



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria

Elective Surgical Procedures (Level of Care Policy)

- Bariatric Surgery
- Cardiac Procedures
- Dermatologic Procedures
- Electrical Stimulation Devices
- ENT Procedures
- GI Procedures
- General Surgery
- Gynecology Procedures
- Neurosurgery Procedures
- Orthopedic Procedures
- Ophthalmology Procedures
- Pain Management
- Pulmonology Procedures
- Restorative and Cosmetic Procedures
- Spine Procedures
- Urology Procedures
- Vascular Surgery
- Wound care

A separate Criteria document exists for the following services:

- [Ambulatory Surgery Center \(ASC\) - Site of Care Policy](#): Certain planned procedures are redirected to an ASC setting from a hospital setting.

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Criteria

For Medicare Members

Source	Policy
Code of Federal Regulations (CFR)	42 CFR 412.3
CMS Coverage Manuals	Hospital Outpatient Regulations and Notices
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article (LCA)	None
Kaiser Permanente Medical	Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, " Elective Surgical Procedures " for <i>level of care medical necessity determinations</i> . Refer to the Non-Medicare criteria below.

For Non-Medicare Members

When requesting Inpatient Level of Care for certain *elective* surgical procedures (not those typically done in an ambulatory surgery center), the request will be reviewed for coverage in the most appropriate, safe, and cost-

effective level of care. A member's clinical presentation may be appropriate for an alternate level of care such as a hospital-based outpatient setting.

Some elective surgical procedures may also be subject to medical necessity review in addition to level of care criteria below:

A planned elective admission for certain surgeries or procedures is considered medically necessary at an inpatient level of care when any of the following criteria is met:

- Medical conditions increasing the risk of major post-operative complications:
 - Advanced liver disease (MELD Score >8)
 - Cognitive status that warrants inpatient stay
 - Severe renal disease (GFR \leq 30mL/min)
 - Severe valvular heart disease
 - Stroke or TIA within the last 3 months
 - Symptomatic chronic lung disease (e.g., asthma, COPD)
 - Symptomatic coronary artery disease or heart failure
 - Unstable medical condition (e.g., poorly controlled diabetes)
- Procedure related factors that may increase the risk of complications:
 - Anesthetic risk
 - [American Society of Anesthesiologists class III or greater](#)
 - Age 85 years or older
 - High risk for thromboembolism
 - [Moderate \(AHI 15-30\) to severe \(AHI >30\) sleep apnea](#)
 - Persistent electrolyte abnormalities unresponsive to treatment (e.g., hyperkalemia, hyponatremia)
 - Risk of postoperative airway compromise (e.g., open neck procedure, airway surgery)
 - Complexity of surgical procedure
 - Complex surgical approach (e.g., unusually extensive dissection needed)
 - Complex post-operative wound care (e.g., complex drain management, open wound, previous local tissue injury resulting from factors such as radiation, previous surgery, impaired circulation, sustained pressure)
 - Difficult approach because of previous operation
 - Extensive or prolonged (longer than the usual time frame) surgery
- The need for preoperative diagnostic studies that cannot be performed as an outpatient
- Procedural related event that may require an inpatient stay as indicated by the following:
 - [Acute Kidney Injury](#)
 - Altered mental status that is severe or persistent
 - Ambulatory or appropriate activity level status is not achieved
 - Conversion to open or complex procedure that requires inpatient care
 - Excessive drainage or bleeding from the operative site
 - [Hemodynamic instability](#)
 - Longer postoperative monitoring or treatment is needed due to preoperative use of drugs (e.g., cocaine, amphetamines)
 - Pain, fever, or vomiting not appropriate for ambulatory or observation level of care
 - Severe complications of procedure (e.g., bowel injury, airway compromise, vascular injury)
 - Unstable clinical status

Procedures that require review for level of care when requested as inpatient including but not limited to:

*asterisk in this list indicates that the procedure also requires medical necessity review

- Bariatric Procedures
 - Lap Roux-en-Y*
 - Lap Band *
 - Lap Gastric Sleeve*
 - Lap Band Port Revision*
 - Intragastric Balloon*
- Cardiac Procedures
 - Cardiac Catheterization

- Cardiac EP procedures
- Implantable Loop Recorder*
- Pacemaker/Defibrillator*
- Revascularization procedures
- Dermatologic procedures
 - Biopsy
 - Mohs Surgery
 - Soft Tissue Excision
- Electrical Stimulation Devices
 - Gastric Electrical Stimulation*
 - Vagus Nerve Stimulator*
 - Electrical Nerve Stimulators*
- ENT Procedures
 - BAHA*
 - Cochlear Implant*
 - Laryngoscopy
 - Thyroidectomy*
 - Parathyroidectomy
 - Other miscellaneous services (salivary gland bx, excision of oral lesions, frenoplasty, etc.)
 - Rhinoplasty*
 - Tonsillectomy/Adenoidectomy
 - Tympanostomy/Myringotomy
- GI procedures
 - Biopsies
 - Colonoscopies
 - ERCP
 - Esophagoscopy
- General Surgery
 - Appendectomy
 - Lap Appendectomy
 - Lap Cholecystectomy
 - Hernia Repair (non-hiatal)
 - Lumpectomy
 - Lap Nissen Fundoplication or Esophagogastric Fundoplasty
 - Lap Lysis of adhesions
 - Myotomy*
 - Other laparoscopic procedures (lap ablation, lap biopsies, diagnostic lap)
 - Splenectomy
 - Vascular Access
- Gynecology Procedures
 - Dilation & Curettage (D&C)
 - Lap Hysterectomy
 - Vaginal Hysterectomy
 - Hysteroscopy
 - Anterior or posterior Colporrhaphy
 - Lap Surgical Myomectomy, oophorectomy and/or salpingectomy*
- Orthopedic Procedures
 - Autologous Chondrocyte Implantation (Carticel)*
 - Hip Impingement and labrum Surgery*
 - Removal of foreign body in muscle or tendon sheath
 - Total Knee arthroplasty*
 - Knee Arthroscopy*
 - Total Hip Arthroplasty*
 - Hip Arthroscopy*
 - Total Shoulder Arthroplasty*
 - Open Fracture repair
- Ophthalmology Procedures
 - Excision of lesions

- Keratoplasty
- Vitrectomy
- Pain Management
 - Chemodenervation
 - Spinal Injection*
- Pulmonology Procedures
 - Bronchoscopy
 - Thoracentesis
 - Thoracoscopy
 - Uvulopalatopharyngoplasty (UPP)*
- Restorative and Cosmetic Procedures
 - Abdominoplasty/Panniculectomy/Lipectomy*
 - Blepharoplasty, canthopexy, canthoplasty*
 - Breast Reconstruction*
- Spine Procedures
 - Lumbar discectomy, foraminotomy, or laminotomy (elective procedure and at a single level)*
 - Cervical discectomy or microdiscectomy, foraminotomy, laminotomy
 - Cervical laminectomy*
 - Cervical Artificial Disc Surgery*
 - Lumbar laminectomy
 - Anterior/Posterior Cervical fusion*
 - Single level lumbar fusion*
 - Vertebroplasty/Kyphoplasty*
- Urology Procedures
 - Artificial Urinary Sphincter
 - Circumcision (>28 days old)
 - Colpopexy
 - Cystourethroscopy
 - Percutaneous Nephrostomy
 - Transurethral Resection of Prostate (TURP)
 - Orchiectomy*
 - Laparoscopic Nephrectomy*
 - Pyeloplasty
 - Vesicovaginal Fistula Repair
 - Prostatectomy
 - Bladder sling—Vaginal approach*
 - Bladder sling—Male*
 - Urolift
 - Renal endoscopy
- Vascular Surgery
 - Varicose Vein Procedures*
- Wound care
- All codes on [ASC SOC policy](#)

Definitions

ASA physical Status Classification System Risk Scoring tool: The American Society of Anesthesiologists (ASA) physical status classification system was developed to offer clinicians a simple categorization of a patient's physiological status that can be helpful in predicting operative risk. The ASA score is a subjective assessment of a patient's overall health that is based on five classes. Current Definitions and ASA-Approved examples found [HERE](#).

Apnea Hypopnea Index (AHI): The number of apneas plus the number of hypopneas during the entire sleeping period, times 60, divided by total sleep time in minutes; unit: event per hour

Acute Kidney Injury: Acute Kidney Injury is defined as any of the following:

- Increase in the serum creatinine value of ≥ 0.3 mg/dL (26.52 micromol/L) in 48 hours

- Increase in serum creatinine of ≥ 1.5 times baseline within the prior 7 days
- Reduction of more than 50% in estimated glomerular filtration rate from baseline
- Urine volume < 0.5 mL/kg/hour for 6 hours (KDIGO, 2021)

Hemodynamic Instability:

Hemodynamic instability, as indicated by **1 or more** of the following:

- Vital sign abnormality not readily corrected by appropriate treatment, as indicated by **1 or more** of the following:
 - Tachycardia that persists despite appropriate treatment (eg, volume repletion, treatment of pain, treatment of underlying cause)
 - Hypotension: systolic blood pressure < 90 mm hg or decrease in systolic blood pressure > 40 mm hg
 - Mean arterial pressure less than 70 mm Hg
 - Orthostatic hypotension that persists despite appropriate treatment (eg, volume repletion)
 - Altered level of consciousness
 - Shortness of breath

If requesting this these services, for inpatient level of care, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist
- Attending provider must provide documentation in the prior authorization request that supports the need to have an overnight stay of greater than 2 midnights.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

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, or an on campus outpatient hospital. Costs for surgical procedures may vary among these different settings. To encourage the use of the most safe and appropriate, cost effective sites of service for certain medically necessary outpatient surgical procedures, prior authorization is required for the site of service for the surgical procedures listed below.

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.

