



Kaiser Foundation Health Plan of Washington

Ambulatory Surgery Center (ASC) - Site of Care Policy

- GI Procedures: Benton, Kitsap, Spokane, Whatcom, King and Thurston Counties
- General Surgery, Plastic Surgery, Orthopedic/Podiatry Procedures: Benton, Kitsap, Spokane, and Whatcom Counties

(see codes section for applicable codes by county)

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Background

Surgery may safely be performed in various settings. Some of the common settings used are an inpatient hospital or medical center, an off-campus outpatient hospital or medical center, an on-campus outpatient hospital or medical center, an ambulatory surgical center, or a doctor's office. Costs for surgical procedures may vary among these different settings. To encourage the use of the most safe and appropriate, cost-effective sites of care for certain medically necessary outpatient surgical procedures, prior authorization is required* to ensure the appropriate site of care for the surgical procedures linked below.

We will review the site of care for medical necessity for certain elective surgical procedures. Site of care is defined as the location where the surgical procedure is performed, such as an off campus-outpatient hospital or medical center, an on campus-outpatient hospital or medical center, an ambulatory surgical center, or an inpatient hospital or medical center.

*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

Policy

For Non-Medicare Members

This will be implemented using a phased approach, starting with Benton, Kitsap, Spokane, and Whatcom counties.

- I. Certain planned surgical procedures performed in a hospital outpatient department are considered medically necessary for an individual who meets **ANY of the following** criteria:
 - Advanced liver disease (MELD Score > 8)
 - Advance surgical planning determines an individual requires overnight recovery and care following a surgical procedure
 - Anticipated need for transfusion
 - Bleeding disorder requiring replacement factor or blood products or special infusion products to correct a coagulation defect
 - Brittle Diabetes
 - Cardiac arrhythmia (symptomatic arrhythmia despite medication)
 - Chronic obstructive pulmonary disease (COPD) (FEV1 <50%)
 - Coronary artery disease ([CAD]/peripheral vascular disease [PVD]) (ongoing cardiac ischemia requiring medical management recently placed [within 1 year] drug eluting stent)

- Developmental stage or cognitive status warranting use of a hospital outpatient department
 - End stage renal disease ([hyperkalemia above reference range]; peritoneal or hemodialysis)
 - History of cerebrovascular accident (CVA) or transient ischemic attack (TIA) (recent event [< 3 months])
 - History of myocardial infarction (MI) (recent event [< 3 months])
 - Individuals with drug eluting stents (DES) placed within one year or bare metal stents (BMS) or plain angioplasty within 90 days unless acetylsalicylic acid and antiplatelet drugs will be continued by agreement of surgeon, cardiologist and anesthesia
 - Age 15 or younger
 - Ongoing evidence of myocardial ischemia
 - Poorly Controlled asthma (FEV1 $< 80\%$ despite medical management)
 - Pregnancy
 - Prolonged surgery (> 3 hours)
 - Resistant hypertension (Poorly Controlled)
 - Severe valvular heart disease
 - Sleep apnea (moderate to severe Obstructive Sleep Apnea (OSA))
 - Uncompensated chronic heart failure (CHF) (NYHA class III or IV)
- II. A planned surgical procedure performed in a hospital outpatient department is considered medically necessary if there is an inability to access an ambulatory surgical center for the procedure due to **ANY one of the following**:
- There is no geographically accessible ambulatory surgical center that has the necessary equipment for the procedure; or
 - There is no geographically accessible ambulatory surgical center available at which the individual's physician has privileges; or
 - An ASC's specific guideline regarding the individual's weight or health conditions that prevents the use of an ASC

When an elective surgery is requested at an inpatient hospital/medical center, this site may be considered medically necessary only when the patient has clinical conditions that places him or her at risk of complications.

