

Tracked Codes Report



Area: SKIN/SOFT TIS Type: MAJ EXC & REP/GRAFT FOR SKIN NEOPLASM

Code	Def Cat	Description
11450	SS&B	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	SS&B	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	SS&B	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	SS&B	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	SS&B	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	SS&B	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11604	SS&B	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	SS&B	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11623	SS&B	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	SS&B	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	SS&B	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11642	SS&B	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	SS&B	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	SS&B	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	SS&B	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm

Area: SKIN/SOFT TIS Type: MAJ LYMPHADENECTOMIES

Code	Def Cat	Description
38740	SS&B	Axillary lymphadenectomy; superficial
38745	SS&B	Axillary lymphadenectomy; complete
38760	SS&B	Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
38765	SS&B	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)

Area: SKIN/SOFT TIS Type: OTHER MAJOR SKIN/SOFT TIS

Code	Def Cat	Description
11043	SS&B	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
11044	SS&B	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
15830	SS&B	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15847	SS&B	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)
20005	SS&B	Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)
20520	SS&B	Removal of foreign body in muscle or tendon sheath; simple
20525	SS&B	Removal of foreign body in muscle or tendon sheath; deep or complicated
21501	SS&B	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;

21925	SS&B	Biopsy, soft tissue of back or flank; deep
21930	SS&B	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
22999	SS&B	Unlisted procedure, abdomen, musculoskeletal system
23030	SS&B	Incision and drainage, shoulder area; deep abscess or hematoma
23075	SS&B	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
23076	SS&B	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm
23930	SS&B	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
24076	SS&B	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm
25028	SS&B	Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25076	SS&B	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm
26990	SS&B	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
27048	SS&B	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm
27087	SS&B	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27301	SS&B	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27324	SS&B	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27328	SS&B	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
27614	SS&B	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27619	SS&B	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm
28002	SS&B	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	SS&B	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28045	SS&B	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm
38525	SS&B	Biopsy or excision of lymph node(s); open, deep axillary node(s)

Area: SKIN/SOFT TIS Type: PILONIDAL CYSTECTOMY

Code	Def Cat	Description
11770	SS&B	Excision of pilonidal cyst or sinus; simple
11771	SS&B	Excision of pilonidal cyst or sinus; extensive
11772	SS&B	Excision of pilonidal cyst or sinus; complicated

Area: SKIN/SOFT TIS Type: RAD EXCIS SOFT TIS TUMOR

Code	Def Cat	Description
21935	SS&B	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm
22900	SS&B	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
23077	SS&B	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm
24077	SS&B	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm
25077	SS&B	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm
27049	SS&B	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm
27329	SS&B	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm
27615	SS&B	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm
28046	SS&B	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm

Area: SKIN/SOFT TIS Type: SENTINEL LYMPH NODE BIOPSY FOR MELANOMA

Code	Def Cat	Description
38500	SS&B	Biopsy or excision of lymph node(s); open, superficial
38525	SS&B	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530	SS&B	Biopsy or excision of lymph node(s); open, internal mammary node(s)

Area: HEAD/NECK Type: OTHER MAJOR HEAD/NECK

Code	Def Cat	Description
21015	H&N	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm
21025	H&N	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	H&N	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	H&N	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	H&N	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	H&N	Excision of torus mandibularis
21032	H&N	Excision of maxillary torus palatinus
21034	H&N	Excision of malignant tumor of maxilla or zygoma
21040	H&N	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	H&N	Excision of malignant tumor of mandible;
21045	H&N	Excision of malignant tumor of mandible; radical resection
21050	H&N	Condylectomy, temporomandibular joint (separate procedure)
21060	H&N	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	H&N	Coronoidectomy (separate procedure)
21495	H&N	Open treatment of hyoid fracture
21499	H&N	Unlisted musculoskeletal procedure, head
21502	H&N	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21555	H&N	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
21556	H&N	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm
21557	H&N	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
21685	H&N	Hyoid myotomy and suspension
21720	H&N	Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	H&N	Division of sternocleidomastoid for torticollis, open operation; with cast application
22554	H&N	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
31020	H&N	Sinusotomy, maxillary (antrotomy); intranasal
31030	H&N	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032	H&N	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31040	H&N	Pterygomaxillary fossa surgery, any approach
31050	H&N	Sinusotomy, sphenoid, with or without biopsy;
31051	H&N	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
31070	H&N	Sinusotomy frontal; external, simple (trephine operation)
31075	H&N	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
31080	H&N	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)

31081	H&N	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084	H&N	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision
31085	H&N	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision
31086	H&N	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision
31087	H&N	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
31090	H&N	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
31200	H&N	Ethmoidectomy; intranasal, anterior
31201	H&N	Ethmoidectomy; intranasal, total
31205	H&N	Ethmoidectomy; extranasal, total
31225	H&N	Maxillectomy; without orbital exenteration
31230	H&N	Maxillectomy; with orbital exenteration (en bloc)
31300	H&N	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31320	H&N	Laryngotomy (thyrotomy, laryngofissure); diagnostic
31360	H&N	Laryngectomy; total, without radical neck dissection
31367	H&N	Laryngectomy; subtotal supraglottic, without radical neck dissection
31750	H&N	Tracheoplasty; cervical
31755	H&N	Tracheoplasty; tracheopharyngeal fistulization, each stage
31780	H&N	Excision tracheal stenosis and anastomosis; cervical
31785	H&N	Excision of tracheal tumor or carcinoma; cervical
38380	H&N	Suture and/or ligation of thoracic duct; cervical approach
38510	H&N	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	H&N	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38542	H&N	Dissection, deep jugular node(s)
40801	H&N	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40805	H&N	Removal of embedded foreign body, vestibule of mouth; complicated
40810	H&N	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	H&N	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	H&N	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	H&N	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	H&N	Excision of mucosa of vestibule of mouth as donor graft
40819	H&N	Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)
40820	H&N	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40840	H&N	Vestibuloplasty; anterior
40842	H&N	Vestibuloplasty; posterior, unilateral
40843	H&N	Vestibuloplasty; posterior, bilateral
40844	H&N	Vestibuloplasty; entire arch
40845	H&N	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
41006	H&N	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, suprathyroid
41007	H&N	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	H&N	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space

41009	H&N	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41016	H&N	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	H&N	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	H&N	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41500	H&N	Fixation of tongue, mechanical, other than suture (eg, K-wire)
41510	H&N	Suture of tongue to lip for micrognathia (Douglas type procedure)
41512	H&N	Tongue base suspension, permanent suture technique
41520	H&N	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41530	H&N	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
41806	H&N	Removal of embedded foreign body from dentoalveolar structures; bone
41820	H&N	Gingivectomy, excision gingiva, each quadrant
41821	H&N	Operculectomy, excision pericoronal tissues
41822	H&N	Excision of fibrous tuberosities, dentoalveolar structures
41823	H&N	Excision of osseous tuberosities, dentoalveolar structures
41825	H&N	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	H&N	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	H&N	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	H&N	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	H&N	Alveolectomy, including curettage of osteitis or sequestrectomy
41850	H&N	Destruction of lesion (except excision), dentoalveolar structures
41870	H&N	Periodontal mucosal grafting
41872	H&N	Gingivoplasty, each quadrant (specify)
41874	H&N	Alveoloplasty, each quadrant (specify)
41899	H&N	Unlisted procedure, dentoalveolar structures
42000	H&N	Drainage of abscess of palate, uvula
42100	H&N	Biopsy of palate, uvula
42104	H&N	Excision, lesion of palate, uvula; without closure
42106	H&N	Excision, lesion of palate, uvula; with simple primary closure
42107	H&N	Excision, lesion of palate, uvula; with local flap closure
42140	H&N	Uvulectomy, excision of uvula
42145	H&N	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	H&N	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42260	H&N	Repair of nasolabial fistula
42280	H&N	Maxillary impression for palatal prosthesis
42281	H&N	Insertion of pin-retained palatal prosthesis
42299	H&N	Unlisted procedure, palate, uvula
42305	H&N	Drainage of abscess; parotid, complicated
42310	H&N	Drainage of abscess; submaxillary or sublingual, intraoral
42320	H&N	Drainage of abscess; submaxillary, external
42335	H&N	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	H&N	Sialolithotomy; parotid, extraoral or complicated intraoral

42500	H&N	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	H&N	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	H&N	Parotid duct diversion, bilateral (Wilke type procedure);
42509	H&N	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	H&N	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42600	H&N	Closure salivary fistula
42700	H&N	Incision and drainage abscess; peritonsillar
42720	H&N	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725	H&N	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42810	H&N	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	H&N	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42820	H&N	Tonsillectomy and adenoidectomy; younger than age 12
42821	H&N	Tonsillectomy and adenoidectomy; age 12 or over
42825	H&N	Tonsillectomy, primary or secondary; younger than age 12
42826	H&N	Tonsillectomy, primary or secondary; age 12 or over
42830	H&N	Adenoidectomy, primary; younger than age 12
42831	H&N	Adenoidectomy, primary; age 12 or over
42835	H&N	Adenoidectomy, secondary; younger than age 12
42836	H&N	Adenoidectomy, secondary; age 12 or over
42860	H&N	Excision of tonsil tags
42870	H&N	Excision or destruction lingual tonsil, any method (separate procedure)
42950	H&N	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953	H&N	Pharyngoesophageal repair
42955	H&N	Pharyngostomy (fistulization of pharynx, external for feeding)
42960	H&N	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42961	H&N	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
42962	H&N	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention
42970	H&N	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
42971	H&N	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization
42972	H&N	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
42999	H&N	Unlisted procedure, pharynx, adenoids, or tonsils
43352	H&N	Esophagostomy, fistulization of esophagus, external; cervical approach
43420	H&N	Closure of esophagostomy or fistula; cervical approach
60280	H&N	Excision of thyroglossal duct cyst or sinus;
60281	H&N	Excision of thyroglossal duct cyst or sinus; recurrent
60520	H&N	Thymectomy, partial or total; transcervical approach (separate procedure)

Area: HEAD/NECK Type: PAROTIDECTOMY

Code	Def Cat	Description
42410	H&N	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection

42415	H&N	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	H&N	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	H&N	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve

Area: HEAD/NECK Type: RADICAL NECK DISSECT

Code	Def Cat	Description
31365	H&N	Laryngectomy; total, with radical neck dissection
31368	H&N	Laryngectomy; subtotal supraglottic, with radical neck dissection
31370	H&N	Partial laryngectomy (hemilaryngectomy); horizontal
31375	H&N	Partial laryngectomy (hemilaryngectomy); laterovertical
31380	H&N	Partial laryngectomy (hemilaryngectomy); anterovertical
31382	H&N	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31390	H&N	Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395	H&N	Pharyngolaryngectomy, with radical neck dissection; with reconstruction
38700	H&N	Suprahyoid lymphadenectomy
38720	H&N	Cervical lymphadenectomy (complete)
38724	H&N	Cervical lymphadenectomy (modified radical neck dissection)
41135	H&N	Glossectomy; partial, with unilateral radical neck dissection
41145	H&N	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
41153	H&N	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
42426	H&N	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection

Area: HEAD/NECK Type: RESECT LESION-FLOOR MOUTH/BUCCAL MUC

Code	Def Cat	Description
41116	H&N	Excision, lesion of floor of mouth
42120	H&N	Resection of palate or extensive resection of lesion
42842	H&N	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844	H&N	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
42845	H&N	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
42890	H&N	Limited pharyngectomy
42892	H&N	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894	H&N	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis

Area: HEAD/NECK Type: RESECT LESION-LIPS

Code	Def Cat	Description
40500	H&N	Vermilionectomy (lip shave), with mucosal advancement
40510	H&N	Excision of lip; transverse wedge excision with primary closure
40520	H&N	Excision of lip; V-excision with primary direct linear closure
40525	H&N	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	H&N	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	H&N	Resection of lip, more than one-fourth, without reconstruction

Area: HEAD/NECK Type: RESECT LESION-TONGUE

Code	Def Cat	Description
41110	H&N	Excision of lesion of tongue without closure
41112	H&N	Excision of lesion of tongue with closure; anterior two-thirds
41113	H&N	Excision of lesion of tongue with closure; posterior one-third
41114	H&N	Excision of lesion of tongue with closure; with local tongue flap
41115	H&N	Excision of lingual frenum (frenectomy)
41120	H&N	Glossectomy; less than one-half tongue
41130	H&N	Glossectomy; hemiglossectomy
41140	H&N	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection

Area: HEAD/NECK Type: RESECT MANDIBLE/MAXILLA

Code	Def Cat	Description
41150	H&N	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41155	H&N	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)

Area: HEAD/NECK Type: RESECT OTHER SALIVARY GLND

Code	Def Cat	Description
42440	H&N	Excision of submandibular (submaxillary) gland
42450	H&N	Excision of sublingual gland

Area: HEAD/NECK Type: TRACHEOSTOMY

Code	Def Cat	Description
31600	H&N	Tracheostomy, planned (separate procedure);
31601	H&N	Tracheostomy, planned (separate procedure); younger than 2 years
31603	H&N	Tracheostomy, emergency procedure; transtracheal
31605	H&N	Tracheostomy, emergency procedure; cricothyroid membrane
31610	H&N	Tracheostomy, fenestration procedure with skin flaps
31611	H&N	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
31613	H&N	Tracheostoma revision; simple, without flap rotation
31614	H&N	Tracheostoma revision; complex, with flap rotation
31820	H&N	Surgical closure tracheostomy or fistula; without plastic repair
31825	H&N	Surgical closure tracheostomy or fistula; with plastic repair

Area: BREAST Type: BREAST BIOPSY

Code	Def Cat	Description
19120	SS&B	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	SS&B	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126	SS&B	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)

Area: BREAST Type: BREAST RECONSTRUCTION

Code	Def Cat	Description
19316	SS&B	Mastopexy
19318	SS&B	Reduction mammoplasty
19324	SS&B	Mammoplasty, augmentation; without prosthetic implant
19325	SS&B	Mammoplasty, augmentation; with prosthetic implant
19328	SS&B	Removal of intact mammary implant
19330	SS&B	Removal of mammary implant material
19340	SS&B	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	SS&B	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	SS&B	Nipple/areola reconstruction
19355	SS&B	Correction of inverted nipples
19357	SS&B	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	SS&B	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	SS&B	Breast reconstruction with free flap
19366	SS&B	Breast reconstruction with other technique
19367	SS&B	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368	SS&B	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	SS&B	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	SS&B	Open periprosthetic capsulotomy, breast
19371	SS&B	Periprosthetic capsulectomy, breast
19380	SS&B	Revision of reconstructed breast
19396	SS&B	Preparation of moulage for custom breast implant

Area: BREAST Type: EXC BX/QUADRANT EXC W/WO AX SAMPLING

Code	Def Cat	Description
19301	SS&B	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302	SS&B	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy

Area: BREAST Type: MOD RAD MASTECTOMY

Code	Def Cat	Description
19307	SS&B	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

Area: BREAST Type: OTHER MAJOR BREAST

Code	Def Cat	Description
19020	SS&B	Mastotomy with exploration or drainage of abscess, deep
19110	SS&B	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	SS&B	Excision of lactiferous duct fistula
19300	SS&B	Mastectomy for gynecomastia
19499	SS&B	Unlisted procedure, breast

Area: BREAST Type: RADICAL MASTECTOMY

Code	Def Cat	Description
19305	SS&B	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306	SS&B	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)

Area: BREAST Type: SENTINEL LYMPH NODE BIOPSY (BREAST)

Code	Def Cat	Description
38500	SS&B	Biopsy or excision of lymph node(s); open, superficial
38525	SS&B	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530	SS&B	Biopsy or excision of lymph node(s); open, internal mammary node(s)

Area: BREAST Type: SIMPLE MASTECTOMY

Code	Def Cat	Description
19303	SS&B	Mastectomy, simple, complete
19304	SS&B	Mastectomy, subcutaneous

Area: ALIM TR-ESOPHAGUS Type: ANTIREFLUX PROC-LAPAROSCOPIC

Code	Def Cat	Description
43279	ALTR/LAP-C	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
43280	ALTR/LAP-C	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43289	ALTR/LAP-C	Unlisted laparoscopy procedure, esophagus

Area: ALIM TR-ESOPHAGUS Type: ANTIREFLUX PROC-OPEN

Code	Def Cat	Description
43320	ALTR	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
43325	ALTR	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)

Area: ALIM TR-ESOPHAGUS Type: ESOPHAGEAL BYPASS PROCEDURE

Code	Def Cat	Description
43123	ALTR	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43340	ALTR	Esophagojejunostomy (without total gastrectomy); abdominal approach
43341	ALTR	Esophagojejunostomy (without total gastrectomy); thoracic approach

Area: ALIM TR-ESOPHAGUS Type: ESOPHAGEAL DIVERTICULECTOMY

Code	Def Cat	Description
43130	ALTR	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135	ALTR	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach

Area: ALIM TR-ESOPHAGUS Type: ESOPHAGECTOMY

Code	Def Cat	Description
43107	ALTR	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)
43108	ALTR	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)

43112	ALTR	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty
43113	ALTR	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43116	ALTR	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
43124	ALTR	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy

Area: ALIM TR-ESOPHAGUS Type: ESOPHAGO-GASTRECTOMY

Code	Def Cat	Description
43117	ALTR	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)
43118	ALTR	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43121	ALTR	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty
43122	ALTR	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty

Area: ALIM TR-ESOPHAGUS Type: OTHER MAJOR ESOPHAGUS

Code	Def Cat	Description
43020	ALTR	Esophagotomy, cervical approach, with removal of foreign body
43030	ALTR	Cricopharyngeal myotomy
43045	ALTR	Esophagotomy, thoracic approach, with removal of foreign body
43100	ALTR	Excision of lesion, esophagus, with primary repair; cervical approach
43101	ALTR	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
43351	ALTR	Esophagostomy, fistulization of esophagus, external; thoracic approach
43360	ALTR	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty
43361	ALTR	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43400	ALTR	Ligation, direct, esophageal varices
43401	ALTR	Transection of esophagus with repair, for esophageal varices
43405	ALTR	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
43425	ALTR	Closure of esophagostomy or fistula; transthoracic or transabdominal approach
43496	ALTR	Free jejunum transfer with microvascular anastomosis
43499	ALTR	Unlisted procedure, esophagus

Area: ALIM TR-ESOPHAGUS Type: OTHER OPS FOR ESOPHAGEAL STENOSIS

Code	Def Cat	Description
43300	ALTR	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43310	ALTR	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43330	ALTR	Esophagomyotomy (Heller type); abdominal approach
43510	ALTR	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)

Area: ALIM TR-ESOPHAGUS Type: REPAIR OF PERF-ESOPH DISEASE

Code	Def Cat	Description
43305	ALTR	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula

43312 ALTR Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula

Area: ALIM TR-STOMACH Type: GASTRIC REDUC FOR MORBID OBESITY (ALL)

Code	Def Cat	Description
43842	ALTR	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	ALTR	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43846	ALTR	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	ALTR	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	ALTR	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)

Area: ALIM TR-STOMACH Type: GASTRIC REDUC FOR MORBID OBESITY-LAP

Code	Def Cat	Description
43770	ALTR/LAP-C	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	ALTR/LAP-C	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	ALTR/LAP-C	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	ALTR/LAP-C	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	ALTR/LAP-C	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components

Area: ALIM TR-STOMACH Type: GASTRIC RESECT, PARTIAL-LAPAROSCOPIC

Code	Def Cat	Description
43644	ALTR/LAP-C	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	ALTR/LAP-C	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43648	ALTR/LAP-C	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
43659	ALTR/LAP-C	Unlisted laparoscopy procedure, stomach

Area: ALIM TR-STOMACH Type: GASTRIC RESECT, PARTIAL-OPEN

Code	Def Cat	Description
43611	ALTR	Excision, local; malignant tumor of stomach
43631	ALTR	Gastrectomy, partial, distal; with gastroduodenostomy
43632	ALTR	Gastrectomy, partial, distal; with gastrojejunostomy
43633	ALTR	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634	ALTR	Gastrectomy, partial, distal; with formation of intestinal pouch
43850	ALTR	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy

Area: ALIM TR-STOMACH Type: GASTRIC RESECT, TOTAL

Code	Def Cat	Description
43620	ALTR	Gastrectomy, total; with esophagoenterostomy
43621	ALTR	Gastrectomy, total; with Roux-en-Y reconstruction
43622	ALTR	Gastrectomy, total; with formation of intestinal pouch, any type

Area: ALIM TR-STOMACH Type: GASTROSTOMY (ALL TYPES)-LAPAROSCOPIC

Code	Def Cat	Description
43653	ALTR/LAP-C	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)

Area: ALIM TR-STOMACH Type: GASTROSTOMY (ALL TYPES)-OPEN

Code	Def Cat	Description
43500	ALTR	Gastrostomy; with exploration or foreign body removal
43501	ALTR	Gastrostomy; with suture repair of bleeding ulcer
43502	ALTR	Gastrostomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43605	ALTR	Biopsy of stomach, by laparotomy
43610	ALTR	Excision, local; ulcer or benign tumor of stomach
43830	ALTR	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43832	ALTR	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)

Area: ALIM TR-STOMACH Type: OTHER MAJOR STOMACH

Code	Def Cat	Description
43647	ALTR/LAP-C	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
43800	ALTR	Pyloroplasty
43810	ALTR	Gastroduodenostomy
43820	ALTR	Gastrojejunostomy; without vagotomy
43860	ALTR	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	ALTR	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
43870	ALTR	Closure of gastrostomy, surgical
43880	ALTR	Closure of gastrocolic fistula
43999	ALTR	Unlisted procedure, stomach
64590	ALTR	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	ALTR	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

Area: ALIM TR-STOMACH Type: PROX GAST VAGOTOMY, HIGHLY SELECT-OPEN

Code	Def Cat	Description
43641	ALTR	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)

Area: ALIM TR-STOMACH Type: PROX GAST VAGOTOMY, HIGHLY SELECT-LAPAR

Code	Def Cat	Description
43652	ALTR/LAP-C	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective

Area: ALIM TR-STOMACH Type: REPAIR PERF-GASTRIC DIS

Code	Def Cat	Description
43840	ALTR	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury

Area: ALIM TR-STOMACH Type: VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-OPEN

Code	Def Cat	Description
43635	ALTR	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)
43640	ALTR	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43825	ALTR	Gastrojejunostomy; with vagotomy, any type
43855	ALTR	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
64755	ALTR	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)
64760	ALTR	Transection or avulsion of; vagus nerve (vagotomy), abdominal

Area: ALIM TR-STOMACH Type: VAGOTOMY, TRUN/SEL W/DRAINAGE/RES-LAPAR

Code	Def Cat	Description
43651	ALTR/LAP-C	Laparoscopy, surgical; transection of vagus nerves, truncal

Area: ALIM TR-SMALL INT Type: DIVERTICULECTOMY

Code	Def Cat	Description
44800	ALTR	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44899	ALTR	Unlisted procedure, Meckel's diverticulum and the mesentery

Area: ALIM TR-SMALL INT Type: ENTERECTOMY

Code	Def Cat	Description
44120	ALTR	Enterectomy, resection of small intestine; single resection and anastomosis
44121	ALTR	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44125	ALTR	Enterectomy, resection of small intestine; with enterostomy
44126	ALTR	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
44127	ALTR	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering
44130	ALTR	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44625	ALTR	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal

Area: ALIM TR-SMALL INT Type: ENTERECTOMY-LAPAROSCOPIC

Code	Def Cat	Description
44202	ALTR/LAP-C	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44203	ALTR/LAP-C	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)
44227	ALTR/LAP-C	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis

Area: ALIM TR-SMALL INT Type: ENTEROLYSIS

Code	Def Cat	Description
44005	ALTR	Enterolysis (freeing of intestinal adhesion) (separate procedure)

Area: ALIM TR-SMALL INT Type: ENTEROLYSIS - LAPAROSCOPIC

Code	Def Cat	Description
44180	ALTR/LAP-C	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)

Area: ALIM TR-SMALL INT Type: ILEOSTOMY (NOT ASSOC W/COLECTOMY)

Code	Def Cat	Description
44310	ALTR	Ileostomy or jejunostomy, non-tube
44316	ALTR	Continent ileostomy (Kock procedure) (separate procedure)

Area: ALIM TR-SMALL INT Type: ILEOSTOMY (NOT ASSOC W/COLECTOMY) - LAP

Code	Def Cat	Description
44186	ALTR/LAP-C	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44187	ALTR/LAP-C	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube

Area: ALIM TR-SMALL INT Type: OTHER MAJOR SMALL INT

Code	Def Cat	Description
44015	ALTR	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)
44314	ALTR	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44680	ALTR	Intestinal plication (separate procedure)
44700	ALTR	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)
44799	ALTR	Unlisted procedure, small intestine
44820	ALTR	Excision of lesion of mesentery (separate procedure)

Area: ALIM TR-SMALL INT Type: REPAIR PERF-DUODENAL DIS

Code	Def Cat	Description
44010	ALTR	Duodenotomy, for exploration, biopsy(s), or foreign body removal

Area: ALIM TR-SMALL INT Type: REPAIR PERF-SMALL BOWEL DIS

Code	Def Cat	Description
44020	ALTR	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44021	ALTR	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)
44110	ALTR	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111	ALTR	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies
44602	ALTR	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44603	ALTR	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44615	ALTR	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
44640	ALTR	Closure of intestinal cutaneous fistula
44650	ALTR	Closure of enteroenteric or enterocolic fistula

Area: ALIM TR-LARGE INT Type: ABDOMINO-PERINEAL RESECTION

Code	Def Cat	Description
45110	ALTR	Proctectomy; complete, combined abdominoperineal, with colostomy
45111	ALTR	Proctectomy; partial resection of rectum, transabdominal approach
45112	ALTR	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)

45113	ALTR	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45114	ALTR	Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45123	ALTR	Proctectomy, partial, without anastomosis, perineal approach
45126	ALTR	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof

Area: ALIM TR-LARGE INT Type: APPENDECTOMY-LAPAROSCOPIC

Code	Def Cat	Description
44970	ALTR/LAP-B	Laparoscopy, surgical, appendectomy
44979	ALTR/LAP-B	Unlisted laparoscopy procedure, appendix

Area: ALIM TR-LARGE INT Type: APPENDECTOMY-OPEN

Code	Def Cat	Description
44950	ALTR	Appendectomy;
44955	ALTR	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
44960	ALTR	Appendectomy; for ruptured appendix with abscess or generalized peritonitis

Area: ALIM TR-LARGE INT Type: COLECTOMY W/ CONTINENT RECONSTRUCT

Code	Def Cat	Description
44151	ALTR	Colectomy, total, abdominal, without proctectomy; with continent ileostomy
44156	ALTR	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44799	ALTR	Unlisted procedure, small intestine
45120	ALTR	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)

Area: ALIM TR-LARGE INT Type: COLECTOMY W/ ILEOANAL PULL-THRU

Code	Def Cat	Description
44157	ALTR	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed
44158	ALTR	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
45121	ALTR	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies

Area: ALIM TR-LARGE INT Type: COLECTOMY/PROCTECTOMY-LAPAROSCOPIC

Code	Def Cat	Description
44202	ALTR/LAP-C	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44204	ALTR/LAP-C	Laparoscopy, surgical; colectomy, partial, with anastomosis
44205	ALTR/LAP-C	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy
44206	ALTR/LAP-C	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
44207	ALTR/LAP-C	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)
44208	ALTR/LAP-C	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy
44210	ALTR/LAP-C	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211	ALTR/LAP-C	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed
44212	ALTR/LAP-C	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy

44213	ALTR/LAP-C	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44238	ALTR/LAP-C	Unlisted laparoscopy procedure, intestine (except rectum)
45395	ALTR/LAP-C	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45397	ALTR/LAP-C	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed
45400	ALTR/LAP-C	Laparoscopy, surgical; proctopexy (for prolapse)
45402	ALTR/LAP-C	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45499	ALTR/LAP-C	Unlisted laparoscopy procedure, rectum

Area: ALIM TR-LARGE INT Type: COLECTOMY/PROCTECTOMY-OPEN

Code	Def Cat	Description
44140	ALTR	Colectomy, partial; with anastomosis
44141	ALTR	Colectomy, partial; with skin level cecostomy or colostomy
44143	ALTR	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	ALTR	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145	ALTR	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146	ALTR	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44147	ALTR	Colectomy, partial; abdominal and transanal approach
44150	ALTR	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44155	ALTR	Colectomy, total, abdominal, with proctectomy; with ileostomy
44160	ALTR	Colectomy, partial, with removal of terminal ileum with ileocolostomy
44626	ALTR	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)
45119	ALTR	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed
45135	ALTR	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach

Area: ALIM TR-LARGE INT Type: COLOSTOMY (ALL TYPES)

Code	Def Cat	Description
44188	ALTR/LAP-C	Laparoscopy, surgical, colostomy or skin level cecostomy
44300	ALTR	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)
44320	ALTR	Colostomy or skin level cecostomy;
44322	ALTR	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44345	ALTR	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	ALTR	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)

Area: ALIM TR-LARGE INT Type: COLOSTOMY CLOSURE

Code	Def Cat	Description
44620	ALTR	Closure of enterostomy, large or small intestine;

Area: ALIM TR-LARGE INT Type: OTHER MAJOR LARGE INT

Code	Def Cat	Description
44050	ALTR	Reduction of volvulus, intussusception, internal hernia, by laparotomy
44900	ALTR	Incision and drainage of appendiceal abscess, open

45116 ALTR Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)

Area: ALIM TR-LARGE INT Type: REPAIR PERF-COLON DIS

Code	Def Cat	Description
44025	ALTR	Colotomy, for exploration, biopsy(s), or foreign body removal
44604	ALTR	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605	ALTR	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
44660	ALTR	Closure of enterovesical fistula; without intestinal or bladder resection
44661	ALTR	Closure of enterovesical fistula; with intestine and/or bladder resection

Area: ALIM TR-LARGE INT Type: TRANSANAL RECTAL TUMOR EXCISION

Code	Def Cat	Description
45190	ALTR	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach

Area: ALIM TR-ANO-RECTAL Type: DRAINAGE PROC FOR ANORECTAL ABSCESS

Code	Def Cat	Description
45000	ALTR	Transrectal drainage of pelvic abscess
45005	ALTR	Incision and drainage of submucosal abscess, rectum
45020	ALTR	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess
46040	ALTR	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	ALTR	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	ALTR	Incision and drainage, perianal abscess, superficial
46060	ALTR	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton

Area: ALIM TR-ANO-RECTAL Type: HEMORRHOIDECTOMY (ALL)

Code	Def Cat	Description
46250	ALTR	Hemorrhoidectomy, external, 2 or more columns/groups
46255	ALTR	Hemorrhoidectomy, internal and external, single column/group;
46257	ALTR	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
46258	ALTR	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed
46260	ALTR	Hemorrhoidectomy, internal and external, 2 or more columns/groups;
46261	ALTR	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
46262	ALTR	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed
46945	ALTR	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group
46946	ALTR	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups
46947	ALTR	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling

Area: ALIM TR-ANO-RECTAL Type: OTHER MAJOR ANO-RECTAL

Code	Def Cat	Description
45108	ALTR	Anorectal myomectomy
45150	ALTR	Division of stricture of rectum

45160	ALTR	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45500	ALTR	Proctoplasty; for stenosis
45505	ALTR	Proctoplasty; for prolapse of mucous membrane
45560	ALTR	Repair of rectocele (separate procedure)
45820	ALTR	Closure of rectourethral fistula;
45825	ALTR	Closure of rectourethral fistula; with colostomy
45999	ALTR	Unlisted procedure, rectum
46200	ALTR	Fissurectomy, including sphincterotomy, when performed
46270	ALTR	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	ALTR	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric
46280	ALTR	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed
46700	ALTR	Anoplasty, plastic operation for stricture; adult
46706	ALTR	Repair of anal fistula with fibrin glue
46710	ALTR	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
46712	ALTR	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach
46753	ALTR	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46999	ALTR	Unlisted procedure, anus

Area: ALIM TR-ANO-RECTAL Type: OTHER OPERATIONS FOR ANAL INCONTINENCE

Code	Def Cat	Description
46750	ALTR	Sphincteroplasty, anal, for incontinence or prolapse; adult
46760	ALTR	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	ALTR	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46762	ALTR	Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter

Area: ALIM TR-ANO-RECTAL Type: REPAIR ANORECTAL FISTULA

Code	Def Cat	Description
45800	ALTR	Closure of rectovesical fistula;
45805	ALTR	Closure of rectovesical fistula; with colostomy
46285	ALTR	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288	ALTR	Closure of anal fistula with rectal advancement flap

Area: ALIM TR-ANO-RECTAL Type: REPAIR RECTAL PROLAPSE

Code	Def Cat	Description
45130	ALTR	Excision of rectal procidentia, with anastomosis; perineal approach
45540	ALTR	Proctopexy (eg, for prolapse); abdominal approach
45541	ALTR	Proctopexy (eg, for prolapse); perineal approach
45550	ALTR	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach

Area: ALIM TR-ANO-RECTAL Type: SPHINCTEROTOMY/SPHINCTEROPLASTY

Code	Def Cat	Description
46080	ALTR	Sphincterotomy, anal, division of sphincter (separate procedure)

Area: ABDOMEN-GENERAL Type: DRAINAGE INTRA-ABDOMINAL ABSCESS

Code	Def Cat	Description
49020	AB	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open
49040	AB	Drainage of subdiaphragmatic or subphrenic abscess, open
49060	AB	Drainage of retroperitoneal abscess, open

Area: ABDOMEN-GENERAL Type: EXP LAP EXCLUSIVE OF TRAUMA-OPEN

Code	Def Cat	Description
49000	AB	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002	AB	Reopening of recent laparotomy
49010	AB	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)

Area: ABDOMEN-GENERAL Type: EXP LAP EXCLUSIVE OF TRAUMA-LAPAR

Code	Def Cat	Description
49320	AB/LAP-B	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	AB/LAP-B	Laparoscopy, surgical; with biopsy (single or multiple)
49322	AB/LAP-B	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49323	AB/LAP-B	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49324	AB/LAP-C	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter
49325	AB/LAP-C	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
49326	AB/LAP-C	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)
49329	AB/LAP-B	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
54690	AB/LAP-B	Laparoscopy, surgical; orchiectomy
54692	AB/LAP-B	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54699	AB/LAP-B	Unlisted laparoscopy procedure, testis

Area: ABDOMEN-GENERAL Type: MAJ RETROPERIT/PELVIC NODE DISSEC-OPEN

Code	Def Cat	Description
38747	AB	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)
38770	AB	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38780	AB	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)

Area: ABDOMEN-GENERAL Type: OTHER MAJOR AB-GENERAL

Code	Def Cat	Description
20251	AB	Biopsy, vertebral body, open; lumbar or cervical
22558	AB	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
38382	AB	Suture and/or ligation of thoracic duct; abdominal approach
38562	AB	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564	AB	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
49062	AB	Drainage of extraperitoneal lymphocele to peritoneal cavity, open

49203	AB	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
49204	AB	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
49205	AB	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
49215	AB	Excision of presacral or sacrococcygeal tumor
49250	AB	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49255	AB	Omentectomy, epiploectomy, resection of omentum (separate procedure)
49402	AB	Removal of peritoneal foreign body from peritoneal cavity
49425	AB	Insertion of peritoneal-venous shunt
49426	AB	Revision of peritoneal-venous shunt
49900	AB	Suture, secondary, of abdominal wall for evisceration or dehiscence
49999	AB	Unlisted procedure, abdomen, peritoneum and omentum

Area: ABDOMEN-GENERAL Type: OTHER MAJOR AB-GENERAL-LAP COMPLEX

Code	Def Cat	Description
38570	AB/LAP-B	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571	AB/LAP-C	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572	AB/LAP-C	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
38589	AB/LAP-B	Unlisted laparoscopy procedure, lymphatic system
44238	AB/LAP-C	Unlisted laparoscopy procedure, intestine (except rectum)

Area: ABDOMEN-LIVER Type: DRAINAGE LIVER ABSCESS

Code	Def Cat	Description
47010	AB/LV	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages
47300	AB/LV	Marsupialization of cyst or abscess of liver

Area: ABDOMEN-LIVER Type: LOBECTOMY OR SEGMENTECTOMY

Code	Def Cat	Description
47120	AB/LV	Hepatectomy, resection of liver; partial lobectomy
47122	AB/LV	Hepatectomy, resection of liver; trisegmentectomy
47125	AB/LV	Hepatectomy, resection of liver; total left lobectomy
47130	AB/LV	Hepatectomy, resection of liver; total right lobectomy

Area: ABDOMEN-LIVER Type: OTHER MAJOR LIVER

Code	Def Cat	Description
47015	AB/LV	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)
47370	AB/LAP-C	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
47371	AB/LAP-C	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
47379	AB/LAP-C	Unlisted laparoscopic procedure, liver
47380	AB	Ablation, open, of 1 or more liver tumor(s); radiofrequency
47381	AB	Ablation, open, of 1 or more liver tumor(s); cryosurgical
47399	AB/LV	Unlisted procedure, liver

Area: ABDOMEN-LIVER Type: WEDGE RESECTION/OPEN BIOPSY

Code	Def Cat	Description
47100	AB/LV	Biopsy of liver, wedge

Area: ABDOMEN-BILIARY Type: CHOLECYSTECTOMY W/WO OPER GRAMS-OPEN

Code	Def Cat	Description
47600	AB	Cholecystectomy;
47605	AB	Cholecystectomy; with cholangiography

Area: ABDOMEN-BILIARY Type: CHOLECYSTECTOMY W/WO OPER GRAMS-LAPAR

Code	Def Cat	Description
47562	AB/LAP-B	Laparoscopy, surgical; cholecystectomy
47563	AB/LAP-B	Laparoscopy, surgical; cholecystectomy with cholangiography

Area: ABDOMEN-BILIARY Type: CHOLECYSTOSTOMY

Code	Def Cat	Description
47480	AB	Cholecystostomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)

Area: ABDOMEN-BILIARY Type: CHOLEDOCHOENTERIC ANASTOMOSIS

Code	Def Cat	Description
47612	AB	Cholecystectomy with exploration of common duct; with choledochostomy
47715	AB	Excision of choledochal cyst
47760	AB	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765	AB	Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780	AB	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
47785	AB	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
47800	AB	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
47802	AB	U-tube hepaticostomy

Area: ABDOMEN-BILIARY Type: COMMON BILE DUCT EXPLOR-LAPAR

Code	Def Cat	Description
47564	AB/LAP-C	Laparoscopy, surgical; cholecystectomy with exploration of common duct

Area: ABDOMEN-BILIARY Type: COMMON BILE DUCT EXPLOR-OPEN

Code	Def Cat	Description
47400	AB	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
47420	AB	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystostomy; without transduodenal sphincterotomy or sphincteroplasty
47425	AB	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystostomy; with transduodenal sphincterotomy or sphincteroplasty
47610	AB	Cholecystectomy with exploration of common duct;
47711	AB	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
47712	AB	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic

Area: ABDOMEN-BILIARY Type: OTHER MAJOR BILIARY

Code	Def Cat	Description
47570	AB/LAP-C	Laparoscopy, surgical; cholecystoenterostomy
47579	AB	Unlisted laparoscopy procedure, biliary tract
47720	AB	Cholecystoenterostomy; direct
47721	AB	Cholecystoenterostomy; with gastroenterostomy
47740	AB	Cholecystoenterostomy; Roux-en-Y
47741	AB	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
47801	AB	Placement of choledochal stent
47900	AB/PANC	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)
47999	AB	Unlisted procedure, biliary tract

Area: ABDOMEN-BILIARY Type: SPHINCTEROPLASTY (ODDI)

Code	Def Cat	Description
47460	AB	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)
47620	AB	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography

Area: ABDOMEN-PANCREAS Type: DRAINAGE PANCREATIC ABSCESS

Code	Def Cat	Description
48000	AB/PANC	Placement of drains, peripancreatic, for acute pancreatitis;

Area: ABDOMEN-PANCREAS Type: DRAINAGE PSEUDOCYST (ALL TYPES)

Code	Def Cat	Description
48500	AB/PANC	Marsupialization of pancreatic cyst
48510	AB/PANC	External drainage, pseudocyst of pancreas, open
48520	AB/PANC	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
48540	AB/PANC	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y

Area: ABDOMEN-PANCREAS Type: OTHER MAJOR PANCREAS

Code	Def Cat	Description
48001	AB/PANC	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy
48020	AB/PANC	Removal of pancreatic calculus
48100	AB/PANC	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48120	AB/PANC	Excision of lesion of pancreas (eg, cyst, adenoma)
48148	AB/PANC	Excision of ampulla of Vater
48999	AB/PANC	Unlisted procedure, pancreas

Area: ABDOMEN-PANCREAS Type: PANC RESECTION, DISTAL

Code	Def Cat	Description
48140	AB/PANC	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48145	AB/PANC	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy

Area: ABDOMEN-PANCREAS Type: PANC RESECTION, TOTAL

Code	Def Cat	Description
48146	AB/PANC	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48155	AB/PANC	Pancreatectomy, total
48160	AB/PANC	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells

Area: ABDOMEN-PANCREAS Type: PANC RESECTION, WHIPPLE

Code	Def Cat	Description
48150	AB/PANC	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy
48152	AB/PANC	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy
48153	AB/PANC	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy
48154	AB/PANC	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy

Area: ABDOMEN-PANCREAS Type: PANCREATICOJEJUNOSTOMY

Code	Def Cat	Description
48548	AB/PANC	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)

Area: ABDOMEN-PANCREAS Type: RESECTION FOR PANCREATIC NECROSIS

Code	Def Cat	Description
48105	AB/PANC	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis

Area: ABDOMEN-SPLEEN Type: SPLENECTOMY FOR DISEASE-LAPAR

Code	Def Cat	Description
38120	AB/LAP-C	Laparoscopy, surgical, splenectomy
38129	AB/LAP-C	Unlisted laparoscopy procedure, spleen

Area: ABDOMEN-SPLEEN Type: SPLENECTOMY FOR DISEASE-OPEN

Code	Def Cat	Description
38100	AB	Splenectomy; total (separate procedure)
38101	AB	Splenectomy; partial (separate procedure)
38102	AB	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
38115	AB	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
49220	AB	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)

Area: ABDOMEN-HERNIA Type: INGUINAL-FEMORAL (ALL)-LAPAROS

Code	Def Cat	Description
49650	AB/LAP-C	Laparoscopy, surgical; repair initial inguinal hernia
49651	AB/LAP-C	Laparoscopy, surgical; repair recurrent inguinal hernia
49652	AB/LAP-C	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible

49653	AB/LAP-C	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated
49654	AB/LAP-C	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
49655	AB/LAP-C	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
49656	AB/LAP-C	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
49657	AB/LAP-C	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
49659	AB/LAP-C	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy

Area: ABDOMEN-HERNIA Type: INGUINAL-FEMORAL (ALL)-OPEN

Code	Def Cat	Description
49505	AB	Repair initial inguinal hernia, age 5 years or older; reducible
49507	AB	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49520	AB	Repair recurrent inguinal hernia, any age; reducible
49521	AB	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	AB	Repair inguinal hernia, sliding, any age
49550	AB	Repair initial femoral hernia, any age; reducible
49553	AB	Repair initial femoral hernia, any age; incarcerated or strangulated
49555	AB	Repair recurrent femoral hernia; reducible
49557	AB	Repair recurrent femoral hernia; incarcerated or strangulated

Area: ABDOMEN-HERNIA Type: OTHER MAJOR HERNIAS

Code	Def Cat	Description
49540	AB	Repair lumbar hernia
49590	AB	Repair spigelian hernia

Area: ABDOMEN-HERNIA Type: VENTRAL

Code	Def Cat	Description
49560	AB	Repair initial incisional or ventral hernia; reducible
49561	AB	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	AB	Repair recurrent incisional or ventral hernia; reducible
49566	AB	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49570	AB	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572	AB	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
49585	AB	Repair umbilical hernia, age 5 years or older; reducible
49587	AB	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated

Area: VASC - ANEURYSM REPAIR Type: ENDOVASCULAR REPAIR ABD AORTIC/ILIAC ANEURYSM

Code	Def Cat	Description
34800	VASC	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis
34802	VASC	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)
34803	VASC	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)

34804	VASC	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis
34805	VASC	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis
34825	VASC	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
34826	VASC	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)

Area: VASC - ANEURYSM REPAIR Type: ENDOVASCULAR REPAIR OF ILIAC ARTERY

Code	Def Cat	Description
34900	VASC	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis

Area: VASC - ANEURYSM REPAIR Type: ENDOVASCULAR REPAIR THORACIC AORTIC ANEURYSM

Code	Def Cat	Description
33880	VASC	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33881	VASC	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33883	VASC	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
33884	VASC	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)
33886	VASC	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta

Area: VASC - ANEURYSM REPAIR Type: OPEN REPAIR INFRARENAL A-I ANEURYSM, RUPTURED

Code	Def Cat	Description
35082	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta
35103	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)
35132	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)

Area: VASC - ANEURYSM REPAIR Type: OPEN REPAIR INFRARENAL A-I ANEURYSM, ELECTIVE

Code	Def Cat	Description
34830	VASC	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis
34831	VASC	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis
34832	VASC	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis
35081	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta
35102	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)
35131	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)

Area: VASC - ANEURYSM REPAIR Type: REPAIR FEMORAL ANEURYSM

Code	Def Cat	Description
35141	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)

35142 VASC Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)

Area: VASC - ANEURYSM REPAIR Type: REPAIR OTHER ANEURYSM - DEF CAT CREDIT

Code	Def Cat	Description
35111	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery
35112	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery
35121	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery
35122	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery

Area: VASC - ANEURYSM REPAIR Type: REPAIR POPLITEAL ANEURYSM

Code	Def Cat	Description
35151	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery
35152	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery

Area: VASC - ANEURYSM REPAIR Type: REPAIR SUPRARENAL AORTIC ANEURYSM

Code	Def Cat	Description
35091	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35092	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)

Area: VASC - ANEURYSM REPAIR Type: REPAIR THORACIC AORTIC ANEURYSM

Code	Def Cat	Description
33875	VASC	Descending thoracic aorta graft, with or without bypass

Area: VASC - ANEURYSM REPAIR Type: REPAIR THORACOABDOMINAL AORTIC ANEURYSM

Code	Def Cat	Description
33877	VASC	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass

Area: VASC - CEREBROVASCULAR Type: CAROTID ENDARTERECTOMY

Code	Def Cat	Description
35301	H&N/VASC	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Area: VASC - CEREBROVASCULAR Type: CERVICAL BYPASS AORTIC ARCH BRANCHES

Code	Def Cat	Description
33889	VASC	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
33891	VASC	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
35501	VASC	Bypass graft, with vein; common carotid-ipsilateral internal carotid
35506	VASC	Bypass graft, with vein; carotid-subclavian or subclavian-carotid
35509	VASC	Bypass graft, with vein; carotid-contralateral carotid
35511	VASC	Bypass graft, with vein; subclavian-subclavian

35516	VASC	Bypass graft, with vein; subclavian-axillary
35518	VASC	Bypass graft, with vein; axillary-axillary
35601	VASC	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid
35606	VASC	Bypass graft, with other than vein; carotid-subclavian
35612	VASC	Bypass graft, with other than vein; subclavian-subclavian
35616	VASC	Bypass graft, with other than vein; subclavian-axillary
35650	VASC	Bypass graft, with other than vein; axillary-axillary
35694	VASC	Transposition and/or reimplantation; subclavian to carotid artery
35695	VASC	Transposition and/or reimplantation; carotid to subclavian artery

Area: VASC - CEREBROVASCULAR Type: DIRECT REPAIR AORTIC ARCH BRANCHES

Code	Def Cat	Description
35021	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision
35022	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision
35311	VASC	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision
35526	VASC	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid
35626	VASC	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid

Area: VASC - CEREBROVASCULAR Type: EMBOLECTOMY/THROMBECTOMY BY NECK OR THORACIC INCIS

Code	Def Cat	Description
34001	VASC	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
34051	VASC	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision

Area: VASC - CEREBROVASCULAR Type: EXCISE CAROTID BODY TUMOR

Code	Def Cat	Description
60600	H&N/VASC	Excision of carotid body tumor; without excision of carotid artery
60605	H&N/VASC	Excision of carotid body tumor; with excision of carotid artery

Area: VASC - CEREBROVASCULAR Type: OTHER MAJOR CEREBROVASCULAR - DEF CAT CREDIT

Code	Def Cat	Description
35001	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision
35002	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision
35005	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery
35901	VASC	Excision of infected graft; neck

Area: VASC - CEREBROVASCULAR Type: REOPERATIVE CAROTID SURGERY

Code	Def Cat	Description
35390	H&N/VASC	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)

Area: VASC - CEREBROVASCULAR Type: TRANSCATHETER PLACE OF INTRAVASC STENT, NONCOR.

Code	Def Cat	Description
37215	VASC	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
37216	VASC	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection
37217	VASC	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation

Area: VASC - CEREBROVASCULAR Type: TRANSCATHETER PLACEMENT CAROTID ARTERY STENT

Code	Def Cat	Description
37215	VASC	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
37216	VASC	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection

Area: VASC - CEREBROVASCULAR Type: TRANSLUMINAL BALLOON ANGIOPLASTY - BRACHIOCEPHALIC

Code	Def Cat	Description
35458	VASC	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel
35475	VASC	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel

Area: VASC - CEREBROVASCULAR Type: VERTEBRAL BYPASS OR REIMPLANTATION/TRANSPOSITION

Code	Def Cat	Description
35508	H&N/VASC	Bypass graft, with vein; carotid-vertebral
35515	H&N/VASC	Bypass graft, with vein; subclavian-vertebral
35642	H&N/VASC	Bypass graft, with other than vein; carotid-vertebral
35645	H&N/VASC	Bypass graft, with other than vein; subclavian-vertebral
35691	H&N/VASC	Transposition and/or reimplantation; vertebral to carotid artery
35693	H&N/VASC	Transposition and/or reimplantation; vertebral to subclavian artery

Area: VASC - PERIPH OBSTRUCTIVE Type: ADJUNCTIVE VEIN CUFF OR AVF

Code	Def Cat	Description
35685	VASC	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)
35686	VASC	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)

Area: VASC - PERIPH OBSTRUCTIVE Type: AORTO-ILIO/FEMORAL BYPASS, PROSTHETIC

Code	Def Cat	Description
35637	VASC	Bypass graft, with other than vein; aortoiliac
35638	VASC	Bypass graft, with other than vein; aortobi-iliac
35646	VASC	Bypass graft, with other than vein; aortobifemoral
35647	VASC	Bypass graft, with other than vein; aortofemoral

Area: VASC - PERIPH OBSTRUCTIVE Type: AORTO-ILIO/FEMORAL BYPASS, VEIN

Code	Def Cat	Description
35537	VASC	Bypass graft, with vein; aortoiliac

35538	VASC	Bypass graft, with vein; aortobi-iliac
35539	VASC	Bypass graft, with vein; aortofemoral
35540	VASC	Bypass graft, with vein; aortobifemoral

Area: VASC - PERIPH OBSTRUCTIVE Type: AORTO-ILIO/FEMORAL ENDARTERECTOMY

Code	Def Cat	Description
35331	VASC	Thromboendarterectomy, including patch graft, if performed; abdominal aorta
35351	VASC	Thromboendarterectomy, including patch graft, if performed; iliac
35355	VASC	Thromboendarterectomy, including patch graft, if performed; iliofemoral
35361	VASC	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac
35363	VASC	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral

Area: VASC - PERIPH OBSTRUCTIVE Type: ARTERIAL EMBOLECTOMY/THROMBECTOMY BY LEG INCISION

Code	Def Cat	Description
34201	VASC	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision
34203	VASC	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision

Area: VASC - PERIPH OBSTRUCTIVE Type: COMPOSITE LEG BYPASS GRAFT

Code	Def Cat	Description
35681	VASC	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)
35682	VASC	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)
35683	VASC	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)

Area: VASC - PERIPH OBSTRUCTIVE Type: ENDARTERECTOMY, SUPERFICIAL FEMORAL, POPLITEAL

Code	Def Cat	Description
35302	VASC	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery
35303	VASC	Thromboendarterectomy, including patch graft, if performed; popliteal artery
35304	VASC	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery
35305	VASC	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel
35306	VASC	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)

Area: VASC - PERIPH OBSTRUCTIVE Type: EXCISE INFECTED GRAFT, ABDOMEN OR CHEST

Code	Def Cat	Description
35905	VASC	Excision of infected graft; thorax
35907	VASC	Excision of infected graft; abdomen

Area: VASC - PERIPH OBSTRUCTIVE Type: EXCISE INFECTED GRAFT, PERIPHERAL

Code	Def Cat	Description
35903	VASC	Excision of infected graft; extremity

Area: VASC - PERIPH OBSTRUCTIVE Type: FEMORAL, PROFUNDA ENDARTERECTOMY

Code	Def Cat	Description
35371	VASC	Thromboendarterectomy, including patch graft, if performed; common femoral

35372 VASC Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral

Area: VASC - PERIPH OBSTRUCTIVE Type: FEMORAL-POPLITEAL BYPASS, VEIN

Code	Def Cat	Description
35556	VASC	Bypass graft, with vein; femoral-popliteal
35583	VASC	In-situ vein bypass; femoral-popliteal

Area: VASC - PERIPH OBSTRUCTIVE Type: FEMORAL-POPLITEAL BYPASS, PROSTHETIC

Code	Def Cat	Description
35656	VASC	Bypass graft, with other than vein; femoral-popliteal

Area: VASC - PERIPH OBSTRUCTIVE Type: GRAFT THROMBECTOMY

Code	Def Cat	Description
35875	VASC	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);

Area: VASC - PERIPH OBSTRUCTIVE Type: HARVEST ARM VEIN

Code	Def Cat	Description
35500	VASC	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)
35600	VASC	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)

Area: VASC - PERIPH OBSTRUCTIVE Type: ILIO-ILIAC/FEMORAL ENDARTERECTOMY

Code	Def Cat	Description
34833	VASC	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral
35563	VASC	Bypass graft, with vein; ilioiliac
35565	VASC	Bypass graft, with vein; iliofemoral
35663	VASC	Bypass graft, with other than vein; ilioiliac
35665	VASC	Bypass graft, with other than vein; iliofemoral

Area: VASC - PERIPH OBSTRUCTIVE Type: INFRAPOPLITEAL BYPASS, PROSTHETIC

Code	Def Cat	Description
35666	VASC	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671	VASC	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery

Area: VASC - PERIPH OBSTRUCTIVE Type: INFRAPOPLITEAL BYPASS, VEIN

Code	Def Cat	Description
35566	VASC	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35571	VASC	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35585	VASC	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587	VASC	In-situ vein bypass; popliteal-tibial, peroneal

Area: VASC - PERIPH OBSTRUCTIVE Type: OTHER MAJOR PERIPHERAL - DEF CAT CREDIT

Code	Def Cat	Description
37788	VASC	Penile revascularization, artery, with or without vein graft

Area: VASC - PERIPH OBSTRUCTIVE Type: RE-DO LOWER EXTREMITY BYPASS

Code	Def Cat	Description
35700	VASC	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)

Area: VASC - PERIPH OBSTRUCTIVE Type: REPAIR GRAFT-ENTERIC/AORTO-ENTERIC FISTULA

Code	Def Cat	Description
35870	VASC	Repair of graft-enteric fistula

Area: VASC - PERIPH OBSTRUCTIVE Type: REVISE ARTERIAL BYPASS

Code	Def Cat	Description
35876	VASC	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
35879	VASC	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35881	VASC	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition
35883	VASC	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)
35884	VASC	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft

Area: VASC - PERIPH OBSTRUCTIVE Type: TRANSCATHETER PLACE OF INTRAVASCULAR STENT NON-COR

Code	Def Cat	Description
37236	VASC	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
37237	VASC	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)

Area: VASC - PERIPH OBSTRUCTIVE Type: TRANSCATHETER PLACEMENT INTRAVASC STENT AORTA

Code	Def Cat	Description
34841	VASC	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
34842	VASC	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34843	VASC	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery [s])
34844	VASC	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34845	VASC	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)

34846	VASC	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])
34847	VASC	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])
34848	VASC	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])
37236	VASC	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
37237	VASC	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)

Area: VASC - PERIPH OBSTRUCTIVE Type: TRANSLUMINAL ATHERECTOMY AORTA OR ILIAC

Code	Def Cat	Description
0236T	VASC	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta
0238T	VASC	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel

Area: VASC - PERIPH OBSTRUCTIVE Type: TRANSLUMINAL ATHERECTOMY FEMORAL-POPLITEAL

Code	Def Cat	Description
37225	VASC	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

Area: VASC - PERIPH OBSTRUCTIVE Type: TRANSLUMINAL ATHERECTOMY, TIBIOPERONEAL

Code	Def Cat	Description
37229	VASC	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37233	VASC	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

Area: VASC - PERIPH OBSTRUCTIVE Type: TRANSLUMINAL BALLON ANGIOPLASTY, TIBIOPERONEAL

Code	Def Cat	Description
37228	VASC	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37230	VASC	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	VASC	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	VASC	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	VASC	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	VASC	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)

Area: VASC - PERIPH OBSTRUCTIVE Type: TRANSLUMINAL BALLOON ANGIOPLASTY AORTA OR ILIAC

Code	Def Cat	Description
35452	VASC	Transluminal balloon angioplasty, open; aortic
35472	VASC	Transluminal balloon angioplasty, percutaneous; aortic
37220	VASC	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	VASC	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37222	VASC	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	VASC	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)

Area: VASC - PERIPH OBSTRUCTIVE Type: TRANSLUMINAL BALLOON ANGIOPLASTY FEMORAL-POPLITEAL

Code	Def Cat	Description
37224	VASC	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37226	VASC	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	VASC	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

Area: VASC - ABDOMINAL OBSTRUCTIVE Type: CELIAC/SMA ENDARTERECTOMY, BYPASS

Code	Def Cat	Description
35341	VASC	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal
35531	VASC	Bypass graft, with vein; aortoceliac or aortomesenteric
35631	VASC	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal

Area: VASC - ABDOMINAL OBSTRUCTIVE Type: EMBOLECTOMY/THROMBECTOMY, RENAL

Code	Def Cat	Description
34151	VASC	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision

Area: VASC - ABDOMINAL OBSTRUCTIVE Type: RENAL ENDARTERECTOMY, BYPASS

Code	Def Cat	Description
35341	VASC	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal
35531	VASC	Bypass graft, with vein; aortoceliac or aortomesenteric
35536	VASC	Bypass graft, with vein; splenorenal
35560	VASC	Bypass graft, with vein; aortorenal
35631	VASC	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
35636	VASC	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)

Area: VASC - ABDOMINAL OBSTRUCTIVE Type: TRANSCATHETER PLACE OF STENT, RENAL ARTERY

Code	Def Cat	Description
37236	VASC	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery

37237	VASC	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)
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Area: VASC - ABDOMINAL OBSTRUCTIVE Type: TRANSLUMINAL ATHERECTOMY, RENAL

Code	Def Cat	Description
0234T	VASC	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery
0235T	VASC	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel

Area: VASC - ABDOMINAL OBSTRUCTIVE Type: TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL

Code	Def Cat	Description
35450	VASC	Transluminal balloon angioplasty, open; renal or other visceral artery
35471	VASC	Transluminal balloon angioplasty, percutaneous; renal or visceral artery

Area: VASC - UPPER EXTREMITY Type: ARM BYPASS, ENDARTERECTOMY, REPAIR

Code	Def Cat	Description
35011	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
35013	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision
35045	VASC	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
35321	VASC	Thromboendarterectomy, including patch graft, if performed; axillary-brachial