Link to Applicable Codes

- [Bariatric Surgery](#)
- [Cardiac Procedures](#)
- [Dermatologic Procedures](#)
- [Electrical Stimulation Devices](#)
- [ENT Procedures](#)
- [GI Procedures](#)
- [General Surgery](#)
- [Gynecology Procedures](#)
- [Neurosurgery Procedures](#)
- [Orthopedic Procedures](#)
- [Ophthalmology Procedures](#)

- [Pain Management](#)
- [Pulmonology Procedures](#)
- [Restorative and Cosmetic Procedures](#)
- [Spine Procedures](#)
- [Urology Procedures](#)
- [Vascular Surgery](#)
- [Wound care](#)

Bariatric Surgery Codes—

Non-Medicare: Requires review when submitted as an inpatient level of care

Medicare: Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Laparoscopic Roux-en-Y <i>Requires Medical Necessity Review: Bariatric Surgery criteria</i>				
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	X		X
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	X		X
Lap Band Procedure <i>Requires Medical Necessity Review: Bariatric Surgery criteria</i>				
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)			X
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	X		X
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only			X
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only			X
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components			X
Laparoscopic Gastric Sleeve <i>Requires Medical Necessity Review: Bariatric Surgery criteria</i>				
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	X		X
Lap Band Port Revision <i>Requires Medical Necessity Review: Bariatric Surgery criteria</i>				
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only			X
Intragastric Balloon <i>Requires Medical Necessity Review: Bariatric Surgery criteria</i>				
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)			X

Cardiac Procedure Codes—

Non-Medicare: Requires review when submitted as an inpatient level of care

Medicare: Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Cardiology <i>Requires medical necessity review: Pacemaker Clinical Review Policy, Cardiac Defibrillators Clinical Review Policy</i>				

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system			
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed			X
33271	Insertion of subcutaneous implantable defibrillator electrode <i>*Requires separate medical necessity review with</i>			X
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed			X
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed			X
C1721	Cardioverter-defibrillator, dual chamber (implantable)			X
C1722	Cardioverter-defibrillator, single chamber (implantable)			X
C1779	Lead, pacemaker, transvenous VDD single pass			X
C1785	Pacemaker, dual chamber, rate-responsive (implantable)			X
C1786	Pacemaker, single chamber, rate-responsive (implantable)			X
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)			X
C1898	Lead, pacemaker, other than transvenous VDD single pass			X
C2619	Pacemaker, dual chamber, nonrate-responsive (implantable)			X
C2620	Pacemaker, single chamber, nonrate-responsive (implantable)			X
C2621	Pacemaker, other than single or dual chamber (implantable)			X
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)			X
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)			X
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)			X
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or			X

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
	pacemaker pulse generator (e.g., for upgrade to dual chamber system)			
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed			X
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed			X
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed			X
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber			X
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only			X
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)			X
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only			X
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only			X
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)			X
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only			X
Cardiac Catheterization				
<i>Requires Medical Necessity Review: Medically Necessary Services</i>				
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)			X
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch			
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch			

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
	of a major coronary artery (List separately in addition to code for primary procedure)			
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch			
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)			
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel			
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)			
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel			
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)			
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)			
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)			
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed			
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed			
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed			
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;			
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s)			

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
	in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography			
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization			
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization			
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed			
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography			
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed			
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography			
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)			
93505	Endomyocardial biopsy			
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)			
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)			

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)			
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)			
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)			
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)			
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)			
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)			
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)			
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)			
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)			
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)			
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections			
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections			
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections			

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections			
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections			
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)			
Cardiovascular System				
Requires Medical Necessity Review: Medically Necessary Services				
33241	Removal of implantable defibrillator pulse generator only			
36821	Arteriovenous anastomosis, open; direct, any site (e.g., Cimino type) (separate procedure)			
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis			
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis			
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein			X
37609	Ligation or biopsy, temporal artery			
Pacemaker Placement/Defibrillator Placement				
Requires Medical Necessity Review: Pacemakers				
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial			X
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular			
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular			
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)			
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)			
33212	Insertion of pacemaker pulse generator only; with existing single lead			
33213	Insertion of pacemaker pulse generator only; with existing dual leads			
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)			X
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode			

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator			X
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator			X
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator			
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator			
33221	Insertion of pacemaker pulse generator only; with existing multiple leads			
33223	Relocation of skin pocket for implantable defibrillator			
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)			X
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)			X
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)			
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system			
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system			
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system			
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads			X
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads			X
33233	Removal of permanent pacemaker pulse generator only			
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular			
33235	Removal of transvenous pacemaker electrode(s); dual lead system			
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead			X
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	X		
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction			
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber			X
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system			
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system			
Implantable Loop Recorder Requires Medical Necessity Review: Cardiac Ambulatory Monitoring for Extended Duration				

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming			X
Cardiac EP procedures				
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	X		
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	X		
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia			X
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording			X
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)			X
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)			X
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement			X
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry			X
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed			X
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)			X

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed			X
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)			
Revascularization				
35565	Bypass graft, with vein; iliofemoral	X		
35661	Bypass graft, with other than vein; femoral-femoral	X		
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty			
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed			
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)			
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)			
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty			
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed			
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed			
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed			
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty			
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed			
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed			

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed			
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)			
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)			
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)			
Valvuloplasty, Mitral Valve				
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	X		
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	X		
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	X		

Dermatologic Procedure Codes—

Non-Medicare: Requires review when submitted as an inpatient level of care

Medicare: Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
MOHS Surgery				
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks			
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)			
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon,			

	and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks			
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)			
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)			
Soft Tissue Excision Biopsy <i>Requires Medical Necessity Review: Cardiac Ambulatory Monitoring for Extended Duration; Nasal Cryoablation, Radiofrequency Ablation & Laser Treatments</i>				
10120	Incision and removal of foreign body, subcutaneous tissues; simple			
10140	Incision and drainage of hematoma, seroma or fluid collection			
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst			
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions			
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less			
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm			X
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm			X
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm			X
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm			X
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less			X
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm			X
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm			X
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm			X
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm			X
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm			X
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less			X

11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm			X
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm			X
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm			X
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm			X
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm			
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair			X
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair			X
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair			X
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair			X
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair			X
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair			X
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm			
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm			
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm			
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm			
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm			
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less			
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm			
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm			
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm			
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm			
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm			
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less			
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm			
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm			
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm			

11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm			
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm			
11730	Avulsion of nail plate, partial or complete, simple; single			
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)			
21550	Biopsy, soft tissue of neck or thorax			
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater			
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater			
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm			
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm			
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm			
21920	Biopsy, soft tissue of back or flank; superficial			
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm			
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater			
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm			
21933	Excision, tumor, soft tissue of back or flank, subfascial (e.g., intramuscular); 5 cm or greater			
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm			
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater			
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm			
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater			
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater			
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm			
23076	Excision, tumor, soft tissue of shoulder area, subfascial (e.g., intramuscular); less than 5 cm			
24065	Biopsy, soft tissue of upper arm or elbow area; superficial			
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)			
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater			
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater			
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm			
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm			
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater			
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (e.g., intramuscular); 3 cm or greater			
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm			

25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (e.g., intramuscular); less than 3 cm			
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater			
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater			
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm			
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm			
27062	Excision; trochanteric bursa or calcification			
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm			
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm			
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm			
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater			
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater			
27613	Biopsy, soft tissue of leg or ankle area; superficial			
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)			
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm			
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater			
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater			
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft			
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia			
30100	Biopsy, intranasal			
30110	Excision, nasal polyp(s), simple			
30115	Excision, nasal polyp(s), extensive			
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach			X
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)			
30130	Excision inferior turbinate, partial or complete, any method			
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed			
38221	Diagnostic bone marrow; biopsy(ies)			
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)			
38500	Biopsy or excision of lymph node(s); open, superficial			
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)			
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)			
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)			
40490	Biopsy of lip			
40510	Excision of lip; transverse wedge excision with primary closure			
40520	Excision of lip; V-excision with primary direct linear closure			
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)			

40530	Resection of lip, more than one-fourth, without reconstruction			
40808	Biopsy, vestibule of mouth			
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair			
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle			
41010	Incision of lingual frenum (frenotomy)			
41100	Biopsy of tongue; anterior two-thirds			
41105	Biopsy of tongue; posterior one-third			
41108	Biopsy of floor of mouth			
42100	Biopsy of palate, uvula			
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection			
42804	Biopsy; nasopharynx, visible lesion, simple			
42808	Excision or destruction of lesion of pharynx, any method			
42870	Excision or destruction lingual tonsil, any method (separate procedure)			
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle			

Electrical Stimulation Devices—**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Electrical Stimulation <i>Requires Medical Necessity Review: Occipital Nerve Stimulation (ONS) for Primary Headache, Electrical Stimulation and Devices, Treatment of Urinary Incontinence, Deep Brain Stimulation, Spinal Cord Stimulator for Pain</i>				
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)			X
64580	Incision for implantation of neurostimulator electrode array; neuromuscular			X
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)			X
64585	Revision or removal of peripheral neurostimulator electrode array			X
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed			X
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)			X
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	X		X
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed			
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed			
63650	Percutaneous implantation of neurostimulator electrode array, epidural			X
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural			X
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed			

63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed			
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver			X
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array			X
Gastric Electrical Stimulation Device <i>Requires Medical Necessity Review: Bariatric Surgery, Electrical Stimulation Devices, Occipital Nerve Stimulation (ONS) for Primary Headache</i>				
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum			X
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum			X
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	X		X
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling			X
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver			X
Vagus Nerve Stimulation <i>Requires Medical Necessity Review: Deep Brain Stimulation, Vagus Nerve Stimulation</i>				
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array			X
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays			X
61888	Revision or removal of cranial neurostimulator pulse generator or rec			X
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve			X
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator			X
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator			X

