

# PHYSICIAN SURGERY PROCEDURE CODES

eMedNY New York State Medicaid Provider Procedure  
Code Manual

## **New York State Medicaid**

Office of Health Insurance

Department of Health

### CONTACTS and LINKS:

eMedNY URL

<https://www.emedny.org/>

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## 1 DOCUMENT CONTROL PROPERTIES

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## 2 GENERAL INFORMATION AND INSTRUCTIONS

### 2.1 OVERVIEW

- A. **FEES:** The fees are listed in the Physician Surgery Fee Schedule, available at <https://www.emedny.org/ProviderManuals/Physician/>

Listed fees are the maximum reimbursable Medicaid fees. Fees for the MOMS Program can be found in the Enhanced Program fee schedule. Fees for office, home and hospital visits, consultations and other medical services are listed in the Fee Schedule entitled MEDICINE.

- B. **FOLLOW-UP (F/U) DAYS:**

Listed dollar values for all surgical procedures include the surgery and the follow-up care for the period indicated in days in the column headed "F/U Days". Necessary follow-up care beyond this listed period is to be added on a fee-for-service basis. (See modifier -24)

- C. **BY REPORT:**

When the value of a procedure is indicated as "By Report" (BR), an Operative Report must be submitted with the MMIS claim form for a payment determination to be made. The Operative Report must include the following information:

1. Diagnosis (post-operative)
2. Size, location and number of lesion(s) or procedure(s) where appropriate
3. Major surgical procedure and supplementary procedure(s)
4. Whenever possible, list the nearest similar procedure by number according to these studies
5. Estimated follow-up period
6. Operative time

Failure to submit an Operative Report when billing for a "By Report" procedure will cause your claim to be denied by MMIS.

## D. ADDITIONAL SERVICES:

Complications or other circumstances requiring additional and unusual services concurrent with the procedure(s) or during the listed period of normal follow-up care, may warrant additional charges on a fee-for-service basis. (See modifiers -24, -25, -79). When an additional surgical procedure(s) is carried out within the listed period of follow-up care for a previous surgery, the follow-up periods will continue concurrently to their normal terminations. (See modifiers -78, -79)

## E. SEPARATE PROCEDURE:

Certain of the listed procedures are commonly carried out as an integral part of a total service and as such do not warrant a separate charge. When such a procedure is carried out as a separate entity, not immediately related to other services, the indicated value for "Separate Procedure" is applicable.

## F. MULTIPLE SURGICAL PROCEDURES:

1. When multiple or bilateral surgical procedures, which add significant time or complexity to patient care, are performed at the same operative session, the total dollar value shall be the value of the major procedure plus 50% of the value of the lesser procedure(s) unless otherwise specified. (For reporting bilateral surgical procedures, see modifier -50).
2. When an incidental procedure (eg, incidental appendectomy, lysis of adhesions, excision of previous scar, puncture of ovarian cyst) is performed through the same incision, the fee will be that of the major procedure only.

## G. PROCEDURES NOT SPECIFICALLY LISTED:

Will be given values comparable to those of the listed procedures of closest similarity. When no similar procedure can be identified, the MMIS procedure codes to be utilized may be found at the end of each section.

## H. SUPPLEMENTAL SKILLS:

When warranted by the necessity of supplemental skills, values for services rendered by two or more physicians will be allowed.

## I. SKILLS OF TWO SURGEONS

1. When the skills of two surgeons are required in the management of a specific surgical procedure, by prior agreement, the total dollar value may be apportioned in relation to the responsibility and work done, provided the patient is made aware of the fee distribution according to medical ethics. The value may be increased by 25 percent under these circumstances. See MMIS modifier -62.
2. **PHYSICIAN ASSISTANT/ NURSE PRACTITIONER /RN FIRST ASSISTANT (RNFA) SERVICES FOR ASSIST AT SURGERY:** When a physician requests a nurse practitioner, a physician's assistant or an Registered Nurse First Assistant to participate in the

management of a specific surgical procedure in lieu of another physician, or **requests a licensed midwife to participate in the management of a Cesarean section**, by prior agreement, the total value may be apportioned in relation to the responsibility and work done, provided the patient is made aware of the fee distribution according to medical ethics. The value may be increased by 20 percent under these circumstances. The claim for these services will be submitted by the physician using the appropriate modifier.

**J. MATERIALS SUPPLIED BY A PHYSICIAN:**

Supplies and materials provided by the physician, eg, sterile trays/drugs, **over and above** those usually included with the office visit or other services rendered may be listed separately. List drugs, trays, supplies and materials provided. Identify as **99070**. Reimbursement for drugs (including vaccines and immunoglobulin) furnished by practitioners to their patients is based on the acquisition cost to the practitioner of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the practitioner will maintain auditable records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice. New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the practitioner. Regardless of whether an invoice must be submitted to Medicaid for payment, the practitioner is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

**K. PRIOR APPROVAL:**

Payment for those listed procedures where the MMIS code number is underlined is dependent upon obtaining the approval of the Department of Health prior to performance of the procedure. If such prior approval is not obtained, no reimbursement will be made.

**L. DVS AUTHORIZATION (#):**

Codes followed by # require an authorization via the dispensing validation system (DVS) before services are rendered.

**M. INFORMED CONSENT FOR STERILIZATION:**

When procedures are performed for the primary purpose of rendering an individual incapable of reproducing, and in all cases when procedures are performed, the following rules will apply:

1. The patient must be 21 years of age or older at the time to consent to sterilization.
2. The patient must have been informed of the risks and benefits of sterilization and have signed the mandated consent form, (DSS-3134) not less than 30 days nor more than 180 days prior to the performance of the procedure. In cases of premature delivery and emergency abdominal surgery, consent must have been given at least 72 hours prior to sterilization.

- No bill will be processed for payment without a properly completed consent form. (Refer to Billing Section for completion instructions).

**NOTE:** For procedures performed within the jurisdiction of NYC the guidelines established under NYC Local Law #37 of 1977 continue to be in force.

#### N. RECEIPT OF HYSTERECTOMY INFORMATION:

Hysterectomies must not be performed for the purpose of sterilization. When hysterectomy procedures are performed and, in all cases, when procedures are billed, a properly completed "Hysterectomy Receipt of Information Form" must be attached to the bill for payment. No bill will be processed without a properly completed "Hysterectomy Receipt of Information Form", (DSS-3113).

#### O. BILLING GUIDELINES:

For additional general billing guidelines please refer to the current CPT manual.

## 3 MMIS MODIFIERS

### 3.1 OVERVIEW

NCCI associated modifiers are recognized for NCCI code pairs/related edits. For additional information please refer to the CMS website: <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>

- 50** Bilateral Procedure (Surgical): Unless otherwise identified in the listings, bilateral surgical procedures requiring a separate incision that are performed at the same operative session, should be identified by the appropriate five digit code describing the first procedure. To indicate a bilateral surgical procedure was done add modifier -50 to the procedure number. (Reimbursement will not exceed 150% of the maximum Fee Schedule amount. One claim line is to be billed representing the bilateral procedure. Amount billed should reflect total amount due.)
- 54** Surgical Care Only: When one physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding the modifier -54 to the usual procedure number. (Reimbursement will not exceed 80% of the maximum Fee Schedule amount.)
- 62** Two Surgeons: When two surgeons (usually of different skills) work together as primary surgeons performing distinct part(s) of a single reportable procedure, add the modifier -62 to the single definitive procedure code. [One surgeon should file one claim line representing the procedure performed by the two surgeons. Reimbursement will not exceed 125% of the maximum State Medical Fee Schedule amount.] If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported without the modifier -62 added as appropriate. **NOTE:** If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with the modifier -80 added, as appropriate.