Area: VASC - UPPER EXTREMITY Type: EMBOLECTOMY/THROMBECTOMY, BY ARM INCISION

Code	Def Cat	Description
34101	VASC	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision
34111	VASC	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision

Area: VASC - UPPER EXTREMITY Type: OPEN BRACHIAL ARTERY EXPOSURE

Code	Def Cat	Description
34834	VASC	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral

Area: VASC - UPPER EXTREMITY Type: THORACIC OUTLET DECOMPRESSION PROC

Code	Def Cat	Description
21615	THOR/VASC	Excision first and/or cervical rib;
21616	THOR/VASC	Excision first and/or cervical rib; with sympathectomy

Area: VASC - UPPER EXTREMITY Type: TRANSCATH PLACE OF INTRAVASC STENT, NON CORONARY

Code	Def Cat	Description
37236	VASC	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
37237	VASC	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)

Area: VASC - EXTRA-ANATOMIC Type: AXILLO-FEMORAL BYPASS

Code	Def Cat	Description
35521	VASC	Bypass graft, with vein; axillary-femoral
35533	VASC	Bypass graft, with vein; axillary-femoral-femoral
35621	VASC	Bypass graft, with other than vein; axillary-femoral
35654	VASC	Bypass graft, with other than vein; axillary-femoral-femoral

Area: VASC - EXTRA-ANATOMIC Type: AXILLO-POPLITEAL-TIBIAL BYPASS

Code	Def Cat	Description
35623	VASC	Bypass graft, with other than vein; axillary-popliteal or -tibial

Area: VASC - EXTRA-ANATOMIC Type: FEMORAL-FEMORAL BYPASS

Code	Def Cat	Description
34813	VASC	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)
35558	VASC	Bypass graft, with vein; femoral-femoral
35661	VASC	Bypass graft, with other than vein; femoral-femoral

Area: VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY Type: EXCHANGE OF THROMBOLYSIS CATHETER

Code	Def Cat	Description
37213	VASC	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;

Area: VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY Type: THROMBOLYSIS, TRANSARTERIAL, TRANSCATHETER

Code	Def Cat	Description
37211	VASC	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day

Area: VASC - THROMBOLYSIS/MECHANICAL THROMBECTOMY Type: TRANSLUMINAL MECHANICAL THROMBECTOMY

Code	Def Cat	Description
37184	VASC	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
37185	VASC	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)
37186	VASC	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
37195	VASC	Thrombolysis, cerebral, by intravenous infusion

Area: VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC Type: ENDO PLACE OF ILIAC ARTERY OCCLUSION DEV

Code	Def Cat	Description
34808	VASC	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)

Area: VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC Type: PRESSURE MEASUREMENTS FROM WIRELESS SENSOR

Code	Def Cat	Description
93982	VASC	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report

Area: VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC Type: TRANSCATHETER ARTERIAL OCCLUSION OR EMBOLIZATION

Code	Def Cat	Description
37242	VASC	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 (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)

Area: VASC - MISCELLANEOUS ENDOVASCULAR THERAPEUTIC Type: TRANSCATHETER PLACE OF WIRELESS SENSOR

Code	Def Cat	Description
34806	VASC	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)

Area: VASC - TRAUMA Type: EXPOSURE OF ABDOMINAL VESSELS

Code	Def Cat	Description
35221	Vascular Exposure	Repair blood vessel, direct; intra-abdominal

Area: VASC - TRAUMA Type: EXPOSURE OF NECK VESSELS

Code	Def Cat	Description
35201	Vascular Exposure	Repair blood vessel, direct; neck

Area: VASC - TRAUMA Type: EXPOSURE OF PERIPHERAL VESSELS

Code	Def Cat	Description
35206	Vascular Exposure	Repair blood vessel, direct; upper extremity
35226	Vascular Exposure	Repair blood vessel, direct; lower extremity

Area: VASC - TRAUMA Type: EXPOSURE OF THORACIC VESSELS

Code	Def Cat	Description
35216	Vascular Exposure	Repair blood vessel, direct; intrathoracic, without bypass

Area: VASC - TRAUMA Type: FASCIOTOMY

Code	Def Cat	Description
24495	VASC	Decompression fasciotomy, forearm, with brachial artery exploration
25020	VASC	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023	VASC	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024	VASC	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve

27025	VASC	Fasciotomy, hip or thigh, any type
27600	VASC	Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601	VASC	Decompression fasciotomy, leg; posterior compartment(s) only
27602	VASC	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27892	VASC	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893	VASC	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894	VASC	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve

Area: VASC - TRAUMA Type: REPAIR ABDOMINAL VESSELS

Code	Def Cat	Description
35189	VASC	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35221	VASC	Repair blood vessel, direct; intra-abdominal
35251	VASC	Repair blood vessel with vein graft; intra-abdominal
35281	VASC	Repair blood vessel with graft other than vein; intra-abdominal

Area: VASC - TRAUMA Type: REPAIR NECK VESSELS

Code	Def Cat	Description
35188	H&N/VASC	Repair, acquired or traumatic arteriovenous fistula; head and neck
35201	VASC	Repair blood vessel, direct; neck
35231	VASC	Repair blood vessel with vein graft; neck
35261	VASC	Repair blood vessel with graft other than vein; neck

Area: VASC - TRAUMA Type: REPAIR PERIPHERAL VESSELS

Code	Def Cat	Description
35190	VASC	Repair, acquired or traumatic arteriovenous fistula; extremities
35206	VASC	Repair blood vessel, direct; upper extremity
35207	PLA/VASC	Repair blood vessel, direct; hand, finger
35226	VASC	Repair blood vessel, direct; lower extremity
35236	VASC	Repair blood vessel with vein graft; upper extremity
35256	VASC	Repair blood vessel with vein graft; lower extremity
35266	VASC	Repair blood vessel with graft other than vein; upper extremity
35286	VASC	Repair blood vessel with graft other than vein; lower extremity

Area: VASC - TRAUMA Type: REPAIR THORACIC VESSELS

Code	Def Cat	Description
33320	VASC	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33321	VASC	Suture repair of aorta or great vessels; with shunt bypass
33322	VASC	Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330	VASC	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33335	VASC	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
35211	VASC	Repair blood vessel, direct; intrathoracic, with bypass
35216	VASC	Repair blood vessel, direct; intrathoracic, without bypass

35241	VASC	Repair blood vessel with vein graft; intrathoracic, with bypass
35246	VASC	Repair blood vessel with vein graft; intrathoracic, without bypass
35271	VASC	Repair blood vessel with graft other than vein; intrathoracic, with bypass
35276	VASC	Repair blood vessel with graft other than vein; intrathoracic, without bypass

Area: VASC - VENOUS Type: EMBOLECTOMY/THROMBECTOMY, VENOUS

Code	Def Cat	Description
34401	VASC	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
34421	VASC	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
34451	VASC	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
34471	VASC	Thrombectomy, direct or with catheter; subclavian vein, by neck incision
34490	VASC	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision

Area: VASC - VENOUS Type: INTERRUPTION OF IVC

Code	Def Cat	Description
37191	VASC	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
37192	VASC	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
37193	VASC	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
37619	VASC	Ligation of inferior vena cava

Area: VASC - VENOUS Type: OPERATION FOR VARICOSE VEINS

Code	Def Cat	Description
37700	VASC	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	VASC	Ligation, division, and stripping, short saphenous vein
37722	VASC	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37765	VASC	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	VASC	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37780	VASC	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	VASC	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg

Area: VASC - VENOUS Type: OPERATIONS FOR VENOUS ULCERATION

Code	Def Cat	Description
37500	VASC	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37735	VASC	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
37760	VASC	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg

Area: VASC - VENOUS Type: PORTAL-SYSTEMIC SHUNT

Code	Def Cat	Description
37140	VASC	Venous anastomosis, open; portocaval

37145	VASC	Venous anastomosis, open; renoportal
37160	VASC	Venous anastomosis, open; caval-mesenteric
37180	VASC	Venous anastomosis, open; splenorenal, proximal
37181	VASC	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)

Area: VASC - VENOUS Type: REPAIR A-V MALFORMATION

Code	Def Cat	Description
35180	VASC	Repair, congenital arteriovenous fistula; head and neck
35182	VASC	Repair, congenital arteriovenous fistula; thorax and abdomen
35184	VASC	Repair, congenital arteriovenous fistula; extremities

Area: VASC - VENOUS Type: SCLEROTHERAPY, PERIPH VEIN

Code	Def Cat	Description
36468	VASC	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk
36470	VASC	Injection of sclerosing solution; single vein
36471	VASC	Injection of sclerosing solution; multiple veins, same leg

Area: VASC - VENOUS Type: THROMBOLYSIS, TRANSVENOUS, TRANSCATHETER

Code	Def Cat	Description
37212	VASC	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day

Area: VASC - VENOUS Type: TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS

Code	Def Cat	Description
35460	VASC	Transluminal balloon angioplasty, open; venous
35476	VASC	Transluminal balloon angioplasty, percutaneous; venous
37238	VASC	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
37239	VASC	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

Area: VASC - VENOUS Type: TRANSLUMINAL MECHANICAL THROMBECTOMY, VENOUS

Code	Def Cat	Description
37187	VASC	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	VASC	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy

Area: VASC - VENOUS Type: VENA CAVAL INTERRUPTION/FILTER

Code	Def Cat	Description
36475	VASC	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	VASC	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	VASC	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	VASC	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Area: VASC - VENOUS Type: VENOUS RECONSTRUCTION

Code	Def Cat	Description
34501	VASC	Valvuloplasty, femoral vein
34502	VASC	Reconstruction of vena cava, any method
34510	VASC	Venous valve transposition, any vein donor
34520	VASC	Cross-over vein graft to venous system
34530	VASC	Saphenopopliteal vein anastomosis

Area: VASC - ENDOVASCULAR DIAGNOSTIC Type: ANGIOSCOPY

Code	Def Cat	Description
35400	VASC	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)

Area: VASC - ENDOVASCULAR DIAGNOSTIC Type: ARTERIOGRAPHY

Code	Def Cat	Description
36015	VASC	Selective catheter placement, segmental or subsegmental pulmonary artery
36100	VASC	Introduction of needle or intracatheter, carotid or vertebral artery
36120	VASC	Introduction of needle or intracatheter; retrograde brachial artery
36140	VASC	Introduction of needle or intracatheter; extremity artery
36147	VASC	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)
36148	VASC	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)
36160	VASC	Introduction of needle or intracatheter, aortic, translumbar
36200	VASC	Introduction of catheter, aorta
36215	VASC	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216	VASC	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family
36217	VASC	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family
36218	VASC	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36245	VASC	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	VASC	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	VASC	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36248	VASC	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)

Area: VASC - ENDOVASCULAR DIAGNOSTIC Type: VENOGRAPHY

Code	Def Cat	Description
36005	VASC	Injection procedure for extremity venography (including introduction of needle or intracatheter)
36010	VASC	Introduction of catheter, superior or inferior vena cava
36011	VASC	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)

36012	VASC	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36013	VASC	Introduction of catheter, right heart or main pulmonary artery
36014	VASC	Selective catheter placement, left or right pulmonary artery

Area: VASC - MISCELLANEOUS VASCULAR Type: EXPLORATION OF ARTERY

Code	Def Cat	Description
34812	VASC	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral
34820	VASC	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral
35701	H&N/VASC	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35721	VASC	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery
35741	VASC	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery
35761	VASC	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels

Area: VASC - MISCELLANEOUS VASCULAR Type: INJECT PSEUDOANEURYSM

Code	Def Cat	Description
36002	VASC	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm

Area: VASC - MISCELLANEOUS VASCULAR Type: LYMPHATIC PROCEDURE

Code	Def Cat	Description
38999	VASC	Unlisted procedure, hemic or lymphatic system

Area: VASC - MISCELLANEOUS VASCULAR Type: MAJOR VASCULAR LIGATION

Code	Def Cat	Description
37565	VASC	Ligation, internal jugular vein
37600	VASC	Ligation; external carotid artery
37605	VASC	Ligation; internal or common carotid artery
37606	VASC	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37607	VASC	Ligation or banding of angioaccess arteriovenous fistula
37609	VASC	Ligation or biopsy, temporal artery
37615	VASC	Ligation, major artery (eg, post-traumatic, rupture); neck
37616	VASC	Ligation, major artery (eg, post-traumatic, rupture); chest
37617	VASC	Ligation, major artery (eg, post-traumatic, rupture); abdomen
37618	VASC	Ligation, major artery (eg, post-traumatic, rupture); extremity
37650	VASC	Ligation of femoral vein
37660	VASC	Ligation of common iliac vein

Area: VASC - MISCELLANEOUS VASCULAR Type: OTHER MISCELLANEOUS VASCULAR PROCEDURE

Code	Def Cat	Description
37197		Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed
37200		Transcatheter biopsy
37799	VASC	Unlisted procedure, vascular surgery

Area: VASC - MISCELLANEOUS VASCULAR Type: POSTOPERATIVE EXP. FOR BLEED, THROMB, INFECT

Code	Def Cat	Description
35800	VASC	Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820	VASC	Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840	VASC	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
35860	VASC	Exploration for postoperative hemorrhage, thrombosis or infection; extremity

Area: VASC - MISCELLANEOUS VASCULAR Type: SPINE EXPOSURE

Code	Def Cat	Description
63075	VASC	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace
63076	VASC	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
63077	VASC	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace
63078	VASC	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)
63081	VASC	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63082	VASC	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)
63085	VASC	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086	VASC	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)
63087	VASC	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
63088	VASC	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)
63090	VASC	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
63091	VASC	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)

Area: VASC - MISCELLANEOUS VASCULAR Type: SYMPATHECTOMY

Code	Def Cat	Description
32664	VASC	Thoracoscopy, surgical; with thoracic sympathectomy
64802	VASC	Sympathectomy, cervical
64804	VASC	Sympathectomy, cervicothoracic
64809	VASC	Sympathectomy, thoracolumbar
64818	VASC	Sympathectomy, lumbar
64820	VASC	Sympathectomy; digital arteries, each digit
64821	VASC	Sympathectomy; radial artery
64822	VASC	Sympathectomy; ulnar artery
64823	VASC	Sympathectomy; superficial palmar arch

Area: VASC - VASCULAR ACCESS Type: A-V FISTULA

Code	Def Cat	Description
36819	VASC	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36820	VASC	Arteriovenous anastomosis, open; by forearm vein transposition
36821	VASC	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)

Area: VASC - VASCULAR ACCESS Type: A-V GRAFT

Code	Def Cat	Description
36825	VASC	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
36830	VASC	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)

Area: VASC - VASCULAR ACCESS Type: PERCUTANEOUS-OTHER ACCESS

Code	Def Cat	Description
36800	VASC	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810	VASC	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)
36815	VASC	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
36823	VASC	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites
36835	VASC	Insertion of Thomas shunt (separate procedure)
36860	VASC	External cannula declotting (separate procedure); without balloon catheter
36861	VASC	External cannula declotting (separate procedure); with balloon catheter

Area: VASC - VASCULAR ACCESS Type: REVISION, A-V ACCESS

Code	Def Cat	Description
36831	VASC	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)
36832	VASC	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36833	VASC	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36838	VASC	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
36870	VASC	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)

Area: VASC - AMPUTATIONS Type: AMPUTATION CLOSURE, REVISION

Code	Def Cat	Description
23921	VASC	Disarticulation of shoulder; secondary closure or scar revision
24925	VASC	Amputation, arm through humerus; secondary closure or scar revision
25907	VASC	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25922	VASC	Disarticulation through wrist; secondary closure or scar revision
25929	VASC	Transmetacarpal amputation; secondary closure or scar revision
27594	VASC	Amputation, thigh, through femur, any level; secondary closure or scar revision
27884	VASC	Amputation, leg, through tibia and fibula; secondary closure or scar revision

Area: VASC - AMPUTATIONS Type: AMPUTATION, ABOVE KNEE

Code	Def Cat	Description
27290	VASC	Interpelviabdominal amputation (hindquarter amputation)
27295	VASC	Disarticulation of hip
27590	VASC	Amputation, thigh, through femur, any level;
27591	VASC	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592	VASC	Amputation, thigh, through femur, any level; open, circular (guillotine)
27596	VASC	Amputation, thigh, through femur, any level; re-amputation
27598	VASC	Disarticulation at knee

Area: VASC - AMPUTATIONS Type: AMPUTATION, BELOW KNEE

Code	Def Cat	Description
27880	VASC	Amputation, leg, through tibia and fibula;
27881	VASC	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
27882	VASC	Amputation, leg, through tibia and fibula; open, circular (guillotine)
27886	VASC	Amputation, leg, through tibia and fibula; re-amputation
27888	VASC	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
27889	VASC	Ankle disarticulation

Area: VASC - AMPUTATIONS Type: AMPUTATION, DIGIT

Code	Def Cat	Description
28820	VASC	Amputation, toe; metatarsophalangeal joint
28825	VASC	Amputation, toe; interphalangeal joint

Area: VASC - AMPUTATIONS Type: AMPUTATION, TRANSMETATARSAL

Code	Def Cat	Description
28800	VASC	Amputation, foot; midtarsal (eg, Chopart type procedure)
28805	VASC	Amputation, foot; transmetatarsal
28810	VASC	Amputation, metatarsal, with toe, single

Area: VASC - AMPUTATIONS Type: AMPUTATION, UPPER EXTREMITY

Code	Def Cat	Description
23900	VASC	Interthoracoscapular amputation (forequarter)
23920	VASC	Disarticulation of shoulder;
24900	VASC	Amputation, arm through humerus; with primary closure
24920	VASC	Amputation, arm through humerus; open, circular (guillotine)
24930	VASC	Amputation, arm through humerus; re-amputation
24931	VASC	Amputation, arm through humerus; with implant
25900	VASC	Amputation, forearm, through radius and ulna;
25905	VASC	Amputation, forearm, through radius and ulna; open, circular (guillotine)
25909	VASC	Amputation, forearm, through radius and ulna; re-amputation
25915	VASC	Krukenberg procedure
25920	VASC	Disarticulation through wrist;

25924	VASC	Disarticulation through wrist; re-amputation
25927	VASC	Transmetacarpal amputation;
25931	VASC	Transmetacarpal amputation; re-amputation

Area: ENDOCRINE Type: ADRENALECTOMY

Code	Def Cat	Description
60540	ENDO	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);
60545	ENDO	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor
60650	ENDO/LAP-C	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal

Area: ENDOCRINE Type: OTHER MAJOR ENDOCRINE

Code	Def Cat	Description
60659	ENDO/LAP-C	Unlisted laparoscopy procedure, endocrine system
60699	ENDO	Unlisted procedure, endocrine system

Area: ENDOCRINE Type: PANCREATIC ENDOCRINE PROC

Code	Def Cat	Description
48120	ENDO/PANC	Excision of lesion of pancreas (eg, cyst, adenoma)
48140	ENDO/PANC	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48145	ENDO/PANC	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
48146	ENDO/PANC	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48148	ENDO/PANC	Excision of ampulla of Vater
48150	ENDO/PANC	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy
48152	ENDO/PANC	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy
48153	ENDO/PANC	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy
48154	ENDO/PANC	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy
48155	ENDO/PANC	Pancreatectomy, total

Area: ENDOCRINE Type: PARATHYROIDECTOMY

Code	Def Cat	Description
60500	ENDO/H&N	Parathyroidectomy or exploration of parathyroid(s);
60502	ENDO/H&N	Parathyroidectomy or exploration of parathyroid(s); re-exploration
60505	ENDO/H&N	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach
60512	ENDO/H&N	Parathyroid autotransplantation (List separately in addition to code for primary procedure)

Area: ENDOCRINE Type: THYROIDECTOMY, PARTIAL OR TOTAL

Code	Def Cat	Description
60200	ENDO/H&N	Excision of cyst or adenoma of thyroid, or transection of isthmus
60210	ENDO/H&N	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212	ENDO/H&N	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy

60220	ENDO/H&N	Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225	ENDO/H&N	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60240	ENDO/H&N	Thyroidectomy, total or complete
60252	ENDO/H&N	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254	ENDO/H&N	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60260	ENDO/H&N	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270	ENDO/H&N	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271	ENDO/H&N	Thyroidectomy, including substernal thyroid; cervical approach

Area: HAND Type: NERVE REPAIR

Code	Def Cat	Description
64774	PLA	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	PLA	Excision of neuroma; digital nerve, 1 or both, same digit
64778	PLA	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782	PLA	Excision of neuroma; hand or foot, except digital nerve
64783	PLA	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
64784	PLA	Excision of neuroma; major peripheral nerve, except sciatic
64786	PLA	Excision of neuroma; sciatic nerve
64787	PLA	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788	PLA	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	PLA	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	PLA	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795	PLA	Biopsy of nerve
64831	PLA	Suture of digital nerve, hand or foot; 1 nerve
64832	PLA	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64834	PLA	Suture of 1 nerve; hand or foot, common sensory nerve
64835	PLA	Suture of 1 nerve; median motor thenar
64836	PLA	Suture of 1 nerve; ulnar motor
64837	PLA	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)

Area: HAND Type: OTHER MAJOR HAND

Code	Def Cat	Description
25000	PLA	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25085	PLA	Capsulotomy, wrist (eg, contracture)
25100	PLA	Arthrotomy, wrist joint; with biopsy
25101	PLA	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	PLA	Arthrotomy, wrist joint; with synovectomy
25107	PLA	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25110	PLA	Excision, lesion of tendon sheath, forearm and/or wrist
25111	PLA	Excision of ganglion, wrist (dorsal or volar); primary

25112	PLA	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	PLA	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	PLA	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
25118	PLA	Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	PLA	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	PLA	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125	PLA	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
25126	PLA	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130	PLA	Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	PLA	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136	PLA	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145	PLA	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150	PLA	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	PLA	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25170	PLA	Radical resection of tumor, radius or ulna
25210	PLA	Carpectomy; 1 bone
25215	PLA	Carpectomy; all bones of proximal row
25230	PLA	Radial styloidectomy (separate procedure)
25240	PLA	Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25246	PLA	Injection procedure for wrist arthrography
25248	PLA	Exploration with removal of deep foreign body, forearm or wrist
25250	PLA	Removal of wrist prosthesis; (separate procedure)
25251	PLA	Removal of wrist prosthesis; complicated, including total wrist
25320	PLA	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332	PLA	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335	PLA	Centralization of wrist on ulna (eg, radial club hand)
25337	PLA	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
25350	PLA	Osteotomy, radius; distal third
25355	PLA	Osteotomy, radius; middle or proximal third
25360	PLA	Osteotomy; ulna
25365	PLA	Osteotomy; radius AND ulna
25370	PLA	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	PLA	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	PLA	Osteoplasty, radius OR ulna; shortening
25391	PLA	Osteoplasty, radius OR ulna; lengthening with autograft
25392	PLA	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	PLA	Osteoplasty, radius AND ulna; lengthening with autograft
25400	PLA	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	PLA	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)

25415	PLA	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	PLA	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425	PLA	Repair of defect with autograft; radius OR ulna
25426	PLA	Repair of defect with autograft; radius AND ulna
25440	PLA	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	PLA	Arthroplasty with prosthetic replacement; distal radius
25442	PLA	Arthroplasty with prosthetic replacement; distal ulna
25443	PLA	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	PLA	Arthroplasty with prosthetic replacement; lunate
25445	PLA	Arthroplasty with prosthetic replacement; trapezium
25446	PLA	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	PLA	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	PLA	Revision of arthroplasty, including removal of implant, wrist joint
25450	PLA	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	PLA	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490	PLA	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491	PLA	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna
25492	PLA	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
26011	PLA	Drainage of finger abscess; complicated (eg, felon)
26020	PLA	Drainage of tendon sheath, digit and/or palm, each
26025	PLA	Drainage of palmar bursa; single, bursa
26030	PLA	Drainage of palmar bursa; multiple bursa
26034	PLA	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035	PLA	Decompression fingers and/or hand, injection injury (eg, grease gun)
26037	PLA	Decompressive fasciotomy, hand (excludes 26035)
26040	PLA	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045	PLA	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	PLA	Tendon sheath incision (eg, for trigger finger)
26060	PLA	Tenotomy, percutaneous, single, each digit
26070	PLA	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075	PLA	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	PLA	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100	PLA	Arthrotomy with biopsy; carpometacarpal joint, each
26105	PLA	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	PLA	Arthrotomy with biopsy; interphalangeal joint, each
26116	PLA	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm
26117	PLA	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm
26121	PLA	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	PLA	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);

26125	PLA	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)
26130	PLA	Synovectomy, carpometacarpal joint
26135	PLA	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140	PLA	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	PLA	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	PLA	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	PLA	Excision of tendon, palm, flexor or extensor, single, each tendon
26180	PLA	Excision of tendon, finger, flexor or extensor, each tendon
26185	PLA	Sesamoidectomy, thumb or finger (separate procedure)
26200	PLA	Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	PLA	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210	PLA	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215	PLA	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
26230	PLA	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26235	PLA	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236	PLA	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250	PLA	Radical resection of tumor, metacarpal
26260	PLA	Radical resection of tumor, proximal or middle phalanx of finger
26262	PLA	Radical resection of tumor, distal phalanx of finger
26320	PLA	Removal of implant from finger or hand
26445	PLA	Tenolysis, extensor tendon, hand OR finger, each tendon
26516	PLA	Capsulodesis, metacarpophalangeal joint; single digit
26517	PLA	Capsulodesis, metacarpophalangeal joint; 2 digits
26518	PLA	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits
26520	PLA	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	PLA	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	PLA	Arthroplasty, metacarpophalangeal joint; each joint
26531	PLA	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535	PLA	Arthroplasty, interphalangeal joint; each joint
26536	PLA	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	PLA	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	PLA	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	PLA	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
26545	PLA	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546	PLA	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)
26548	PLA	Repair and reconstruction, finger, volar plate, interphalangeal joint
26560	PLA	Repair of syndactyly (web finger) each web space; with skin flaps
26561	PLA	Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562	PLA	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)

26565	PLA	Osteotomy; metacarpal, each
26567	PLA	Osteotomy; phalanx of finger, each
26568	PLA	Osteoplasty, lengthening, metacarpal or phalanx
26580	PLA	Repair cleft hand
26587	PLA	Reconstruction of polydactylous digit, soft tissue and bone
26590	PLA	Repair macrodactylia, each digit
26591	PLA	Repair, intrinsic muscles of hand, each muscle
26593	PLA	Release, intrinsic muscles of hand, each muscle
26596	PLA	Excision of constricting ring of finger, with multiple Z-plasties
26820	PLA	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841	PLA	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842	PLA	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843	PLA	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844	PLA	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850	PLA	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852	PLA	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860	PLA	Arthrodesis, interphalangeal joint, with or without internal fixation;
26861	PLA	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862	PLA	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863	PLA	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)
26910	PLA	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	PLA	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	PLA	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26989	PLA	Unlisted procedure, hands or fingers

Area: HAND Type: REPLANTATION

Code	Def Cat	Description
20802	PLA/TRAUMOP	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
20805	PLA/TRAUMOP	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
20808	PLA/TRAUMOP	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation
20816	PLA/TRAUMOP	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
20822	PLA/TRAUMOP	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20824	PLA/TRAUMOP	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20827	PLA/TRAUMOP	Replantation, thumb (includes distal tip to MP joint), complete amputation
20838	PLA/TRAUMOP	Replantation, foot, complete amputation
26550	PLA/TRAUMOP	Pollicization of a digit
26551	PLA/TRAUMOP	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553	PLA/TRAUMOP	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26554	PLA/TRAUMOP	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26555	PLA/TRAUMOP	Transfer, finger to another position without microvascular anastomosis

Area: HAND Type: SOFT TISSUE REPAIR/GRAFT

Code	Def Cat	Description
14350	PLA	Filletted finger or toe flap, including preparation of recipient site

Area: HAND Type: TENDON REPAIR/TRANSFER

Code	Def Cat	Description
20924	PLA	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
25260	PLA	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	PLA	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265	PLA	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	PLA	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	PLA	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274	PLA	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25280	PLA	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	PLA	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	PLA	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	PLA	Tenodesis at wrist; flexors of fingers
25301	PLA	Tenodesis at wrist; extensors of fingers
25310	PLA	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	PLA	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	PLA	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	PLA	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
26350	PLA	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352	PLA	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon
26356	PLA	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
26357	PLA	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
26358	PLA	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon
26370	PLA	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	PLA	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
26373	PLA	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
26390	PLA	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26392	PLA	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410	PLA	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	PLA	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415	PLA	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26416	PLA	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
26418	PLA	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon

26420	PLA	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	PLA	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428	PLA	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432	PLA	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
26433	PLA	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26434	PLA	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437	PLA	Realignment of extensor tendon, hand, each tendon
26440	PLA	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	PLA	Tenolysis, flexor tendon; palm AND finger, each tendon
26449	PLA	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	PLA	Tenotomy, flexor, palm, open, each tendon
26455	PLA	Tenotomy, flexor, finger, open, each tendon
26460	PLA	Tenotomy, extensor, hand or finger, open, each tendon
26471	PLA	Tenodesis; of proximal interphalangeal joint, each joint
26474	PLA	Tenodesis; of distal joint, each joint
26476	PLA	Lengthening of tendon, extensor, hand or finger, each tendon
26477	PLA	Shortening of tendon, extensor, hand or finger, each tendon
26478	PLA	Lengthening of tendon, flexor, hand or finger, each tendon
26479	PLA	Shortening of tendon, flexor, hand or finger, each tendon
26480	PLA	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	PLA	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	PLA	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	PLA	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490	PLA	Opponensplasty; superficialis tendon transfer type, each tendon
26492	PLA	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494	PLA	Opponensplasty; hypothenar muscle transfer
26496	PLA	Opponensplasty; other methods
26497	PLA	Transfer of tendon to restore intrinsic function; ring and small finger
26498	PLA	Transfer of tendon to restore intrinsic function; all 4 fingers
26499	PLA	Correction claw finger, other methods
26500	PLA	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	PLA	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26508	PLA	Release of thenar muscle(s) (eg, thumb contracture)
26510	PLA	Cross intrinsic transfer, each tendon