ENT Procedure Codes—**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Adenoidectomy over 12				
42831	Adenoidectomy, primary; age 12 or over			
42836	Adenoidectomy, secondary; age 12 or over			
Bone Anchored Hearing System (BAHA) <i>Requires medical necessity review: Bone Anchored Hearing System (BAHA), Cochlear Implant</i>				
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone			X
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone			X
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy			X

69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy			X
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor			X
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor			X
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy			X
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex			X
69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor			X
69727	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex			X
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex			X
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex			X
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex			X
Cochlear Implant				
Requires medical necessity review: Cochlear Implant				
69930	Cochlear device implantation, with or without mastoidectomy			X
Laryngoscopy				
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn			
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope			
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial			
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent			
31530	Laryngoscopy, direct, operative, with foreign body removal;			
31535	Laryngoscopy, direct, operative, with biopsy;			
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope			
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;			
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope			
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)			

31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)			
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;			
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope			
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral			
31575	Laryngoscopy, flexible; diagnostic			
31576	Laryngoscopy, flexible; with biopsy(ies)			
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser			
31591	Laryngoplasty, medialization, unilateral			
Parathyroidectomy				
60500	Parathyroidectomy or exploration of parathyroid(s);			
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration			
Rhinoplasty				
Requires medical necessity review: Rhinoplasty , Gender Reaffirming Surgeries				
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip			X
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip			X
30420	Rhinoplasty, primary; including major septal repair			X
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)			X
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)			X
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)			X
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)			X
Tonsillectomy for those aged 12 and older				
42821	Tonsillectomy and adenoidectomy; age 12 or over			
42826	Tonsillectomy, primary or secondary; age 12 or over			
Tympanostomy				
Requires Medical necessity review: Medically Necessary Services				
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia			X
69420	Myringotomy including aspiration and/or eustachian tube inflation			
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia			
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia			
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia			
ENT (additional codes)				
Requires Medical necessity review: Surgical Treatment of Migraine Headaches				
20912	Cartilage graft; nasal septum			
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater			
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm			
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater			
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)			
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage			

21031	Excision of torus mandibularis			
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage			
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])			
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])			
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization			
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization			
21325	Open treatment of nasal fracture; uncomplicated			
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation			
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum			
21336	Open treatment of nasal septal fracture, with or without stabilization			
21337	Closed treatment of nasal septal fracture, with or without stabilization			
30120	Excision or surgical planing of skin of nose for rhinophyma			
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous			
30125	Excision dermoid cyst, nose; complex, under bone or cartilage			
30140	Submucous resection inferior turbinate, partial or complete, any method			
30220	Insertion, nasal septal prosthesis (button)			
30310	Removal foreign body, intranasal; requiring general anesthesia			
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft			X
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)			
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)			
30630	Repair nasal septal perforations			
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial			X
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)			X
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method			
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method			
30930	Fracture nasal inferior turbinate(s), therapeutic			
31020	Sinusotomy, maxillary (antrotomy); intranasal			
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps			
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps			
31200	Ethmoidectomy; intranasal, anterior			X
31205	Ethmoidectomy; extranasal, total			X
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage			
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)			
31820	Surgical closure tracheostomy or fistula; without plastic repair			
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair			

40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair			
41110	Excision of lesion of tongue without closure			
41112	Excision of lesion of tongue with closure; anterior two-thirds			
41113	Excision of lesion of tongue with closure; posterior one-third			
41116	Excision, lesion of floor of mouth			
41520	Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)			
42104	Excision, lesion of palate, uvula; without closure			
42106	Excision, lesion of palate, uvula; with simple primary closure			
42140	Uvulectomy, excision of uvula			
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral			
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral			
42405	Biopsy of salivary gland; incisional			
42408	Excision of sublingual salivary cyst (ranula)			
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve			
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve			
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve			
42440	Excision of submandibular (submaxillary) gland			
42450	Excision of sublingual gland			
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple			
42650	Dilation salivary duct			
42800	Biopsy; oropharynx			
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues			
49999	Unlisted procedure, abdomen, peritoneum and omentum			X
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus			X
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy			X
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy			X
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy			X
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy			X
60240	Thyroidectomy, total or complete			X
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection			X
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	X		X
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid			X
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	X		X
60271	Thyroidectomy, including substernal thyroid; cervical approach			X
69000	Drainage external ear, abscess or hematoma; simple			
69100	Biopsy external ear			
69110	Excision external ear; partial, simple repair			
69140	Excision exostosis(es), external auditory canal			
69145	Excision soft tissue lesion, external auditory canal			
69205	Removal foreign body from external auditory canal; with general anesthesia			
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)			

69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)			
69320	Reconstruction external auditory canal for congenital atresia, single stage			
69424	Ventilating tube removal requiring general anesthesia			
69440	Middle ear exploration through postauricular or ear canal incision			
69450	Tympanolysis, transcanal			
69502	Mastoidectomy; complete			
69505	Mastoidectomy; modified radical			
69550	Excision aural glomus tumor; transcanal			
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy			
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch			
69620	Myringoplasty (surgery confined to drumhead and donor area)			
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction			
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)			
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])			
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction			
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction			
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction			
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction			
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction			
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction			
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction			
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction			
69650	Stapes mobilization			
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;			
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out			
69662	Revision of stapedectomy or stapedotomy			
69666	Repair oval window fistula			

69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal			
69805	Endolymphatic sac operation; without shunt			
69806	Endolymphatic sac operation; with shunt			

Gastroenterology Procedure Codes--**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an "X" below, and this policy does not apply

CPT® or HCPC Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Endoscopic Procedures				
Requires Medical necessity review: Radiofrequency Ablation				
G0105	Colorectal cancer screening; colonoscopy on individual at high risk		X	
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk		X	
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)		X	
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple		X	
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)		X	X
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)		X	
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		X	
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance		X	
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		X	
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter		X	
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)		X	
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)		X	
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube		X	
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)		X	
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire		X	
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)		X	
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		X	
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection		X	

43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method		X	
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		X	
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)		X	X
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes		X	
43453	Dilation of esophagus, over guide wire		X	
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)		X	
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple		X	
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)		X	
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple		X	
44382	Ileoscopy, through stoma; with biopsy, single or multiple		X	
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple		X	
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		X	
44389	Colonoscopy through stoma; with biopsy, single or multiple		X	
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		X	
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)		X	
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)		X	
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)		X	
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach		X	
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple		X	
45334	Sigmoidoscopy, flexible; with control of bleeding, any method		X	
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		X	
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		X	
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination		X	
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)		X	
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection		X	
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		X	
45379	Colonoscopy, flexible; with removal of foreign body(s)		X	
45380	Colonoscopy, flexible; with biopsy, single or multiple		X	
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance		X	
45382	Colonoscopy, flexible; with control of bleeding, any method		X	
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		X	

45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		X	
45386	Colonoscopy, flexible; with transendoscopic balloon dilation		X	
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)		X	
45390	Colonoscopy, flexible; with endoscopic mucosal resection		X	
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures		X	
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		X	
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed		X	
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)		X	
ERCP				
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)			
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple			
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy			
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi			
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)			
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)			
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)			
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent			
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)			
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged			
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct			
Esophagoscopy				
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)			
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)			

43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)			
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection			
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)			
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)			
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)			
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)			
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps			
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique			
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)			
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire			
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method			
43231	Esophagoscopy, flexible, transoral; with endosurolocopic ultrasound examination			
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)			
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures			
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)			
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)			
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices			
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices			
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps			
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(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)			
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)			
Gastroenterology Procedures (add'l codes)				

G0104	Colorectal cancer screening; flexible sigmoidoscopy			
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema			
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema			
G0122	Colorectal cancer screening; barium enema			
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)			
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique			
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique			
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)			
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation			
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)			
44391	Colonoscopy through stoma; with control of bleeding, any method			
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps			
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed			
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen			
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)			
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple			
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)			
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps			
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed			
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique			
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)			
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)			
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)			
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)			
46606	Anoscopy; with biopsy, single or multiple			
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple			
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery			

46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique			
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique			
46700	Anoplasty, plastic operation for stricture; adult			
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial		X	
47000	Biopsy of liver, needle; percutaneous			
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance			
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance			
49422	Removal of tunneled intraperitoneal catheter			
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible			
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	X		

General Surgery Codes—**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Appendectomy				
44950	Appendectomy; for ruptured appendix with abscess or generalized peritonitis			
Laparoscopic Appendectomy				
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	X		
44970	Laparoscopy, surgical, appendectomy			
Laparoscopic Procedure				
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency			
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical			
49321	Laparoscopy, surgical; with biopsy (single or multiple)			
45400	Laparoscopy, surgical; proctopexy (for prolapse)	X		
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)			
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum			
Laparoscopic Cholecystectomy				
47562	Laparoscopy, surgical; cholecystectomy		X	
47563	Laparoscopy, surgical; cholecystectomy with cholangiography		X	
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct		X	
47570	Laparoscopy, surgical; cholecystoenterostomy	X		
Hernia Repair (non-hiatal)—Femoral, inguinal, and umbilical				
49505	Repair initial inguinal hernia, age 5 years or older; reducible		X	
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated		X	
49520	Repair recurrent inguinal hernia, any age; reducible		X	
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated		X	
49525	Repair inguinal hernia, sliding, any age		X	