- 63 Procedure Performed on Infants Less Than 4 kg: Procedures performed on neonates and infants up to a present body weight of 4 kg may involve significantly increased complexity and physician work commonly associated with these patients. This circumstance may be reported by adding modifier –63 to the procedure number. Note: Unless otherwise designated, this modifier may only be appended to procedures/services listed in the 69999 code series. Modifier –63 should not be appended to any CPT codes listed in the Evaluation and Management Services, Anesthesia, Radiology, Pathology/Laboratory, or Medicine sections. (Reimbursement will not exceed 100% of the maximum Fee Schedule amount.)
- 66 Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of the modifier -66 to the basic procedure number used for reporting services. (Reimbursement will not exceed 20% of the maximum Fee Schedule amount.)
- 78 Return to the Operating Room for a Related Procedure During the Postoperative Period: The physician may need to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding the modifier -78 to the related procedure. (Reimbursement will not exceed 100% of the maximum Fee Schedule amount.)
- 79 Unrelated Procedure or Service by the Same Practitioner During the Postoperative Period: The practitioner may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by adding the modifier -79. (Reimbursement will not exceed 100% of the maximum Fee Schedule amount.)
- 80 Assistant Surgeon: Surgical assistant services may be identified by adding the modifier -80 to the usual procedure number(s). (Reimbursement will not exceed 20% of the maximum Fee Schedule amount.)
- 82 Assistant Surgeon: (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier -82 appended to the usual procedure code number(s). (Reimbursement will not exceed 20% of the maximum Fee Schedule amount.)
- AQ Physician Providing a Service in an Unlisted Health Professional Shortage Area (HPSA)
- AS Physician Assistant, Nurse Practitioner or Registered Nurse First Assistant Services for Assist at Surgery: When the physician requests that a Physician Assistant, a Nurse Practitioner, or an Registered Nurse First Assistant to assist at surgery, or requests a licensed midwife to assist for a Cesarean section, in lieu of another physician, Modifier -AS should be added to the appropriate code describing the procedure. One claim is to be filed. (Reimbursement will not exceed 120% of the maximum Fee Schedule amount).
- LT Left Side (used to identify procedures performed on the left side of the body): Add modifier –LT to the usual procedure code number. (Reimbursement will not exceed 100% of the Maximum Fee Schedule amount. One claim line should be billed.) (Use

- modifier –50 when both sides done at same operative session.)
- RT Right Side (used to identify procedures performed on the right side of the body): Add modifier –RT to the usual procedure code number. (Reimbursement will not exceed 100% of the Maximum Fee Schedule amount. One claim line should be billed.) (Use modifier –50 when both sides done at same operative session.)

## 4 INTEGUMENTARY SERVICES

### 4.1 GENERAL

#### 4.1.1 FINE NEEDLE ASPIRATION (FNA) BIOPSY

- 10021 Fine needle aspiration biopsy, without imaging guidance; first lesion
- 10004 each additional lesion (List separately in addition to code for primary procedure)
- 10005 Fine needle aspiration biopsy, including ultrasound guidance; first lesion
- 10006 each additional lesion (List separately in addition to code for primary procedure)
- 10007 Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion
- 10008 each additional lesion (List separately in addition to code for primary procedure)
- 10009 Fine needle aspiration biopsy, including CT guidance; first lesion
- 10010 each additional lesion (List separately in addition to code for primary procedure)
- 10011 Fine needle aspiration biopsy, including MR guidance; first lesion
- 10012 each additional lesion (List separately in addition to code for primary procedure)

### 4.2 INTEGUMENTARY SYSTEM

#### 4.2.1 SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

##### 4.2.1.1 INTRODUCTION AND REMOVAL

- 10030 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous
- 10035 Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion
- 10036 each additional lesion (List separately in addition to code for primary procedure)

##### 4.2.1.2 INCISION AND DRAINAGE

- 10040 Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
- 10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
- 10061 complicated or multiple
- 10080 Incision and drainage of pilonidal cyst; simple
- 10081 complicated
- 10120 Incision and removal of foreign body, subcutaneous tissues; simple
- 10121 complicated
- 10140 Incision and drainage of hematoma, seroma or fluid collection
- 10160 Puncture aspiration of abscess, hematoma, bulla or cyst
- 10180 Incision and drainage, complex, postoperative wound infection

### 4.2.1.3 DEBRIDEMENT

- 11000 Debridement of extensive eczematous or infected skin; up to 10% of body surface
- 11001       each additional 10% of the body surface, or part thereof
- 11004 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
- 11005       abdominal wall, with or without fascial closure
- 11006       external genitalia, perineum and abdominal wall, with or without fascial closure
- 11008 Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection)
- 11010 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       skin, subcutaneous tissue, muscle fascia, and muscle
- 11012       skin, subcutaneous tissue, muscle fascia, muscle, and bone
- 11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
- 11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
- 11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle, and/or fascia, if performed); first 20 sq cm or less
- 11045 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof
- 11046 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof
- 11047 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle, and/or fascia, if performed); each additional 20 sq cm, or part thereof

### 4.2.1.4 PARING OR CUTTING

- 11055 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
- 11056       two to four lesions
- 11057       more than four lesions

### 4.2.1.5 BIOPSY

- 11102 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion
- 11103       each separate/additional lesion
- 11104 Punch biopsy of skin (including simple closure, when performed); single lesion
- 11105       each separate/additional lesion
- 11106 Incisional biopsy of skin (eg, wedge) (including simple skin closure, when performed); single lesion
- 11107       each separate/additional lesion

### 4.2.1.6 REMOVAL OF SKIN TAGS

- 11200 Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions

11201 each additional ten lesions, or part thereof

#### **4.2.1.7 SHAVING OF EPIDERMAL OR DERMAL LESIONS**

11300 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm. or less

11301 lesion diameter 0.6 to 1.0 cm

11302 lesion diameter 1.1 to 2.0 cm

11303 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 lesion diameter 0.6 to 1.0 cm

11307 lesion diameter 1.1 to 2.0 cm

11308 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 lesion diameter 0.6 to 1.0 cm

11312 lesion diameter 1.1 to 2.0 cm

11313 lesion diameter over 2.0 cm

#### **4.2.1.8 EXCISION – BENIGN LESIONS**

11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less

11401 excised diameter 0.6 to 1.0 cm

11402 excised diameter 1.1 to 2.0 cm

11403 excised diameter 2.1 to 3.0 cm

11404 excised diameter 3.1 to 4.0 cm

11406 excised diameter over 4.0 cm

11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less

11421 excised diameter 0.6 to 1.0 cm

11422 excised diameter 1.1 to 2.0 cm

11423 excised diameter 2.1 to 3.0 cm

11424 excised diameter 3.1 to 4.0 cm

11426 excised diameter over 4.0 cm

11440 Excision, other benign lesion including margins, (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

11441 excised diameter 0.6 to 1.0 cm

11442 excised diameter 1.1 to 2.0 cm

11443 excised diameter 2.1 to 3.0 cm

11444 excised diameter 3.1 to 4.0 cm

11446 excised diameter over 4.0 cm

11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair

11451 with complex repair

- 11462    Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
- 11463         with complex repair
- 11470    Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal or umbilical; with simple or intermediate repair
- 11471         with complex repair