Area: HAND Type: VASCULAR REPAIR

Code	Def Cat	Description
35207	PLA	Repair blood vessel, direct; hand, finger

Area: THORACIC Type: CARDIAC PROCEDURES

Code	Def Cat	Description
33050	THOR	Resection of pericardial cyst or tumor
33120	THOR	Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130	THOR	Resection of external cardiac tumor
33141	THOR	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)
33250	THOR	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
33251	THOR	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass
33254	THOR	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
33255	THOR	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
33256	THOR	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass
33261	THOR	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
33265	THOR	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
33266	THOR	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
33400	THOR	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
33401	THOR	Valvuloplasty, aortic valve; open, with inflow occlusion
33403	THOR	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass
33404	THOR	Construction of apical-aortic conduit
33405	THOR	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33406	THOR	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
33410	THOR	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
33411	THOR	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus
33412	THOR	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413	THOR	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
33414	THOR	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415	THOR	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416	THOR	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33417	THOR	Aortoplasty (gusset) for supra-aortic stenosis
33420	THOR	Valvotomy, mitral valve; closed heart
33422	THOR	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
33425	THOR	Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426	THOR	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427	THOR	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33430	THOR	Replacement, mitral valve, with cardiopulmonary bypass
33460	THOR	Valvectomy, tricuspid valve, with cardiopulmonary bypass
33463	THOR	Valvuloplasty, tricuspid valve; without ring insertion
33464	THOR	Valvuloplasty, tricuspid valve; with ring insertion
33465	THOR	Replacement, tricuspid valve, with cardiopulmonary bypass
33468	THOR	Tricuspid valve repositioning and plication for Ebstein anomaly
33470	THOR	Valvotomy, pulmonary valve, closed heart; transventricular

33471	THOR	Valvotomy, pulmonary valve, closed heart; via pulmonary artery
33474	THOR	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass
33475	THOR	Replacement, pulmonary valve
33476	THOR	Right ventricular resection for infundibular stenosis, with or without commissurotomy
33478	THOR	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
33496	THOR	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
33500	THOR	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
33501	THOR	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass
33502	THOR	Repair of anomalous coronary artery from pulmonary artery origin; by ligation
33503	THOR	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass
33504	THOR	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass
33505	THOR	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)
33506	THOR	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta
33507	THOR	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation
33510	THOR	Coronary artery bypass, vein only; single coronary venous graft
33511	THOR	Coronary artery bypass, vein only; 2 coronary venous grafts
33512	THOR	Coronary artery bypass, vein only; 3 coronary venous grafts
33513	THOR	Coronary artery bypass, vein only; 4 coronary venous grafts
33514	THOR	Coronary artery bypass, vein only; 5 coronary venous grafts
33516	THOR	Coronary artery bypass, vein only; 6 or more coronary venous grafts
33517	THOR	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)
33518	THOR	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)
33519	THOR	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)
33521	THOR	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)
33522	THOR	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)
33523	THOR	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)
33530	THOR	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)
33533	THOR	Coronary artery bypass, using arterial graft(s); single arterial graft
33534	THOR	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts
33535	THOR	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts
33536	THOR	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts
33542	THOR	Myocardial resection (eg, ventricular aneurysmectomy)
33545	THOR	Repair of postinfarction ventricular septal defect, with or without myocardial resection
33548	THOR	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)
33572	THOR	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
33600	THOR	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
33602	THOR	Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606	THOR	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)

33608	THOR	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
33610	THOR	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
33611	THOR	Repair of double outlet right ventricle with intraventricular tunnel repair;
33612	THOR	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
33615	THOR	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)
33617	THOR	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619	THOR	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
33641	THOR	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645	THOR	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647	THOR	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660	THOR	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
33665	THOR	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
33670	THOR	Repair of complete atrioventricular canal, with or without prosthetic valve
33681	THOR	Closure of single ventricular septal defect, with or without patch;
33684	THOR	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)
33688	THOR	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset
33690	THOR	Banding of pulmonary artery
33692	THOR	Complete repair tetralogy of Fallot without pulmonary atresia;
33694	THOR	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
33697	THOR	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect
33702	THOR	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710	THOR	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect
33720	THOR	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass
33722	THOR	Closure of aortico-left ventricular tunnel
33730	THOR	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)
33732	THOR	Repair of cor triatriatum or supra-ventricular mitral ring by resection of left atrial membrane
33735	THOR	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
33736	THOR	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
33737	THOR	Atrial septectomy or septostomy; open heart, with inflow occlusion
33750	THOR	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
33755	THOR	Shunt; ascending aorta to pulmonary artery (Waterston type operation)
33762	THOR	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
33764	THOR	Shunt; central, with prosthetic graft
33766	THOR	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)
33767	THOR	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
33770	THOR	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
33771	THOR	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect
33774	THOR	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;

33775	THOR	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band
33776	THOR	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect
33777	THOR	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction
33778	THOR	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33779	THOR	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band
33780	THOR	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect
33781	THOR	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction
33786	THOR	Total repair, truncus arteriosus (Rastelli type operation)
33788	THOR	Reimplantation of an anomalous pulmonary artery

Area: THORACIC Type: ESOPHAGOMYOTOMY (HELLER)-THORACOSCOPIC

Code	Def Cat	Description
32665	LAP-C/THOR	Thoracoscopy, surgical; with esophagomyotomy (Heller type)

Area: THORACIC Type: EXCISION MEDIASTINAL TUMOR

Code	Def Cat	Description
21632	THOR	Radical resection of sternum; with mediastinal lymphadenectomy
39010	THOR	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy
39200	THOR	Resection of mediastinal cyst
39220	THOR	Resection of mediastinal tumor

Area: THORACIC Type: EXPLOR THORACOTOMY W/WO BX-THORACOS

Code	Def Cat	Description
32601	LAP-C/THOR	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy
32604	LAP-C/THOR	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32606	LAP-C/THOR	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy
32651	LAP-C/THOR	Thoracoscopy, surgical; with partial pulmonary decortication
32653	LAP-C/THOR	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32658	LAP-C/THOR	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac

Area: THORACIC Type: EXPLOR THORACOTOMY-OPEN

Code	Def Cat	Description
22556	THOR	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
32100	THOR	Thoracotomy; with exploration
32120	THOR	Thoracotomy; for postoperative complications
32124	THOR	Thoracotomy; with open intrapleural pneumonolysis
32200	THOR	Pneumonostomy, with open drainage of abscess or cyst
32215	THOR	Pleural scarification for repeat pneumothorax
32220	THOR	Decortication, pulmonary (separate procedure); total
32225	THOR	Decortication, pulmonary (separate procedure); partial
32310	THOR	Pleurectomy, parietal (separate procedure)

32320	THOR	Decortication and parietal pleurectomy
32800	THOR	Repair lung hernia through chest wall
33140	THOR	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)
43331	THOR	Esophagomyotomy (Heller type); thoracic approach

Area: THORACIC Type: LOBECTOMY/SEGMENTAL RESECT LUNG-OPEN

Code	Def Cat	Description
32480	THOR	Removal of lung, other than pneumonectomy; single lobe (lobectomy)
32482	THOR	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)
32484	THOR	Removal of lung, other than pneumonectomy; single segment (segmentectomy)
32486	THOR	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
32488	THOR	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)
32491	THOR	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed

Area: THORACIC Type: LOBECTOMY/SEGMENTAL RESECT LUNG-THORACOS

Code	Def Cat	Description
32663	LAP-C/THOR	Thoracoscopy, surgical; with lobectomy (single lobe)

Area: THORACIC Type: OPEN DRAINAGE OF EMPYEMA

Code	Def Cat	Description
32035	THOR	Thoracostomy; with rib resection for empyema
32036	THOR	Thoracostomy; with open flap drainage for empyema

Area: THORACIC Type: OTHER MAJOR THORACIC

Code	Def Cat	Description
19260	THOR	Excision of chest wall tumor including ribs
19271	THOR	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy
19272	THOR	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy
20250	THOR	Biopsy, vertebral body, open; thoracic
21510	THOR	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21600	THOR	Excision of rib, partial
21610	THOR	Costotransversectomy (separate procedure)
21620	THOR	Ostectomy of sternum, partial
21627	THOR	Sternal debridement
21630	THOR	Radical resection of sternum;
21740	THOR	Reconstructive repair of pectus excavatum or carinatum; open
21742	THOR	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	THOR	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
21750	THOR	Closure of median sternotomy separation with or without debridement (separate procedure)
21825	THOR	Open treatment of sternum fracture with or without skeletal fixation
31760	THOR	Tracheoplasty; intrathoracic

31766	THOR	Carinal reconstruction
31770	THOR	Bronchoplasty; graft repair
31775	THOR	Bronchoplasty; excision stenosis and anastomosis
31781	THOR	Excision tracheal stenosis and anastomosis; cervicothoracic
31786	THOR	Excision of tracheal tumor or carcinoma; thoracic
32501	THOR	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)
32503	THOR	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)
32504	THOR	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction
32540	THOR	Extrapleural enucleation of empyema (empyemectomy)
32810	THOR	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815	THOR	Open closure of major bronchial fistula
32850	THOR	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
32851	THOR	Lung transplant, single; without cardiopulmonary bypass
32852	THOR	Lung transplant, single; with cardiopulmonary bypass
32853	THOR	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	THOR	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass
32856	THOR	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral
32900	THOR	Resection of ribs, extrapleural, all stages
32905	THOR	Thoracoplasty, Schede type or extrapleural (all stages);
32906	THOR	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
32940	THOR	Pneumonolysis, extraperiosteal, including filling or packing procedures
32997	THOR	Total lung lavage (unilateral)
32999	THOR	Unlisted procedure, lungs and pleura
33800	THOR	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33802	THOR	Division of aberrant vessel (vascular ring);
33803	THOR	Division of aberrant vessel (vascular ring); with reanastomosis
33813	THOR	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
33814	THOR	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass
33820	THOR	Repair of patent ductus arteriosus; by ligation
33824	THOR	Repair of patent ductus arteriosus; by division, 18 years and older
33840	THOR	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33845	THOR	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
33851	THOR	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement
33852	THOR	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
33853	THOR	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass
33860	THOR	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed
33863	THOR	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)
33870	THOR	Transverse arch graft, with cardiopulmonary bypass
33910	THOR	Pulmonary artery embolectomy; with cardiopulmonary bypass

33915	THOR	Pulmonary artery embolectomy; without cardiopulmonary bypass
33916	THOR	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
33917	THOR	Repair of pulmonary artery stenosis by reconstruction with patch or graft
33920	THOR	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
33922	THOR	Transection of pulmonary artery with cardiopulmonary bypass
33924	THOR	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)
33930	THOR	Donor cardiectomy-pneumonectomy (including cold preservation)
33935	THOR	Heart-lung transplant with recipient cardiectomy-pneumonectomy
33940	THOR	Donor cardiectomy (including cold preservation)
33945	THOR	Heart transplant, with or without recipient cardiectomy
33968	THOR	Removal of intra-aortic balloon assist device, percutaneous
33970	THOR	Insertion of intra-aortic balloon assist device through the femoral artery, open approach
33971	THOR	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
33973	THOR	Insertion of intra-aortic balloon assist device through the ascending aorta
33974	THOR	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft
33975	THOR	Insertion of ventricular assist device; extracorporeal, single ventricle
33976	THOR	Insertion of ventricular assist device; extracorporeal, biventricular
33977	THOR	Removal of ventricular assist device; extracorporeal, single ventricle
33978	THOR	Removal of ventricular assist device; extracorporeal, biventricular
33999	THOR	Unlisted procedure, cardiac surgery
38381	THOR	Suture and/or ligation of thoracic duct; thoracic approach
38530	THOR	Biopsy or excision of lymph node(s); open, internal mammary node(s)
38746	THOR	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)
39000	THOR	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39499	THOR	Unlisted procedure, mediastinum
39541	THOR	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
60521	THOR	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
60522	THOR	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)

Area: THORACIC Type: PACEMAKER INSERTION

Code	Def Cat	Description
33202	THOR	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
33203	THOR	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)
33206	THOR	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	THOR	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	THOR	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33210	THOR	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33211	THOR	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33212	THOR	Insertion of pacemaker pulse generator only; with existing single lead

33213	THOR	Insertion of pacemaker pulse generator only; with existing dual leads
33214	THOR	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)
33216	THOR	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
33217	THOR	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator
33218	THOR	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
33220	THOR	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
33222	THOR	Relocation of skin pocket for pacemaker
33223	THOR	Relocation of skin pocket for implantable defibrillator
33233	THOR	Removal of permanent pacemaker pulse generator only
33234	THOR	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
33235	THOR	Removal of transvenous pacemaker electrode(s); dual lead system
33236	THOR	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
33237	THOR	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
33238	THOR	Removal of permanent transvenous electrode(s) by thoracotomy
33240	THOR	Insertion of implantable defibrillator pulse generator only; with existing single lead
33241	THOR	Removal of implantable defibrillator pulse generator only
33243	THOR	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
33244	THOR	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
33249	THOR	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
33282	THOR	Implantation of patient-activated cardiac event recorder
33284	THOR	Removal of an implantable, patient-activated cardiac event recorder

Area: THORACIC Type: PERICARD WINDOW FOR DRAINAGE-THORACOSCOP

Code	Def Cat	Description
32659	LAP-C/THOR	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage
32661	LAP-C/THOR	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
32662	LAP-C/THOR	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass

Area: THORACIC Type: PERICARDIECTOMY

Code	Def Cat	Description
33025	THOR	Creation of pericardial window or partial resection for drainage
33030	THOR	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031	THOR	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass

Area: THORACIC Type: PLEURODESIS-THORACOSCOPIC

Code	Def Cat	Description
32650	LAP-C/THOR	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32652	LAP-C/THOR	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32655	LAP-C/THOR	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed
32656	LAP-C/THOR	Thoracoscopy, surgical; with parietal pleurectomy

Area: THORACIC Type: PNEUMONECTOMY

Code	Def Cat	Description
32440	THOR	Removal of lung, pneumonectomy;
32442	THOR	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445	THOR	Removal of lung, pneumonectomy; extrapleural

Area: THORACIC Type: REPAIR DIAPH HERNIA

Code	Def Cat	Description
39545	THOR	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
39560	THOR	Resection, diaphragm; with simple repair (eg, primary suture)
39561	THOR	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
39599	THOR	Unlisted procedure, diaphragm

Area: THORACIC Type: SYMPATHECTOMY, THORACOLUMBAR-THORACOSCOP

Code	Def Cat	Description
32664	LAP-C/THOR	Thoracoscopy, surgical; with thoracic sympathectomy

Area: THORACIC Type: THORACIC OUTLET DECOMPRESSION PROC

Code	Def Cat	Description
21615	THOR	Excision first and/or cervical rib;
21616	THOR	Excision first and/or cervical rib; with sympathectomy
21700	THOR	Division of scalenus anticus; without resection of cervical rib
21705	THOR	Division of scalenus anticus; with resection of cervical rib

Area: THORACIC Type: WEDGE RESECTION LUNG-OPEN

Code	Def Cat	Description
32140	THOR	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed
32141	THOR	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed

Area: THORACIC Type: WEDGE RESECTION LUNG-THORACOSCOPIC

Code	Def Cat	Description
32666	THOR/LAP-C	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral
32667	THOR/LAP-C	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)
32668	THOR/LAP-C	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)

Area: PEDIATRIC Type: ANTIREFLUX PROCEDURE-LAPAROSCOPIC (PEDS)

Code	Def Cat	Description
43279	LAP-C/PED	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
43280	LAP-C/PED	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)

Area: PEDIATRIC Type: DEFIN OP FOR HIRSCHSPRUNGS/IMPERF ANUS

Code	Def Cat	Description
45120	PED	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)

45121	PED	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
46715	PED	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716	PED	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730	PED	Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735	PED	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
46740	PED	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742	PED	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
46744	PED	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746	PED	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748	PED	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps

Area: PEDIATRIC Type: EXC WILMs TUMOR/NEUROBLASTOMA

Code	Def Cat	Description
50220	PED	Nephrectomy, including partial ureterectomy, any open approach including rib resection;

Area: PEDIATRIC Type: HERNIORRHAPHY, INGUINAL/UMBILICAL

Code	Def Cat	Description
49495	PED	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible
49496	PED	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated
49500	PED	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible
49501	PED	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated
49505	PED	Repair initial inguinal hernia, age 5 years or older; reducible
49507	PED	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49580	PED	Repair umbilical hernia, younger than age 5 years; reducible
49582	PED	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated
49585	PED	Repair umbilical hernia, age 5 years or older; reducible
49587	PED	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated

Area: PEDIATRIC Type: OPERATION FOR MALROTATION/INTUSSUSCEPT

Code	Def Cat	Description
44050	PED	Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055	PED	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)

Area: PEDIATRIC Type: ORCHIOPEXY

Code	Def Cat	Description
54550	PED	Exploration for undescended testis (inguinal or scrotal area)
54560	PED	Exploration for undescended testis with abdominal exploration
54600	PED	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	PED	Fixation of contralateral testis (separate procedure)

54640 PED Orchiopexy, inguinal approach, with or without hernia repair

Area: PEDIATRIC Type: OTHER MAJOR PEDIATRIC

Code	Def Cat	Description
33822	PED	Repair of patent ductus arteriosus; by division, younger than 18 years
38550	PED	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555	PED	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
43831	PED	Gastrostomy, open; neonatal, for feeding
46070	PED	Incision, anal septum (infant)
46705	PED	Anoplasty, plastic operation for stricture; infant
46751	PED	Sphincteroplasty, anal, for incontinence or prolapse; child
47700	PED	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
47701	PED	Portoenterostomy (eg, Kasai procedure)
51500	PED	Excision of urachal cyst or sinus, with or without umbilical hernia repair

Area: PEDIATRIC Type: PROC FOR MECONIUM ILEUS/NEC ENTEROCOLIT

Code	Def Cat	Description
44140	PED	Colectomy, partial; with anastomosis

Area: PEDIATRIC Type: REP BRANCHIAL CLEFT ANOM/THYRO DUCT CYST

Code	Def Cat	Description
42810	H&N/PED	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	H&N/PED	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
60280	H&N/PED	Excision of thyroglossal duct cyst or sinus;
60281	H&N/PED	Excision of thyroglossal duct cyst or sinus; recurrent

Area: PEDIATRIC Type: REP ESOPH ATRESIA/TRACHEO-ESOPH FIST

Code	Def Cat	Description
43300	PED	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305	PED	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula
43310	PED	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43312	PED	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula

Area: PEDIATRIC Type: REP INTESTINAL ATRESIA/STENOSIS

Code	Def Cat	Description
44120	PED	Enterectomy, resection of small intestine; single resection and anastomosis
44126	PED	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
44127	PED	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering
44130	PED	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)

Area: PEDIATRIC Type: REP OMPHALOCELE/GASTROSCHISIS

Code	Def Cat	Description
49600	PED	Repair of small omphalocele, with primary closure
49605	PED	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	PED	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610	PED	Repair of omphalocele (Gross type operation); first stage
49611	PED	Repair of omphalocele (Gross type operation); second stage

Area: PEDIATRIC Type: REPAIR DEFORMITY CHEST WALL

Code	Def Cat	Description
21740	PED	Reconstructive repair of pectus excavatum or carinatum; open
21742	PED	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	PED	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy

Area: PEDIATRIC Type: REPAIR DIAPHRAGMATIC HERNIA

Code	Def Cat	Description
39503	PED	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia

Area: PEDIATRIC Type: REPAIR EPI- AND HYPO-SPADIAS

Code	Def Cat	Description
54322	PED	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	PED	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap)
54326	PED	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328	PED	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54332	PED	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54336	PED	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54340	PED	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	PED	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	PED	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352	PED	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts

Area: PEDIATRIC Type: REPAIR OF EXSTROPHY

Code	Def Cat	Description
51940	PED	Closure, exstrophy of bladder

Area: PEDIATRIC Type: REPAIR PYLORIC STENOSIS

Code	Def Cat	Description
43520	PED	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)

Area: GENITO-URINARY Type: CYSTECTOMY

Code	Def Cat	Description
51565	AB	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570	AB	Cystectomy, complete; (separate procedure)
51575	AB	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51580	AB	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
51585	AB	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51590	AB	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
51595	AB	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51596	AB	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
51597	AB	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof

Area: GENITO-URINARY Type: CYSTOSTOMY

Code	Def Cat	Description
50947	AB/LAP-C	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
50948	AB/LAP-C	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
51040	AB	Cystostomy, cystotomy with drainage
51045	AB	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
51050	AB	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection

Area: GENITO-URINARY Type: HYDROCELECTOMY

Code	Def Cat	Description
55040	AB	Excision of hydrocele; unilateral
55041	AB	Excision of hydrocele; bilateral
55060	AB	Repair of tunica vaginalis hydrocele (Bottle type)

Area: GENITO-URINARY Type: ILEAL URINARY CONDUIT

Code	Def Cat	Description
50800	AB	Ureteroenterostomy, direct anastomosis of ureter to intestine
50820	AB	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)

Area: GENITO-URINARY Type: NEPHRECTOMY (W/ DONOR NEPH SEE TRANSPLT)

Code	Def Cat	Description
50220	AB	Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50225	AB	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
50230	AB	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy
50234	AB	Nephrectomy with total ureterectomy and bladder cuff; through same incision
50236	AB	Nephrectomy with total ureterectomy and bladder cuff; through separate incision
50240	AB	Nephrectomy, partial
50340	AB	Recipient nephrectomy (separate procedure)
50543	AB/LAP-C	Laparoscopy, surgical; partial nephrectomy

50545	AB/LAP-C	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
50546	AB/LAP-C	Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50547	AB/LAP-C	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
50548	AB/LAP-C	Laparoscopy, surgical; nephrectomy with total ureterectomy

Area: GENITO-URINARY Type: OTHER MAJOR GENITO-URINARY

Code	Def Cat	Description
50010	AB	Renal exploration, not necessitating other specific procedures
50020	AB	Drainage of perirenal or renal abscess, open
50040	AB	Nephrostomy, nephrotomy with drainage
50045	AB	Nephrotomy, with exploration
50060	AB	Nephrolithotomy; removal of calculus
50065	AB	Nephrolithotomy; secondary surgical operation for calculus
50070	AB	Nephrolithotomy; complicated by congenital kidney abnormality
50075	AB	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)
50120	AB	Pyelotomy; with exploration
50125	AB	Pyelotomy; with drainage, pyelostomy
50130	AB	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)
50135	AB	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
50205	AB	Renal biopsy; by surgical exposure of kidney
50250	AB	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed
50280	AB	Excision or unroofing of cyst(s) of kidney
50290	AB	Excision of perinephric cyst
50400	AB	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
50405	AB	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycolplasty)
50520	AB	Closure of nephrocutaneous or pyelocutaneous fistula
50525	AB	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
50526	AB	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
50540	AB	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)
50600	AB	Ureterotomy with exploration or drainage (separate procedure)
50605	AB	Ureterotomy for insertion of indwelling stent, all types
50610	AB	Ureterolithotomy; upper one-third of ureter
50620	AB	Ureterolithotomy; middle one-third of ureter
50630	AB	Ureterolithotomy; lower one-third of ureter
50650	AB	Ureterectomy, with bladder cuff (separate procedure)
50660	AB	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach
50700	AB	Ureteroplasty, plastic operation on ureter (eg, stricture)
50715	AB	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722	AB	Ureterolysis for ovarian vein syndrome
50725	AB	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava

50727	AB	Revision of urinary-cutaneous anastomosis (any type urostomy);
50728	AB	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia
50740	AB	Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750	AB	Ureterocalycostomy, anastomosis of ureter to renal calyx
50760	AB	Ureteroureterostomy
50770	AB	Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780	AB	Ureteroneocystostomy; anastomosis of single ureter to bladder
50782	AB	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783	AB	Ureteroneocystostomy; with extensive ureteral tailoring
50785	AB	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50810	AB	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
50815	AB	Ureterocolon conduit, including intestine anastomosis
50825	AB	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Carney enterocystoplasty)
50830	AB	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50840	AB	Replacement of all or part of ureter by intestine segment, including intestine anastomosis
50845	AB	Cutaneous appendico-vesicostomy
50860	AB	Ureterostomy, transplantation of ureter to skin
50920	AB	Closure of ureterocutaneous fistula
50930	AB	Closure of ureterovisceral fistula (including visceral repair)
50940	AB	Deligation of ureter
51020	AB	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030	AB	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
51060	AB	Transvesical ureterolithotomy
51065	AB	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
51080	AB	Drainage of perivesical or prevesical space abscess
51500	AB	Excision of urachal cyst or sinus, with or without umbilical hernia repair
51520	AB	Cystotomy; for simple excision of vesical neck (separate procedure)
51525	AB	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)
51530	AB	Cystotomy; for excision of bladder tumor
51535	AB	Cystotomy for excision, incision, or repair of ureterocele
51550	AB	Cystectomy, partial; simple
51555	AB	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
51800	AB	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck
51820	AB	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
51840	AB	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple
51841	AB	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)
51845	AB	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
51880	AB	Closure of cystostomy (separate procedure)
51900	AB	Closure of vesicovaginal fistula, abdominal approach
51920	AB	Closure of vesicouterine fistula;

51925	AB	Closure of vesicouterine fistula; with hysterectomy
51960	AB	Enterocystoplasty, including intestinal anastomosis
51980	AB	Cutaneous vesicostomy
53400	AB	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)
53405	AB	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	AB	Urethroplasty, 1-stage reconstruction of male anterior urethra
53415	AB	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53420	AB	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	AB	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	AB	Urethroplasty, reconstruction of female urethra
53431	AB	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
53440	AB	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53444	AB	Insertion of tandem cuff (dual cuff)
53445	AB	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
54520	AB	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522	AB	Orchiectomy, partial
54530	AB	Orchiectomy, radical, for tumor; inguinal approach
54535	AB	Orchiectomy, radical, for tumor; with abdominal exploration
54600	AB	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54680	AB	Transplantation of testis(es) to thigh (because of scrotal destruction)
55150	AB	Resection of scrotum
55400	AB	Vasovasostomy, vasovasorrhaphy
55535	AB	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	AB	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55801	AB	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55810	AB	Prostatectomy, perineal radical;
55812	AB	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815	AB	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55821	AB	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages
55831	AB	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
55840	AB	Prostatectomy, retropubic radical, with or without nerve sparing;
55842	AB	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55845	AB	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55860	AB	Exposure of prostate, any approach, for insertion of radioactive substance;
55862	AB	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	AB	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
58400	AB	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58410	AB	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy

58540	AB	Hysteroplasty, repair of uterine anomaly (Strassman type)
58605	AB	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
58611	AB	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58615	AB	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach

Area: GENITO-URINARY Type: OTHER MAJOR GENITO-URINARY - LAP BASIC

Code	Def Cat	Description
58660	AB/LAP-B	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661	AB/LAP-B	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	AB/LAP-B	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	AB/LAP-B	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	AB/LAP-B	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672	AB/LAP-B	Laparoscopy, surgical; with fimbrioplasty
58673	AB/LAP-B	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58679	AB/LAP-B	Unlisted laparoscopy procedure, oviduct, ovary
59150	AB/LAP-B	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
59151	AB/LAP-B	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy

Area: GENITO-URINARY Type: OTHER MAJOR GENITO-URINARY- LAP COMPLEX

Code	Def Cat	Description
50541	AB/LAP-C	Laparoscopy, surgical; ablation of renal cysts
50542	AB/LAP-C	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
50544	AB/LAP-C	Laparoscopy, surgical; pyeloplasty
50549	AB/LAP-C	Unlisted laparoscopy procedure, renal
50945	AB/LAP-C	Laparoscopy, surgical; ureterolithotomy
50949	AB/LAP-C	Unlisted laparoscopy procedure, ureter
51990	AB/LAP-C	Laparoscopy, surgical; urethral suspension for stress incontinence
51992	AB/LAP-C	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)
51999	AB/LAP-C	Unlisted laparoscopy procedure, bladder
55550	AB/LAP-C	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55559	AB/LAP-C	Unlisted laparoscopy procedure, spermatic cord
55866	AB/LAP-C	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Area: GYNECOLOGY Type: HYSTERECTOMY (ALL)

Code	Def Cat	Description
58150	AB	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152	AB	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
58180	AB	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58200	AB	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)

58210	AB	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
58240	AB	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
58260	AB	Vaginal hysterectomy, for uterus 250 g or less;
58262	AB	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263	AB	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	AB	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	AB	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275	AB	Vaginal hysterectomy, with total or partial vaginectomy;
58280	AB	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	AB	Vaginal hysterectomy, radical (Schauta type operation)

Area: GYNECOLOGY Type: OTHER MAJOR GYNECOLOGY

Code	Def Cat	Description
56630	AB	Vulvectomy, radical, partial;
56631	AB	Vulvectomy, radical, partial; with unilateral inguofemoral lymphadenectomy
56632	AB	Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy
56633	AB	Vulvectomy, radical, complete;
56634	AB	Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy
56637	AB	Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy
56640	AB	Vulvectomy, radical, complete, with inguofemoral, iliac, and pelvic lymphadenectomy
57106	AB	Vaginectomy, partial removal of vaginal wall;
57107	AB	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57109	AB	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57110	AB	Vaginectomy, complete removal of vaginal wall;
57111	AB	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57112	AB	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57120	AB	Colpocleisis (Le Fort type)
57130	AB	Excision of vaginal septum
57135	AB	Excision of vaginal cyst or tumor
57220	AB	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230	AB	Plastic repair of urethrocele
57240	AB	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250	AB	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	AB	Combined anteroposterior colporrhaphy;
57265	AB	Combined anteroposterior colporrhaphy; with enterocele repair
57268	AB	Repair of enterocele, vaginal approach (separate procedure)
57270	AB	Repair of enterocele, abdominal approach (separate procedure)
57280	AB	Colpopexy, abdominal approach
57282	AB	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)