Examples include:

- Anesthesia risk
- Cardiovascular, liver, pulmonary, or renal risk
- Morbid obesity
- Pregnancy
- Bleeding disorder
- Anticipated need for transfusions

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific contract and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Gastroenterology: (Benton, Kitsap, Spokane, Whatcom counties AND King, and Thurston counties)

CPT® or HCPC Codes	Description
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s)

	by brushing or washing, when performed (separate procedure)
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	Dilation of esophagus, over guide wire
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44382	Ileoscopy, through stoma; with biopsy, single or multiple
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation

45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	Colonoscopy, flexible; with removal of foreign body(s)
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible; with control of bleeding, any method
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

General Surgery: *(Benton, Kitsap, Spokane, and Whatcom counties)*

CPT® or HCPC Codes	Description
19000	Puncture aspiration of cyst of breast;
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)
19020	Mastotomy with exploration or drainage of abscess, deep
19030	Injection procedure only for mammary ductogram or galactogram
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101	Biopsy of breast; open, incisional
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	Excision of lactiferous duct fistula
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)
19303	Mastectomy, simple, complete
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)
38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)

45500	Proctoplasty; for stenosis
45505	Proctoplasty; for prolapse of mucous membrane
45520	Perirectal injection of sclerosing solution for prolapse
45541	Proctopexy (e.g., for prolapse); perineal approach
45560	Repair of rectocele (separate procedure)
45900	Reduction of procidentia (separate procedure) under anesthesia
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46020	Placement of seton
46030	Removal of anal seton, other marker
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	Incision and drainage, perianal abscess, superficial
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46080	Sphincterotomy, anal, division of sphincter (separate procedure)
46083	Incision of thrombosed hemorrhoid, external
46200	Fissurectomy, including sphincterotomy, when performed
46220	Excision of single external papilla or tag, anus
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)
46230	Excision of multiple external papillae or tags, anus
46250	Hemorrhoidectomy, external, 2 or more columns/groups
46255	Hemorrhoidectomy, internal and external, single column/group
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); inter-sphincteric
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); trans sphincteric, suprasphincteric, extra sphincteric or multiple, including placement of seton, when performed
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288	Closure of anal fistula with rectal advancement flap
46320	Excision of thrombosed hemorrhoid, external
46505	Chemodenervation of internal anal sphincter
46706	Repair of anal fistula with fibrin glue
46707	Repair of anorectal fistula with plug (e.g., porcine small intestine submucosa [SIS])
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	Removal of Thiersch wire or suture, anal canal
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46910	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation

46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46917	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
46930	Destruction of internal hemorrhoid(s) by thermal energy (e.g., infrared coagulation, cautery, radiofrequency)
46940*	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups
46947	Hemorrhoidopexy (e.g., for prolapsing internal hemorrhoids) by stapling
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed
47562	Laparoscopy, surgical; cholecystectomy
47563	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct
49505	Repair initial inguinal hernia, age 5 years or older; reducible
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49520	Repair recurrent inguinal hernia, any age; reducible
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	Repair inguinal hernia, sliding, any age
49550	Repair initial femoral hernia, any age; reducible
49553	Repair initial femoral hernia, any age; incarcerated or strangulated
49555	Repair recurrent femoral hernia; reducible
49557	Repair recurrent femoral hernia; incarcerated or strangulated
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible
49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)
49650	Laparoscopy, surgical; repair initial inguinal hernia

49651	Laparoscopy, surgical; repair recurrent inguinal hernia
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Plastic surgery: *(Benton, Kitsap, Spokane, and Whatcom counties)*

CPT® or HCPC Codes	Description
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent implant
11971	Removal of tissue expander without insertion of implant
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
14350	Filletted finger or toe flap, including preparation of recipient site
19316	Mastopexy
19318	Breast reduction
19325	Breast augmentation with implant
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)

Orthopedics/Podiatry: *(Benton, Kitsap, Spokane, and Whatcom counties)*

CPT® or HCPC Codes	Description
20200	Biopsy, muscle; superficial
20205	Biopsy, muscle; deep
20206	Biopsy, muscle, percutaneous needle
20220	Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)
20225	Biopsy, bone, trocar, or needle; deep (e.g., vertebral body, femur)
20240	Biopsy, bone, open; superficial (e.g., sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)
20245	Biopsy, bone, open; deep (e.g., humeral shaft, ischium, femoral shaft)
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)