49550	Repair initial femoral hernia, any age; reducible		X	
49553	Repair initial femoral hernia, any age; incarcerated or strangulated		X	
49555	Repair recurrent femoral hernia; reducible		X	
49557	Repair recurrent femoral hernia; incarcerated or strangulated		X	
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		X	
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		X	
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		X	
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		X	
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		X	
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	X	X	
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	X	X	
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)		X	
49650	Laparoscopy, surgical; repair initial inguinal hernia		X	
49651	Laparoscopy, surgical; repair recurrent inguinal hernia		X	
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy			X
Proctoplasty, Hemorrhoidectomy, fistula repair, and other procedures				
45500	Proctoplasty; for stenosis		X	
45505	Proctoplasty; for prolapse of mucous membrane		X	
45520	Perirectal injection of sclerosing solution for prolapse		X	
45541	Proctopexy (e.g., for prolapse); perineal approach		X	
45560	Repair of rectocele (separate procedure)		X	
45900	Reduction of procidentia (separate procedure) under anesthesia		X	
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local		X	
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local		X	
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia		X	
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic		X	
46020	Placement of seton		X	
46030	Removal of anal seton, other marker		X	

46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)		X	
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia		X	
46050	Incision and drainage, perianal abscess, superficial		X	
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)		X	
46083	Incision of thrombosed hemorrhoid, external		X	
46200	Fissurectomy, including sphincterotomy, when performed		X	
46220	Excision of single external papilla or tag, anus		X	
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)		X	
46230	Excision of multiple external papillae or tags, anus		X	
46250	Hemorrhoidectomy, external, 2 or more columns/groups		X	
46255	Hemorrhoidectomy, internal and external, single column/group		X	
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy		X	
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed		X	
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;		X	
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy		X	
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed		X	
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous		X	
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); inter-sphincteric		X	
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); trans sphincteric, suprasphincteric, extra sphincteric or multiple, including placement of seton, when performed		X	
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage		X	
46288	Closure of anal fistula with rectal advancement flap		X	
46320	Excision of thrombosed hemorrhoid, external		X	
46505	Chemodenervation of internal anal sphincter		X	
46706	Repair of anal fistula with fibrin glue		X	
46707	Repair of anorectal fistula with plug (e.g., porcine small intestine submucosa [SIS])		X	
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult		X	
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse		X	
46754	Removal of Thiersch wire or suture, anal canal		X	
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant		X	
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)		X	
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; chemical		X	
46910	Destruction of lesion(s), anus (e.g., condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; electrodesiccation		X	
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; cryosurgery		X	
46917	Destruction of lesion(s), anus (e.g., condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; laser surgery		X	
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; surgical excision		X	

46924	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)		X	
46930	Destruction of internal hemorrhoid(s) by thermal energy (e.g., infrared coagulation, cautery, radiofrequency)		X	
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent		X	
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group		X	
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		X	
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed		X	
Lumpectomy; Partial or Complete Mastectomy				
19300	Mastectomy for gynecomastia			X
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);		X	
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy			
19303	Mastectomy, simple, complete		X	
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	X		
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	X		
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle			
Laparoscopic Nissen Fundoplication or Esophagogastric Fundoplasty				
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)			X
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh			X
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh			X
Lysis of adhesions by laparoscopy (without bowel ischemia, systemic toxicity) Laparotomy is Inpatient procedure				
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	X		
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)			
Myotomy				
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	X		
43330	Esophagomyotomy (Heller type); abdominal approach	X		
43331	Esophagomyotomy (Heller type); thoracic approach	X		
Per Oral Endoscopic Myotomy (POEM) for Esophageal Achalasia				
<i>Requires Medical Necessity Review: Per Oral Endoscopy Myotomy (POEM) for Esophageal Achalasia</i>				
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])			X
Splenectomy				
38100	Splenectomy; total (separate procedure)	X		
38120	Laparoscopy, surgical, splenectomy			
Vascular Access (tunneled catheter, PORT, PICC)				
36010	Introduction of catheter, superior or inferior vena cava			
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family			

36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family			
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older			
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older			
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older			
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump			
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)			
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)			
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older			
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older			
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older			
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access			
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access			
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump			
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion			
37607	Ligation or banding of angioaccess arteriovenous fistula			

Gynecology Procedure Codes—**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an "X" below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
<i>Anterior or Posterior Colporrhaphy</i>				
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed			
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy			
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;			
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair			
<i>Colpopexy</i>				
57280	Colpopexy, abdominal approach	X		
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)			

57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)			
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)			
Dilation and Curettage (D&C)				
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)			
Hysterectomy				
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)			
Hysteroscopy				
Requires Medical Necessity Review: Fertility Services				
58555	Hysteroscopy, diagnostic (separate procedure)			
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C			
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)			
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)			X
58561	Hysteroscopy, surgical; with removal of leiomyomata			
58562	Hysteroscopy, surgical; with removal of impacted foreign body			
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)			
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants			
Laparoscopic Surgical Myomectomy, Oophorectomy, and/or salpingectomy				
19000	Puncture aspiration of cyst of breast;		X	
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)		X	
19020	Mastotomy with exploration or drainage of abscess, deep		X	
19030	Injection procedure only for mammary ductogram or galactogram		X	
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)		X	
19101	Biopsy of breast; open, incisional		X	
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct		X	
19112	Excision of lactiferous duct fistula		X	
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		X	
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion		X	
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)		X	
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad		X	
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)		X	
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)		X	
38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)		X	
56740	Excision of Bartholin's gland or cyst			
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)			
56821	Colposcopy of the vulva; with biopsy(s)			
57000	Colpotomy; with exploration			
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)			

57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)			
57100	Biopsy of vaginal mucosa; simple (separate procedure)			
57130	Excision of vaginal septum			
57135	Excision of vaginal cyst or tumor			
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)			
57268	Repair of enterocele, vaginal approach (separate procedure)			
57300	Closure of rectovaginal fistula; vaginal or transanal approach			
57400	Dilation of vagina under anesthesia (other than local)			
57410	Pelvic examination under anesthesia (other than local)			
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)			
57420	Colposcopy of the entire vagina, with cervix if present;			
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix			
57452	Colposcopy of the cervix including upper/adjacent vagina;			
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage			
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage			
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix			
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)			
57505	Endocervical curettage (not done as part of a dilation and curettage)			
57510	Cautery of cervix; electro or thermal			
57513	Cautery of cervix; laser ablation			
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser			
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision			
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)			
57700	Cerclage of uterine cervix, nonobstetrical			
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach			
57800	Dilation of cervical canal, instrumental (separate procedure)			
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)			
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas			
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g			
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)			
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method			
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)			
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)			
58672	Laparoscopy, surgical; with fimbrioplasty			
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)			
58679	Unlisted laparoscopy procedure, oviduct, ovary			

58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	X		
58925	Ovarian cystectomy, unilateral or bilateral			
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy			
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy			
Laparoscopic Hysterectomy				
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less			
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)			
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g			
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)			
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less			
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g			
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)			
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less			
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)			
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g			
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)			
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	X		
Vaginal Hysterectomy				
58260	Vaginal hysterectomy, for uterus 250 g or less			
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)			
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele			
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	X		
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele			
58275	Vaginal hysterectomy, with total or partial vaginectomy	X		
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	X		
58290	Vaginal hysterectomy, for uterus greater than 250 g			
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)			
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele			
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele			

Neurosurgery Procedure Codes-**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an "X" below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Endovascular Occlusion/Embolization Requires Medical Necessity Review: Benign Prostatic Hyperplasia (BPH) Treatments , Therasphere and SIR Sphere for Unresectable Hepatocellular Carcinoma				
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)			
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (e.g., congenital or acquire arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)			X
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction			X
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation			
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	X		
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)			

Orthopedic Procedure Codes—**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Autologous Chondrocyte Implantation (Carticel) Requires Medical Necessity Review: Autologous Chondrocyte Implantation for Treatment of Defects in Articular Cartilage of the Knee				
J7330	Autologous cultured chondrocytes, implant			X
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)			X
27412	Autologous chondrocyte implantation, knee			X
Bone Debridement				
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less			

Hip Impingement and Labrum surgery				
Requires Medical Necessity Review: Hip Surgery Procedures for Femoroacetabular Impingement Syndrome				
Removal of foreign body in muscle or tendon sheath				
20520	Removal of foreign body in muscle or tendon sheath; simple			
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated			
27299	Unlisted procedure, pelvis or hip joint		X	X
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)			X
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)			X
29916	Arthroscopy, hip, surgical; with labral repair		X	X
Shoulder Arthroplasty				
Requires Medical Necessity Review: Shoulder Arthroplasty				
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	X		X
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty			X
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))			X
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component			X
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	X		X
Total Knee Arthroplasty				
Requires Medical Necessity Review: Total Knee Arthroplasty Criteria				
27438	Arthroplasty, patella; with prosthesis			X
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment			X
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)			X
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	X		X
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	X		X
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	X		X
Total Hip Arthroplasty				
Requires Medical Necessity Review: Total Hip Arthroplasty Criteria				
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft			X
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	X		X
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	X		X
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	X		X
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	X		X
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	X		X
Orthopedic (additional codes)				
Requires Medical Necessity Review: Tenex , Dermatology , Hip Surgery Procedures for Femoroacetabular Impingement Syndrome				
20200	Biopsy, muscle; superficial		X	
20205	Biopsy, muscle; deep		X	

20206	Biopsy, muscle, percutaneous needle		X	
20220	Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)		X	
20225	Biopsy, bone, trocar, or needle; deep (e.g., vertebral body, femur)		X	
20240	Biopsy, bone, open; superficial (e.g., sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)		X	
20245	Biopsy, bone, open; deep (e.g., humeral shaft, ischium, femoral shaft)		X	
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel			
20551	Injection(s); single tendon origin/insertion			
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)			
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles			
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance			
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting			
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance			
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting			
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance			
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting			
20612	Aspiration and/or injection of ganglion cyst(s) any location			
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)			
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)			
20693	Adjustment or revision of external fixation system requiring anesthesia (e.g., new pin[s] or wire[s] and/or new ring[s] or bar[s])			
20694	Removal, under anesthesia, of external fixation system			
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)		X	
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)			
23120	Claviculectomy; partial			
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release		X	
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula		X	
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)		X	
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus		X	
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)		X	
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft		X	
23405	Tenotomy, shoulder area; single tendon		X	X
23406	Tenotomy, shoulder area; multiple tendons through same incision		X	X
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute		X	