57284	AB	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
57287	AB	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
57288	AB	Sling operation for stress incontinence (eg, fascia or synthetic)
57289	AB	Pereyra procedure, including anterior colporrhaphy
57291	AB	Construction of artificial vagina; without graft
57292	AB	Construction of artificial vagina; with graft
57300	AB	Closure of rectovaginal fistula; vaginal or transanal approach
57305	AB	Closure of rectovaginal fistula; abdominal approach
57307	AB	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy
57308	AB	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication
57310	AB	Closure of urethrovaginal fistula;
57311	AB	Closure of urethrovaginal fistula; with bulbo cavernosus transplant
57320	AB	Closure of vesicovaginal fistula; vaginal approach
57330	AB	Closure of vesicovaginal fistula; transvesical and vaginal approach
57335	AB	Vaginoplasty for intersex state
57530	AB	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57531	AB	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)
57540	AB	Excision of cervical stump, abdominal approach;
57545	AB	Excision of cervical stump, abdominal approach; with pelvic floor repair
57550	AB	Excision of cervical stump, vaginal approach;
57555	AB	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
57556	AB	Excision of cervical stump, vaginal approach; with repair of enterocele
58140	AB	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach
58145	AB	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach
58600	AB	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58740	AB	Lysis of adhesions (salpingolysis, ovariolysis)
58750	AB	Tubotubal anastomosis
58752	AB	Tubouterine implantation
58760	AB	Fimbrioplasty
58770	AB	Salpingostomy (salpingoneostomy)
58805	AB	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58820	AB	Drainage of ovarian abscess; vaginal approach, open
58822	AB	Drainage of ovarian abscess; abdominal approach
58825	AB	Transposition, ovary(s)
58900	AB	Biopsy of ovary, unilateral or bilateral (separate procedure)
58920	AB	Wedge resection or bisection of ovary, unilateral or bilateral
58925	AB	Ovarian cystectomy, unilateral or bilateral
58960	AB	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy
59100	AB	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)

59120	AB	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
59121	AB	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
59130	AB	Surgical treatment of ectopic pregnancy; abdominal pregnancy
59135	AB	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
59136	AB	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
59140	AB	Surgical treatment of ectopic pregnancy; cervical, with evacuation
59325	AB	Cerclage of cervix, during pregnancy; abdominal
59350	AB	Hysterorrhaphy of ruptured uterus
59510	AB	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	AB	Cesarean delivery only;
59515	AB	Cesarean delivery only; including postpartum care
59525	AB	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
59618	AB	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	AB	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59622	AB	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

Area: GYNECOLOGY Type: OTHER MAJOR GYNECOLOGY - LAPAROSCOPIC

Code	Def Cat	Description
57423	AB/LAP-C	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
57425	AB/LAP-C	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
58541	AB/LAP-C	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	AB/LAP-C	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	AB/LAP-C	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	AB/LAP-C	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58545	AB/LAP-C	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58546	AB/LAP-C	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
58550	AB/LAP-C	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	AB/LAP-C	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	AB/LAP-C	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	AB/LAP-C	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	AB	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	AB	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	AB	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	AB	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58578	AB	Unlisted laparoscopy procedure, uterus
58579	AB	Unlisted hysteroscopy procedure, uterus

Area: GYNECOLOGY Type: SALPINGO-OOPHORECTOMY

Code	Def Cat	Description
58700	AB	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	AB	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	AB	Oophorectomy, partial or total, unilateral or bilateral;
58943	AB	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
58950	AB	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951	AB	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
58952	AB	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)

Area: PLASTIC Type: BURN DEBRIDEMENT AND/OR GRAFTING

Code	Def Cat	Description
15002	PLA	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
15003	PLA	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15004	PLA	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15005	PLA	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15100	PLA	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15101	PLA	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15110	PLA	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15111	PLA	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15115	PLA	Epidermal 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
15116	PLA	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	PLA	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)
15121	PLA	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15130	PLA	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15131	PLA	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15135	PLA	Dermal 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
15136	PLA	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15152	PLA	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
16035	PLA	Escharotomy; initial incision
16036	PLA	Escharotomy; each additional incision (List separately in addition to code for primary procedure)

Area: PLASTIC Type: COMPOSITE TISSUE TRANSFER

Code	Def Cat	Description
15570	PLA	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	PLA	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	PLA	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	PLA	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15732	PLA	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)
15734	PLA	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	PLA	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	PLA	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	PLA	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
15750	PLA	Flap; neurovascular pedicle
15756	PLA	Free muscle or myocutaneous flap with microvascular anastomosis
15757	PLA	Free skin flap with microvascular anastomosis
15758	PLA	Free fascial flap with microvascular anastomosis
15760	PLA	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770	PLA	Graft; derma-fat-fascia

Area: PLASTIC Type: MAJOR RECONSTRUCTIVE PROC

Code	Def Cat	Description
12005	PLA	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	PLA	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	PLA	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12015	PLA	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	PLA	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	PLA	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	PLA	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12035	PLA	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036	PLA	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	PLA	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12045	PLA	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	PLA	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	PLA	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12054	PLA	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	PLA	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	PLA	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	PLA	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
14001	PLA	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm

14021	PLA	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14041	PLA	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
14061	PLA	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
15600	PLA	Delay of flap or sectioning of flap (division and inset); at trunk
15610	PLA	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	PLA	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	PLA	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	PLA	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15731	PLA	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
15920	PLA	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922	PLA	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931	PLA	Excision, sacral pressure ulcer, with primary suture;
15933	PLA	Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	PLA	Excision, sacral pressure ulcer, with skin flap closure;
15935	PLA	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936	PLA	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937	PLA	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940	PLA	Excision, ischial pressure ulcer, with primary suture;
15941	PLA	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944	PLA	Excision, ischial pressure ulcer, with skin flap closure;
15945	PLA	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946	PLA	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
15950	PLA	Excision, trochanteric pressure ulcer, with primary suture;
15951	PLA	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952	PLA	Excision, trochanteric pressure ulcer, with skin flap closure;
15953	PLA	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15956	PLA	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958	PLA	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15999	PLA	Unlisted procedure, excision pressure ulcer
49904	PLA	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)

Area: PLASTIC Type: OTHER MAJOR PLASTIC

Code	Def Cat	Description
11960	PLA	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	PLA	Replacement of tissue expander with permanent prosthesis
11971	PLA	Removal of tissue expander(s) without insertion of prosthesis
13102	PLA	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13122	PLA	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13132	PLA	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm

13133	PLA	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13152	PLA	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	PLA	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160	PLA	Secondary closure of surgical wound or dehiscence, extensive or complicated
15003	PLA	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15004	PLA	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15005	PLA	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15819	PLA	Cervicoplasty
15820	PLA	Blepharoplasty, lower eyelid;
15821	PLA	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	PLA	Blepharoplasty, upper eyelid;
15823	PLA	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	PLA	Rhytidectomy; forehead
15825	PLA	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	PLA	Rhytidectomy; glabellar frown lines
15828	PLA	Rhytidectomy; cheek, chin, and neck
15829	PLA	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15832	PLA	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	PLA	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	PLA	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	PLA	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	PLA	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	PLA	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	PLA	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	PLA	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15840	PLA	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	PLA	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	PLA	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	PLA	Graft for facial nerve paralysis; regional muscle transfer
15876	PLA	Suction assisted lipectomy; head and neck
15877	PLA	Suction assisted lipectomy; trunk
15878	PLA	Suction assisted lipectomy; upper extremity
15879	PLA	Suction assisted lipectomy; lower extremity
20926	PLA	Tissue grafts, other (eg, paratenon, fat, dermis)
20955	PLA	Bone graft with microvascular anastomosis; fibula
20956	PLA	Bone graft with microvascular anastomosis; iliac crest

20957	PLA	Bone graft with microvascular anastomosis; metatarsal
20962	PLA	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
20969	PLA	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	PLA	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	PLA	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973	PLA	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
21120	PLA	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	PLA	Genioplasty; sliding osteotomy, single piece
21122	PLA	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	PLA	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	PLA	Augmentation, mandibular body or angle; prosthetic material
21127	PLA	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	PLA	Reduction forehead; contouring only
21138	PLA	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	PLA	Reduction forehead; contouring and setback of anterior frontal sinus wall
21141	PLA	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	PLA	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	PLA	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	PLA	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	PLA	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	PLA	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	PLA	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	PLA	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	PLA	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	PLA	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	PLA	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	PLA	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172	PLA	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	PLA	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	PLA	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	PLA	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	PLA	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	PLA	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	PLA	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	PLA	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm

21188	PLA	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	PLA	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	PLA	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	PLA	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	PLA	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	PLA	Osteotomy, mandible, segmental;
21199	PLA	Osteotomy, mandible, segmental; with genioglossus advancement
21206	PLA	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	PLA	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	PLA	Osteoplasty, facial bones; reduction
21210	PLA	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	PLA	Graft, bone; mandible (includes obtaining graft)
21230	PLA	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	PLA	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	PLA	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	PLA	Arthroplasty, temporomandibular joint, with allograft
21243	PLA	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	PLA	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	PLA	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	PLA	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	PLA	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	PLA	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	PLA	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	PLA	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	PLA	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	PLA	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	PLA	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	PLA	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	PLA	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	PLA	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	PLA	Malar augmentation, prosthetic material
21275	PLA	Secondary revision of orbitocraniofacial reconstruction
21280	PLA	Medial canthopexy (separate procedure)
21282	PLA	Lateral canthopexy
21295	PLA	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	PLA	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21299	PLA	Unlisted craniofacial and maxillofacial procedure
30150	PLA	Rhinectomy; partial
30160	PLA	Rhinectomy; total

30400	PLA	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	PLA	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	PLA	Rhinoplasty, primary; including major septal repair
30430	PLA	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	PLA	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	PLA	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	PLA	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	PLA	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	PLA	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520	PLA	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540	PLA	Repair choanal atresia; intranasal
30545	PLA	Repair choanal atresia; transpalatine
30560	PLA	Lysis intranasal synechia
30580	PLA	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	PLA	Repair fistula; oronasal
30620	PLA	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	PLA	Repair nasal septal perforations
49906	PLA	Free omental flap with microvascular anastomosis
55970	PLA	Intersex surgery; male to female
55980	PLA	Intersex surgery; female to male

Area: PLASTIC Type: REDUCTION AND STABILIZATION OF MAXILLOFACIAL FRACTURES

Code	Def Cat	Description
21325	H&N/PLA	Open treatment of nasal fracture; uncomplicated
21330	H&N/PLA	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	H&N/PLA	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	H&N/PLA	Open treatment of nasal septal fracture, with or without stabilization
21338	H&N/PLA	Open treatment of nasoethmoid fracture; without external fixation
21339	H&N/PLA	Open treatment of nasoethmoid fracture; with external fixation
21340	H&N/PLA	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	H&N/PLA	Open treatment of depressed frontal sinus fracture
21344	H&N/PLA	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	H&N/PLA	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	H&N/PLA	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	H&N/PLA	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348	H&N/PLA	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	H&N/PLA	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	H&N/PLA	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	H&N/PLA	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod

21365	H&N/PLA	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	H&N/PLA	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21385	H&N/PLA	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	H&N/PLA	Open treatment of orbital floor blowout fracture; periorbital approach
21387	H&N/PLA	Open treatment of orbital floor blowout fracture; combined approach
21390	H&N/PLA	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21395	H&N/PLA	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21401	H&N/PLA	Closed treatment of fracture of orbit, except blowout; with manipulation
21406	H&N/PLA	Open treatment of fracture of orbit, except blowout; without implant
21407	H&N/PLA	Open treatment of fracture of orbit, except blowout; with implant
21408	H&N/PLA	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21421	H&N/PLA	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	H&N/PLA	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	H&N/PLA	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	H&N/PLA	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	H&N/PLA	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	H&N/PLA	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	H&N/PLA	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436	H&N/PLA	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	H&N/PLA	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	H&N/PLA	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	H&N/PLA	Closed treatment of mandibular fracture; without manipulation
21451	H&N/PLA	Closed treatment of mandibular fracture; with manipulation
21452	H&N/PLA	Percutaneous treatment of mandibular fracture, with external fixation
21453	H&N/PLA	Closed treatment of mandibular fracture with interdental fixation
21454	H&N/PLA	Open treatment of mandibular fracture with external fixation
21461	H&N/PLA	Open treatment of mandibular fracture; without interdental fixation
21462	H&N/PLA	Open treatment of mandibular fracture; with interdental fixation
21465	H&N/PLA	Open treatment of mandibular condylar fracture
21470	H&N/PLA	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	H&N/PLA	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	H&N/PLA	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	H&N/PLA	Open treatment of temporomandibular dislocation

Area: PLASTIC Type: REPAIR CLEFT LIP/CLEFT PALATE

Code	Def Cat	Description
40700	H&N/PLA	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	H&N/PLA	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure
40702	H&N/PLA	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages

40720	H&N/PLA	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761	H&N/PLA	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
42200	H&N/PLA	Palatoplasty for cleft palate, soft and/or hard palate only
42205	H&N/PLA	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	H&N/PLA	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215	H&N/PLA	Palatoplasty for cleft palate; major revision
42220	H&N/PLA	Palatoplasty for cleft palate; secondary lengthening procedure
42225	H&N/PLA	Palatoplasty for cleft palate; attachment pharyngeal flap
42226	H&N/PLA	Lengthening of palate, and pharyngeal flap
42227	H&N/PLA	Lengthening of palate, with island flap
42235	H&N/PLA	Repair of anterior palate, including vomer flap

Area: PLASTIC Type: SKIN-GRAFTING, NONBURN (ALL)

Code	Def Cat	Description
15100	PLA	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15101	PLA	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15110	PLA	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15111	PLA	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15115	PLA	Epidermal 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
15116	PLA	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	PLA	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)
15121	PLA	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15130	PLA	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15131	PLA	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15135	PLA	Dermal 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
15136	PLA	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15152	PLA	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15200	PLA	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	PLA	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15220	PLA	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	PLA	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15240	PLA	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
15241	PLA	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15260	PLA	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	PLA	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

Area: NERVOUS SYSTEM Type: CRANIAL DECOMPRESSION/EXPLORATION

Code	Def Cat	Description
61304		Craniectomy or craniotomy, exploratory; supratentorial
61305		Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)

Area: NERVOUS SYSTEM Type: OTHER MAJOR NERVOUS SYSTEM

Code	Def Cat	Description
27325		Neurectomy, hamstring muscle
27326		Neurectomy, popliteal (gastrocnemius)
28055		Neurectomy, intrinsic musculature of foot
63655		Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural

Area: ORTHOPAEDICS Type: ARTHROSCOPY

Code	Def Cat	Description
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)
29819		Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820		Arthroscopy, shoulder, surgical; synovectomy, partial
29821		Arthroscopy, shoulder, surgical; synovectomy, complete
29822		Arthroscopy, shoulder, surgical; debridement, limited
29823		Arthroscopy, shoulder, surgical; debridement, extensive
29825		Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826		Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
29830		Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834		Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835		Arthroscopy, elbow, surgical; synovectomy, partial
29836		Arthroscopy, elbow, surgical; synovectomy, complete
29837		Arthroscopy, elbow, surgical; debridement, limited
29838		Arthroscopy, elbow, surgical; debridement, extensive
29840		Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843		Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844		Arthroscopy, wrist, surgical; synovectomy, partial
29845		Arthroscopy, wrist, surgical; synovectomy, complete
29846		Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847		Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848		Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850		Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)

29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	Arthroscopy, hip, surgical; with synovectomy
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	Endoscopic plantar fasciotomy
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29999	Unlisted procedure, arthroscopy

Area: ORTHOPAEDICS Type: CLOSED REDUCTION OF FRACTURE

Code	Def Cat	Description
22305	TRAUMOP	Closed treatment of vertebral process fracture(s)
22310	TRAUMOP	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22315	TRAUMOP	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction

23505	TRAUMOP	Closed treatment of clavicular fracture; with manipulation
23545	TRAUMOP	Closed treatment of acromioclavicular dislocation; with manipulation
23575	TRAUMOP	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23605	TRAUMOP	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23625	TRAUMOP	Closed treatment of greater humeral tuberosity fracture; with manipulation
23650	TRAUMOP	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	TRAUMOP	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23665	TRAUMOP	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23675	TRAUMOP	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
24505	TRAUMOP	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24535	TRAUMOP	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24538	TRAUMOP	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24565	TRAUMOP	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	TRAUMOP	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24577	TRAUMOP	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24582	TRAUMOP	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24600	TRAUMOP	Treatment of closed elbow dislocation; without anesthesia
24605	TRAUMOP	Treatment of closed elbow dislocation; requiring anesthesia
24620	TRAUMOP	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24640	TRAUMOP	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24655	TRAUMOP	Closed treatment of radial head or neck fracture; with manipulation
24675	TRAUMOP	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
25505	TRAUMOP	Closed treatment of radial shaft fracture; with manipulation
25520	TRAUMOP	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25535	TRAUMOP	Closed treatment of ulnar shaft fracture; with manipulation
25565	TRAUMOP	Closed treatment of radial and ulnar shaft fractures; with manipulation
25605	TRAUMOP	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
25606	TRAUMOP	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25624	TRAUMOP	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25635	TRAUMOP	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone
25660	TRAUMOP	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation
25675	TRAUMOP	Closed treatment of distal radioulnar dislocation with manipulation
25680	TRAUMOP	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25690	TRAUMOP	Closed treatment of lunate dislocation, with manipulation
26607	TRAUMOP	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608	TRAUMOP	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	TRAUMOP	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26641	TRAUMOP	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	TRAUMOP	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation

26650	TRAUMOP	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26665	TRAUMOP	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
26670	TRAUMOP	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675	TRAUMOP	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676	TRAUMOP	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685	TRAUMOP	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint
26686	TRAUMOP	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction
26700	TRAUMOP	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	TRAUMOP	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	TRAUMOP	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	TRAUMOP	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
26720	TRAUMOP	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	TRAUMOP	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727	TRAUMOP	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	TRAUMOP	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26740	TRAUMOP	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26742	TRAUMOP	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	TRAUMOP	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26750	TRAUMOP	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	TRAUMOP	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26756	TRAUMOP	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	TRAUMOP	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
26770	TRAUMOP	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	TRAUMOP	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia
26776	TRAUMOP	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	TRAUMOP	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
27193	TRAUMOP	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation
27194	TRAUMOP	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia
27216	TRAUMOP	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
27222	TRAUMOP	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
27232	TRAUMOP	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction
27235	TRAUMOP	Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27240	TRAUMOP	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27250	TRAUMOP	Closed treatment of hip dislocation, traumatic; without anesthesia
27252	TRAUMOP	Closed treatment of hip dislocation, traumatic; requiring anesthesia
27257	TRAUMOP	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27265	TRAUMOP	Closed treatment of post hip arthroplasty dislocation; without anesthesia

27266	TRAUMOP	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27501	TRAUMOP	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502	TRAUMOP	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503	TRAUMOP	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27509	TRAUMOP	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
27510	TRAUMOP	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27517	TRAUMOP	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
27532	TRAUMOP	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27538	TRAUMOP	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27550	TRAUMOP	Closed treatment of knee dislocation; without anesthesia
27552	TRAUMOP	Closed treatment of knee dislocation; requiring anesthesia
27560	TRAUMOP	Closed treatment of patellar dislocation; without anesthesia
27562	TRAUMOP	Closed treatment of patellar dislocation; requiring anesthesia
27570	TRAUMOP	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27752	TRAUMOP	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27756	TRAUMOP	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27762	TRAUMOP	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27781	TRAUMOP	Closed treatment of proximal fibula or shaft fracture; with manipulation
27788	TRAUMOP	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27810	TRAUMOP	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
27818	TRAUMOP	Closed treatment of trimalleolar ankle fracture; with manipulation
27824	TRAUMOP	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	TRAUMOP	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation
27830	TRAUMOP	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	TRAUMOP	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27840	TRAUMOP	Closed treatment of ankle dislocation; without anesthesia
27842	TRAUMOP	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
28405	TRAUMOP	Closed treatment of calcaneal fracture; with manipulation
28406	TRAUMOP	Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28435	TRAUMOP	Closed treatment of talus fracture; with manipulation
28436	TRAUMOP	Percutaneous skeletal fixation of talus fracture, with manipulation
28455	TRAUMOP	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456	TRAUMOP	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28475	TRAUMOP	Closed treatment of metatarsal fracture; with manipulation, each
28476	TRAUMOP	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28495	TRAUMOP	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	TRAUMOP	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28515	TRAUMOP	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28540	TRAUMOP	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia

28545	TRAUMOP	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	TRAUMOP	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28570	TRAUMOP	Closed treatment of talotarsal joint dislocation; without anesthesia
28575	TRAUMOP	Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576	TRAUMOP	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28600	TRAUMOP	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	TRAUMOP	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606	TRAUMOP	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28635	TRAUMOP	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	TRAUMOP	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28660	TRAUMOP	Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	TRAUMOP	Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666	TRAUMOP	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation

Area: ORTHOPAEDICS Type: OPEN OPERATIONS ON BONE OR JOINTS

Code	Def Cat	Description
27202		Open treatment of coccygeal fracture

Area: ORTHOPAEDICS Type: OPEN REDUCTION OF OPEN/CLOSED FRACTURE

Code	Def Cat	Description
22318	TRAUMOP	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
22319	TRAUMOP	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
22325	TRAUMOP	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar
22326	TRAUMOP	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical
22327	TRAUMOP	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic
22328	TRAUMOP	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)
23515	TRAUMOP	Open treatment of clavicular fracture, includes internal fixation, when performed
23530	TRAUMOP	Open treatment of sternoclavicular dislocation, acute or chronic;
23532	TRAUMOP	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23550	TRAUMOP	Open treatment of acromioclavicular dislocation, acute or chronic;
23552	TRAUMOP	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23585	TRAUMOP	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
23615	TRAUMOP	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;
23616	TRAUMOP	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement
23630	TRAUMOP	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23660	TRAUMOP	Open treatment of acute shoulder dislocation
23670	TRAUMOP	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
23680	TRAUMOP	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed
24515	TRAUMOP	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage

24516	TRAUMOP	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24545	TRAUMOP	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
24546	TRAUMOP	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
24575	TRAUMOP	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed
24579	TRAUMOP	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
24586	TRAUMOP	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
24587	TRAUMOP	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty
24615	TRAUMOP	Open treatment of acute or chronic elbow dislocation
24635	TRAUMOP	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed
24665	TRAUMOP	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;
24666	TRAUMOP	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
24685	TRAUMOP	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed
25515	TRAUMOP	Open treatment of radial shaft fracture, includes internal fixation, when performed
25525	TRAUMOP	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed
25526	TRAUMOP	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex
25545	TRAUMOP	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25574	TRAUMOP	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna
25575	TRAUMOP	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna
25607	TRAUMOP	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	TRAUMOP	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	TRAUMOP	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25628	TRAUMOP	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
25645	TRAUMOP	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone
25670	TRAUMOP	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones
25676	TRAUMOP	Open treatment of distal radioulnar dislocation, acute or chronic
25685	TRAUMOP	Open treatment of trans-scaphoperilunar type of fracture dislocation
25695	TRAUMOP	Open treatment of lunate dislocation
27215	TRAUMOP	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed
27217	TRAUMOP	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)
27218	TRAUMOP	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
27226	TRAUMOP	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227	TRAUMOP	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation
27228	TRAUMOP	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation
27236	TRAUMOP	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement

27244	TRAUMOP	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27245	TRAUMOP	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
27248	TRAUMOP	Open treatment of greater trochanteric fracture, includes internal fixation, when performed
27253	TRAUMOP	Open treatment of hip dislocation, traumatic, without internal fixation
27254	TRAUMOP	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27258	TRAUMOP	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);
27259	TRAUMOP	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
27506	TRAUMOP	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws
27507	TRAUMOP	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27511	TRAUMOP	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed
27513	TRAUMOP	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed
27514	TRAUMOP	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed
27519	TRAUMOP	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
27524	TRAUMOP	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
27535	TRAUMOP	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
27536	TRAUMOP	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27540	TRAUMOP	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed
27556	TRAUMOP	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction
27557	TRAUMOP	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair
27558	TRAUMOP	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction
27566	TRAUMOP	Open treatment of patellar dislocation, with or without partial or total patellectomy
27758	TRAUMOP	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage
27759	TRAUMOP	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27766	TRAUMOP	Open treatment of medial malleolus fracture, includes internal fixation, when performed
27784	TRAUMOP	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
27792	TRAUMOP	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27814	TRAUMOP	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27822	TRAUMOP	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823	TRAUMOP	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27826	TRAUMOP	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	TRAUMOP	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	TRAUMOP	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	TRAUMOP	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
27832	TRAUMOP	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula
27846	TRAUMOP	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation

27848	TRAUMOP	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
28415	TRAUMOP	Open treatment of calcaneal fracture, includes internal fixation, when performed;
28420	TRAUMOP	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
28445	TRAUMOP	Open treatment of talus fracture, includes internal fixation, when performed
28465	TRAUMOP	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
28485	TRAUMOP	Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28505	TRAUMOP	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
28525	TRAUMOP	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28531	TRAUMOP	Open treatment of sesamoid fracture, with or without internal fixation
28555	TRAUMOP	Open treatment of tarsal bone dislocation, includes internal fixation, when performed
28585	TRAUMOP	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed
28615	TRAUMOP	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed
28645	TRAUMOP	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
28675	TRAUMOP	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed

Area: ORTHOPAEDICS Type: OTHER MAJOR ORTHOPAEDICS

Code	Def Cat	Description
20245		Biopsy, bone, open; deep (eg, humerus, ischium, femur)
20660		Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661		Application of halo, including removal; cranial
20662		Application of halo, including removal; pelvic
20663		Application of halo, including removal; femoral
20664		Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)
20900		Bone graft, any donor area; minor or small (eg, dowel or button)
20902		Bone graft, any donor area; major or large
20910		Cartilage graft; costochondral
20912		Cartilage graft; nasal septum
20920		Fascia lata graft; by stripper
20922		Fascia lata graft; by incision and area exposure, complex or sheet
20930		Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
20931		Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
20936		Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or lamina fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937		Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20938		Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
22100		Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
22101		Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22102		Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103		Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)

22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
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)
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
22830	Exploration of spinal fusion
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)

22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
22849	Reinsertion of spinal fixation device
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)
22852	Removal of posterior segmental instrumentation
22855	Removal of anterior instrumentation
22899	Unlisted procedure, spine
23000	Removal of subdeltoid calcareous deposits, open
23020	Capsular contracture release (eg, Sever type procedure)
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23100	Arthrotomy, glenohumeral joint, including biopsy
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	Claviculectomy; partial
23125	Claviculectomy; total
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190	Ostectomy of scapula, partial (eg, superior medial angle)
23195	Resection, humeral head
23200	Radical resection of tumor; clavicle
23210	Radical resection of tumor; scapula

23220		Radical resection of tumor, proximal humerus
23395		Muscle transfer, any type, shoulder or upper arm; single
23397		Muscle transfer, any type, shoulder or upper arm; multiple
23400		Scapulopexy (eg, Sprengels deformity or for paralysis)
23405		Tenotomy, shoulder area; single tendon
23406		Tenotomy, shoulder area; multiple tendons through same incision
23410		Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412		Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415		Coracoacromial ligament release, with or without acromioplasty
23420		Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430		Tenodesis of long tendon of biceps
23440		Resection or transplantation of long tendon of biceps
23450		Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455		Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460		Capsulorrhaphy, anterior, any type; with bone block
23462		Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465		Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466		Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470		Arthroplasty, glenohumeral joint; hemiarthroplasty
23472		Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23480		Osteotomy, clavicle, with or without internal fixation;
23485		Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23800		Arthrodesis, glenohumeral joint;
23802		Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23900	THOR	Interthoracoscapular amputation (forequarter)
23920	THOR	Disarticulation of shoulder;
23921	THOR	Disarticulation of shoulder; secondary closure or scar revision
23929		Unlisted procedure, shoulder
23931		Incision and drainage, upper arm or elbow area; bursa
23935		Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000		Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006		Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24100		Arthrotomy, elbow; with synovial biopsy only
24101		Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102		Arthrotomy, elbow; with synovectomy
24105		Excision, olecranon bursa
24110		Excision or curettage of bone cyst or benign tumor, humerus;
24115		Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)

24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130	Excision, radial head
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24150	Radical resection of tumor, shaft or distal humerus
24152	Radical resection of tumor, radial head or neck
24155	Resection of elbow joint (arthrectomy)
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	Tendon lengthening, upper arm or elbow, each tendon
24310	Tenotomy, open, elbow to shoulder, each tendon
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	Flexor-plasty, elbow (eg, Steindler type advancement);
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24340	Tenodesis of biceps tendon at elbow (separate procedure)
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24360	Arthroplasty, elbow; with membrane (eg, fascial)
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365	Arthroplasty, radial head;
24366	Arthroplasty, radial head; with implant
24400	Osteotomy, humerus, with or without internal fixation
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft

24800	Arthrodesis, elbow joint; local
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24935	Stump elongation, upper extremity
24940	Cineplasty, upper extremity, complete procedure
24999	Unlisted procedure, humerus or elbow
25031	Incision and drainage, forearm and/or wrist; bursa
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805	Arthrodesis, wrist; with sliding graft
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25999	Unlisted procedure, forearm or wrist
26991	Incision and drainage, pelvis or hip joint area; infected bursa
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	Tenotomy, adductor of hip, open
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005	Tenotomy, hip flexor(s), open (separate procedure)
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27030	Arthrotomy, hip, with drainage (eg, infection)
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)
27050	Arthrotomy, with biopsy; sacroiliac joint
27052	Arthrotomy, with biopsy; hip joint
27054	Arthrotomy with synovectomy, hip joint
27060	Excision; ischial bursa
27062	Excision; trochanteric bursa or calcification
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed
27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077	Radical resection of tumor; innominate bone, total