#### **4.2.1.9    EXCISION - MALIGNANT LESIONS**

- 11600    Excision, malignant lesion including margins, trunk, arms or legs; excised diameter 0.5 cm or less
- 11601         excised diameter 0.6 to 1.0 cm
- 11602         excised diameter 1.1 to 2.0 cm
- 11603         excised diameter 2.1 to 3.0 cm
- 11604         excised diameter 3.1 to 4.0 cm
- 11606         excised diameter over 4.0 cm
- 11620    Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
- 11621         excised diameter 0.6 to 1.0 cm
- 11622         excised diameter 1.1 to 2.0 cm
- 11623         excised diameter 2.1 to 3.0 cm
- 11624         excised diameter 3.1 to 4.0 cm
- 11626         excised diameter over 4.0 cm
- 11640    Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
- 11641         excised diameter 0.6 to 1.0 cm
- 11642         excised diameter 1.1 to 2.0 cm
- 11643         excised diameter 2.1 to 3.0 cm
- 11644         excised diameter 3.1 to 4.0 cm
- 11646         excised diameter over 4.0 cm

#### **4.2.2    NAILS**

- 11720    Debridement of nail(s) by any method(s); one to five
- 11721         six or more
- 11730    Avulsion of nail plate, partial or complete, simple; single
- 11732         each additional nail plate
- 11740    Evacuation of subungual hematoma
- 11750    Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;
- 11755    Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds)
- 11760    Repair of nail bed
- 11762    Reconstruction of nail bed with graft
- 11765    Wedge excision of skin of nail fold (eg, for ingrown toenail)

#### **4.2.3    PILONIDAL CYST**

- 11770      Excision of pilonidal cyst or sinus; simple
- 11771              extensive
- 11772              complicated

#### **4.2.4 INTRODUCTION**

- 11900      Injection, intralesional; up to and including seven lesions
- 11901              more than seven lesions  
(11900, 11901 are not to be used for preoperative local anesthetic injection)
- 11920      Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
- 11921              6.1 to 20.0 sq cm
- 11922              each additional 20.0 sq cm, or part thereof (List separately in addition to primary procedure)
- 11950      Subcutaneous injection of filling material (eg, collagen); 1 cc or less
- 11951              1.1 to 5 cc
- 11952              5.1 to 10 cc
- 11954              over 10 cc
- 11960      Insertion of tissue expander(s) for other than breast, including subsequent expansion
- 11970      Replacement of tissue expander with permanent implant
- 11971      Removal of tissue expander without insertion of implant
- 11976      Removal, implantable contraceptive capsules
- 11980      Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
- 11981      Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)
- 11982      Removal, non-biodegradable drug delivery implant
- 11983      Removal with reinsertion, non-biodegradable drug delivery implant

#### **4.2.5 REPAIR (CLOSURE)**

##### **4.2.5.1 REPAIR-SIMPLE**

- 12001      Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
- 12002              2.6 cm to 7.5 cm
- 12004              7.6 cm to 12.5 cm
- 12005              12.6 cm to 20.0 cm
- 12006              20.1 cm to 30.0 cm
- 12007              over 30.0 cm
- 12011      Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
- 12013              2.6 cm to 5.0 cm
- 12014              5.1 cm to 7.5 cm
- 12015              7.6 cm to 12.5 cm
- 12016              12.6 cm to 20.0 cm
- 12017              20.1 cm to 30.0 cm
- 12018              over 30.0 cm

12020 Treatment of superficial wound dehiscence; simple closure

#### 4.2.5.2 REPAIR-INTERMEDIATE

12031 Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less

12032 2.6 cm to 7.5 cm

12034 7.6 cm to 12.5 cm

12035 12.6 cm to 20.0 cm

12036 20.1 cm to 30.0 cm

12037 over 30.0 cm

12041 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less

12042 2.6 cm to 7.5 cm

12044 7.6 cm to 12.5 cm

12045 12.6 cm to 20.0 cm

12046 20.1 cm to 30.0 cm

12047 over 30.0 cm

12051 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

12052 2.6 cm to 5.0 cm

12053 5.1 cm to 7.5 cm

12054 7.6 cm to 12.5 cm

12055 12.6 cm to 20.0 cm

12056 20.1 cm to 30.0 cm

12057 over 30.0 cm

#### 4.2.5.3 REPAIR-COMPLEX

13100 Repair, complex, trunk; 1.1 cm to 2.5 cm

13101 2.6 cm to 7.5 cm

13102 each additional 5 cm or less

13120 Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm

13121 2.6 cm to 7.5 cm

13122 each additional 5 cm or less

13131 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm

13132 2.6 cm to 7.5 cm

13133 each additional 5 cm or less

13151 Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm

13152 2.6 cm to 7.5 cm

13153 each additional 5 cm or less

13160 Secondary closure of surgical wound or dehiscence, extensive or complicated

#### 4.2.5.4 ADJACENT TISSUE TRANSFER OR REARRANGEMENT

14000 Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less

14001 defect 10.1 sq cm to 30.0 sq cm

- 14020 Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm. or less
- 14021       defect 10.1 sq cm to 30.0 sq cm
- 14040 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
- 14041       defect 10.1 sq cm to 30.0 sq cm
- 14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
- 14061       defect 10.1 sq cm to 30.0 sq cm
- 14301 Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
- 14302       each additional 30.0 sq cm, or part thereof
- 14350 Fillested finger or toe flap, including preparation of recipient site

#### **4.2.5.5 SKIN REPLACEMENT SURGERY**

##### **4.2.5.5.1 SURGICAL PREPARATION**

- 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
- 15003       each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children
- 15004 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       each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children

##### **4.2.5.5.2 AUTOGRAFT/TISSUE CULTURED AUTOGRAFT**

- 15040 Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
- 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
- 15100 Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
- 15101       each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof
- 15110 Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
- 15111       each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof
- 15115 Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
- 15116       each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof



- 15120 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
- 15121       each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof
- 15130 Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
- 15131       each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof
- 15135 Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
- 15136       each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof
- 15150 Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
- 15151       additional 1 sq cm to 75 sq cm
- 15152       each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof
- 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       additional 1 sq cm to 75 sq cm
- 15157       each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof
- 15200 Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
- 15201       each additional 20 sq cm, or part thereof
- 15220 Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
- 15221       each additional 20 sq cm, or part thereof
- 15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
- 15241       each additional 20 sq cm, or part thereof
- 15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
- 15261       each additional 20 sq cm, or part thereof

#### **4.2.5.5.3 SKIN SUBSTITUTE GRAFTS**

- 15271 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- 15272       each additional 25 sq cm wound surface area, or part thereof
- 15273 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- 15274       each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof

- 15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- 15276       each additional 25 sq cm wound surface area, or part thereof
- 15277 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- 15278       each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof

#### **4.2.5.6 FLAPS (SKIN AND/OR DEEP TISSUES)**

- 15570 Formation of direct or tubed pedicle, with or without transfer; trunk
- 15572       scalp, arms, or legs
- 15574       forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
- 15576       eyelids, nose, ears, lips, or intraoral
- 15600 Delay of flap or sectioning of flap (division and inset); at trunk
- 15610       at scalp, arms, or legs
- 15620       at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
- 15630       at eyelids, nose, ears, or lips
- 15650 Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
- 15730 Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)
- 15731 Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
- 15733 Muscle, myocutaneous or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)
- 15734       trunk
- 15736       upper extremity
- 15738       lower extremity