23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic		X	
23415	Coracoacromial ligament release, with or without acromioplasty		X	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)		X	
23430	Tenodesis of long tendon of biceps		X	
23440	Resection or transplantation of long tendon of biceps		X	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation		X	
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)		X	
23460	Capsulorrhaphy, anterior, any type; with bone block		X	
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer		X	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block		X	
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability		X	
23480	Osteotomy, clavicle, with or without internal fixation		X	
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)		X	
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed			
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed			
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)		X	
23800	Arthrodesis, glenohumeral joint;		X	X
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)		X	X
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma		X	
23931	Incision and drainage, upper arm or elbow area; bursa		X	
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow		X	
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body		X	
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)		X	
24100	Arthrotomy, elbow; with synovial biopsy only		X	
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body		X	
24102	Arthrotomy, elbow; with synovectomy		X	
24105	Excision, olecranon bursa		X	
24110	Excision or curettage of bone cyst or benign tumor, humerus		X	
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)		X	
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft		X	
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process		X	
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)		X	
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft		X	
24130	Excision, radial head		X	

24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus		X	
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck		X	
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process		X	
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus		X	
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck		X	
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis), olecranon process		X	
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)		X	X
24150	Radical resection of tumor, shaft or distal humerus		X	
24152	Radical resection of tumor, radial head or neck		X	
24155	Resection of elbow joint (arthrectomy)		X	
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components		X	
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head		X	
24200	Removal of foreign body, upper arm or elbow area; subcutaneous		X	
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)		X	
24220	Injection procedure for elbow arthrography		X	
24300	Manipulation, elbow, under anesthesia		X	
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)		X	
24305	Tendon lengthening, upper arm or elbow, each tendon		X	
24310	Tenotomy, open, elbow to shoulder, each tendon		X	
24330	Flexor-plasty, elbow (eg, Steindler type advancement);		X	
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement		X	
24332	Tenolysis, triceps		X	
24340	Tenodesis of biceps tendon at elbow (separate procedure)		X	
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)		X	
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft		X	
24343	Repair lateral collateral ligament, elbow, with local tissue		X	
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)		X	
24345	Repair medial collateral ligament, elbow, with local tissue		X	
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)		X	
24357	Tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); percutaneous		X	X
24358	Tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open		X	
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		X	
24360	Arthroplasty, elbow; with membrane (eg, fascial)		X	
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement		X	
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction		X	

24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)		X	
24365	Arthroplasty, radial head;		X	
24366	Arthroplasty, radial head; with implant		X	
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component		X	
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component		X	
24400	Osteotomy, humerus, with or without internal fixation		X	
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)		X	
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)		X	
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)		X	
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)		X	
24495	Decompression fasciotomy, forearm, with brachial artery exploration		X	
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft		X	
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage			
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws			
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius)			
24615	Open treatment of acute or chronic elbow dislocation			
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;			
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement			
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)		X	
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)		X	
25085	Capsulotomy, wrist (e.g., contracture)		X	
25100	Arthrotomy, wrist joint; with biopsy		X	
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body		X	
25105	Arthrotomy, wrist joint; with synovectomy		X	
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex		X	
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each		X	
25110	Excision, lesion of tendon sheath, forearm and/or wrist		X	
25111	Excision of ganglion, wrist (dorsal or volar); primary		X	
25112	Excision of ganglion, wrist (dorsal or volar); recurrent		X	
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors		X	
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		X	
25118	Synovectomy, extensor tendon sheath, wrist, single compartment		X	
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna		X	
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process)		X	

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)		X	
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		X	
25130	Excision or curettage of bone cyst or benign tumor of carpal bones		X	
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)		X	
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft		X	
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna		X	
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis); radius		X	
25210	Carpectomy; 1 bone		X	
25215	Carpectomy; all bones of proximal row		X	
25230	Radial styloidectomy (separate procedure)		X	
25240	Excision distal ulna partial or complete (e.g., Darrach type or matched resection)		X	
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle		X	
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle		X	
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle		X	
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle		X	
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle		X	
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle		X	
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (e.g., for extensor carpi ulnaris subluxation)		X	
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon		X	
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon		X	
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon		X	
25300	Tenodesis at wrist; flexors of fingers		X	
25301	Tenodesis at wrist; extensors of fingers		X	
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon		X	
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon		X	
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;		X	
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer		X	
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability		X	
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation		X	
25335	Centralization of wrist on ulna (eg, radial club hand)		X	

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		X	
25350	Osteotomy, radius; distal third		X	
25355	Osteotomy, radius; middle or proximal third		X	
25360	Osteotomy; ulna		X	
25365	Osteotomy; radius AND ulna		X	
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna		X	
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna		X	
25390	Osteoplasty, radius OR ulna; shortening		X	
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)		X	
25394	Osteoplasty, carpal bone, shortening		X	
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)		X	
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)		X	
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)		X	
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)		X	
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)		X	
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone		X	
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)		X	
25441	Arthroplasty with prosthetic replacement; distal radius		X	
25442	Arthroplasty with prosthetic replacement; distal ulna		X	
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)		X	
25444	Arthroplasty with prosthetic replacement; lunate		X	
25445	Arthroplasty with prosthetic replacement; trapezium		X	
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)		X	
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints		X	
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed		X	
25449	Revision of arthroplasty, including removal of implant, wrist joint		X	
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna		X	
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna		X	
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed			
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna			
25605	Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation			
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation			
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation			
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments			

25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments			
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation			
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed			
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone			
25652	Open treatment of ulnar styloid fracture			
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)		X	
25805	Arthrodesis, wrist; with sliding graft		X	
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)		X	
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)		X	
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)		X	
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)		X	
26010	Drainage of finger abscess; simple		X	
26011	Drainage of finger abscess; complicated (e.g., felon)		X	
26020	Drainage of tendon sheath, digit and/or palm, each		X	
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous		X	
26045	Fasciotomy, palmar (e.g., Dupuytren's contracture); open, partial		X	
26055	Tendon sheath incision (eg, for trigger finger)		X	
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint		X	
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each		X	
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each		X	
26100	Arthrotomy with biopsy; carpometacarpal joint, each		X	
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each		X	
26110	Arthrotomy with biopsy; interphalangeal joint, each		X	
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater		X	
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (e.g., intramuscular); 1.5 cm or greater		X	
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm		X	
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (e.g., intramuscular); less than 1.5 cm		X	
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm		X	
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater		X	
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)		X	X
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)		X	X
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)		X	X
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger		X	

26170	Excision of tendon, palm, flexor or extensor, single, each tendon		X	
26180	Excision of tendon, finger, flexor or extensor, each tendon		X	
26200	Excision or curettage of bone cyst or benign tumor of metacarpal		X	
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)		X	
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger		X	
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)		X	
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal		X	
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger		X	
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis); distal phalanx of finger		X	
26320	Removal of implant from finger or hand		X	
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		X	
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		X	
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		X	
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		X	
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		X	
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon		X	
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon		X	
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon		X	
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod		X	
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon		X	
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon		X	
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon		X	
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon		X	
26426	Repair of extensor tendon, central slip, secondary (e.g., boutonniere deformity); using local tissue(s), including lateral band(s), each finger		X	
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger		X	
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (e.g., mallet finger)		X	
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (e.g., mallet finger)		X	
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)		X	

26437	Realignment of extensor tendon, hand, each tendon		X	
26440	Tenolysis, flexor tendon; palm or finger, each tendon		X	
26442	Tenolysis, flexor tendon; palm and finger, each tendon		X	
26445	Tenolysis, extensor tendon, hand or finger, each tendon		X	
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon		X	
26450	Tenotomy, flexor, palm, open, each tendon		X	
26455	Tenotomy, flexor, finger, open, each tendon		X	
26460	Tenotomy, extensor, hand or finger, open, each tendon		X	
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon		X	
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon		X	
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon		X	
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon		X	
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)		X	
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)		X	
26516	Capsulodesis, metacarpophalangeal joint; single digit		X	
26517	Capsulodesis, metacarpophalangeal joint; 2 digits		X	
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits		X	
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint		X	
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint		X	
26530	Arthroplasty, metacarpophalangeal joint; each joint			
26535	Arthroplasty, interphalangeal joint; each joint			
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint		X	
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)		X	
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (e.g., adductor advancement)		X	
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint		X	
26565	Osteotomy; metacarpal, each		X	
26567	Osteotomy; phalanx of finger, each		X	
26587	Reconstruction of polydactylous digit, soft tissue and bone		X	
26590	Repair macrodactylia, each digit		X	
26591	Repair, intrinsic muscles of hand, each muscle		X	
26593	Release, intrinsic muscles of hand, each muscle		X	
26596	Excision of constricting ring of finger, with multiple Z-plasties		X	
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone		X	
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone		X	
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone		X	
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone		X	
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone		X	
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation		X	
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation		X	

26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation		X	
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed		X	
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia		X	
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia		X	
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint		X	
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint		X	
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction		X	
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia		X	
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia		X	
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation		X	
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed		X	
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each		X	
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each		X	
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each		X	
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each		X	
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each		X	
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each		X	
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each		X	
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each		X	
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each		X	
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each		X	
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each		X	
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia		X	
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia		X	
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation		X	
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single		X	
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation		X	