27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur
27080	Coccygectomy, primary
27090	Removal of hip prosthesis; (separate procedure)
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27097	Release or recession, hamstring, proximal
27098	Transfer, adductor to ischium
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	Transfer iliopsoas; to greater trochanter of femur
27111	Transfer iliopsoas; to femoral neck
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146	Osteotomy, iliac, acetabular or innominate bone;
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161	Osteotomy, femoral neck (separate procedure)
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175	Treatment of slipped femoral epiphysis; by traction, without reduction
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed
27282	Arthrodesis, symphysis pubis (including obtaining graft)
27284	Arthrodesis, hip joint (including obtaining graft);
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290	TRAUMOP Interpelviabdominal amputation (hindquarter amputation)

27299	Unlisted procedure, pelvis or hip joint
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27330	Arthrotomy, knee; with synovial biopsy only
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27340	Excision, prepatellar bursa
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350	Patellectomy or hemipatellectomy
27355	Excision or curettage of bone cyst or benign tumor of femur;
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27365	Radical resection of tumor, femur or knee
27372	Removal of foreign body, deep, thigh region or knee area
27380	Suture of infrapatellar tendon; primary
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	Suture of quadriceps or hamstring muscle rupture; primary
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390	Tenotomy, open, hamstring, knee to hip; single tendon
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393	Lengthening of hamstring tendon; single tendon
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg
27395	Lengthening of hamstring tendon; multiple tendons, bilateral
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403	Arthrotomy with meniscus repair, knee
27405	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)

27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	Reconstruction of dislocating patella; with patellectomy
27425	Lateral retinacular release, open
27427	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430	Quadricepsplasty (eg, Bennett or Thompson type)
27435	Capsulotomy, posterior capsular release, knee
27437	Arthroplasty, patella; without prosthesis
27438	Arthroplasty, patella; with prosthesis
27440	Arthroplasty, knee, tibial plateau;
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27448	Osteotomy, femur, shaft or supracondylar; without fixation
27450	Osteotomy, femur, shaft or supracondylar; with fixation
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure
27465	Osteoplasty, femur; shortening (excluding 64876)
27466	Osteoplasty, femur; lengthening
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur
27580	Arthrodesis, knee, any technique
27599	Unlisted procedure, femur or knee
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia

27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	Arthrotomy, with synovectomy, ankle;
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
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
27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula
27645	Radical resection of tumor; tibia
27646	Radical resection of tumor; fibula
27647	Radical resection of tumor; talus or calcaneus
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	Repair, secondary, Achilles tendon, with or without graft
27656	Repair, fascial defect of leg
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	Gastrocnemius recession (eg, Strayer procedure)
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
27695	Repair, primary, disrupted ligament, ankle; collateral
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	Arthroplasty, ankle;
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
27704	Removal of ankle implant
27705	Osteotomy; tibia

27707	Osteotomy; fibula
27709	Osteotomy; tibia and fibula
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715	Osteoplasty, tibia and fibula, lengthening or shortening
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722	Repair of nonunion or malunion, tibia; with sliding graft
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27727	Repair of congenital pseudarthrosis, tibia
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27870	Arthrodesis, ankle, open
27871	Arthrodesis, tibiofibular joint, proximal or distal
27899	Unlisted procedure, leg or ankle
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28010	Tenotomy, percutaneous, toe; single tendon
28011	Tenotomy, percutaneous, toe; multiple tendons
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28035	Release, tarsal tunnel (posterior tibial nerve decompression)
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052	Arthrotomy with biopsy; metatarsophalangeal joint
28054	Arthrotomy with biopsy; interphalangeal joint
28060	Fasciectomy, plantar fascia; partial (separate procedure)
28062	Fasciectomy, plantar fascia; radical (separate procedure)
28070	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	Synovectomy; metatarsophalangeal joint, each
28080	Excision, interdigital (Morton) neuroma, single, each
28086	Synovectomy, tendon sheath, foot; flexor
28088	Synovectomy, tendon sheath, foot; extensor
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe (s), each
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft

28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	Ostectomy, complete excision; first metatarsal head
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	Ostectomy, complete excision; fifth metatarsal head
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116	Ostectomy, excision of tarsal coalition
28118	Ostectomy, calcaneus;
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	Resection, partial or complete, phalangeal base, each toe
28130	Talectomy (astragalectomy)
28140	Metatarsectomy
28150	Phalangectomy, toe, each toe
28153	Resection, condyle(s), distal end of phalanx, each toe
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171	Radical resection of tumor; tarsal (except talus or calcaneus)
28173	Radical resection of tumor; metatarsal
28175	Radical resection of tumor; phalanx of toe
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28220	Tenolysis, flexor, foot; single tendon
28222	Tenolysis, flexor, foot; multiple tendons
28225	Tenolysis, extensor, foot; single tendon
28226	Tenolysis, extensor, foot; multiple tendons
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	Tenotomy, open, extensor, foot or toe, each tendon
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	Tenotomy, lengthening, or release, abductor hallucis muscle
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
28260	Capsulotomy, midfoot; medial release only (separate procedure)
28261	Capsulotomy, midfoot; with tendon lengthening

28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	Osteotomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302	Osteotomy; talus
28304	Osteotomy, tarsal bones, other than calcaneus or talus;
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	Sesamoidectomy, first toe (separate procedure)
28320	Repair, nonunion or malunion; tarsal bones
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	Reconstruction, toe, macrodactyly; soft tissue resection
28341	Reconstruction, toe, macrodactyly; requiring bone resection
28344	Reconstruction, toe(s); polydactyly
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28360	Reconstruction, cleft foot
28705	Arthrodesis; pantalar
28715	Arthrodesis; triple
28725	Arthrodesis; subtalar

28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	Arthrodesis, great toe; metatarsophalangeal joint
28755	Arthrodesis, great toe; interphalangeal joint
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
28899	Unlisted procedure, foot or toes
29799	Unlisted procedure, casting or strapping

Area: ORGAN TRANSPLANT Type: DONOR HEPATECTOMY

Code	Def Cat	Description
47133	LV	Donor hepatectomy (including cold preservation), from cadaver donor
47140	LV	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)

Area: ORGAN TRANSPLANT Type: DONOR NEPHRECTOMY

Code	Def Cat	Description
50300	AB	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50320	AB	Donor nephrectomy (including cold preservation); open, from living donor
50323	AB	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50325	AB	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50327	AB	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
50329	AB	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each

Area: ORGAN TRANSPLANT Type: EN BLOC ABD ORGAN RETRIEVAL

Code	Def Cat	Description
48550	LV/PANC	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation

Area: ORGAN TRANSPLANT Type: LIVER TRANSPLANT

Code	Def Cat	Description
47135	LV	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age

Area: ORGAN TRANSPLANT Type: OTHER MAJOR ORGAN TRANSPLANT

Code	Def Cat	Description
44132	AB	Donor enterectomy (including cold preservation), open; from cadaver donor
44133	AB	Donor enterectomy (including cold preservation), open; partial, from living donor
44135	AB	Intestinal allotransplantation; from cadaver donor
44136	AB	Intestinal allotransplantation; from living donor
44137	AB	Removal of transplanted intestinal allograft, complete

44715	AB	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
44720	AB	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
44721	AB	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
48556	AB	Removal of transplanted pancreatic allograft
50370	AB	Removal of transplanted renal allograft

Area: ORGAN TRANSPLANT Type: PANCREAS TRANSPLANT

Code	Def Cat	Description
48554	PANC	Transplantation of pancreatic allograft

Area: ORGAN TRANSPLANT Type: RENAL TRANSPLANT

Code	Def Cat	Description
50360	AB	Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365	AB	Renal allotransplantation, implantation of graft; with recipient nephrectomy
50380	AB	Renal autotransplantation, reimplantation of kidney

Area: TRAUMA Type: CLOSED REDUCTION OF FRACTURE

Code	Def Cat	Description
23525	TRAUMOP	Closed treatment of sternoclavicular dislocation; with manipulation
26605	TRAUMOP	Closed treatment of metacarpal fracture, single; with manipulation, each bone

Area: TRAUMA Type: COLON TRAUMA-CLOSURE/RESECT/EXCLUSION

Code	Def Cat	Description
44140	TRAUMOP	Colectomy, partial; with anastomosis
44141	TRAUMOP	Colectomy, partial; with skin level cecostomy or colostomy
44143	TRAUMOP	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	TRAUMOP	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145	TRAUMOP	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146	TRAUMOP	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44604	TRAUMOP	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605	TRAUMOP	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
45562	TRAUMOP	Exploration, repair, and presacral drainage for rectal injury;
45563	TRAUMOP	Exploration, repair, and presacral drainage for rectal injury; with colostomy

Area: TRAUMA Type: DEBRIDE/SUTURE MAJOR WOUNDS

Code	Def Cat	Description
11010	TRAUMOP	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues
11011	TRAUMOP	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle
11012	TRAUMOP	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11043	TRAUMOP	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less

11044	TRAUMOP	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
41252	TRAUMOP	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
57200	TRAUMOP	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210	TRAUMOP	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)

Area: TRAUMA Type: DRAINAGE PANCREATIC INJURY

Code	Def Cat	Description
48545	PANC/TRAUMOP	Pancreatorrhaphy for injury

Area: TRAUMA Type: DRAINAGE SUB/EXTRADURAL HEMATOMA

Code	Def Cat	Description
61312	TRAUMOP	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313	TRAUMOP	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
61314	TRAUMOP	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315	TRAUMOP	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar

Area: TRAUMA Type: DUODENAL TRAUMA-CLOSURE/RESECT/EXCLUSION

Code	Def Cat	Description
48547	PANC/TRAUMOP	Duodenal exclusion with gastrojejunostomy for pancreatic injury

Area: TRAUMA Type: ESOPH TRAUMA-CLOSURE/RESECT/EXCLUSION

Code	Def Cat	Description
43410	TRAUMOP	Suture of esophageal wound or injury; cervical approach
43415	TRAUMOP	Suture of esophageal wound or injury; transthoracic or transabdominal approach

Area: TRAUMA Type: EXPLOR LAPAROTOMY - LAPAROSCOPIC

Code	Def Cat	Description
49320	LAP-B/TRAUMOP	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

Area: TRAUMA Type: EXPLOR LAPAROTOMY-OPEN

Code	Def Cat	Description
49000	TRAUMOP	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002	TRAUMOP	Reopening of recent laparotomy
49010	TRAUMOP	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)

Area: TRAUMA Type: EXPLOR THORACOTOMY-OPEN

Code	Def Cat	Description
31805	TRAUMOP	Suture of tracheal wound or injury; intrathoracic
32110	TRAUMOP	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear
32150	TRAUMOP	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit
32151	TRAUMOP	Thoracotomy; with removal of intrapulmonary foreign body
32160	TRAUMOP	Thoracotomy; with cardiac massage
32440	TRAUMOP	Removal of lung, pneumonectomy;

32480	TRAUMOP	Removal of lung, other than pneumonectomy; single lobe (lobectomy)
32482	TRAUMOP	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)
32484	TRAUMOP	Removal of lung, other than pneumonectomy; single segment (segmentectomy)
32800	TRAUMOP	Repair lung hernia through chest wall
32820	TRAUMOP	Major reconstruction, chest wall (posttraumatic)
33020	TRAUMOP	Pericardiectomy for removal of clot or foreign body (primary procedure)

Area: TRAUMA Type: EXPLOR THORACOTOMY-THORACOSCOPIC

Code	Def Cat	Description
32601	LAP-C/TRAUMOP	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy
32653	LAP-C/TRAUMOP	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32654	LAP-C/TRAUMOP	Thoracoscopy, surgical; with control of traumatic hemorrhage
32658	LAP-C/TRAUMOP	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
32663	LAP-C/TRAUMOP	Thoracoscopy, surgical; with lobectomy (single lobe)

Area: TRAUMA Type: FASCIOTOMY FOR INJURY

Code	Def Cat	Description
24495	TRAUMOP	Decompression fasciotomy, forearm, with brachial artery exploration
25020	TRAUMOP	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023	TRAUMOP	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024	TRAUMOP	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
27025	TRAUMOP	Fasciotomy, hip or thigh, any type
27305	TRAUMOP	Fasciotomy, iliotibial (tenotomy), open
27496	TRAUMOP	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);
27497	TRAUMOP	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
27498	TRAUMOP	Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	TRAUMOP	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27600	TRAUMOP	Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601	TRAUMOP	Decompression fasciotomy, leg; posterior compartment(s) only
27602	TRAUMOP	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27892	TRAUMOP	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893	TRAUMOP	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894	TRAUMOP	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
28008	TRAUMOP	Fasciotomy, foot and/or toe

Area: TRAUMA Type: GASTRIC TRAUMA-CLOSURE/RESECT/EXCLUSION

Code	Def Cat	Description
43631	TRAUMOP	Gastrectomy, partial, distal; with gastroduodenostomy
43632	TRAUMOP	Gastrectomy, partial, distal; with gastrojejunostomy
43633	TRAUMOP	Gastrectomy, partial, distal; with Roux-en-Y reconstruction

43840 TRAUMOP Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury

Area: TRAUMA Type: HEPATIC RESECTION FOR INJURY

Code	Def Cat	Description
47120	LV/TRAUMOP	Hepatectomy, resection of liver; partial lobectomy
47125	LV/TRAUMOP	Hepatectomy, resection of liver; total left lobectomy
47130	LV/TRAUMOP	Hepatectomy, resection of liver; total right lobectomy

Area: TRAUMA Type: MANAGEMENT CARDIAC INJURY

Code	Def Cat	Description
33300	TRAUMOP	Repair of cardiac wound; without bypass
33305	TRAUMOP	Repair of cardiac wound; with cardiopulmonary bypass
33310	TRAUMOP	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass
33315	TRAUMOP	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass

Area: TRAUMA Type: NECK EXPLOR FOR TRAUMA

Code	Def Cat	Description
20100	H&N/TRAUMOP	Exploration of penetrating wound (separate procedure); neck
31800	H&N/TRAUMOP	Suture of tracheal wound or injury; cervical
35188	H&N/TRAUMOP	Repair, acquired or traumatic arteriovenous fistula; head and neck
35701	H&N/TRAUMOP	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery

Area: TRAUMA Type: OTHER MAJOR TRAUMA

Code	Def Cat	Description
20101	TRAUMOP	Exploration of penetrating wound (separate procedure); chest
20102	TRAUMOP	Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	TRAUMOP	Exploration of penetrating wound (separate procedure); extremity
24900	TRAUMOP	Amputation, arm through humerus; with primary closure
24920	TRAUMOP	Amputation, arm through humerus; open, circular (guillotine)
24925	TRAUMOP	Amputation, arm through humerus; secondary closure or scar revision
24930	TRAUMOP	Amputation, arm through humerus; re-amputation
24931	TRAUMOP	Amputation, arm through humerus; with implant
25900	TRAUMOP	Amputation, forearm, through radius and ulna;
25905	TRAUMOP	Amputation, forearm, through radius and ulna; open, circular (guillotine)
25907	TRAUMOP	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25909	TRAUMOP	Amputation, forearm, through radius and ulna; re-amputation
25915	TRAUMOP	Krukenberg procedure
25920	TRAUMOP	Disarticulation through wrist;
25922	TRAUMOP	Disarticulation through wrist; secondary closure or scar revision
25924	TRAUMOP	Disarticulation through wrist; re-amputation
25927	TRAUMOP	Transmetacarpal amputation;
25929	TRAUMOP	Transmetacarpal amputation; secondary closure or scar revision

25931	TRAUMOP	Transmetacarpal amputation; re-amputation
27295	TRAUMOP	Disarticulation of hip
27590	TRAUMOP	Amputation, thigh, through femur, any level;
27591	TRAUMOP	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592	TRAUMOP	Amputation, thigh, through femur, any level; open, circular (guillotine)
27594	TRAUMOP	Amputation, thigh, through femur, any level; secondary closure or scar revision
27596	TRAUMOP	Amputation, thigh, through femur, any level; re-amputation
27598	TRAUMOP	Disarticulation at knee
27880	TRAUMOP	Amputation, leg, through tibia and fibula;
27881	TRAUMOP	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
27882	TRAUMOP	Amputation, leg, through tibia and fibula; open, circular (guillotine)
27884	TRAUMOP	Amputation, leg, through tibia and fibula; secondary closure or scar revision
27886	TRAUMOP	Amputation, leg, through tibia and fibula; re-amputation
27888	TRAUMOP	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
27889	TRAUMOP	Ankle disarticulation
28800	TRAUMOP	Amputation, foot; midtarsal (eg, Chopart type procedure)
28805	TRAUMOP	Amputation, foot; transmetatarsal
28810	TRAUMOP	Amputation, metatarsal, with toe, single
28820	TRAUMOP	Amputation, toe; metatarsophalangeal joint
28825	TRAUMOP	Amputation, toe; interphalangeal joint
39501	TRAUMOP	Repair, laceration of diaphragm, any approach
39540	TRAUMOP	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
42900	TRAUMOP	Suture pharynx for wound or injury
42960	TRAUMOP	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42961	TRAUMOP	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
42962	TRAUMOP	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention
42970	TRAUMOP	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
42971	TRAUMOP	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization
42972	TRAUMOP	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
47600	TRAUMOP	Cholecystectomy;
47610	TRAUMOP	Cholecystectomy with exploration of common duct;
47999	TRAUMOP	Unlisted procedure, biliary tract
54670	TRAUMOP	Suture or repair of testicular injury
58520	TRAUMOP	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
62000	TRAUMOP	Elevation of depressed skull fracture; simple, extradural
62005	TRAUMOP	Elevation of depressed skull fracture; compound or comminuted, extradural
62010	TRAUMOP	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain

Area: TRAUMA Type: REP THORAC AORTA, INNOMINATE, SUBCLAVIAN

Code	Def Cat	Description
33320	TRAUMOP/VASC	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33321	TRAUMOP/VASC	Suture repair of aorta or great vessels; with shunt bypass
33322	TRAUMOP/VASC	Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330	TRAUMOP/VASC	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33335	TRAUMOP/VASC	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
35211	TRAUMOP/VASC	Repair blood vessel, direct; intrathoracic, with bypass
35216	TRAUMOP/VASC	Repair blood vessel, direct; intrathoracic, without bypass
35241	TRAUMOP/VASC	Repair blood vessel with vein graft; intrathoracic, with bypass
35246	TRAUMOP/VASC	Repair blood vessel with vein graft; intrathoracic, without bypass
35271	TRAUMOP/VASC	Repair blood vessel with graft other than vein; intrathoracic, with bypass
35276	TRAUMOP/VASC	Repair blood vessel with graft other than vein; intrathoracic, without bypass

Area: TRAUMA Type: REPAIR BLADDER INJURY

Code	Def Cat	Description
51860	TRAUMOP	Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51865	TRAUMOP	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated

Area: TRAUMA Type: REPAIR OF ABDOMINAL AORTA OR VENA CAVA

Code	Def Cat	Description
35189	TRAUMOP/VASC	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35221	TRAUMOP/VASC	Repair blood vessel, direct; intra-abdominal
35251	TRAUMOP/VASC	Repair blood vessel with vein graft; intra-abdominal
35281	TRAUMOP/VASC	Repair blood vessel with graft other than vein; intra-abdominal

Area: TRAUMA Type: REPAIR OF CAROTID OR OTHER MAJOR NECK VESSELS

Code	Def Cat	Description
35201	TRAUMOP/VASC	Repair blood vessel, direct; neck
35231	TRAUMOP/VASC	Repair blood vessel with vein graft; neck
35261	TRAUMOP/VASC	Repair blood vessel with graft other than vein; neck

Area: TRAUMA Type: REPAIR OTHER MAJOR VASC INJURY (TR1)

Code	Def Cat	Description
37615	TRAUMOP/VASC	Ligation, major artery (eg, post-traumatic, rupture); neck
37616	TRAUMOP/VASC	Ligation, major artery (eg, post-traumatic, rupture); chest
37617	TRAUMOP/VASC	Ligation, major artery (eg, post-traumatic, rupture); abdomen
37650	TRAUMOP/VASC	Ligation of femoral vein
37660	TRAUMOP/VASC	Ligation of common iliac vein

Area: TRAUMA Type: REPAIR PERIPHERAL VESSELS

Code	Def Cat	Description
35190	TRAUMOP/VASC	Repair, acquired or traumatic arteriovenous fistula; extremities
35206	TRAUMOP/VASC	Repair blood vessel, direct; upper extremity

35207	TRAUMOP/VASC	Repair blood vessel, direct; hand, finger
35226	TRAUMOP/VASC	Repair blood vessel, direct; lower extremity
35236	TRAUMOP/VASC	Repair blood vessel with vein graft; upper extremity
35256	TRAUMOP/VASC	Repair blood vessel with vein graft; lower extremity
35266	TRAUMOP/VASC	Repair blood vessel with graft other than vein; upper extremity
35286	TRAUMOP/VASC	Repair blood vessel with graft other than vein; lower extremity

Area: TRAUMA Type: REPAIR URETERAL INJURY

Code	Def Cat	Description
50900	TRAUMOP	Ureterorrhaphy, suture of ureter (separate procedure)
53502	TRAUMOP	Urethrorrhaphy, suture of urethral wound or injury, female
53505	TRAUMOP	Urethrorrhaphy, suture of urethral wound or injury; penile

Area: TRAUMA Type: REPAIR/DRAINAGE HEPATIC LACS-OPEN

Code	Def Cat	Description
47350	LV/TRAUMOP	Management of liver hemorrhage; simple suture of liver wound or injury
47360	LV/TRAUMOP	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
47361	LV/TRAUMOP	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver
47362	LV/TRAUMOP	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing

Area: TRAUMA Type: REPAIR/RESECT FOR KIDNEY TRAUMA

Code	Def Cat	Description
50010	TRAUMOP	Renal exploration, not necessitating other specific procedures
50220	TRAUMOP	Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50240	TRAUMOP	Nephrectomy, partial
50500	TRAUMOP	Nephrorrhaphy, suture of kidney wound or injury

Area: TRAUMA Type: RESECTION OF PANCREATIC INJURY

Code	Def Cat	Description
48140	PANC/TRAUMOP	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48150	PANC/TRAUMOP	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy
48152	PANC/TRAUMOP	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy
48153	PANC/TRAUMOP	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy
48154	PANC/TRAUMOP	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy

Area: TRAUMA Type: SM BOWEL TRAUMA-CLOSURE/RESECT/EXCLUSION

Code	Def Cat	Description
44120	TRAUMOP	Enterectomy, resection of small intestine; single resection and anastomosis
44121	TRAUMOP	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44125	TRAUMOP	Enterectomy, resection of small intestine; with enterostomy
44602	TRAUMOP	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation

44603	TRAUMOP	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44850	TRAUMOP	Suture of mesentery (separate procedure)

Area: TRAUMA Type: SPLENECTOMY/SPLENORRHAPHY-OPEN

Code	Def Cat	Description
38100	TRAUMOP	Splenectomy; total (separate procedure)
38101	TRAUMOP	Splenectomy; partial (separate procedure)
38115	TRAUMOP	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: BRONCHOSCOPY

Code	Def Cat	Description
31615	ENDSY	Tracheobronchoscopy through established tracheostomy incision
31622	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
31623	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings
31624	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage
31625	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
31628	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
31629	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
31630	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture
31631	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
31635	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body
31640	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor
31641	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
31643	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
31645	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
31646	ENDSY	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent
31725	ENDSY	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: CHOLEDOCHOSCOPY

Code	Def Cat	Description
47550	ENDSY	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
47552	ENDSY	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)
47553	ENDSY	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554	ENDSY	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
47555	ENDSY	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
47556	ENDSY	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: CYSTO/URETHROSCOPY

Code	Def Cat	Description
52000	ENDSY	Cystourethroscopy (separate procedure)
52005	ENDSY	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
52007	ENDSY	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	ENDSY	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
52204	ENDSY	Cystourethroscopy, with biopsy(s)
52214	ENDSY	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	ENDSY	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234	ENDSY	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	ENDSY	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	ENDSY	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52250	ENDSY	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
52260	ENDSY	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52265	ENDSY	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52270	ENDSY	Cystourethroscopy, with internal urethrotomy; female
52275	ENDSY	Cystourethroscopy, with internal urethrotomy; male
52276	ENDSY	Cystourethroscopy with direct vision internal urethrotomy
52277	ENDSY	Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	ENDSY	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	ENDSY	Cystourethroscopy, with insertion of permanent urethral stent
52283	ENDSY	Cystourethroscopy, with steroid injection into stricture
52285	ENDSY	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
52290	ENDSY	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300	ENDSY	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52301	ENDSY	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
52305	ENDSY	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
52310	ENDSY	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	ENDSY	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	ENDSY	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	ENDSY	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52320	ENDSY	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325	ENDSY	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52327	ENDSY	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	ENDSY	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52332	ENDSY	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334	ENDSY	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
52341	ENDSY	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)

52342	ENDSY	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52343	ENDSY	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344	ENDSY	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345	ENDSY	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52346	ENDSY	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52351	ENDSY	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	ENDSY	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	ENDSY	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52354	ENDSY	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355	ENDSY	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52400	ENDSY	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
52450	ENDSY	Transurethral incision of prostate
52500	ENDSY	Transurethral resection of bladder neck (separate procedure)
52601	ENDSY	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	ENDSY	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)
52640	ENDSY	Transurethral resection; of postoperative bladder neck contracture
52647	ENDSY	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
52648	ENDSY	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)
52700	ENDSY	Transurethral drainage of prostatic abscess

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: ERCP W/O PAPILOTOMY

Code	Def Cat	Description
43260	ENDSY	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43261	ENDSY	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262	ENDSY	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263	ENDSY	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi
43264	ENDSY	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)
43265	ENDSY	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)
43273	ENDSY	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: ESOPHAGO-GASTRO-DUODENOSCOPY

Code	Def Cat	Description
43200	ENDSY	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43201	ENDSY	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43202	ENDSY	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43215	ENDSY	Esophagoscopy, flexible, transoral; with removal of foreign body(s)

43216	ENDSY	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43217	ENDSY	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43220	ENDSY	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)
43226	ENDSY	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire
43227	ENDSY	Esophagoscopy, flexible, transoral; with control of bleeding, any method
43231	ENDSY	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination
43232	ENDSY	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43235	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43236	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43239	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43240	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)
43241	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
43242	ENDSY	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)
43243	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices
43244	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices
43245	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)
43247	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
43248	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
43249	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
43250	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43251	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
43259	ENDSY	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
44360	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44361	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)
44364	ENDSY	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
44365	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44369	ENDSY	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
44370	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
44372	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube

44376	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44379	ENDSY	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: FLEXIBLE COLONOSCOPY W/WO BX/POLYPECT

Code	Def Cat	Description
45378	ENDSY	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	ENDSY	Colonoscopy, flexible; with removal of foreign body(s)
45380	ENDSY	Colonoscopy, flexible; with biopsy, single or multiple
45381	ENDSY	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	ENDSY	Colonoscopy, flexible; with control of bleeding, any method
45384	ENDSY	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	ENDSY	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	ENDSY	Colonoscopy, flexible; with transendoscopic balloon dilation

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: LARYNGOSCOPY

Code	Def Cat	Description
31505	ENDSY	Laryngoscopy, indirect; diagnostic (separate procedure)
31510	ENDSY	Laryngoscopy, indirect; with biopsy
31511	ENDSY	Laryngoscopy, indirect; with removal of foreign body
31512	ENDSY	Laryngoscopy, indirect; with removal of lesion
31513	ENDSY	Laryngoscopy, indirect; with vocal cord injection
31515	ENDSY	Laryngoscopy direct, with or without tracheoscopy; for aspiration
31520	ENDSY	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
31525	ENDSY	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526	ENDSY	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31527	ENDSY	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator
31528	ENDSY	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	ENDSY	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31530	ENDSY	Laryngoscopy, direct, operative, with foreign body removal;
31531	ENDSY	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope
31535	ENDSY	Laryngoscopy, direct, operative, with biopsy;
31536	ENDSY	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31540	ENDSY	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541	ENDSY	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31560	ENDSY	Laryngoscopy, direct, operative, with arytenoidectomy;
31561	ENDSY	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope
31570	ENDSY	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571	ENDSY	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31575	ENDSY	Laryngoscopy, flexible fiberoptic; diagnostic

31576	ENDSY	Laryngoscopy, flexible fiberoptic; with biopsy
31577	ENDSY	Laryngoscopy, flexible fiberoptic; with removal of foreign body
31578	ENDSY	Laryngoscopy, flexible fiberoptic; with removal of lesion
31579	ENDSY	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: OTHER ENDOSCOPY

Code	Def Cat	Description
44380		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44382		Ileoscopy, through stoma; with biopsy, single or multiple
44385		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44386		Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
44388		Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389		Colonoscopy through stoma; with biopsy, single or multiple
44390		Colonoscopy through stoma; with removal of foreign body(s)
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
44394		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
46600		Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
46604		Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606		Anoscopy; with biopsy, single or multiple
46608		Anoscopy; with removal of foreign body
46610		Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611		Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612		Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46614		Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
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

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: PERCUTAN ENDOSCOPIC GASTROSTOMY (PEG)

Code	Def Cat	Description
43246	ENDSY	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: SCLEROTHERAPY/BANDING ESOPH VARICES

Code	Def Cat	Description
43204	ENDSY	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices
43205	ENDSY	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices

Area: ENDOSCOPY (NOT FOR MAJOR CREDIT) Type: SIGMOIDOSCOPY, RIGID/FLEXIBLE

Code	Def Cat	Description
45300		Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45303		Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)

45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	Proctosigmoidoscopy, rigid; with removal of foreign body
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
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
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
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
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)

Area: MISCELLANEOUS (NOT FOR MAJOR CREDIT) Type: BANDING/INCISION THROMBOSED HEMORRHOID

Code	Def Cat	Description
46083	Additional Procedures	Incision of thrombosed hemorrhoid, external
46221	Additional Procedures	Hemorrhoidectomy, internal, by rubber band ligation(s)

Area: MISCELLANEOUS (NOT FOR MAJOR CREDIT) Type: ENDORECTAL ULTRASOUND [MISCELLANEOUS]

Code	Def Cat	Description
76872		Ultrasound, transrectal;
76873		Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)