#### **4.2.5.7 OTHER FLAPS AND GRAFTS**

- 15740 Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
- 15750       neurovascular pedicle
- 15756 Free muscle or myocutaneous flap with microvascular anastomosis
- 15757 Free skin flap with microvascular anastomosis
- 15758 Free fascial flap with microvascular anastomosis
- 15760 Graft; composite (full thickness of external ear or nasal ala), including primary closure, donor area
- 15770       derma-fat-fascia
- 15775 Punch graft for hair transplant; 1 to 15 punch grafts
- 15776       more than 15 punch grafts

- 15777 Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk)
- 15778 Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma

#### **4.2.5.8 OTHER PROCEDURES**

- 15780 Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
- 15781 segmental, face
- 15782 regional, other than face
- 15783 superficial, any site, (eg, tattoo removal)
- 15786 Abrasion; single lesion (eg, keratosis, scar)
- 15787 each additional four lesions or less
- 15788 Chemical peel, facial; epidermal
- 15789 dermal
- 15792 Chemical peel, nonfacial; epidermal
- 15793 dermal
- 15819 Cervicoplasty
- 15820 Blepharoplasty, lower eyelid;
- 15821 with extensive herniated fat pad
- 15822 Blepharoplasty, upper eyelid;
- 15823 with excessive skin weighting down lid
- 15824 Rhytidectomy; forehead
- 15825 neck with platysmal tightening (platysmal flap, P-flap)
- 15826 glabellar frown lines
- 15828 cheek, chin, and neck
- 15829 superficial musculoaponeurotic system (SMAS) flap
- 15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
- 15832 thigh
- 15833 leg
- 15834 hip
- 15835 buttock
- 15836 arm
- 15837 forearm or hand
- 15838 submental fat pad
- 15839 other area
- 15840 Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
- 15841 free muscle graft (including obtaining graft)
- 15842 free muscle flap by microsurgical technique
- 15845 regional muscle transfer
- 15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)
- 15851 Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)

- 15852 Dressing change (for other than burns) under anesthesia (other than local) (See Rule 4)
- 15860 Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
- 15876 Suction assisted lipectomy; head and neck
- 15877 trunk
- 15878 upper extremity
- 15879 lower extremity

#### **4.2.5.9 PRESSURE ULCERS (DECUBITIS ULCERS)**

- 15920 Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
- 15922 with flap closure
- 15931 Excision, sacral pressure ulcer, with primary suture;
- 15933 with ostectomy
- 15934 Excision, sacral pressure ulcer, with skin flap closure
- 15935 with ostectomy
- 15936 Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
- 15937 with ostectomy
- 15940 Excision, ischial pressure ulcer, with primary suture;
- 15941 with ostectomy
- 15944 Excision, ischial pressure ulcer, with skin flap closure;
- 15945 with ostectomy
- 15946 Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
- 15950 Excision, trochanteric pressure ulcer, with primary suture;
- 15951 with ostectomy
- 15952 Excision, trochanteric pressure ulcer, with skin flap closure;
- 15953 with ostectomy
- 15956 Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
- 15958 with ostectomy
- 15999 Unlisted procedure, excision pressure ulcer

#### **4.2.5.10 BURNS, LOCAL TREATMENT**

- 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 medium (eg, whole face or whole extremity or 5% to 10% total body surface area)
- 16030 large (eg, more than one extremity, or greater than 10% total body surface area)
- 16035 Escharotomy; initial incision
- 16036 each additional incision

#### **4.2.6 DESTRUCTION**

##### **4.2.6.1 DESTRUCTION, BENIGN OR PREMALIGNANT LESIONS**

- 17000 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical

- curettement), premalignant lesions (e.g., actinic keratoses); first lesion
- 17003 second through 14 lesions, each
- 17004 15 or more lesions
- 17106 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
- 17107 10.0 - 50.0 sq cm
- 17108 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 15 or more lesions
- 17250 Chemical cauterization of granulation tissue (ie, proud flesh)

#### 4.2.6.2 DESTRUCTION, MALIGNANT LESIONS, ANY METHOD

- 17260 Destruction, malignant lesion, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
- 17261 lesion diameter 0.6 to 1.0 cm
- 17262 lesion diameter 1.1 to 2.0 cm
- 17263 lesion diameter 2.1 to 3.0 cm
- 17264 lesion diameter 3.1 to 4.0 cm
- 17266 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 lesion diameter 0.6 to 1.0 cm
- 17272 lesion diameter 1.1 to 2.0 cm
- 17273 lesion diameter 2.1 to 3.0 cm
- 17274 lesion diameter 3.1 to 4.0 cm
- 17276 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 lesion diameter 0.6 to 1.0 cm
- 17282 lesion diameter 1.1 to 2.0 cm
- 17283 lesion diameter 2.1 to 3.0 cm
- 17284 lesion diameter 3.1 to 4.0 cm
- 17286 lesion diameter over 4.0 cm

#### 4.2.6.3 MOHS' MICROGRAPHIC SURGERY

- 17311 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels;

- first stage, up to 5 tissue blocks
- 17312        each additional stage after the first stage, up to 5 tissue blocks
- 17313    Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
- 17314        each additional stage after the first stage, up to 5 tissue blocks
- 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

#### 4.2.6.4 OTHER PROCEDURES

- 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

#### 4.2.7 BREAST

- 19000    Puncture aspiration of cyst breast;
- 19001        each additional cyst
- 19020    Mastotomy with exploration or drainage of abscess, deep
- 19030    Injection procedure only for mammary ductogram or galactogram
- 19081    Biopsy, breast, with placement of breast localization devices(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
- 19082        each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)
- 19083    Biopsy, breast with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance
- 19084        each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)
- 19085    Biopsy, breast with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance
- 19086        each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
- 19100    Biopsy of breast; percutaneous, needle core, not using needle guidance (separate procedure)
- 19101        open, incisional
- 19105    Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each

fibroadenoma

- 19110 Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
- 19112 Excision of lactiferous duct fistula
- 19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, one or more lesions
- 19125 Excision of breast lesion identified by pre-operative placement of radiological marker, open; single lesion
- 19126 each additional lesion separately identified by a preoperative radiological marker (List separately in addition to primary procedure)

#### 4.2.7.1 INTRODUCTION

- 19281 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, first lesion, including mammographic guidance
- 19282 each additional lesion, including mammographic guidance
- 19283 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, first lesion, including stereotactic guidance
- 19284 each additional lesion, including stereotactic guidance
- 19285 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, first lesion, including ultrasound guidance
- 19286 each additional lesion, including ultrasound guidance
- 19287 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, first lesion, including magnetic resonance guidance
- 19288 each additional lesion, including magnetic resonance guidance
- 19294 Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)
- 19296 Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
- 19297 concurrent with partial mastectomy
- 19298 Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance

#### 4.2.7.2 MASTECTOMY PROCEDURES

- 19300 Mastectomy for gynecomastia
- 19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
- 19302 with axillary lymphadenectomy
- 19303 Mastectomy, simple, complete
- 19305 Mastectomy, radical, including pectoral muscles, axillary lymph nodes
- 19306 Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph

- nodes (Urban type operation)
- 19307 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

#### 4.2.7.3 REPAIR AND/OR RECONSTRUCTION

- 19316 Mastopexy (unilateral)
- 19318 Breast Reduction
- 19325 Breast augmentation with implant
- 19328 Removal of intact breast implant
- 19330 Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
- 19340 Insertion of breast implant on same day of mastectomy (ie immediate)
- 19342 Insertion or replacement of breast implant on separate day from mastectomy
- 19350 Nipple/areola reconstruction
- 19355 Correction of inverted nipples
- 19357 Tissue expander placement in breast reconstruction, including subsequent expansion(s)
- 19361 Breast reconstruction; with latissimus dorsi flap
- 19364 with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
- 19367 with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
- 19368 with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
- 19369 with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
- 19370 Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
- 19371 Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
- 19380 Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
- 19396 Preparation of moulage for custom breast implant

#### 4.2.7.4 OTHER PROCEDURES

- 19499 Unlisted procedure, breast

## 5 MUSCULOSKELETAL SERVICES

Casts and strapping procedures appear at the end of this section.