26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)		X	
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;		X	
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)		X	
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation		X	
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)		X	
26860	Arthrodesis, interphalangeal joint, with or without internal fixation		X	
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)		X	
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)		X	
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)		X	
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer		X	
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure		X	
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)		X	
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)			
27093	Injection procedure for hip arthrography; without anesthesia			
27095	Injection procedure for hip arthrography; with anesthesia			
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck			
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	X		
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	X		
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region		X	
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (e.g., infection)		X	
27323	Biopsy, soft tissue of thigh or knee area; superficial		X	
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)		X	
27330	Arthrotomy, knee; with synovial biopsy only		X	
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies		X	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or lateral		X	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral		X	
27334	Arthrotomy, with synovectomy, knee; anterior or posterior		X	
27335	Arthrotomy, with synovectomy, knee; anterior and posterior including popliteal area		X	
27340	Excision, prepatellar bursa		X	
27345	Excision of synovial cyst of popliteal space (e.g., Baker's cyst)		X	
27347	Excision of lesion of meniscus or capsule (e.g., cyst, ganglion), knee		X	
27350	Patellectomy or hemipatellectomy		X	
27372	Removal of foreign body, deep, thigh region or knee area		X	
27380	Suture of infrapatellar tendon; primary		X	

27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft		X	
27385	Suture of quadriceps or hamstring muscle rupture; primary		X	
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft		X	
27403	Arthrotomy with meniscus repair, knee		X	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral		X	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate		X	
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments		X	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])		X	X
27418	Anterior tibial tubercleplasty (e.g., Maquet type procedure)		X	
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)		X	
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)		X	
27424	Reconstruction of dislocating patella; with patellectomy		X	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular		X	
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)		X	
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular		X	
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	X		
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	X		
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation			
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	X		
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	X		
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	X		
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	X		
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair			
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	X		
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	X		
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	X		
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	X		
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	X		
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	X		

27566	Open treatment of patellar dislocation, with or without partial or total patellectomy			
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)		X	
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia		X	
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia		X	
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body		X	
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening		X	
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (e.g., intramuscular); less than 5 cm			
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body		X	
27625	Arthrotomy, with synovectomy, ankle;		X	
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy		X	
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle		X	
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;		X	
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)		X	
27654	Repair, secondary, Achilles tendon, with or without graft		X	
27656	Repair, fascial defect of leg		X	
27658	Repair, flexor tendon, leg; primary, without graft, each tendon		X	
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon		X	
27664	Repair, extensor tendon, leg; primary, without graft, each tendon		X	
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon		X	
27675	Repair, dislocating peroneal tendons; without fibular osteotomy		X	
27676	Repair, dislocating peroneal tendons; with fibular osteotomy		X	
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon		X	
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])		X	
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)		X	
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each		X	
27687	Gastrocnemius recession (eg, Strayer procedure)		X	
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)		X	
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)		X	
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)		X	
27695	Repair, primary, disrupted ligament, ankle; collateral		X	
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments		X	
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)		X	
27700	Arthroplasty, ankle;			
27702	Arthroplasty, ankle; with implant (total ankle)			

27703	Arthroplasty, ankle; revision, total ankle	X		
27705	Osteotomy; tibia		X	
27707	Osteotomy; fibula		X	
27709	Osteotomy; tibia and fibula		X	
27720	Repair of nonunion or malunion, tibia; without graft, (e.g., compression technique)		X	
27722	Repair of nonunion or malunion, tibia; with sliding graft		X	
27726	Repair of fibula nonunion and/or malunion with internal fixation		X	
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (e.g., pins or screws)		X	
27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage			
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage			
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation			
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed		X	
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		X	
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip		X	
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip		X	
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only			
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only			
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula			
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed			
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula			
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation			
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation			
27870	Arthrodesis, ankle, open		X	
27871	Arthrodesis, tibiofibular joint, proximal or distal		X	
28001	Incision and drainage, bursa, foot		X	
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space		X	
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas		X	
28005	Incision, bone cortex (e.g., osteomyelitis or bone abscess), foot		X	
28008	Fasciotomy, foot and/or toe		X	
28010	Tenotomy, percutaneous, toe; single tendon		X	
28011	Tenotomy, percutaneous, toe; multiple tendons		X	

28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint		X	
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint		X	
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint		X	
28035	Release, tarsal tunnel (posterior tibial nerve decompression)		X	
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater		X	
28041	Excision, tumor, soft tissue of foot or toe, subfascial (e.g., intramuscular); 1.5 cm or greater		X	
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm		X	
28045	Excision, tumor, soft tissue of foot or toe, subfascial (e.g., intramuscular); less than 1.5 cm		X	
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm		X	
28047	Radical resection of tumor (e.g., sarcoma), soft tissue of foot or toe; 3 cm or greater		X	
28055	Neurectomy, intrinsic musculature of foot		X	
28060	Fasciectomy, plantar fascia; partial (separate procedure)		X	
28062	Fasciectomy, plantar fascia; radical (separate procedure)		X	
28070	Synovectomy; intertarsal or tarsometatarsal joint, each		X	
28072	Synovectomy; metatarsophalangeal joint, each		X	
28080	Excision, interdigital (Morton) neuroma, single, each		X	
28086	Synovectomy, tendon sheath, foot; flexor		X	
28088	Synovectomy, tendon sheath, foot; extensor		X	
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot		X	
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); toe(s), each		X	
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus		X	
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)		X	
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft		X	
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus		X	
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)		X	
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft		X	
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot		X	
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)		X	
28111	Ostectomy, complete excision; first metatarsal head		X	
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)		X	
28113	Ostectomy, complete excision; fifth metatarsal head		X	
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)		X	
28116	Ostectomy, excision of tarsal coalition		X	
28118	Ostectomy, calcaneus		X	
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release		X	

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

28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant		X	
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method		X	
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method		X	
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method		X	
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method		X	
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method		X	
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method		X	
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation		X	
28302	Osteotomy; talus		X	
28304	Osteotomy, tarsal bones, other than calcaneus or talus;		X	
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)		X	
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal		X	
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)		X	
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each		X	
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)		X	
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)		X	
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe		X	
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (e.g., overlapping second toe, fifth toe, curly toes)		X	
28315	Sesamoidectomy, first toe (separate procedure)		X	
28320	Repair, nonunion or malunion; tarsal bones		X	
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)		X	
28470	Closed treatment of metatarsal fracture; without manipulation, each		X	
28475	Closed treatment of metatarsal fracture; with manipulation, each			
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each		X	
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each		X	
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation		X	
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each			
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each		X	
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed			

28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation		X	
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed		X	
28705	Arthrodesis; pantalar		X	
28715	Arthrodesis; triple		X	
28725	Arthrodesis; subtalar		X	
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse		X	
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)		X	
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)		X	
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint		X	
28750	Arthrodesis, great toe; metatarsophalangeal joint		X	
28755	Arthrodesis, great toe; interphalangeal joint		X	
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (e.g., Jones type procedure)		X	
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	X		
28805	Amputation, foot; transmetatarsal			
28810	Amputation, metatarsal, with toe, single		X	
28820	Amputation, toe; metatarsophalangeal joint		X	
28825	Amputation, toe; interphalangeal joint		X	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)			
29804	Arthroscopy, temporomandibular joint, surgical			
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)		X	X
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy		X	X
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion		X	X
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body		X	X
29820	Arthroscopy, shoulder, surgical; synovectomy, partial		X	X
29821	Arthroscopy, shoulder, surgical; synovectomy, complete		X	X
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])		X	X
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])		X	X
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)		X	X
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation		X	X
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)		X	X
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair		X	X
29828	Arthroscopy, shoulder, surgical; biceps tenodesis		X	X
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)		X	
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body			

29835	Arthroscopy, elbow, surgical; synovectomy, partial		X	
29836	Arthroscopy, elbow, surgical; synovectomy, complete		X	
29837	Arthroscopy, elbow, surgical; debridement, limited		X	
29838	Arthroscopy, elbow, surgical; debridement, extensive		X	
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)		X	
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage		X	
29844	Arthroscopy, wrist, surgical; synovectomy, partial		X	
29845	Arthroscopy, wrist, surgical; synovectomy, complete		X	
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement		X	
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability		X	
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament		X	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)		X	X
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body		X	X
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum		X	X
29863	Arthroscopy, hip, surgical; with synovectomy		X	X
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])		X	X
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)		X	X
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)		X	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage		X	X
29873	Arthroscopy, knee, surgical; with lateral release		X	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)		X	
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)		X	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)		X	
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)		X	X
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture		X	X
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		X	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed		X	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)		X	
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)		X	
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)		X	
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)		X	
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion		X	X
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation		X	

29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction		X	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction		X	
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect		X	
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)		X	
29893	Endoscopic plantar fasciotomy		X	
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body		X	
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial		X	
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited			
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive			
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis			
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy		X	
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement		X	
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)		X	
29906	Arthroscopy, subtalar joint, surgical; with debridement		X	
29999	Unlisted procedure, arthroscopy		X	X
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel		X	

Ophthalmology Procedures Codes—**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Eye/Ocular Adnexa System <i>Requires Medical Necessity Review: LASIK, Microinvasive Glaucoma Surgery (MIGS)</i>				
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium			
65420	Excision or transposition of pterygium; without graft			
65426	Excision or transposition of pterygium; with graft			
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)			
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)			
65710	Keratoplasty (corneal transplant); anterior lamellar			
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)			
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)			
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)			
65756	Keratoplasty (corneal transplant); endothelial			
65772	Corneal relaxing incision for correction of surgically induced astigmatism			X

65778	Placement of amniotic membrane on the ocular surface; without sutures			
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured			
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers			
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous			
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection			
65820	Goniotomy			
65850	Trabeculotomy ab externo			
65855	Trabeculoplasty by laser surgery			
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechia			
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechia			
65920	Removal of implanted material, anterior segment of eye			
66020	Injection, anterior chamber of eye (separate procedure); air or liquid			
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery			
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)			
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft			
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft			
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach			X
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft			
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft			
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure			
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)			
66710	Ciliary body destruction; cyclophotocoagulation, transscleral			
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens			
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)			
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)			
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)			
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)			
66840	Removal of lens material; aspiration technique, 1 or more stages			
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration			