23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23405	Tenotomy, shoulder area; single tendon
23406	Tenotomy, shoulder area; multiple tendons through same incision
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	Coracoacromial ligament release, with or without acromioplasty
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	Tenodesis of long tendon of biceps
23440	Resection or transplantation of long tendon of biceps
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	Capsulorrhaphy, anterior, any type; with bone block
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23480	Osteotomy, clavicle, with or without internal fixation
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23800	Arthrodesis, glenohumeral joint;
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	Incision and drainage, upper arm or elbow area; bursa
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24100	Arthrotomy, elbow; with synovial biopsy only
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	Arthrotomy, elbow; with synovectomy
24105	Excision, olecranon bursa
24110	Excision or curettage of bone cyst or benign tumor, humerus
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130	Excision, radial head
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process

24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis), olecranon process
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24150	Radical resection of tumor, shaft or distal humerus
24152	Radical resection of tumor, radial head or neck
24155	Resection of elbow joint (arthrectomy)
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head
24200	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24220	Injection procedure for elbow arthrography
24300	Manipulation, elbow, under anesthesia
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	Tendon lengthening, upper arm or elbow, each tendon
24310	Tenotomy, open, elbow to shoulder, each tendon
24330	Flexor-plasty, elbow (eg, Steindler type advancement);
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332	Tenolysis, triceps
24340	Tenodesis of biceps tendon at elbow (separate procedure)
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343	Repair lateral collateral ligament, elbow, with local tissue
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345	Repair medial collateral ligament, elbow, with local tissue
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24357	Tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358	Tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
24360	Arthroplasty, elbow; with membrane (eg, fascial)
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365	Arthroplasty, radial head;
24366	Arthroplasty, radial head; with implant
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component
24400	Osteotomy, humerus, with or without internal fixation
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495	Decompression fasciotomy, forearm, with brachial artery exploration

24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25085	Capsulotomy, wrist (e.g., contracture)
25100	Arthrotomy, wrist joint; with biopsy
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	Arthrotomy, wrist joint; with synovectomy
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each
25110	Excision, lesion of tendon sheath, forearm and/or wrist
25111	Excision, lesion of tendon sheath, forearm and/or wrist
25112	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
25118	Synovectomy, extensor tendon sheath, wrist, single compartment
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process)
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130	Excision or curettage of bone cyst or benign tumor of carpal bones
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis); radius
25210	Carpectomy; 1 bone
25215	Carpectomy; all bones of proximal row
25230	Radial styloidectomy (separate procedure)
25240	Excision distal ulna partial or complete (e.g., Darrach type or matched resection)
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (e.g., for extensor carpi ulnaris subluxation)
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	Tenodesis at wrist; flexors of fingers
25301	Tenodesis at wrist; extensors of fingers

25310	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335	Centralization of wrist on ulna (eg, radial club hand)
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
25350	Osteotomy, radius; distal third
25355	Osteotomy, radius; middle or proximal third
25360	Osteotomy; ulna
25365	Osteotomy; radius AND ulna
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	Osteoplasty, radius OR ulna; shortening
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25394	Osteoplasty, carpal bone, shortening
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	Arthroplasty with prosthetic replacement; distal radius
25442	Arthroplasty with prosthetic replacement; distal ulna
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	Arthroplasty with prosthetic replacement; lunate
25445	Arthroplasty with prosthetic replacement; trapezium
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	Revision of arthroplasty, including removal of implant, wrist joint
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805	Arthrodesis, wrist; with sliding graft
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
26010	Drainage of finger abscess; simple

26011	Drainage of finger abscess; complicated (e.g., felon)
26020	Drainage of tendon sheath, digit and/or palm, each
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045	Fasciotomy, palmar (e.g., Dupuytren's contracture); open, partial
26055	Tendon sheath incision (eg, for trigger finger)
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100	Arthrotomy with biopsy; carpometacarpal joint, each
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	Arthrotomy with biopsy; interphalangeal joint, each
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (e.g., intramuscular); 1.5 cm or greater
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (e.g., intramuscular); less than 1.5 cm
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	Excision of tendon, palm, flexor or extensor, single, each tendon
26180	Excision of tendon, finger, flexor or extensor, each tendon
26200	Excision or curettage of bone cyst or benign tumor of metacarpal
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis); distal phalanx of finger
26320	Removal of implant from finger or hand
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (e.g., no man's land); primary, without free graft, each tendon
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (e.g., no man's land); secondary, without free graft, each tendon
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land);