The services listed below include the application and removal of the first cast or traction device only. Subsequent replacement of cast and/or traction device may require an additional listing.

### 5.1 MUSCULOSKELETAL SYSTEM

#### 5.1.1 GENERAL



## 5.1.1.1 WOUND EXPLORATION - TRAUMA (eg PENETRATING GUNSHOT, STAB WOUND)

- 20100 Exploration of penetrating wound (separate procedure); neck
- 20101 chest
- 20102 abdomen/flank/back
- 20103 extremity

## 5.1.1.2 EXCISION

- 20150 Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
- 20200 Biopsy, muscle; superficial
- 20205 deep
- 20206 Biopsy, muscle, percutaneous needle
- 20220 Biopsy, bone, trocar or needle; superficial (eg, ilium, sternum, spinous process, ribs)
- 20225 deep (eg, vertebral body, femur)
- 20240 Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus tarsal, metatarsal, carpal, metacarpal, phalanx)
- 20245 deep (eg, humeral shaft, ischium, femoral shaft)
- 20250 Biopsy, vertebral body, open; thoracic
- 20251 lumbar or cervical

## 5.1.1.3 INTRODUCTION OR REMOVAL

- 20500 Injection of sinus tract; therapeutic (separate procedure)
- 20501 diagnostic (sinogram)
- 20520 Removal of foreign body in muscle, or tendon sheath, simple
- 20525 deep or complicated
- 20526 Injection, therapeutic (eg, local anesthetic; corticosteroid), carpal tunnel
- 20527 Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)
- 20550 Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
- 20551 single tendon origin/insertion
- 20552 single or multiple trigger point(s), one or two muscle(s)
- 20553 single or multiple trigger point(s), three or more muscle(s)
- 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
- 20604 with ultrasound guidance, with permanent recording and reporting
- 20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, tempomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
- 20606 with ultrasound guidance, with permanent recording and reporting
- 20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
- 20611 with ultrasound guidance, with permanent recording and reporting
- 20612 Aspiration and/or injection of ganglion cyst(s) any location

- 20615 Aspiration and injection for treatment of bone cyst
- 20650 Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
- 20660 Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
- 20661 Application of halo, including removal; cranial
- 20662       pelvic
- 20663       femoral
- 20664 Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)
- 20665 Removal of tongs or halo applied by another individual
- 20670 Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
- 20680       deep, (eg, buried wire, pin, screw, metal band, nail, rod or plate)
- 20690 Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
- 20692 Application of a multiplane (pins or wires in more than one 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

#### **5.1.1.4 REPLANTATION**

- 20802 Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
- 20805 Replantation, forearm, (includes radius and ulna to radial carpal joint), complete amputation
- 20808 Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation
- 20816 Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
- 20822 Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
- 20824 Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
- 20827 Replantation, thumb (includes distal tip to MP joint), complete amputation
- 20838 Replantation, foot, complete amputation

#### **5.1.1.5 GRAFTS (OR IMPLANTS)**

- 20900 Bone graft, any donor area; minor or small (eg, dowel or button)
- 20902       major or large
- 20910 Cartilage graft; costochondral
- 20912       nasal septum
- 20920 Fascia lata graft; by stripper
- 20922       by incision and area exposure, complex or sheet
- 20924 Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
- 20931 Allograft, structural, for spine surgery only

- 20932 Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular including articular surface and contiguous bone
- 20933       hemicortical intercalary, partial (ie, hemicylindrical)
- 20934       intercalary, complete (ie, cylindrical)
- 20937       morselized (through separate skin or fascial incision)
- 20938       structural, bicortical or tricortical (through separate skin or fascial incision)
- 20939 Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision

## 5.1.1.6 OTHER PROCEDURES

- 20950 Monitoring of interstitial fluid pressure (includes insertion of device eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
- 20955 Bone graft with microvascular anastomosis; fibula
- 20956       iliac crest
- 20957       metatarsal
- 20962       other than fibula, iliac crest, or metatarsal
- 20969 Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
- 20970       iliac crest
- 20972       metatarsal
- 20973       great toe with web space
- 20974# Electrical stimulation to aid bone healing; noninvasive (nonoperative)
- 20975       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

## 5.1.2 HEAD

### 5.1.2.1 INCISION

- 21010 Arthrotomy, temporomandibular joint

### 5.1.2.2 EXCISION

- 21011 Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
- 21012       2 cm or greater
- 21013 Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm
- 21014       2 cm or greater
- 21015 Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm
- 21016       2 cm or greater
- 21025 Excision of bone (eg, for osteomyelitis or bone abscess); mandible
- 21026       facial bone(s)
- 21029 Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)

- 21030 Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
- 21031 Excision of torus mandibularis
- 21032 Excision of maxillary torus palatinus
- 21034 Excision of malignant tumor of maxilla or zygoma
- 21040 Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
- 21044 Excision of malignant tumor of mandible;
- 21045       radical resection
- 21046 Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
- 21047       requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
- 21048 Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
- 21049       requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))
- 21050 Condylectomy, temporomandibular joint; (separate procedure)
- 21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
- 21070 Coronoidectomy (separate procedure)

### 5.1.2.3 MANIPULATION

- 21073 Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)

### 5.1.2.4 HEAD PROSTHESIS

- 21076 Impression and custom preparation; surgical obturator prosthesis
- 21077       orbital prosthesis
- 21079       interim obturator prosthesis
- 21080       definitive obturator prosthesis
- 21081       mandibular resection prosthesis
- 21082       palatal augmentation prosthesis
- 21083       palatal lift prosthesis
- 21084       speech aid prosthesis
- 21085       oral surgical splint
- 21086       auricular prosthesis
- 21087       nasal prosthesis
- 21088       facial prosthesis

#### 5.1.2.4.1 OTHER PROCEDURES

- 21089 Unlisted maxillofacial prosthetic procedure

### 5.1.2.5 INTRODUCTION OR REMOVAL

- 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

## 5.1.2.6 REPAIR, REVISION, AND/OR RECONSTRUCTION

21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)  
21121 sliding osteotomy, single piece  
21122 sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)  
21123 sliding, augmentation with interpositional bone grafts (includes obtaining autografts)  
21125 Augmentation, mandibular body or angle; prosthetic material  
21127 with bone graft, onlay or interpositional (includes obtaining autograft)  
21137 Reduction forehead; contouring only  
21138 contouring and application of prosthetic material or bone graft (includes obtaining autograft)  
21139 contouring and setback of anterior frontal sinus wall  
21141 Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft  
21142 two pieces, segment movement in any direction, without bone graft  
21143 three or more pieces, segment movement in any direction, without bone graft  
21145 single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)  
21146 two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)  
21147 three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)  
21150 Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)  
21151 any direction, requiring bone grafts (includes obtaining autografts)  
21154 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I  
21155 with LeFort I  
21159 Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I  
21160 with LeFort I  
21172 Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)  
21175 Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)  
21179 Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)  
21180 with autograft (includes obtaining grafts)