66852	Removal of lens material; pars plana approach, with or without vitrectomy			
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation			
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)			
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation			
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal			
66986	Exchange of intraocular lens			
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation			
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation			
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal			
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy			
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)			
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)			
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous			
67028	Intravitreal injection of a pharmacologic agent (separate procedure)			
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)			
67036	Vitrectomy, mechanical, pars plana approach;			
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation			
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation			
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)			
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)			
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if			

	performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation			
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy			
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation			
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid			
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique			
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)			
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens			
67120	Removal of implanted material, posterior segment; extraocular			
67121	Removal of implanted material, posterior segment; intraocular			
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy			
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation			
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation			
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)			
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions			
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)			
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation			
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle			
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles			
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)			
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)			
67318	Strabismus surgery, any procedure, superior oblique muscle			
67345	Chemodenervation of extraocular muscle			
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy			
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion			

67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression			
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion			
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression			
67550	Orbital implant (implant outside muscle cone); insertion			
67560	Orbital implant (implant outside muscle cone); removal or revision			
67700	Blepharotomy, drainage of abscess, eyelid			
67800	Excision of chalazion; single			
67801	Excision of chalazion; multiple, same lid			
67805	Excision of chalazion; multiple, different lids			
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple			
67810	Incisional biopsy of eyelid skin including lid margin			
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)			
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure			
67875	Temporary closure of eyelids by suture (eg, Frost suture)			
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy			
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness			
67938	Removal of embedded foreign body, eyelid			
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin			
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin			
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage			
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage			
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage			
68100	Biopsy of conjunctiva			
68110	Excision of lesion, conjunctiva; up to 1 cm			
68115	Excision of lesion, conjunctiva; over 1 cm			
68135	Destruction of lesion, conjunctiva			
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement			
68440	Snip incision of lacrimal punctum			
68700	Plastic repair of canaliculi			
68720	Dacryocystorhinostomy (Fistulization of lacrimal sac to nasal cavity)			
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent			
68761	Closure of the lacrimal punctum; by plug, each			
68801	Dilation of lacrimal punctum, with or without irrigation			
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia			

68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent			
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Pain Management Codes—

Non-Medicare: Requires review when submitted as an inpatient level of care

Medicare: Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Chemodenervation				
Requires Medical Necessity Review: Dermatology				
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch			
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring			
64642	Chemodenervation of one extremity; 1-4 muscle(s)			X
64644	Chemodenervation of one extremity; 5 or more muscles			X
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)			X
64647	Chemodenervation of trunk muscle(s); 6 or more muscles			X
64702	Neuroplasty; digital, 1 or both, same digit			
64718	Neuroplasty and/or transposition; ulnar nerve at elbow			
64719	Neuroplasty and/or transposition; ulnar nerve at wrist			
64774	Excision of neuroma; cutaneous nerve, surgically identifiable			
64776	Excision of neuroma; digital nerve, 1 or both, same digit			
64782	Excision of neuroma; hand or foot, except digital nerve			
64784	Excision of neuroma; major peripheral nerve, except sciatic			
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve			
64795	Biopsy of nerve			
64831	Suture of digital nerve, hand or foot; 1 nerve			
64835	Suture of 1 nerve; median motor thenar			
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body			
Spinal Injections				
62270	Spinal puncture, lumbar, diagnostic;			
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve			
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves			
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring			

Spine Procedure Codes—

Non-Medicare: Requires review when submitted as an inpatient level of care

Medicare: Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Cervical Artificial Disc Surgery				
Requires Medical Necessity Review: Artificial Spinal Discs for Lumbar or Cervical Disc Disease				
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	X		X
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for			X

	nerve root or spinal cord decompression and microdissection); single interspace, cervical			
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	X		X
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	X		X
Cervical Discectomy or Microdiscectomy, foraminotomy, laminotomy				
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical			
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical			
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)			
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace			
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)			
Cervical Laminectomy				
Requires Medical Necessity Review: Minimally Invasive Lumbar Decompression				
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic <i>*Requires separate medical necessity review with Minimally Invasive Lumbar Decompression criteria</i>			X
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical			
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	X		
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	X		
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	X		
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	X		
63185	Laminectomy with rhizotomy; 1 or 2 segments	X		
63190	Laminectomy with rhizotomy; more than 2 segments	X		
63191	Laminectomy with section of spinal accessory nerve	X		
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	X		
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	X		

63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	X		
Cervical Fusion—Anterior <i>Requires Medical Necessity Review: Cervical Fusion, Lumbar Spinal Fusion</i>				
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2			X
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)			X
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2			X
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)			X
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)			X
Cervical Fusion—Posterior <i>Requires Medical Necessity Review: Cervical Fusion, Lumbar Spinal Fusion</i>				
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	X		X
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)			X
Lumbar Discectomy, Foraminotomy, or Laminotomy (when elective and not at multiple levels) <i>Requires Medical Necessity Review: Minimally Invasive Lumbar Decompression</i>				
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar			X
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar			
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)			
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar			
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)			
Lumbar Laminectomy (when elective and without significant comorbid conditions) <i>Requires Medical Necessity Review: Minimally Invasive Lumbar Decompression</i>				
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any			X

	method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar			
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis			
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)			
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar			
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar			
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)			
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)			
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)			
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	X		
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	X		
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	X		
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	X		
63185	Laminectomy with rhizotomy; 1 or 2 segments	X		
63190	Laminectomy with rhizotomy; more than 2 segments	X		
63200	Laminectomy, with release of tethered spinal cord, lumbar	X		
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	X		
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar			
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	X		
Single Level Lumbar Fusion				

Requires Medical Necessity review: Lumbar Fusion, Medically Necessary Services, Lumbar Spinal Fusion				
Vertebroplasty/Kyphoplasty				
Requires Medical Necessity Review: Vertebroplasty + Kyphoplasty				
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation			X
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic			X
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral			X
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)			X
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic			X
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar			X
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)			X
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	X		X
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	X		X
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	X		X
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)			X
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar			X
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)			X
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar			X
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for			X

	decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)			
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Restorative Cosmetic Procedure Codes—

Non-Medicare: Requires review when submitted as an inpatient level of care

Medicare: Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Abdominoplasty/Panniculectomy/Lipectomy				
Requires Medical Necessity Review: Gender Affirming Surgeries, Restorative and Cosmetic Procedures				
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy			X
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh			X
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg			X
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip			X
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock			X
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm			X
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand			X
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad			X
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area			X
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)			X
15876	Suction assisted lipectomy; head and neck			X
15877	Suction assisted lipectomy; trunk			X
15878	Suction assisted lipectomy; upper extremity			X
15879	Suction assisted lipectomy; lower extremity			X
Blepharoplasty, Canthopexy, Canthoplasty				
Requires Medical Necessity Review: Blepharoplasty, Gender Affirming Surgeries				
15820	Blepharoplasty, lower eyelid;			X
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad			X
15822	Blepharoplasty, upper eyelid;			X
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid			X
21280	Medial canthopexy (separate procedure)			
21282	Lateral canthopexy			
67950	Canthoplasty (reconstruction of canthus)			X
Breast Reconstruction				
Requires Medical Necessity Review: Breast Reconstruction or Breast Prostheses, Breast Implant Removal & Re-Implantation, Medically Necessary Services, Gynecomastia				
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)			X

15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate			X
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)			X
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate			X
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)			X
19328	Removal of intact breast implant			X
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)			X
19350	Nipple/areola reconstruction			X
19355	Correction of inverted nipples			X
19361	Breast reconstruction; with latissimus dorsi flap	X		X
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	X		X
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	X		X
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	X		X
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	X		X
19396	Preparation of mouldage for custom breast implant			X
21740	Reconstructive repair of pectus excavatum or carinatum; open	X		
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy			
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy			
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	X		
Breast Reconstruction				
Requires Medical Necessity Review: Breast Reconstruction , Breast Reduction (Mammoplasty) Surgery				
19316	Mastopexy		X	X
19318	Breast reduction		X	X
19325	Breast augmentation with implant		X	X
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)		X	X
19342	Insertion or replacement of breast implant on separate day from mastectomy		X	X
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)		X	X
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy		X	X
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents		X	X
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)		X	X
Plastic Surgery additional codes				
Requires Medical Necessity Review: Gender Affirming Surgeries , Restorative and Cosmetic Procedures				

11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less		X	X
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc		X	X
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc		X	X
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc		X	X
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion		X	X
11970	Replacement of tissue expander with permanent implant		X	X
11971	Removal of tissue expander without insertion of implant		X	X
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less		X	
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm		X	
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less		X	
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm		X	
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less		X	
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		X	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less		X	
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm		X	
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm		X	
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)		X	
14350	Filletted finger or toe flap, including preparation of recipient sit		X	

Pulmonary Procedure Codes—**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Bronchoscopy				
<i>Requires Medical Necessity Review: Advanced Bronchoscopy Techniques</i>				
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)			
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings			
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage			
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites			
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe			

31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture			
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)			
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures			X
Pulmonary				
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance			
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance			
Thoracoscopy				
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy			
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy			
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy			
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral			
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral			
32609	Thoracoscopy; with biopsy(ies) of pleura			
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	X		
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	X		
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	X		
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	X		
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	X		
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	X		
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	X		
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	X		
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	X		
38700	Suprahyoid lymphadenectomy			
38720	Cervical lymphadenectomy (complete)			
38724	Cervical lymphadenectomy (modified radical neck dissection)	X		
38740	Axillary lymphadenectomy; superficial			
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	X		
Uvulopalatopharyngoplasty				
Requires Medical Necessity Review: Treatments of Sleep Apnea (Surgical & Non-Surgical)				

