR HEMATOMA, SPINAL									
NEUROSURGICAL EXAMINATION AND NARRATIVE REPORT									
NEUROSURGICAL EXAMINATION AND NARRATIVE REPORT, PRIMARILY FOR LEGAL PURPOSES									