	secondary, with free graft (includes obtaining graft), each tendon
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	Repair of extensor tendon, central slip, secondary (e.g., boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (e.g., mallet finger)
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (e.g., mallet finger)
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437	Realignment of extensor tendon, hand, each tendon
26440	Tenolysis, flexor tendon; palm or finger, each tendon
26442	Tenolysis, flexor tendon; palm and finger, each tendon
26445	Tenolysis, extensor tendon, hand or finger, each tendon
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	Tenotomy, flexor, palm, open, each tendon
26455	Tenotomy, flexor, finger, open, each tendon
26460	Tenotomy, extensor, hand or finger, open, each tendon
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26516	Capsulodesis, metacarpophalangeal joint; single digit
26517	Capsulodesis, metacarpophalangeal joint; 2 digits
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (e.g., adductor advancement)
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26565	Osteotomy; metacarpal, each
26567	Osteotomy; phalanx of finger, each
26587	Reconstruction of polydactylous digit, soft tissue and bone

26590	Repair macrodactylia, each digit
26591	Repair, intrinsic muscles of hand, each muscle
26593	Release, intrinsic muscles of hand, each muscle
26596	Excision of constricting ring of finger, with multiple Z-plasties
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia

26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860	Arthrodesis, interphalangeal joint, with or without internal fixation
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (e.g., infection)
27323	Biopsy, soft tissue of thigh or knee area; superficial
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27330	Arthrotomy, knee; with synovial biopsy only
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or lateral
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	Arthrotomy, with synovectomy, knee; anterior or posterior
27335	Arthrotomy, with synovectomy, knee; anterior and posterior including popliteal area
27340	Excision, prepatellar bursa
27345	Excision of synovial cyst of popliteal space (e.g., Baker's cyst)
27347	Excision of lesion of meniscus or capsule (e.g., cyst, ganglion), knee
27350	Patellectomy or hemipatellectomy
27372	Removal of foreign body, deep, thigh region or knee area
27380	Suture of infrapatellar tendon; primary
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	Suture of quadriceps or hamstring muscle rupture; primary
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27403	Arthrotomy with meniscus repair, knee
27405	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27418	Anterior tibial tubercleplasty (e.g., Maquet type procedure)
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	Reconstruction of dislocating patella; with patellectomy

27427	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	Arthrotomy, with synovectomy, ankle;
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	Repair, secondary, Achilles tendon, with or without graft
27656	Repair, fascial defect of leg
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	Gastrocnemius recession (eg, Strayer procedure)
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
27695	Repair, primary, disrupted ligament, ankle; collateral
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27705	Osteotomy; tibia
27707	Osteotomy; fibula
27709	Osteotomy; tibia and fibula
27720	Repair of nonunion or malunion, tibia; without graft, (e.g., compression technique)
27722	Repair of nonunion or malunion, tibia; with sliding graft
27726	Repair of fibula nonunion and/or malunion with internal fixation
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (e.g., pins or screws)
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial

	and/or lateral malleolus; without fixation of posterior lip
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27870	Arthrodesis, ankle, open
27871	Arthrodesis, tibiofibular joint, proximal or distal
28001	Incision and drainage, bursa, foot
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28005	Incision, bone cortex (e.g., osteomyelitis or bone abscess), foot
28008	Fasciotomy, foot and/or toe
28010	Tenotomy, percutaneous, toe; single tendon
28011	Tenotomy, percutaneous, toe; multiple tendons
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28035	Release, tarsal tunnel (posterior tibial nerve decompression)
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
28041	Excision, tumor, soft tissue of foot or toe, subfascial (e.g., intramuscular); 1.5 cm or greater
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm
28045	Excision, tumor, soft tissue of foot or toe, subfascial (e.g., intramuscular); less than 1.5 cm
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm
28047	Radical resection of tumor (e.g., sarcoma), soft tissue of foot or toe; 3 cm or greater
28055	Neurectomy, intrinsic musculature of foot
28060	Fasciectomy, plantar fascia; partial (separate procedure)
28062	Fasciectomy, plantar fascia; radical (separate procedure)
28070	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	Synovectomy; metatarsophalangeal joint, each
28080	Excision, interdigital (Morton) neuroma, single, each
28086	Synovectomy, tendon sheath, foot; flexor
28088	Synovectomy, tendon sheath, foot; extensor
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); toe(s), each
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	Ostectomy, complete excision; first metatarsal head
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	Ostectomy, complete excision; fifth metatarsal head
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)