Area: MISCELLANEOUS (NOT FOR MAJOR CREDIT) Type: OTHER PROCEDURES

Code	Def Cat	Description
10040		Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	Additional Procedures	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	Additional Procedures	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10080	Additional Procedures	Incision and drainage of pilonidal cyst; simple
10081	Additional Procedures	Incision and drainage of pilonidal cyst; complicated

10140	Additional Procedures	Incision and drainage of hematoma, seroma or fluid collection
10160	Additional Procedures	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	Additional Procedures	Incision and drainage, complex, postoperative wound infection
11000	Additional Procedures	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	Additional Procedures	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)
11042	Additional Procedures	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11055		Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056		Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057		Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
11101	Additional Procedures	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)
11200	Additional Procedures	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Additional Procedures	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
11300		Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301		Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302		Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303		Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305		Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306		Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307		Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308		Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310		Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311		Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312		Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313		Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11719		Trimming of nondystrophic nails, any number
11720		Debridement of nail(s) by any method(s); 1 to 5
11721		Debridement of nail(s) by any method(s); 6 or more
11730		Avulsion of nail plate, partial or complete, simple; single
11732		Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11740	Additional Procedures	Evacuation of subungual hematoma
11750	Additional Procedures	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;
11752	Additional Procedures	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx
11755	Additional Procedures	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	Additional Procedures	Repair of nail bed
11762	Additional Procedures	Reconstruction of nail bed with graft
11765	Additional Procedures	Wedge excision of skin of nail fold (eg, for ingrown toenail)

11900		Injection, intralesional; up to and including 7 lesions
11901		Injection, intralesional; more than 7 lesions
11920		Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921		Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922		Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11950		Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951		Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952		Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954		Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11976		Removal, implantable contraceptive capsules
11980		Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
12020	Additional Procedures	Treatment of superficial wound dehiscence; simple closure
12021	Additional Procedures	Treatment of superficial wound dehiscence; with packing
15002		Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
15050		Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15775		Punch graft for hair transplant; 1 to 15 punch grafts
15776		Punch graft for hair transplant; more than 15 punch grafts
15780		Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781		Dermabrasion; segmental, face
15782		Dermabrasion; regional, other than face
15783		Dermabrasion; superficial, any site (eg, tattoo removal)
15786		Abrasion; single lesion (eg, keratosis, scar)
15787		Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788		Chemical peel, facial; epidermal
15789		Chemical peel, facial; dermal
15792		Chemical peel, nonfacial; epidermal
15793		Chemical peel, nonfacial; dermal
15850		Removal of sutures under anesthesia (other than local), same surgeon
15851		Removal of sutures under anesthesia (other than local), other surgeon
15852		Dressing change (for other than burns) under anesthesia (other than local)
15860		Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
16000		Initial treatment, first degree burn, when no more than local treatment is required
16020		Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
16025		Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)
16030		Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)
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)
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)
17340		Cryotherapy (CO2 slush, liquid N2) for acne
17360		Chemical exfoliation for acne (eg, acne paste, acid)
17380		Electrolysis epilation, each 30 minutes
17999		Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19000	Additional Procedures	Puncture aspiration of cyst of breast;
19001	Additional Procedures	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)
19030		Injection procedure only for mammary ductogram or galactogram
19100		Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101		Biopsy of breast; open, incisional
19105		Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
20150		Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
20200	Additional Procedures	Biopsy, muscle; superficial
20205	Additional Procedures	Biopsy, muscle; deep
20206	Additional Procedures	Biopsy, muscle, percutaneous needle
20220	Additional Procedures	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	Additional Procedures	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240	Additional Procedures	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20500		Injection of sinus tract; therapeutic (separate procedure)
20501		Injection of sinus tract; diagnostic (sinogram)
20550		Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20555		Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)
20600		Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance
20605		Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20610		Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20615		Aspiration and injection for treatment of bone cyst
20650	Additional Procedures	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20665		Removal of tongs or halo applied by another individual
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)

20690		Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system
20692		Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693		Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])
20694		Removal, under anesthesia, of external fixation system
20950		Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20974		Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975		Electrical stimulation to aid bone healing; invasive (operative)
20979		Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
20982		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; radiofrequency
20999		Unlisted procedure, musculoskeletal system, general
21010		Arthrotomy, temporomandibular joint
21073		Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21076		Impression and custom preparation; surgical obturator prosthesis
21077		Impression and custom preparation; orbital prosthesis
21079		Impression and custom preparation; interim obturator prosthesis
21080		Impression and custom preparation; definitive obturator prosthesis
21081		Impression and custom preparation; mandibular resection prosthesis
21082		Impression and custom preparation; palatal augmentation prosthesis
21083		Impression and custom preparation; palatal lift prosthesis
21084		Impression and custom preparation; speech aid prosthesis
21085		Impression and custom preparation; oral surgical splint
21086		Impression and custom preparation; auricular prosthesis
21087		Impression and custom preparation; nasal prosthesis
21088		Impression and custom preparation; facial prosthesis
21089		Unlisted maxillofacial prosthetic procedure
21100		Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110		Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116		Injection procedure for temporomandibular joint arthrography
21310		Closed treatment of nasal bone fracture without manipulation
21315		Closed treatment of nasal bone fracture; without stabilization
21320		Closed treatment of nasal bone fracture; with stabilization
21400		Closed treatment of fracture of orbit, except blowout; without manipulation
21497		Interdental wiring, for condition other than fracture
21820		Closed treatment of sternum fracture
22505		Manipulation of spine requiring anesthesia, any region
23031		Incision and drainage, shoulder area; infected bursa
23035		Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23065	Additional Procedures	Biopsy, soft tissue of shoulder area; superficial
23066	Additional Procedures	Biopsy, soft tissue of shoulder area; deep

23330	Additional Procedures	Removal of foreign body, shoulder; subcutaneous
23350		Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23500		Closed treatment of clavicular fracture; without manipulation
23520		Closed treatment of sternoclavicular dislocation; without manipulation
23540		Closed treatment of acromioclavicular dislocation; without manipulation
23570		Closed treatment of scapular fracture; without manipulation
23600		Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23620		Closed treatment of greater humeral tuberosity fracture; without manipulation
23700		Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
24065	Additional Procedures	Biopsy, soft tissue of upper arm or elbow area; superficial
24066	Additional Procedures	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24200	Additional Procedures	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	Additional Procedures	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24220		Injection procedure for elbow arthrography
24500		Closed treatment of humeral shaft fracture; without manipulation
24530		Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24560		Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24576		Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24650		Closed treatment of radial head or neck fracture; without manipulation
24670		Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation
25066	Additional Procedures	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25500		Closed treatment of radial shaft fracture; without manipulation
25530		Closed treatment of ulnar shaft fracture; without manipulation
25560		Closed treatment of radial and ulnar shaft fractures; without manipulation
25600		Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation
25622		Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25630		Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone
25650		Closed treatment of ulnar styloid fracture
26010	Additional Procedures	Drainage of finger abscess; simple
26115		Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
26600		Closed treatment of metacarpal fracture, single; without manipulation, each bone
27040	Additional Procedures	Biopsy, soft tissue of pelvis and hip area; superficial
27041	Additional Procedures	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27086	Additional Procedures	Removal of foreign body, pelvis or hip; subcutaneous tissue
27093		Injection procedure for hip arthrography; without anesthesia
27095		Injection procedure for hip arthrography; with anesthesia
27096		Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
27200		Closed treatment of coccygeal fracture

27220		Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27230		Closed treatment of femoral fracture, proximal end, neck; without manipulation
27238		Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation
27246		Closed treatment of greater trochanteric fracture, without manipulation
27256		Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
27275		Manipulation, hip joint, requiring general anesthesia
27323		Biopsy, soft tissue of thigh or knee area; superficial
27370		Injection of contrast for knee arthrography
27500		Closed treatment of femoral shaft fracture, without manipulation
27508		Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27516		Closed treatment of distal femoral epiphyseal separation; without manipulation
27520		Closed treatment of patellar fracture, without manipulation
27530		Closed treatment of tibial fracture, proximal (plateau); without manipulation
27603	Additional Procedures	Incision and drainage, leg or ankle; deep abscess or hematoma
27604		Incision and drainage, leg or ankle; infected bursa
27607		Incision (eg, osteomyelitis or bone abscess), leg or ankle
27613	Additional Procedures	Biopsy, soft tissue of leg or ankle area; superficial
27648		Injection procedure for ankle arthrography
27750		Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27760		Closed treatment of medial malleolus fracture; without manipulation
27767		Closed treatment of posterior malleolus fracture; without manipulation
27780		Closed treatment of proximal fibula or shaft fracture; without manipulation
27786		Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27808		Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation
27816		Closed treatment of trimalleolar ankle fracture; without manipulation
27860		Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
28001		Incision and drainage, bursa, foot
28190		Removal of foreign body, foot; subcutaneous
28400		Closed treatment of calcaneal fracture; without manipulation
28430		Closed treatment of talus fracture; without manipulation
28450		Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28470		Closed treatment of metatarsal fracture; without manipulation, each
28490		Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28510		Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28530		Closed treatment of sesamoid fracture
28630		Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28890		Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
29000		Application of halo type body cast (see 20661-20663 for insertion)
29010		Application of Risser jacket, localizer, body; only

29015	Application of Risser jacket, localizer, body; including head
29035	Application of body cast, shoulder to hips;
29040	Application of body cast, shoulder to hips; including head, Minerva type
29044	Application of body cast, shoulder to hips; including 1 thigh
29046	Application of body cast, shoulder to hips; including both thighs
29049	Application, cast; figure-of-eight
29055	Application, cast; shoulder spica
29058	Application, cast; plaster Velpeau
29065	Application, cast; shoulder to hand (long arm)
29075	Application, cast; elbow to finger (short arm)
29085	Application, cast; hand and lower forearm (gauntlet)
29105	Application of long arm splint (shoulder to hand)
29125	Application of short arm splint (forearm to hand); static
29126	Application of short arm splint (forearm to hand); dynamic
29130	Application of finger splint; static
29131	Application of finger splint; dynamic
29200	Strapping; thorax
29240	Strapping; shoulder (eg, Velpeau)
29260	Strapping; elbow or wrist
29280	Strapping; hand or finger
29305	Application of hip spica cast; 1 leg
29325	Application of hip spica cast; 1 and one-half spica or both legs
29345	Application of long leg cast (thigh to toes);
29355	Application of long leg cast (thigh to toes); walker or ambulatory type
29358	Application of long leg cast brace
29365	Application of cylinder cast (thigh to ankle)
29405	Application of short leg cast (below knee to toes);
29425	Application of short leg cast (below knee to toes); walking or ambulatory type
29435	Application of patellar tendon bearing (PTB) cast
29440	Adding walker to previously applied cast
29445	Application of rigid total contact leg cast
29450	Application of clubfoot cast with molding or manipulation, long or short leg
29505	Application of long leg splint (thigh to ankle or toes)
29515	Application of short leg splint (calf to foot)
29520	Strapping; hip
29530	Strapping; knee
29540	Strapping; ankle and/or foot
29550	Strapping; toes
29580	Strapping; Unna boot
29700	Removal or bivalving; gauntlet, boot or body cast
29705	Removal or bivalving; full arm or full leg cast

29710		Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.
29720		Repair of spica, body cast or jacket
29730		Windowing of cast
29740		Wedging of cast (except clubfoot casts)
29750		Wedging of clubfoot cast
31612		Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31717		Catheterization with bronchial brush biopsy
31720		Catheter aspiration (separate procedure); nasotracheal
32400		Biopsy, pleura, percutaneous needle
32405		Biopsy, lung or mediastinum, percutaneous needle
32550		Insertion of indwelling tunneled pleural catheter with cuff
32551	Additional Procedures	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)
32560		Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)
32960		Pneumothorax, therapeutic, intrapleural injection of air
32998		Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral
33010	Additional Procedures	Pericardiocentesis; initial
33011		Pericardiocentesis; subsequent
33015		Tube pericardiostomy
36000		Introduction of needle or intracatheter, vein
36260		Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261		Revision of implanted intra-arterial infusion pump
36262		Removal of implanted intra-arterial infusion pump
36299		Unlisted procedure, vascular injection
36400		Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein
36405		Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein
36406		Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein
36410		Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415		Collection of venous blood by venipuncture
36420		Venipuncture, cutdown; younger than age 1 year
36425		Venipuncture, cutdown; age 1 or over
36430		Transfusion, blood or blood components
36440		Push transfusion, blood, 2 years or younger
36450		Exchange transfusion, blood; newborn
36455		Exchange transfusion, blood; other than newborn
36460		Transfusion, intrauterine, fetal
36481		Percutaneous portal vein catheterization by any method
36500		Venous catheterization for selective organ blood sampling
36510		Catheterization of umbilical vein for diagnosis or therapy, newborn
36511		Therapeutic apheresis; for white blood cells

36512		Therapeutic apheresis; for red blood cells
36516		Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522		Photopheresis, extracorporeal
36555	Additional Procedures	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36556	Additional Procedures	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36557	Additional Procedures	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age
36558	Additional Procedures	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older
36560	Additional Procedures	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36561	Additional Procedures	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
36563	Additional Procedures	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
36565	Additional Procedures	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	Additional Procedures	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)
36568	Additional Procedures	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age
36569	Additional Procedures	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36570	Additional Procedures	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36571	Additional Procedures	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36575		Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site
36576		Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36578		Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580		Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581		Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36583		Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access
36584		Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access
36585		Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36589		Removal of tunneled central venous catheter, without subcutaneous port or pump
36595		Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access
36597		Repositioning of previously placed central venous catheter under fluoroscopic guidance
36600		Arterial puncture, withdrawal of blood for diagnosis
36620	Additional Procedures	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625	Additional Procedures	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
36640	Additional Procedures	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
36660	Additional Procedures	Catheterization, umbilical artery, newborn, for diagnosis or therapy
36680		Placement of needle for intraosseous infusion
37200		Transcatheter biopsy
38200		Injection procedure for splenoportography
38204		Management of recipient hematopoietic progenitor cell donor search and cell acquisition

38205		Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
38206		Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
38207		Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208		Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
38209		Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
38210		Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
38211		Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38212		Transplant preparation of hematopoietic progenitor cells; red blood cell removal
38213		Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214		Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215		Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer
38220		Bone marrow; aspiration only
38221		Bone marrow; biopsy, needle or trocar
38230		Bone marrow harvesting for transplantation; allogeneic
38240		Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
38241		Hematopoietic progenitor cell (HPC); autologous transplantation
38242		Allogeneic lymphocyte infusions
38300	Additional Procedures	Drainage of lymph node abscess or lymphadenitis; simple
38305	Additional Procedures	Drainage of lymph node abscess or lymphadenitis; extensive
38308		Lymphangiectomy or other operations on lymphatic channels
38505		Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38790		Injection procedure; lymphangiography
38792		Injection procedure; radioactive tracer for identification of sentinel node
38794		Cannulation, thoracic duct
40490		Biopsy of lip
40799		Unlisted procedure, lips
40800		Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40804		Removal of embedded foreign body, vestibule of mouth; simple
40806		Incision of labial frenum (frenotomy)
40808		Biopsy, vestibule of mouth
40830		Closure of laceration, vestibule of mouth; 2.5 cm or less
40899		Unlisted procedure, vestibule of mouth
41000		Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005		Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41010		Incision of lingual frenum (frenotomy)
41015		Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41019		Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
41100		Biopsy of tongue; anterior two-thirds
41105		Biopsy of tongue; posterior one-third

41108	Biopsy of floor of mouth
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue
41599	Unlisted procedure, tongue, floor of mouth
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues
42180	Repair, laceration of palate; up to 2 cm
42300	Drainage of abscess; parotid, simple
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42400	Biopsy of salivary gland; needle
42405	Biopsy of salivary gland; incisional
42408	Excision of sublingual salivary cyst (ranula)
42409	Marsupialization of sublingual salivary cyst (ranula)
42550	Injection procedure for sialography
42650	Dilation salivary duct
42660	Dilation and catheterization of salivary duct, with or without injection
42665	Ligation salivary duct, intraoral
42699	Unlisted procedure, salivary glands or ducts
42800	Biopsy; oropharynx
42804	Biopsy; nasopharynx, visible lesion, simple
42806	Biopsy; nasopharynx, survey for unknown primary lesion
42808	Excision or destruction of lesion of pharynx, any method
42809	Removal of foreign body from pharynx
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	Dilation of esophagus, over guide wire
43460	Esophagogastric tamponade, with balloon (Sengstaken type)
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45520	Perirectal injection of sclerosing solution for prolapse
45900	Reduction of procidentia (separate procedure) under anesthesia
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia

45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46020	Placement of seton
46030	Removal of anal seton, other marker
46220	Excision of single external papilla or tag, anus
46230	Excision of multiple external papillae or tags, anus
46320	Excision of thrombosed hemorrhoid, external
46500	Injection of sclerosing solution, hemorrhoids
46505	Chemodenervation of internal anal sphincter
46754	Removal of Thiersch wire or suture, anal canal
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
47000	Biopsy of liver, needle; percutaneous
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open
49422	Removal of tunneled intraperitoneal catheter
49428	Ligation of peritoneal-venous shunt
49429	Removal of peritoneal-venous shunt
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report

49465		Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report
49568		Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
49905		Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
57155		Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
60000		Incision and drainage of thyroglossal duct cyst, infected
60100		Biopsy thyroid, percutaneous core needle
60300		Aspiration and/or injection, thyroid cyst
62160		Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)
62161		Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)
62162		Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage
62163		Neuroendoscopy, intracranial; with retrieval of foreign body
62164		Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage
62165		Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach
64400		Injection, anesthetic agent; trigeminal nerve, any division or branch
76536		Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation
76700		Ultrasound, abdominal, real time with image documentation; complete
76705		Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)
77053		Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054		Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
92586		Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
93318		Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93503	Additional Procedures	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93662		Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
93668		Peripheral arterial disease (PAD) rehabilitation, per session
97532		Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes
97533		Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97597		Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
97598		Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
97602		Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97802		Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803		Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804		Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes

- 99172 Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)
- 99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
- 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
- 99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
- 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
- 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
- 99217 Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate].)
- 99218 Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

- 99219 Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99220 Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99221 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99234 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99235 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99236 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99238 Hospital discharge day management; 30 minutes or less
- 99239 Hospital discharge day management; more than 30 minutes

- 99241 Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.
- 99242 Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 99243 Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
- 99244 Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
- 99245 Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.
- 99251 Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99252 Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99253 Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99254 Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99255 Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.
- 99281 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
- 99282 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
- 99283 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
99315	Nursing facility discharge day management; 30 minutes or less
99316	Nursing facility discharge day management; more than 30 minutes
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)

99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
99420	Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)
99429	Unlisted preventive medicine service

Area: MISCELLANEOUS (NOT FOR MAJOR CREDIT) Type: REMOVAL SKIN MOLES, SMALL TUMORS, ETC

Code	Def Cat	Description
11100	Additional Procedures	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
11400	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less

11421	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Additional Procedures	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Additional Procedures	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
11441	Additional Procedures	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
11442	Additional Procedures	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
11443	Additional Procedures	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
11444	Additional Procedures	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
11446	Additional Procedures	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
17000		Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003		Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004		Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17106		Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107		Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108		Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110		Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111		Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17250		Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)

Area: MISCELLANEOUS (NOT FOR MAJOR CREDIT) Type: REMOVAL SUBCUT SMALL TUMORS, CYSTS, FBs

Code	Def Cat	Description
10120	Additional Procedures	Incision and removal of foreign body, subcutaneous tissues; simple
10121	Additional Procedures	Incision and removal of foreign body, subcutaneous tissues; complicated
11600	Additional Procedures	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	Additional Procedures	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	Additional Procedures	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	Additional Procedures	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11620	Additional Procedures	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	Additional Procedures	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	Additional Procedures	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11640	Additional Procedures	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Additional Procedures	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
17260		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less

17261		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
17262		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
17263		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm
17264		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm
17266		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm
17270		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
17272		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
17273		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm
17274		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
17276		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
17280		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
17282		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
17283		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
17284		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286		Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
21920	Additional Procedures	Biopsy, soft tissue of back or flank; superficial
24075	Additional Procedures	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
25065	Additional Procedures	Biopsy, soft tissue of forearm and/or wrist; superficial
25075	Additional Procedures	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm
27047	Additional Procedures	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
27327		Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
27618		Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
28043		Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm
28192		Removal of foreign body, foot; deep
28193		Removal of foreign body, foot; complicated
38500		Biopsy or excision of lymph node(s); open, superficial

Area: MISCELLANEOUS (NOT FOR MAJOR CREDIT) Type: REPAIR MINOR WOUNDS AND GRAFTS

Code	Def Cat	Description
12001	Additional Procedures	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	Additional Procedures	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
12004	Additional Procedures	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12011	Additional Procedures	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

12013	Additional Procedures	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	Additional Procedures	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12031	Additional Procedures	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	Additional Procedures	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	Additional Procedures	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12041	Additional Procedures	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	Additional Procedures	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	Additional Procedures	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12051	Additional Procedures	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	Additional Procedures	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	Additional Procedures	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 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
13151		Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
14000		Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14020		Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14040		Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14060		Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
15150		Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
15151		Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15155		Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156		Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)

Area: PATIENT CARE (NOT FOR MAJOR CREDIT) Type: NON-OPERATIVE TRAUMA

Code	Def Cat	Description
99199	TRNONOP	Unlisted special service, procedure or report

Area: SURGICAL CRITICAL CARE PATIENT MANAGEMENT Type: Bleeding: non-trauma patient > 3 units

Code	Def Cat	Description
99292		Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Area: SURGICAL CRITICAL CARE PATIENT MANAGEMENT Type: Dysrhythmias: requiring drug management

Code	Def Cat	Description
99292		Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Area: SURGICAL CRITICAL CARE PATIENT MANAGEMENT Type: Hemodynamic instability: req. inotrope/pressor

Code	Def Cat	Description
99292		Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Area: SURGICAL CRITICAL CARE PATIENT MANAGEMENT Type: Invasive line, manage/monitor: Swan, Arterial,etc

Code	Def Cat	Description
99292		Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Area: SURGICAL CRITICAL CARE PATIENT MANAGEMENT Type: Organ dysfunction: renal, hepatic, cardiac

Code	Def Cat	Description
99292		Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Area: SURGICAL CRITICAL CARE PATIENT MANAGEMENT Type: Parenteral/enteral nutrition

Code	Def Cat	Description
99292		Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Area: SURGICAL CRITICAL CARE PATIENT MANAGEMENT Type: Ventilatory Management: >24hrs on ventilator

Code	Def Cat	Description
99292		Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Area: CRITICAL CARE (NOT FOR MAJOR CREDIT) Type: CRITICAL CARE OTHER

Code	Def Cat	Description
31500		Intubation, endotracheal, emergency procedure
31502		Tracheotomy tube change prior to establishment of fistula tract
31730		Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy

Area: OPHTHALMOLOGY (NOT FOR MAJOR CREDIT) Type: OPHTHALMOLOGY

Code	Def Cat	Description
65091		Evisceration of ocular contents; without implant
65093		Evisceration of ocular contents; with implant
65101		Enucleation of eye; without implant
65103		Enucleation of eye; with implant, muscles not attached to implant
65105		Enucleation of eye; with implant, muscles attached to implant
65110		Exenteration of orbit (does not include skin graft), removal of orbital contents; only
65112		Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
65114		Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap
65125		Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)

65130	Insertion of ocular implant secondary; after evisceration, in scleral shell
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant
65150	Reinsertion of ocular implant; with or without conjunctival graft
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
65175	Removal of ocular implant
65205	Removal of foreign body, external eye; conjunctival superficial
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	Removal of foreign body, external eye; corneal, without slit lamp
65222	Removal of foreign body, external eye; corneal, with slit lamp
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410	Biopsy of cornea
65420	Excision or transposition of pterygium; without graft
65426	Excision or transposition of pterygium; with graft
65430	Scraping of cornea, diagnostic, for smear and/or culture
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
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)
65760	Keratomileusis
65765	Keratophakia
65767	Epikeratoplasty
65770	Keratoprosthesis
65771	Radial keratotomy
65772	Corneal relaxing incision for correction of surgically induced astigmatism

65775	Corneal wedge resection for correction of surgically induced astigmatism
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
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
65860	Severing adhesions of anterior segment, laser technique (separate procedure)
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechia
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechia, except goniosynechia
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechia
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions
65900	Removal of epithelial downgrowth, anterior chamber of eye
65920	Removal of implanted material, anterior segment of eye
65930	Removal of blood clot, anterior segment of eye
66020	Injection, anterior chamber of eye (separate procedure); air or liquid
66030	Injection, anterior chamber of eye (separate procedure); medication
66130	Excision of lesion, sclera
66150	Fistulization of sclera for glaucoma; trephination with iridectomy
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
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)
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft
66220	Repair of scleral staphyloma; without graft
66225	Repair of scleral staphyloma; with graft
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
66500	Iridotomy by stab incision (separate procedure); except transfixion
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
66680	Repair of iris, ciliary body (as for iridodialysis)
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
66700	Ciliary body destruction; diathermy
66710	Ciliary body destruction; cyclophotocoagulation, transscleral

66720	Ciliary body destruction; cryotherapy
66740	Ciliary body destruction; cyclodialysis
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)
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	Discission 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)
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
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
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, for dislocated lens
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
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
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)
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens
66999	Unlisted procedure, anterior segment of eye
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)
67030	Discission of vitreous strands (without removal), pars plana approach
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
67101	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, including drainage of subretinal fluid, when performed
67105	Repair of retinal detachment, 1 or more sessions; photocoagulation, including drainage of subretinal fluid, when performed
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)
67115	Release of encircling material (posterior segment)
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, 1 or more sessions; cryotherapy, diathermy
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy
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)
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation
67250	Scleral reinforcement (separate procedure); without graft
67255	Scleral reinforcement (separate procedure); with graft
67299	Unlisted procedure, posterior segment
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
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)
67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
67345	Chemodeneration of extraocular muscle
67346	Biopsy of extraocular muscle
67399	Unlisted procedure, extraocular muscle
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression

67415	Fine needle aspiration of orbital contents
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)
67505	Retrobulbar injection; alcohol
67515	Injection of medication or other substance into Tenon's capsule
67550	Orbital implant (implant outside muscle cone); insertion
67560	Orbital implant (implant outside muscle cone); removal or revision
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
67599	Unlisted procedure, orbit
67700	Blepharotomy, drainage of abscess, eyelid
67710	Severing of tarsorrhaphy
67715	Canthotomy (separate procedure)
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
67820	Correction of trichiasis; epilation, by forceps only
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrocautery, cryotherapy, laser surgery)
67830	Correction of trichiasis; incision of lid margin
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67850	Destruction of lesion of lid margin (up to 1 cm)
67875	Temporary closure of eyelids by suture (eg, Frost suture)
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67914	Repair of ectropion; suture

67915	Repair of ectropion; thermocauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (eg, tarsal strip operations)
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
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
67950	Canthoplasty (reconstruction of canthus)
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
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
67999	Unlisted procedure, eyelids
68020	Incision of conjunctiva, drainage of cyst
68040	Expression of conjunctival follicles (eg, for trachoma)
68100	Biopsy of conjunctiva
68110	Excision of lesion, conjunctiva; up to 1 cm
68115	Excision of lesion, conjunctiva; over 1 cm
68130	Excision of lesion, conjunctiva; with adjacent sclera
68135	Destruction of lesion, conjunctiva
68200	Subconjunctival injection
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
68330	Repair of symblepharon; conjunctivoplasty, without graft
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens
68360	Conjunctival flap; bridge or partial (separate procedure)
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
68399	Unlisted procedure, conjunctiva
68400	Incision, drainage of lacrimal gland
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)

68440	Snip incision of lacrimal punctum
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68510	Biopsy of lacrimal gland
68520	Excision of lacrimal sac (dacryocystectomy)
68525	Biopsy of lacrimal sac
68530	Removal of foreign body or dacryolith, lacrimal passages
68540	Excision of lacrimal gland tumor; frontal approach
68550	Excision of lacrimal gland tumor; involving osteotomy
68700	Plastic repair of canaliculi
68705	Correction of everted punctum, cautery
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	Closure of the lacrimal punctum; by plug, each
68770	Closure of lacrimal fistula (separate procedure)
68801	Dilation of lacrimal punctum, with or without irrigation
68810	Probing of nasolacrimal duct, 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
68840	Probing of lacrimal canaliculi, with or without irrigation
68850	Injection of contrast medium for dacryocystography
68899	Unlisted procedure, lacrimal system

Area: OTOLARYNGOLOGY (NOT FOR MAJOR CREDIT) Type: OTOLARYNGOLOGY

Code	Def Cat	Description
21337		Closed treatment of nasal septal fracture, with or without stabilization
21550		Biopsy, soft tissue of neck or thorax
21899		Unlisted procedure, neck or thorax
30000		Drainage abscess or hematoma, nasal, internal approach
30020		Drainage abscess or hematoma, nasal septum
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
30118		Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
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

30130	Excision inferior turbinate, partial or complete, any method
30140	Submucous resection inferior turbinate, partial or complete, any method
30200	Injection into turbinate(s), therapeutic
30210	Displacement therapy (Proetz type)
30220	Insertion, nasal septal prosthesis (button)
30300	Removal foreign body, intranasal; office type procedure
30310	Removal foreign body, intranasal; requiring general anesthesia
30320	Removal foreign body, intranasal; by lateral rhinotomy
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)
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
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
30915	Ligation arteries; ethmoidal
30920	Ligation arteries; internal maxillary artery, transantral
30930	Fracture nasal inferior turbinate(s), therapeutic
30999	Unlisted procedure, nose
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31002	Lavage by cannulation; sphenoid sinus
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression
31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression
31299	Unlisted procedure, accessory sinuses