- 21181 Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
- 21182 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 total area of bone grafting greater than 40 sq cm but less than 80 sq cm
- 21184 total area of bone grafting greater than 80 sq cm
- 21188 Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
- 21193 Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; without bone graft
- 21194 with bone graft (includes obtaining graft)
- 21195 Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
- 21196 with internal rigid fixation
- 21198 Osteotomy, mandible, segmental;
- 21199 with genioglossus advancement
- 21206 Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
- 21208 Osteoplasty, facial bones; augmentation (autograft, allograft or prosthetic implant)
- 21209 reduction
- 21210 Graft, bone; nasal, maxillary and malar areas (includes obtaining graft)
- 21215 mandible (includes obtaining graft)
- 21230 Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
- 21235 ear cartilage, autograft, to nose or ear (includes obtaining graft)
- 21240 Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
- 21242 Arthroplasty, temporomandibular joint, with allograft
- 21243 Arthroplasty, temporomandibular joint, with prosthetic joint replacement
- 21244 Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
- 21245 Reconstruction of mandible or maxilla, subperiosteal implant; partial
- 21246 complete
- 21247 Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
- 21248 Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
- 21249 complete
- 21255 Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
- 21256 Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
- 21260 Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
- 21261 combined intra- and extracranial approach
- 21263 with forehead advancement
- 21267 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial

- approach
- 21268 combined intra- and extracranial approach
- 21270 Malar augmentation, prosthetic material
- 21275 Secondary revision of orbitocraniofacial reconstruction
- 21280 Medial canthopexy (separate procedure)
- 21282 Lateral canthopexy
- 21295 Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
- 21296 intraoral approach

### 5.1.2.7 OTHER PROCEDURES

- 21299 Unlisted craniofacial and maxillofacial procedure

### 5.1.2.8 FRACTURE AND/OR DISLOCATION

- 21315 Closed treatment of nasal bone fracture with manipulation; without stabilization
- 21320 with stabilization
- 21325 Open treatment of nasal fracture; uncomplicated
- 21330 complicated, with internal and/or external skeletal fixation
- 21335 with concomitant open treatment of fractured septum
- 21336 Open treatment of nasal septal fracture, with or without stabilization
- 21337 Closed treatment of nasal septal fracture, with or without stabilization
- 21338 Open treatment of nasoethmoid fracture; without external fixation
- 21339 with external fixation
- 21340 Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
- 21343 Open treatment of depressed
- 21344 Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
- 21345 Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
- 21346 Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
- 21347 requiring multiple open approaches
- 21348 with bone grafting (includes obtaining graft)
- 21355 Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
- 21356 Open treatment of depressed zygomatic arch fracture (eg, Gilles approach)
- 21360 Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
- 21365 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 with bone grafting (includes obtaining graft)
- 21385 Open treatment of orbital floor blowout fracture; transantral approach (Caldwell Luc type operations)

- 21386 periorbital approach
  - 21387 combined approach
  - 21390 periorbital approach, with alloplastic or other implant
  - 21395 periorbital approach with bone graft (includes obtaining graft)
  - 21400 Closed treatment of fracture of orbit, except blowout; without manipulation
  - 21401 with manipulation
  - 21406 Open treatment of fracture of orbit except blowout; without implant
  - 21407 with implant
  - 21408 with bone grafting (includes obtaining graft)
  - 21421 Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
  - 21422 Open treatment of palatal or maxillary fracture (LeFort I type);
  - 21423 complicated (comminuted or involving cranial nerve foramina), multiple approaches
  - 21431 Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
  - 21432 Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
  - 21433 complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
  - 21435 complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
  - 21436 complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
  - 21440 Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
  - 21445 Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
  - 21450 Closed treatment of mandibular fracture; without manipulation
  - 21451 with manipulation
  - 21452 Percutaneous treatment of mandibular fracture, with external fixation
  - 21453 Closed treatment of mandibular fracture with interdental fixation
  - 21454 Open treatment of mandibular fracture with external fixation
  - 21461 Open treatment of mandibular fracture; without interdental fixation
  - 21462 with interdental fixation
  - 21465 Open treatment of mandibular condylar fracture
  - 21470 Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
  - 21480 Closed treatment of temporomandibular dislocation, initial or subsequent
  - 21485 complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
  - 21490 Open treatment of temporomandibular dislocation
- 5.1.2.9 OTHER PROCEDURES**
- 21497 Interdental wiring, for condition other than fracture
  - 21499 Unlisted musculoskeletal procedure, head



## 5.1.3 NECK (SOFT TISSUES) AND THORAX

### 5.1.3.1 INCISION

- 21501 Incision and drainage, deep abscess or hematoma, soft tissues of neck of thorax;
- 21502       with partial rib ostectomy
- 21510 Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax

### 5.1.3.2 EXCISION

- 21550 Biopsy, soft tissue of neck or thorax
- 21552 Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
- 21554 Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater
- 21555 Excision tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
- 21556       subfascial (eg, intramuscular); less than 5 cm
- 21557 Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
- 21558       5 cm or greater
- 21600 Excision of rib, partial
- 21601 Excision of chest wall tumor including rib(s)
- 21602 Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy
- 21603       with mediastinal lymphadenectomy
- 21610 Costotransversectomy (separate procedure)
- 21615 Excision first and/or cervical rib;
- 21616       with sympathectomy
- 21620 Ostectomy of sternum, partial
- 21627 Sternal debridement
- 21630 Radical resection of sternum;
- 21632       with mediastinal lymphadenectomy

### 5.1.3.3 REPAIR, REVISION AND/OR RECONSTRUCTION

- 21685 Hyoid myotomy and suspension
- 21700 Division of scalenus anticus; without resection of cervical rib
- 21705       with resection of cervical rib
- 21720 Division of sternocleidomastoid for torticollis, open operation; without cast application
- 21725       with cast application
- 21740 Reconstructive repair of pectus excavatum or carinatum; open
- 21742       minimally invasive approach (Nuss procedure), without thoracoscopy
- 21743       minimally invasive approach (Nuss procedure), with thoracoscopy
- 21750 Closure of median sternotomy separation with or without debridement (separate procedure)

## 5.1.3.4 FRACTURE AND/OR DISLOCATION

- 21811 Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
- 21812 4-6 ribs
- 21813 7 or more ribs
- 21820 Closed treatment of sternum fracture
- 21825 Open treatment of sternum fracture with or without skeletal fixation

## 5.1.3.5 OTHER PROCEDURES

- 21899 Unlisted procedure, neck or thorax

## 5.1.4 BACK AND FLANK

### 5.1.4.1 EXCISION

- 21920 Biopsy, soft tissue of back or flank; superficial
- 21925 deep
- 21930 Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
- 21931 3 cm or greater
- 21932 Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm
- 21933 5 cm or greater
- 21935 Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm
- 21936 5 cm or greater