28116	Ostectomy, excision of tarsal coalition
28118	Ostectomy, calcaneus
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); talus or calcaneus
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); phalanx of toe
28126	Resection, partial or complete, phalangeal base, each toe
28130	Talectomy (astragalectomy)
28140	Metatarsectomy
28150	Phalangectomy, toe, each toe
28153	Resection, condyle(s), distal end of phalanx, each toe
28160	Hemi phalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28190	Removal of foreign body, foot; subcutaneous
28192	Removal of foreign body, foot; deep
28193	Removal of foreign body, foot; complicated
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28220	Tenolysis, flexor, foot; single tendon
28222	Tenolysis, flexor, foot; multiple tendons
28225	Tenolysis, extensor, foot; single tendon
28226	Tenolysis, extensor, foot; multiple tendons
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	Tenotomy, open, extensor, foot or toe, each tendon
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28250	Division of plantar fascia and muscle (e.g., Steindler stripping) (separate procedure)
28260	Capsulotomy, midfoot; medial release only (separate procedure)
28261	Capsulotomy, midfoot; with tendon lengthening
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	Syndactylization, toes (e.g., webbing or Kelikian type procedure)
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic skin closure (e.g., Ruiz-Mora type procedure)
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method

28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302	Osteotomy; talus
28304	Osteotomy, tarsal bones, other than calcaneus or talus;
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (e.g., overlapping second toe, fifth toe, curly toes)
28315	Sesamoidectomy, first toe (separate procedure)
28320	Repair, nonunion or malunion; tarsal bones
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28470	Closed treatment of metatarsal fracture; without manipulation, each
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
28705	Arthrodesis; pantalar
28715	Arthrodesis; triple
28725	Arthrodesis; subtalar
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	Arthrodesis, great toe; metatarsophalangeal joint
28755	Arthrodesis, great toe; interphalangeal joint
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (e.g., Jones type procedure)
28810	Amputation, metatarsal, with toe, single
28820	Amputation, toe; metatarsophalangeal joint
28825	Amputation, toe; interphalangeal joint
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body

29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29835	Arthroscopy, elbow, surgical; synovectomy, partial
29836	Arthroscopy, elbow, surgical; synovectomy, complete
29837	Arthroscopy, elbow, surgical; debridement, limited
29838	Arthroscopy, elbow, surgical; debridement, extensive
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	Arthroscopy, wrist, surgical; synovectomy, partial
29845	Arthroscopy, wrist, surgical; synovectomy, complete
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	Arthroscopy, hip, surgical; with synovectomy
27299	Unlisted procedure, pelvis or hip joint
29916	Arthroscopy, hip, surgical; with labral repair
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture

29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	Endoscopic plantar fasciotomy
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
29906	Arthroscopy, subtalar joint, surgical; with debridement
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

****To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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Date Created	Date Reviewed	Date Last Revised
02/25/2021	03/02/2021 ^{MPC} , 03/01/2022 ^{MPC} , 03/07/2023 ^{MPC} , 11/05/2024 ^{MPC}	05/02/2023

^{MPC} Medical Policy Committee

Revision History	Description
03/02/2021	MPC approved criteria for Ambulatory Surgery Center Site of Care. Requires 60-day notice; effective July 1, 2021.
04/13/2021	Updated policy effective date to August 1, 2021 with phased approach
05/12/2021	Updated 'site of service' terminology to 'site of care' throughout the policy.
07/27/2021	Updated policy effective date to September 1, 2021 with phased approach
12/15/2022	Moved the ASC list of codes to this criteria page for consolidation.
03/06/2023	Updated applicable codes to include new CPT codes effective 1/1/2023: 49591, 49593, 49595, 49613, 49615, 49617, 49621, 49623
05/02/2023	MPC approved an expansion of the ASC criteria and adoption of SOC restriction for Gastroenterology procedures. GI procedures is applicable to the following counties: **King and Thurston (new counties) and existing counties. This requires a 60-day notice, effective October 1, 2023.