42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)			X
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Urology Procedure Codes—**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Artificial Urinary Sphincter				
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff			
Bladder Sling—vaginal approach <i>Requires Medical Necessity Review: Treatments for Urinary Incontinence</i>				
51840	Anterior vesicourethropepy, or urethropepy (eg, Marshall-Marchetti-Krantz, Burch); simple	X		X
51841	Anterior vesicourethropepy, or urethropepy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	X		X
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)			X
51990	Laparoscopy, surgical; urethral suspension for stress incontinence			X
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)			X
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)			
57288	Sling operation for stress incontinence (eg, fascia or synthetic)			X
57289	Pereyra procedure, including anterior colporrhaphy			X
Bladder Sling—Male <i>Requires Medical Necessity Review: Treatments for Urinary Incontinence</i>				
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)			X
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)			X
Circumcision (older than 28 days of age)				
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age			
54162	Lysis or excision of penile post-circumcision adhesions			
54163	Repair incomplete circumcision			
54164	Frenulotomy of penis			
Cystourethroscopy				
52000	Cystourethroscopy (separate procedure)			
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots			
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;			
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis			
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service			
52204	Cystourethroscopy, with biopsy(s)			
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands			

52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy			
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)			
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)			
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)			
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia			
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia			
52275	Cystourethroscopy, with internal urethrotomy; male			
52276	Cystourethroscopy with direct vision internal urethrotomy			
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female			
52282	Cystourethroscopy, with insertion of permanent urethral stent			
52283	Cystourethroscopy, with steroid injection into stricture			
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone			
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder			
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral			
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple			
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated			
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)			
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)			
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus			
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)			
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material			
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus			
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)			
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)			
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)			
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic			
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)			

52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)			
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion			
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)			
Laparoscopic Nephrectomy				
<i>Requires Medical Necessity Review: Kidney/Pancreas Transplant, Kidney Transplant</i>				
50543	Laparoscopy, surgical; partial nephrectomy			
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	X		
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	X		
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	X		X
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	X		
Orchiectomy				
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach			
54522	Orchiectomy, partial			
54530	Orchiectomy, radical, for tumor; inguinal approach			
54535	Orchiectomy, radical, for tumor; with abdominal exploration			
54690	Laparoscopy, surgical; orchiectomy			
Percutaneous Nephrostomy				
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)			
50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)			
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation			
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access			
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter			
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde			
Prostatectomy				
55810	Prostatectomy, perineal radical	X		
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	X		
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	X		

55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	X		
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	X		
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed			
Pyeloplasty				
50544	Laparoscopy, surgical; pyeloplasty			
Transurethral Resection of the Prostate (TURP)				
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)			
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)			
Urolift				
<i>Requires Medical Necessity Review: Benign Prostatic Hyperplasia (BPH) Treatments</i>				
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant			X
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)			X
C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants			X
C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants			X
Vesicovaginal Fistula Repair				
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach			
Urology (additional codes)				
<i>Requires Medical Necessity Review: Fertility Services</i>				
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access			
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation			
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)			
50590	Lithotripsy, extracorporeal shock wave			
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit			
51040	Cystostomy, cystotomy with drainage			
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection			
51102	Aspiration of bladder; with insertion of suprapubic catheter			
51600	Injection procedure for cystography or voiding urethrocystography			
51610	Injection procedure for retrograde urethrocystography			
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)			

51710	Change of cystostomy tube; complicated			
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck			X
51720	Bladder instillation of anticarcinogenic agent (including retention time)			
51726	Complex cystometrogram (ie, calibrated electronic equipment);			
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique			
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique			
52450	Transurethral incision of prostate			
52500	Transurethral resection of bladder neck (separate procedure)			
52640	Transurethral resection; of postoperative bladder neck contracture			
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)			
53020	Meatotomy, cutting of meatus (separate procedure); except infant			
53200	Biopsy of urethra			
53230	Excision of urethral diverticulum (separate procedure); female			
53260	Excision or fulguration; urethral polyp(s), distal urethra			
53265	Excision or fulguration; urethral caruncle			
53270	Excision or fulguration; Skene's glands			
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)			
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion			
53450	Urethromeatoplasty, with mucosal advancement			
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)			
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia			
53665	Dilation of female urethra, general or conduction (spinal) anesthesia			
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn			
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; electrodesiccation			
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; laser surgery			
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; surgical excision			
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)			
54100	Biopsy of penis; (separate procedure)			
54110	Excision of penile plaque (Peyronie disease);			
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block			
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra			
54360	Plastic operation on penis to correct angulation			
54450	Foreskin manipulation including lysis of preputial adhesions and stretching			
54512	Excision of extraparenchymal lesion of testis			
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis			

54620	Fixation of contralateral testis (separate procedure)			
54640	Orchiopexy, inguinal or scrotal approach			
54830	Excision of local lesion of epididymis			
54840	Excision of spermatocele, with or without epididymectomy			
54860	Epididymectomy; unilateral			
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication			
55040	Excision of hydrocele; unilateral			
55041	Excision of hydrocele; bilateral			
55060	Repair of tunica vaginalis hydrocele (Bottle type)			
55100	Drainage of scrotal wall abscess			
55110	Scrotal exploration			
55120	Removal of foreign body in scrotum			
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)			
55400	Vasovasostomy, vasovasorrhaphy			X
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)			
55520	Excision of lesion of spermatic cord (separate procedure)			
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair			
55700	Biopsy, prostate; needle or punch, single or multiple, any approach			
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)			
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach			
57511	Cautery of cervix; cryocautery, initial or repeat			
58353	Endometrial ablation, thermal, without hysteroscopic guidance			

Vascular Procedure Codes—**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an “X” below, and this policy does not apply

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
Varicose Vein Procedures				
Requires Medical Necessity Review: Treatment of Varicose Veins				
S2202	Echosclerotherapy			X
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)			X
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg			X
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk			X
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)			X
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg			X
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated			X
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous,			X

	mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)			
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated			X
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)			X
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated			X
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)			X
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated			X
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)			X
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)			X
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions			X
37718	Ligation, division, and stripping, short saphenous vein			X
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below			X
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia			X
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg			X
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg			X
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions			X
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions			X
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)			X
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg			X

Wound Care Codes—**Non-Medicare:** Requires review when submitted as an inpatient level of care**Medicare:** Medicare inpatient only procedures indicated with an “X” below, and this policy does not applyRequires Medical Necessity Review: [Dermatology](#)

CPT® or HCPCS Codes	Description	Medicare IP Only List	Requires ASC SOC Review	Requires Medical Necessity Review
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10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single			
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple			
10080	Incision and drainage of pilonidal cyst; simple			
10081	Incision and drainage of pilonidal cyst; complicated			
10121	Incision and removal of foreign body, subcutaneous tissues; complicated			
10180	Incision and drainage, complex, postoperative wound infection			
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface			
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin and subcutaneous tissues			
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone			
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less			
11750	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail), for permanent removal			
11755	Biopsy of nail unit (e.g., plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)			
11760	Repair of nail bed			
11770	Excision of pilonidal cyst or sinus; simple			
11772	Excision of pilonidal cyst or sinus; complicated			
11900	Injection, intralesional; up to and including 7 lesions			
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less			
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm			
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less			
12020	Treatment of superficial wound dehiscence; simple closure			
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less			
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm			
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm			
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm			
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm			
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less			
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm			
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less			
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm			
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm			
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm			

13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm			
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm			
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm			
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm			
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm			
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm			
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated			
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq. cm or less, or 1% of body area of infants and children (except 15050)			
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq. cm or less, or 1% of body area of infants and children (except 15050)			
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq. cm or less			
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq. cm or less			
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral			
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area			
15851	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)			
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion			X
17004	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses), 15 or more lesions			X
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq. cm			X
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq. cm			X
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq. cm			X
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm			
23030	Incision and drainage, shoulder area; deep abscess or hematoma			
23031	Incision and drainage, shoulder area; infected bursa			
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma			
30000	Drainage abscess or hematoma, nasal, internal approach			
30020	Drainage abscess or hematoma, nasal septum			
45005	Incision and drainage of submucosal abscess, rectum			
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)			

***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
11/1/2022	11/01/2022 ^{MPC} , 11/07/2023 ^{MPC} , 11/05/2024 ^{MPC}	05/06/2025

^{MPC} Medical Policy Committee

Revision History	Description
11/01/2022	MPC approved the new Elective Surgical Procedures (Level of Care) criteria. Cardiac Catheterization/Pacemaker is the first approved elective procedure to be done on an outpatient basis. 60-day notice is required; effective April 1, 2023.
03/22/2023	Updated effective date to April 25 th , 2023.
07/11/2023	MPC approved to expand the scope of our current policy which has been restricted to two procedures to date. Requires 60-day notice. Effective date 12/01/2023
10/06/2023	Effective date changed to 12/05/2023.
05/02/2024	MPC approved Medical necessity review for bladder sling procedures , updated applicable codes section that requires level of care review in addition. 60 day notice required, effective 08/01/2024.
05/10/2024	Added code 27236 to the policy
07/02/2024	MPC approved the addition of all the ASC soc codes to the Level of Care Policy; and MPC approved the expansion of this. 60-day notice required; effective December 1 st , 2024
11/18/2024	Removing applicable codes for TAVR, MitraClip, and Watchman device.
03/03/2025	Added indication that Shoulder Arthroscopy codes and Thyroidectomy procedures require Medical Necessity review in addition to LOC review. Deleted duplicate codes.
05/06/2025	MPC approved criteria for Cardiac Catheter EP Based Procedures; add codes that require LOC