## 5.1.5 SPINE (VERTEBRAL COLUMN)

### 5.1.5.1 INCISION

- 22010 Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
- 22015 lumbar, sacral, or lumbosacral

### 5.1.5.2 EXCISION

- 22100 Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
- 22101 thoracic
- 22102 lumbar
- 22103 each additional segment
- 22110 Partial excision of vertebral body for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
- 22112 thoracic
- 22114 lumbar
- 22116 each additional vertebral segment

### 5.1.5.3 OSTEOTOMY

- 22206 Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
- 22207 lumbar

- 22208 each additional vertebral segment
- 22210 Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical
- 22212 thoracic
- 22214 lumbar
- 22216 each additional segment
- 22220 Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
- 22222 thoracic
- 22224 lumbar
- 22226 each additional segment

#### **5.1.5.4 FRACTURE AND/OR DISLOCATION**

- 22310 Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
- 22315 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
- 22318 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 with grafting
- 22325 Open treatment and/or reduction of vertebral fracture (s) and/or dislocation(s); posterior approach, one fractured vertebrae or dislocated segment; lumbar
- 22326 cervical
- 22327 thoracic
- 22328 each additional fractured vertebrae or dislocated segment

#### **5.1.5.5 MANIPULATION**

- 22505 Manipulation of spine requiring anesthesia, any region

#### **5.1.5.6 PERCUTANEOUS VEREBROPLASTY and VERTEBRAL AUGMENTATION**

- 22510 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
- 22511 lumbosacral
- 22512 each additional cervicothoracic or lumbosacral vertebral body
- 22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
- 22514 lumbar
- 22515 each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

## 5.1.5.7 PERCUTANEOUS AUGMENTATION AND ANNULOPLASTY

- 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
- 22527           one or more additional levels

## 5.1.5.8 ARTHRODESIS

### 5.1.5.8.1 LATERAL EXTRACAVITARY APPROACH TECHNIQUE

- 22532 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
- 22533           lumbar
- 22534           thoracic or lumbar, each additional vertebral segment

### 5.1.5.8.2 ANTERIOR OR ANTEROLATERAL APPROACH TECHNIQUE

- 22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
- 22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
- 22552           cervical below C2, each additional interspace
- 22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
- 22556           thoracic
- 22558           lumbar
- 22585           each additional interspace
- 22586 Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace

### 5.1.5.8.3 POSTERIOR, POSTEROLATERAL OR LATERAL TRANSVERSE PROCESS TECHNIQUE

- 22590 Arthrodesis, posterior technique, craniocervical (occiput-C2)
- 22595 Arthrodesis, posterior technique, atlas-axis (C1-C2)
- 22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
- 22610           thoracic (with lateral transverse technique, when performed)
- 22612           lumbar (with lateral transverse technique, when performed)
- 22614           each additional interspace
- 22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression) single interspace; lumbar
- 22632           each additional interspace
- 22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar
- 22634           each additional interspace and segment

## 5.1.5.8.4 SPINE DEFORMITY (EG, SCOLIOSIS, KYPHOSIS)

- 22800 Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
- 22802       7 to 12 vertebral segments
- 22804       13 or more vertebral segments
- 22808 Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
- 22810       4 to 7 vertebral segments
- 22812       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       3 or more segments

## 5.1.5.9 EXPLORATION

- 22830 Exploration of spinal fusion

## 5.1.5.10 SPINAL INSTRUMENTATION

- 22836 Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
- 22837       8 or more vertebral segments
- 22838 Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed

## 5.1.5.11 SPINAL INSTRUMENTATION

- 22840 Posterior non-segmental instrumentation (eg, Harrington Rod Technique), pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation
- 22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments
- 22843       7 to 12 vertebral segments (List separately in addition to primary procedure)
- 22844       13 or more vertebral segments
- 22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to primary procedure)
- 22846       4 to 7 vertebral segments
- 22847       8 or more vertebral segments
- 22848 Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum
- 22849 Reinsertion of spinal fixation device
- 22850 Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
- 22852 Removal of posterior segmental instrumentation
- 22853 Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
- 22854 Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral

- anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial of complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
- 22859 Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate), to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
- 22855 Removal of anterior instrumentation
- 22856 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
- 22858       second level,cervical (List separately in addition to code for primary procedure)
- 22857 Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar
- 22860       second interspace, lumbar (List separately in addition to code for primary procedure)
- 22861 Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
- 22862       lumbar
- 22864 Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
- 22865 Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace, lumbar

### 5.1.5.12 OTHER PROCEDURES

- 22899 Unlisted procedure, spine

### 5.1.6 ABDOMEN

#### 5.1.6.1 EXCISION

- 22900 Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
- 22901       5 cm or greater
- 22902 Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
- 22903       3 cm or greater
- 22904 Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm
- 22905       5 cm or greater

#### 5.1.6.2 OTHER PROCEDURES

- 22999 Unlisted procedure, abdomen, musculoskeletal system

### 5.1.7 SHOULDER

#### 5.1.7.1 INCISION

- 23000 Removal of subdeltoid calcareous deposits, open

- 23020 Capsular contracture release (eg, Sever type procedure)
- 23030 Incision and drainage, shoulder area; deep abscess or hematoma
- 23031       infected bursa
- 23035 Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
- 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

## 5.1.7.2 EXCISION

- 23065 Biopsy, soft tissues; superficial
- 23066       deep
- 23071 Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
- 23073 Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater
- 23075 Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
- 23076 Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm
- 23077 Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm
- 23078       5 cm or greater
- 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       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       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       with autograft (includes obtaining graft)
- 23146       with allograft
- 23150 Excision or curettage of bone cyst or benign tumor of proximal humerus;
- 23155       with autograft (includes obtaining graft)
- 23156       with allograft
- 23170 Sequestrectomy (eg, for osteomyelitis or bone abscess); clavicle
- 23172       scapula
- 23174       humeral head to surgical neck
- 23180 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); clavicle
- 23182       scapula
- 23184       proximal humerus
- 23190 Ostectomy of scapula, partial (eg, superior medial angle)

- 23195 Resection humeral head
- 23200 Radical resection of tumor; clavicle
- 23210       scapula
- 23220 Radical resection of tumor, proximal humerus

### **5.1.7.3 INTRODUCTION OR REMOVAL**

- 23330 Removal of foreign body, shoulder; subcutaneous
- 23333       deep (subfascial or intramuscular)
- 23334 Removal of prosthesis, includes debridement and synovectomy when performed;  
          humeral or glenoid component
- 23335       humeral and glenoid components (eg, total shoulder)
- 23350 Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder  
          arthrography

### **5.1.7.4 REPAIR, REVISION AND/OR RECONSTRUCTION**

- 23395 Muscle transfer, any type, shoulder or upper arm; single
- 23397       multiple
- 23400 Scapulopexy (eg, Sprengels deformity or for paralysis)
- 23405 Tenotomy, shoulder area; single tendon
- 23406       multiple tendons through same incision
- 23410 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
- 23412       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       with labral repair (eg, Bankart procedure)
- 23460 Capsulorrhaphy, anterior, any type; with bone block
- 23462       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       total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)
- 23473 Revision of total shoulder arthroplasty, including allograft when performed; humeral or  
          glenoid component
- 23474       humeral and glenoid component
- 23480 Osteotomy, clavicle, with or without internal fixation;
- 23485       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       proximal humerus