31400	Arytenoidectomy or arytenoidopexy, external approach
31420	Epiglottidectomy
31580	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal
31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy
31584	Laryngoplasty; with open reduction of fracture
31587	Laryngoplasty, cricoid split
31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
31590	Laryngeal reinnervation by neuromuscular pedicle
31595	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral
31599	Unlisted procedure, larynx
31830	Revision of tracheostomy scar
31899	Unlisted procedure, trachea, bronchi
69000	Drainage external ear, abscess or hematoma; simple
69005	Drainage external ear, abscess or hematoma; complicated
69020	Drainage external auditory canal, abscess
69090	Ear piercing
69100	Biopsy external ear
69105	Biopsy external auditory canal
69110	Excision external ear; partial, simple repair
69120	Excision external ear; complete amputation
69140	Excision exostosis(es), external auditory canal
69145	Excision soft tissue lesion, external auditory canal
69150	Radical excision external auditory canal lesion; without neck dissection
69155	Radical excision external auditory canal lesion; with neck dissection
69200	Removal foreign body from external auditory canal; without general anesthesia
69205	Removal foreign body from external auditory canal; with general anesthesia
69210	Removal impacted cerumen requiring instrumentation, unilateral
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)
69300	Otoplasty, protruding ear, with or without size reduction
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
69399	Unlisted procedure, external ear
69420	Myringotomy including aspiration and/or eustachian tube inflation
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	Ventilating tube removal requiring general anesthesia
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440	Middle ear exploration through postauricular or ear canal incision
69450	Tympanolysis, transcanal
69501	Transmastoid antrotomy (simple mastoidectomy)

69502	Mastoidectomy; complete
69505	Mastoidectomy; modified radical
69511	Mastoidectomy; radical
69530	Petrous apicectomy including radical mastoidectomy
69535	Resection temporal bone, external approach
69540	Excision aural polyp
69550	Excision aural glomus tumor; transcanal
69552	Excision aural glomus tumor; transmastoid
69554	Excision aural glomus tumor; extended (extratemporal)
69601	Revision mastoidectomy; resulting in complete mastoidectomy
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy
69603	Revision mastoidectomy; resulting in radical mastoidectomy
69604	Revision mastoidectomy; resulting in tympanoplasty
69605	Revision mastoidectomy; with apicectomy
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
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
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
69667	Repair round window fistula
69670	Mastoid obliteration (separate procedure)
69676	Tympanic neurectomy
69700	Closure postauricular fistula, mastoid (separate procedure)

69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
69799	Unlisted procedure, middle ear
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal
69805	Endolymphatic sac operation; without shunt
69806	Endolymphatic sac operation; with shunt
69820	Fenestration semicircular canal
69840	Revision fenestration operation
69905	Labyrinthectomy; transcanal
69910	Labyrinthectomy; with mastoidectomy
69915	Vestibular nerve section, translabyrinthine approach
69930	Cochlear device implantation, with or without mastoidectomy
69949	Unlisted procedure, inner ear
69950	Vestibular nerve section, transcranial approach
69955	Total facial nerve decompression and/or repair (may include graft)
69960	Decompression internal auditory canal
69970	Removal of tumor, temporal bone
69979	Unlisted procedure, temporal bone, middle fossa approach
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)

Area: UROLOGY (NOT FOR MAJOR CREDIT) Type: UROLOGY

Code	Def Cat	Description
50080		Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081		Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50100		Transection or repositioning of aberrant renal vessels (separate procedure)
50200		Renal biopsy; percutaneous, by trocar or needle
50390		Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50391		Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)
50395		Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous
50396		Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter

50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
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)
50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50590	Lithotripsy, extracorporeal shock wave
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter
50686	Manometric studies through ureterostomy or indwelling ureteral catheter
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
51100	Aspiration of bladder; by needle
51101	Aspiration of bladder; by trocar or intracatheter
51102	Aspiration of bladder; with insertion of suprapubic catheter
51600	Injection procedure for cystography or voiding urethrocytography
51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography

51610	Injection procedure for retrograde urethrocytography
51700	Bladder irrigation, simple, lavage and/or instillation
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51705	Change of cystostomy tube; simple
51710	Change of cystostomy tube; complicated
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	Bladder instillation of anticarcinogenic agent (including retention time)
51725	Simple cystometrogram (CMG) (eg, spinal manometer)
51726	Complex cystometrogram (ie, calibrated electronic equipment);
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741	Complex uroflowmetry (eg, calibrated electronic equipment)
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020	Meatotomy, cutting of meatus (separate procedure); except infant
53025	Meatotomy, cutting of meatus (separate procedure); infant
53040	Drainage of deep periurethral abscess
53060	Drainage of Skene's gland abscess or cyst
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085	Drainage of perineal urinary extravasation; complicated
53200	Biopsy of urethra
53210	Urethrectomy, total, including cystostomy; female
53215	Urethrectomy, total, including cystostomy; male
53220	Excision or fulguration of carcinoma of urethra
53230	Excision of urethral diverticulum (separate procedure); female
53235	Excision of urethral diverticulum (separate procedure); male
53240	Marsupialization of urethral diverticulum, male or female
53250	Excision of bulbourethral gland (Cowper's gland)
53260	Excision or fulguration; urethral polyp(s), distal urethra
53265	Excision or fulguration; urethral caruncle
53270	Excision or fulguration; Skene's glands
53275	Excision or fulguration; urethral prolapse
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff

53450	Urethromeatoplasty, with mucosal advancement
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal
53515	Urethrorrhaphy, suture of urethral wound or injury; prostaticmembranous
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent
53660	Dilation of female urethra including suppository and/or instillation; initial
53661	Dilation of female urethra including suppository and/or instillation; subsequent
53665	Dilation of female urethra, general or conduction (spinal) anesthesia
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53899	Unlisted procedure, urinary system
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54015	Incision and drainage of penis, deep
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
54100	Biopsy of penis; (separate procedure)
54105	Biopsy of penis; deep structures
54110	Excision of penile plaque (Peyronie disease);
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54115	Removal foreign body from deep penile tissue (eg, plastic implant)
54120	Amputation of penis; partial
54125	Amputation of penis; complete
54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54200	Injection procedure for Peyronie disease;

54205	Injection procedure for Peyronie disease; with surgical exposure of plaque
54220	Irrigation of corpora cavernosa for priapism
54230	Injection procedure for corpora cavernosography
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54240	Penile plethysmography
54250	Nocturnal penile tumescence and/or rigidity test
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54360	Plastic operation on penis to correct angulation
54380	Plastic operation on penis for epispadias distal to external sphincter;
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54430	Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440	Plastic operation of penis for injury
54450	Foreskin manipulation including lysis of preputial adhesions and stretching
54500	Biopsy of testis, needle (separate procedure)
54505	Biopsy of testis, incisional (separate procedure)
54512	Excision of extraparenchymal lesion of testis
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
54660	Insertion of testicular prosthesis (separate procedure)
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54800	Biopsy of epididymis, needle
54830	Excision of local lesion of epididymis
54840	Excision of spermatocele, with or without epididymectomy
54860	Epididymectomy; unilateral

54861	Epididymectomy; bilateral
54865	Exploration of epididymis, with or without biopsy
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
55100	Drainage of scrotal wall abscess
55110	Scrotal exploration
55120	Removal of foreign body in scrotum
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520	Excision of lesion of spermatic cord (separate procedure)
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55600	Vesiculotomy;
55605	Vesiculotomy; complicated
55650	Vesiculectomy, any approach
55680	Excision of Mullerian duct cyst
55700	Biopsy, prostate; needle or punch, single or multiple, any approach
55705	Biopsy, prostate; incisional, any approach
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated
55870	Electroejaculation
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55899	Unlisted procedure, male genital system
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application

Area: NEUROSURGERY (NOT FOR MAJOR CREDIT) Type: NEUROSURGERY

Code	Def Cat	Description
61000		Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
61001		Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
61020		Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026		Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
61050		Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055		Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment

61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure
61105	Twist drill hole for subdural or ventricular puncture
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial
61330	Decompression of orbit only, transcranial approach
61332	Exploration of orbit (transcranial approach); with biopsy
61333	Exploration of orbit (transcranial approach); with removal of lesion
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)
61345	Other cranial decompression, posterior fossa
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves
61480	Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy
61500	Craniectomy; with excision of tumor or other bone lesion of skull
61501	Craniectomy; for osteomyelitis
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;

61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic
61550	Craniectomy for craniosynostosis; single cranial suture
61552	Craniectomy for craniosynostosis; multiple cranial sutures
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	Craniotomy for craniosynostosis; bifrontal bone flap
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression
61570	Craniectomy or craniotomy; with excision of foreign body from brain
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery

61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
61610	Transection or ligation, carotid artery in cavernous sinus, with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)
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)
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)
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex
61690	Surgery of intracranial arteriovenous malformation; dural, simple
61692	Surgery of intracranial arteriovenous malformation; dural, complex
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation

61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
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
61868	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; each additional array (List separately in addition to primary procedure)
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical
61880	Revision or removal of intracranial neurostimulator electrodes
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
61888	Revision or removal of cranial neurostimulator pulse generator or receiver
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)
62120	Repair of encephalocele, skull vault, including cranioplasty
62121	Craniotomy for repair of encephalocele, skull base
62140	Cranioplasty for skull defect; up to 5 cm diameter
62141	Cranioplasty for skull defect; larger than 5 cm diameter
62142	Removal of bone flap or prosthetic plate of skull
62143	Replacement of bone flap or prosthetic plate of skull
62145	Cranioplasty for skull defect with reparative brain surgery
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter
62180	Ventriculocisternostomy (Torkildsen type operation)
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular

62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus
62194	Replacement or irrigation, subarachnoid/subdural catheter
62200	Ventriculocisternostomy, third ventricle;
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus
62225	Replacement or irrigation, ventricular catheter
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
62252	Reprogramming of programmable cerebrospinal shunt
62256	Removal of complete cerebrospinal fluid shunt system; without replacement
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62268	Percutaneous aspiration, spinal cord cyst or syrinx
62269	Biopsy of spinal cord, percutaneous needle
62270	Spinal puncture, lumbar, diagnostic
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	Injection, epidural, of blood or clot patch
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62284	Injection procedure for myelography and/or computed tomography, lumbar
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
62290	Injection procedure for discography, each level; lumbar
62291	Injection procedure for discography, each level; cervical or thoracic
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
62355	Removal of previously implanted intrathecal or epidural catheter
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir

62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
63001	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; cervical
63003	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; thoracic
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
63011	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; sacral
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)
63015	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; cervical
63016	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; thoracic
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
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
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)
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
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)
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)
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
63046	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; thoracic
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 segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
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)
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure)

63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, single interspace
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
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)
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (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
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)
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
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)
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments
63185	Laminectomy with rhizotomy; 1 or 2 segments
63190	Laminectomy with rhizotomy; more than 2 segments
63191	Laminectomy with section of spinal accessory nerve
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic
63200	Laminectomy, with release of tethered spinal cord, lumbar
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar

63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63615	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord
63650	Percutaneous implantation of neurostimulator electrode array, epidural
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63700	Repair of meningocele; less than 5 cm diameter
63702	Repair of meningocele; larger than 5 cm diameter
63704	Repair of myelomeningocele; less than 5 cm diameter
63706	Repair of myelomeningocele; larger than 5 cm diameter
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
63710	Dural graft, spinal

63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
63744	Replacement, irrigation or revision of lumbo-subarachnoid shunt
63746	Removal of entire lumbo-subarachnoid shunt system without replacement
64550	Application of surface (transcutaneous) neurostimulator
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64565	Percutaneous implantation of neurostimulator electrode array; neuromuscular
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64580	Incision for implantation of neurostimulator electrode array; neuromuscular
64585	Revision or removal of peripheral neurostimulator electrode array
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
64620	Destruction by neurolytic agent, intercostal nerve
64630	Destruction by neurolytic agent; pudendal nerve
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64702	Neuroplasty; digital, 1 or both, same digit
64704	Neuroplasty; nerve of hand or foot
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus
64716	Neuroplasty and/or transposition; cranial nerve (specify)
64718	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	Neuroplasty and/or transposition; ulnar nerve at wrist
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel
64722	Decompression; unspecified nerve(s) (specify)
64726	Decompression; plantar digital nerve
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64732	Transection or avulsion of; supraorbital nerve
64734	Transection or avulsion of; infraorbital nerve
64736	Transection or avulsion of; mental nerve
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	Transection or avulsion of; lingual nerve
64742	Transection or avulsion of; facial nerve, differential or complete
64744	Transection or avulsion of; greater occipital nerve
64746	Transection or avulsion of; phrenic nerve

64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771	Transection or avulsion of other cranial nerve, extradural
64772	Transection or avulsion of other spinal nerve, extradural
64840	Suture of posterior tibial nerve
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	Suture of sciatic nerve
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861	Suture of; brachial plexus
64862	Suture of; lumbar plexus
64864	Suture of facial nerve; extracranial
64865	Suture of facial nerve; infratemporal, with or without grafting
64866	Anastomosis; facial-spinal accessory
64868	Anastomosis; facial-hypoglossal
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905	Nerve pedicle transfer; first stage
64907	Nerve pedicle transfer; second stage
64999	Unlisted procedure, nervous system

Area: GYNECOLOGY (NOT FOR MAJOR CREDIT) Type: GYNECOLOGY

Code	Def Cat	Description
56405		Incision and drainage of vulva or perineal abscess
56420		Incision and drainage of Bartholin's gland abscess
56440		Marsupialization of Bartholin's gland cyst
56441		Lysis of labial adhesions

56442	Hymenotomy, simple incision
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
56620	Vulvectomy simple; partial
56625	Vulvectomy simple; complete
56700	Partial hymenectomy or revision of hymenal ring
56740	Excision of Bartholin's gland or cyst
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57000	Colpotomy; with exploration
57010	Colpotomy; with drainage of pelvic abscess
57020	Colpocentesis (separate procedure)
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
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)
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
57160	Fitting and insertion of pessary or other intravaginal support device
57170	Diaphragm or cervical cap fitting with instructions
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)
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
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) 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
57511	Cautery of cervix; cryocautery, initial or repeat
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

57558	Dilation and curettage of cervical stump
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)
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58321	Artificial insemination; intra-cervical
58322	Artificial insemination; intra-uterine
58323	Sperm washing for artificial insemination
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58346	Insertion of Heyman capsules for clinical brachytherapy
58350	Chromotubation of oviduct, including materials
58353	Endometrial ablation, thermal, without hysteroscopic guidance
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
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)
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)
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
58970	Follicle puncture for oocyte retrieval, any method
58974	Embryo transfer, intrauterine
58976	Gamete, zygote, or embryo intrafallopian transfer, any method
58999	Unlisted procedure, female genital system (nonobstetrical)
59000	Amniocentesis; diagnostic
59012	Cordocentesis (intrauterine), any method
59015	Chorionic villus sampling, any method
59020	Fetal contraction stress test
59025	Fetal non-stress test
59030	Fetal scalp blood sampling
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only
59160	Curettage, postpartum
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)

59300	Episiotomy or vaginal repair, by other than attending
59320	Cerclage of cervix, during pregnancy; vaginal
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps);
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59412	External cephalic version, with or without tocolysis
59414	Delivery of placenta (separate procedure)
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59430	Postpartum care only (separate procedure)
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59812	Treatment of incomplete abortion, any trimester, completed surgically
59820	Treatment of missed abortion, completed surgically; first trimester
59821	Treatment of missed abortion, completed surgically; second trimester
59830	Treatment of septic abortion, completed surgically
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
59866	Multifetal pregnancy reduction(s) (MPR)
59870	Uterine evacuation and curettage for hydatidiform mole
59871	Removal of cerclage suture under anesthesia (other than local)
59898	Unlisted laparoscopy procedure, maternity care and delivery
59899	Unlisted procedure, maternity care and delivery

Area: RADIOLOGY (NOT FOR MAJOR CREDIT) Type: RADIOLOGY

Code	Def Cat	Description
48102		Biopsy of pancreas, percutaneous needle
48400		Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)
49180		Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49400		Injection of air or contrast into peritoneal cavity (separate procedure)

49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
70010	Myelography, posterior fossa, radiological supervision and interpretation
70015	Cisternography, positive contrast, radiological supervision and interpretation
70030	Radiologic examination, eye, for detection of foreign body
70100	Radiologic examination, mandible; partial, less than 4 views
70110	Radiologic examination, mandible; complete, minimum of 4 views
70120	Radiologic examination, mastoids; less than 3 views per side
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side
70134	Radiologic examination, internal auditory meati, complete
70140	Radiologic examination, facial bones; less than 3 views
70150	Radiologic examination, facial bones; complete, minimum of 3 views
70160	Radiologic examination, nasal bones, complete, minimum of 3 views
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190	Radiologic examination; optic foramina
70200	Radiologic examination; orbits, complete, minimum of 4 views
70210	Radiologic examination, sinuses, paranasal, less than 3 views
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views
70240	Radiologic examination, sella turcica
70250	Radiologic examination, skull; less than 4 views
70260	Radiologic examination, skull; complete, minimum of 4 views
70300	Radiologic examination, teeth; single view
70310	Radiologic examination, teeth; partial examination, less than full mouth
70320	Radiologic examination, teeth; complete, full mouth
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70350	Cephalogram, orthodontic
70355	Orthopantomogram (eg, panoramic x-ray)
70360	Radiologic examination; neck, soft tissue
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70380	Radiologic examination, salivary gland for calculus
70390	Sialography, radiological supervision and interpretation
70450	Computed tomography, head or brain; without contrast material
70460	Computed tomography, head or brain; with contrast material(s)
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material

70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	Computed tomography, maxillofacial area; without contrast material
70487	Computed tomography, maxillofacial area; with contrast material(s)
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	Computed tomography, soft tissue neck; without contrast material
70491	Computed tomography, soft tissue neck; with contrast material(s)
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	Magnetic resonance angiography, head; without contrast material(s)
70545	Magnetic resonance angiography, head; with contrast material(s)
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
71010	Radiologic examination, chest; single view, frontal
71015	Radiologic examination, chest; stereo, frontal
71020	Radiologic examination, chest, 2 views, frontal and lateral;
71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure
71022	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections
71023	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy
71030	Radiologic examination, chest, complete, minimum of 4 views;
71034	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy
71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)
71100	Radiologic examination, ribs, unilateral; 2 views
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views
71110	Radiologic examination, ribs, bilateral; 3 views
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views
71120	Radiologic examination; sternum, minimum of 2 views
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views
71250	Computed tomography, thorax; without contrast material
71260	Computed tomography, thorax; with contrast material(s)

71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72020	Radiologic examination, spine, single view, specify level
72040	Radiologic examination, spine, cervical; 2 or 3 views
72050	Radiologic examination, spine, cervical; 4 or 5 views
72052	Radiologic examination, spine, cervical; 6 or more views
72070	Radiologic examination, spine; thoracic, 2 views
72072	Radiologic examination, spine; thoracic, 3 views
72074	Radiologic examination, spine; thoracic, minimum of 4 views
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views
72125	Computed tomography, cervical spine; without contrast material
72126	Computed tomography, cervical spine; with contrast material
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128	Computed tomography, thoracic spine; without contrast material
72129	Computed tomography, thoracic spine; with contrast material
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	Computed tomography, lumbar spine; without contrast material
72132	Computed tomography, lumbar spine; with contrast material
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170	Radiologic examination, pelvis; 1 or 2 views
72190	Radiologic examination, pelvis; complete, minimum of 3 views

72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
72192	Computed tomography, pelvis; without contrast material
72193	Computed tomography, pelvis; with contrast material(s)
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material (s) and further sequences
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200	Radiologic examination, sacroiliac joints; less than 3 views
72202	Radiologic examination, sacroiliac joints; 3 or more views
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views
72240	Myelography, cervical, radiological supervision and interpretation
72255	Myelography, thoracic, radiological supervision and interpretation
72265	Myelography, lumbosacral, radiological supervision and interpretation
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
72275	Epidurography, radiological supervision and interpretation
72285	Discography, cervical or thoracic, radiological supervision and interpretation
72295	Discography, lumbar, radiological supervision and interpretation
73000	Radiologic examination; clavicle, complete
73010	Radiologic examination; scapula, complete
73020	Radiologic examination, shoulder; 1 view
73030	Radiologic examination, shoulder; complete, minimum of 2 views
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	Radiologic examination; humerus, minimum of 2 views
73070	Radiologic examination, elbow; 2 views
73080	Radiologic examination, elbow; complete, minimum of 3 views
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation
73090	Radiologic examination; forearm, 2 views
73092	Radiologic examination; upper extremity, infant, minimum of 2 views
73100	Radiologic examination, wrist; 2 views
73110	Radiologic examination, wrist; complete, minimum of 3 views
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation
73120	Radiologic examination, hand; 2 views
73130	Radiologic examination, hand; minimum of 3 views
73140	Radiologic examination, finger(s), minimum of 2 views
73200	Computed tomography, upper extremity; without contrast material
73201	Computed tomography, upper extremity; with contrast material(s)
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing

73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73560	Radiologic examination, knee; 1 or 2 views
73562	Radiologic examination, knee; 3 views
73564	Radiologic examination, knee; complete, 4 or more views
73565	Radiologic examination, knee; both knees, standing, anteroposterior
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590	Radiologic examination; tibia and fibula, 2 views
73592	Radiologic examination; lower extremity, infant, minimum of 2 views
73600	Radiologic examination, ankle; 2 views
73610	Radiologic examination, ankle; complete, minimum of 3 views
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620	Radiologic examination, foot; 2 views
73630	Radiologic examination, foot; complete, minimum of 3 views
73650	Radiologic examination; calcaneus, minimum of 2 views
73660	Radiologic examination; toe(s), minimum of 2 views
73700	Computed tomography, lower extremity; without contrast material
73701	Computed tomography, lower extremity; with contrast material(s)
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74000	Radiologic examination, abdomen; single anteroposterior view
74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150	Computed tomography, abdomen; without contrast material
74160	Computed tomography, abdomen; with contrast material(s)

74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
74210	Radiologic examination; pharynx and/or cervical esophagus
74220	Radiologic examination; esophagus
74230	Swallowing function, with cineradiography/videoradiography
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB
74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through
74250	Radiologic examination, small intestine, includes multiple serial images;
74251	Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube
74260	Duodenography, hypotonic
74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290	Cholecystography, oral contrast
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography
74410	Urography, infusion, drip technique and/or bolus technique;
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography
74420	Urography, retrograde, with or without KUB
74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation

74430	Cystography, minimum of 3 views, radiological supervision and interpretation
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445	Corpora cavernosography, radiological supervision and interpretation
74450	Urethrocytography, retrograde, radiological supervision and interpretation
74455	Urethrocytography, voiding, radiological supervision and interpretation
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation
74710	Pelvimetry, with or without placental localization
74740	Hysterosalpingography, radiological supervision and interpretation
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
75658	Angiography, brachial, retrograde, radiological supervision and interpretation
75705	Angiography, spinal, selective, radiological supervision and interpretation
75710	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	Angiography, extremity, bilateral, radiological supervision and interpretation
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	Angiography, internal mammary, radiological supervision and interpretation
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
75810	Splenoportography, radiological supervision and interpretation
75820	Venography, extremity, unilateral, radiological supervision and interpretation
75822	Venography, extremity, bilateral, radiological supervision and interpretation
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation

75833	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	Venography, epidural, radiological supervision and interpretation
75880	Venography, orbital, radiological supervision and interpretation
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis
75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
75953	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
75962	Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation
75964	Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
75968	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75970	Transcatheter biopsy, radiological supervision and interpretation
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76001	Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
76010	Radiologic examination from nose to rectum for foreign body, single view, child
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
76098	Radiological examination, surgical specimen
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral
76120	Cineradiography/videoradiography, except where specifically included
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)
76140	Consultation on X-ray examination made elsewhere, written report
76380	Computed tomography, limited or localized follow-up study

76390	Magnetic resonance spectroscopy
76499	Unlisted diagnostic radiographic procedure
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
76516	Ophthalmic biometry by ultrasound echography, A-scan;
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
76529	Ophthalmic ultrasonic foreign body localization
76604	Ultrasound, chest (includes mediastinum), real time with image documentation
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
76800	Ultrasound, spinal canal and contents
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76818	Fetal biophysical profile; with non-stress testing
76819	Fetal biophysical profile; without non-stress testing
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
76830	Ultrasound, transvaginal
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)
76870	Ultrasound, scrotum and contents
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation

76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76965	Ultrasonic guidance for interstitial radioelement application
76970	Ultrasound study follow-up (specify)
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)
77011	Computed tomography guidance for stereotactic localization
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
77014	Computed tomography guidance for placement of radiation therapy fields
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
77055	Mammography; unilateral
77056	Mammography; bilateral
77057	Screening mammography, bilateral (2-view study of each breast)
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated
77072	Bone age studies
77073	Bone length studies (orthoroentgenogram, scanogram)
77074	Radiologic examination, osseous survey; limited (eg, for metastases)
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
77076	Radiologic examination, osseous survey, infant
77077	Joint survey, single view, 2 or more joints (specify)
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
77261	Therapeutic radiology treatment planning; simple
77262	Therapeutic radiology treatment planning; intermediate
77263	Therapeutic radiology treatment planning; complex
77280	Therapeutic radiology simulation-aided field setting; simple
77285	Therapeutic radiology simulation-aided field setting; intermediate
77290	Therapeutic radiology simulation-aided field setting; complex
77295	3-dimensional radiotherapy plan, including dose-volume histograms
77299	Unlisted procedure, therapeutic radiology clinical treatment planning
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician
77321	Special teletherapy port plan, particles, hemibody, total body

77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77370	Special medical radiation physics consultation
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day
77402	Radiation treatment delivery, >1 MeV; simple
77407	Radiation treatment delivery, >1 MeV; intermediate
77412	Radiation treatment delivery, >1 MeV; complex
77417	Therapeutic radiology port image(s)
77427	Radiation treatment management, 5 treatments
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
77499	Unlisted procedure, therapeutic radiology treatment management
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; intermediate
77525	Proton treatment delivery; complex
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	Hyperthermia generated by intracavitary probe(s)
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
77761	Intracavitary radiation source application; simple
77762	Intracavitary radiation source application; intermediate
77763	Intracavitary radiation source application; complex
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
77789	Surface application of low dose rate radionuclide source
77790	Supervision, handling, loading of radiation source
77799	Unlisted procedure, clinical brachytherapy
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
78018	Thyroid carcinoma metastases imaging; whole body
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
78070	Parathyroid planar imaging (including subtraction, when performed);

78075	Adrenal imaging, cortex and/or medulla
78099	Unlisted endocrine procedure, diagnostic nuclear medicine
78102	Bone marrow imaging; limited area
78103	Bone marrow imaging; multiple areas
78104	Bone marrow imaging; whole body
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
78120	Red cell volume determination (separate procedure); single sampling
78121	Red cell volume determination (separate procedure); multiple samplings
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	Red cell survival study;
78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)
78185	Spleen imaging only, with or without vascular flow
78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191	Platelet survival study
78195	Lymphatics and lymph nodes imaging
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78201	Liver imaging; static only
78202	Liver imaging; with vascular flow
78205	Liver imaging (SPECT);
78206	Liver imaging (SPECT); with vascular flow
78215	Liver and spleen imaging; static only
78216	Liver and spleen imaging; with vascular flow
78230	Salivary gland imaging;
78231	Salivary gland imaging; with serial images
78232	Salivary gland function study
78258	Esophageal motility
78261	Gastric mucosa imaging
78262	Gastroesophageal reflux study
78264	Gastric emptying imaging study (eg, solid, liquid, or both);
78267	Urea breath test, C-14 (isotopic); acquisition for analysis
78268	Urea breath test, C-14 (isotopic); analysis
78270	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor
78272	Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278	Acute gastrointestinal blood loss imaging
78282	Gastrointestinal protein loss
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine

78300	Bone and/or joint imaging; limited area
78305	Bone and/or joint imaging; multiple areas
78306	Bone and/or joint imaging; whole body
78315	Bone and/or joint imaging; 3 phase study
78320	Bone and/or joint imaging; tomographic (SPECT)
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
78428	Cardiac shunt detection
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)
78456	Acute venous thrombosis imaging, peptide
78457	Venous thrombosis imaging, venogram; unilateral
78458	Venous thrombosis imaging, venogram; bilateral
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78580	Pulmonary perfusion imaging (eg, particulate)
78599	Unlisted respiratory procedure, diagnostic nuclear medicine
78600	Brain imaging, less than 4 static views;
78601	Brain imaging, less than 4 static views; with vascular flow
78605	Brain imaging, minimum 4 static views;
78606	Brain imaging, minimum 4 static views; with vascular flow
78607	Brain imaging, tomographic (SPECT)
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation
78610	Brain imaging, vascular flow only
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation

78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78650	Cerebrospinal fluid leakage detection and localization
78660	Radiopharmaceutical dacryocystography
78699	Unlisted nervous system procedure, diagnostic nuclear medicine
78700	Kidney imaging morphology;
78701	Kidney imaging morphology; with vascular flow
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78710	Kidney imaging morphology; tomographic (SPECT)
78725	Kidney function study, non-imaging radioisotopic study
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78761	Testicular imaging with vascular flow
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)
78805	Radiopharmaceutical localization of inflammatory process; limited area
78806	Radiopharmaceutical localization of inflammatory process; whole body
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79200	Radiopharmaceutical therapy, by intracavitary administration
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79440	Radiopharmaceutical therapy, by intra-articular administration
79999	Radiopharmaceutical therapy, unlisted procedure
93880	Duplex scan of extracranial arteries; complete bilateral study
93882	Duplex scan of extracranial arteries; unilateral or limited study
93886	Transcranial Doppler study of the intracranial arteries; complete study
93888	Transcranial Doppler study of the intracranial arteries; limited study
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with po

93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)

Area: ULTRASOUND (NOT FOR MAJOR CREDIT) Type: MISCELLANEOUS ULTRASOUND

Code	Def Cat	Description
76604		Ultrasound, chest (includes mediastinum), real time with image documentation
76770		Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
76775		Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76872		Ultrasound, transrectal;
76930		Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76936		Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76940		Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
76942		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76975		Gastrointestinal endoscopic ultrasound, supervision and interpretation
76998		Ultrasonic guidance, intraoperative
76999		Unlisted ultrasound procedure (eg, diagnostic, interventional)

Area: TRAUMA (NOT FOR MAJOR CREDIT) Type: OTHER TRAUMA

Code	Def Cat	Description
40650		Repair lip, full thickness; vermilion only
40652		Repair lip, full thickness; up to half vertical height
40654		Repair lip, full thickness; over one-half vertical height, or complex
40831		Closure of laceration, vestibule of mouth; over 2.5 cm or complex