## 5.1.7.5 FRACTURE AND/OR DISLOCATION

- 23500 Closed treatment of clavicular fracture; without manipulation
- 23505       with manipulation
- 23515 Open treatment of clavicular fracture, includes internal fixation, when performed
- 23520 Closed treatment of sternoclavicular dislocation; without manipulation
- 23525       with manipulation
- 23530 Open treatment of sternoclavicular dislocation, acute or chronic;
- 23532       with fascial graft (includes obtaining graft)
- 23540 Closed treatment of acromioclavicular dislocation; without manipulation
- 23545       with manipulation
- 23550 Open treatment of acromioclavicular dislocation, acute or chronic;
- 23552       with fascial graft (includes obtaining graft)
- 23570 Closed treatment of scapular fracture; without manipulation
- 23575       with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
- 23585 Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
- 23600 Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
- 23605       with manipulation, with or without skeletal traction
- 23615 Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;
- 23616       with proximal humeral prosthetic replacement
- 23620 Closed treatment of greater humeral tuberosity fracture; without manipulation
- 23625       with manipulation
- 23630 Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
- 23650 Closed treatment of shoulder dislocation, with manipulation; without anesthesia
- 23655       requiring anesthesia
- 23660 Open treatment of acute shoulder dislocation
- 23665 Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
- 23670 Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
- 23675 Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
- 23680 Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed

## 5.1.7.6 MANIPULATION

- 23700 Manipulation under anesthesia, including application of fixation apparatus (dislocation excluded)

## 5.1.7.7 ARTHRODESIS

- 23800 Arthrodesis, glenohumeral joint;
- 23802 with autogenous graft (includes obtaining graft)

## 5.1.7.8 AMPUTATION

- 23900 Interthoracoscapular amputation (forequarter)
- 23920 Disarticulation of shoulder;
- 23921 secondary closure or scar revision

## 5.1.7.9 OTHER PROCEDURES

- 23929 Unlisted procedure, shoulder

## 5.1.8 HUMERUS (UPPER ARM) AND ELBOW

### 5.1.8.1 INCISION

- 23930 Incision and drainage upper arm or elbow area; deep abscess or hematoma
- 23931 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)

### 5.1.8.2 EXCISION

- 24065 Biopsy, soft tissue of upper arm or elbow area; superficial
- 24066 deep (subfascial or intramuscular)
- 24071 Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
- 24073 Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater
- 24075 Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
- 24076 Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm
- 24077 Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm
- 24079 5 cm or greater
- 24100 Arthrotomy, elbow; with synovial biopsy only
- 24101 with joint exploration, with or without biopsy, with or without removal of loose or foreign body
- 24102 with synovectomy
- 24105 Excision, olecranon bursa
- 24110 Excision or curettage of bone cyst or benign tumor, humerus;
- 24115 with autograft (includes obtaining graft)
- 24116 with allograft
- 24120 Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
- 24125 with autograft (includes obtaining graft)

- 24126 with allograft
- 24130 Excision, radial head
- 24134 Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
- 24136 radial head or neck
- 24138 olecranon process
- 24140 Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis); humerus
- 24145 radial head or neck
- 24147 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)

### 5.1.8.3 INTRODUCTION OR REMOVAL

- 24160 Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components
- 24164 radial head
- 24200 Removal of foreign body, upper arm or elbow area; subcutaneous
- 24201 deep (subfascial or intramuscular)
- 24220 Injection procedure for elbow arthrography

### 5.1.8.4 REPAIR, REVISION AND/OR RECONSTRUCTION

- 24300 Manipulation, elbow, under anesthesia
- 24301 Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
- 24305 Tendon lengthening, upper arm or elbow, each tendon
- 24310 Tenotomy, open, elbow to shoulder, each tendon
- 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 with extensor advancement
- 24332 Tenolysis, triceps
- 24340 Tenodesis of biceps tendon at elbow (separate procedure)
- 24341 Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
- 24342 Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
- 24343 Repair lateral collateral ligament, elbow, with local tissue
- 24344 Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
- 24345 Repair medial collateral ligament, elbow, with local tissue
- 24346 Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
- 24357 Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow);

- percutaneous
- 24358 Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
- 24359 Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
- 24360 Arthroplasty, elbow; with membrane (eg, fascial)
- 24361       with distal humeral prosthetic replacement
- 24362       with implant and fascia lata ligament reconstruction
- 24363       with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
- 24365 Arthroplasty, radial head;
- 24366       with implant
- 24370 Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
- 24371       humeral and ulnar component
- 24400 Osteotomy, humerus, with or without internal fixation
- 24410 Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
- 24420 Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
- 24430 Repair of nonunion or malunion, humerus; without graft (eg, compression technique, etc)
- 24435       with iliac or other autograft (includes obtaining graft)
- 24470 Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
- 24495 Decompression fasciotomy, forearm, with brachial artery exploration
- 24498 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, humeral shaft

## **5.1.8.5 FRACTURE AND/OR DISLOCATION**

- 24500 Closed treatment of humeral shaft fracture; without manipulation
- 24505       with manipulation, with or without skeletal traction
- 24515 Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
- 24516 Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
- 24530 Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
- 24535       with manipulation, with or without skin or skeletal traction
- 24538 Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
- 24545 Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
- 24546       with intercondylar extension
- 24560 Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
- 24565       with manipulation
- 24566 Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
- 24575 Open treatment of humeral epicondylar fracture, medial or lateral, includes internal

- fixation, when performed
- 24576 Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
- 24577       with manipulation
- 24579 Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
- 24582 Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
- 24586 Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
- 24587       with implant arthroplasty
- 24600 Treatment of closed elbow dislocation; without anesthesia
- 24605       requiring anesthesia
- 24615 Open treatment of acute or chronic elbow dislocation
- 24620 Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
- 24635 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
- 24640 Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
- 24650 Closed treatment of radial head or neck fracture; without manipulation
- 24655       with manipulation
- 24665 Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;
- 24666       with radial head prosthetic replacement
- 24670 Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process [es]); without manipulation
- 24675       with manipulation
- 24685 Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process [es]), includes internal fixation, when performed

## **5.1.8.6 ARTHRODESIS**

- 24800 Arthrodesis, elbow joint; local
- 24802       with autogenous graft (includes obtaining graft)

## **5.1.8.7 AMPUTATION**

- 24900 Amputation, arm through humerus; with primary closure
- 24920       open, circular (guillotine)
- 24925       secondary closure or scar revision
- 24930       re-amputation
- 24931       with implant
- 24935 Stump elongation, upper extremity
- 24940 Cineplasty, upper extremity, complete procedure

## **5.1.8.8 OTHER PROCEDURES**

- 24999 Unlisted procedure, humerus or elbow

## 5.1.9 FOREARM AND WRIST

### 5.1.9.1 INCISION

- 25000 Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
- 25001 Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
- 25020 Decompression fasciotomy, forearm and/or wrist, flexor or extensor compartment; without debridement of nonviable muscle and/or nerve
- 25023       with debridement of nonviable muscle and/or nerve
- 25024 Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
- 25025       with debridement of nonviable muscle and/or nerve
- 25028 Incision and drainage forearm and/or wrist; deep abscess or hematoma
- 25031       bursa
- 25035 Incision, deep, bone cortex, forearm and/or wrist (eg, for osteomyelitis or bone abscess)
- 25040 Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body

### 5.1.9.2 EXCISION

- 25065 Biopsy, soft tissue; superficial
- 25066       deep (subfascial or intramuscular)
- 25071 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater
- 25073 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
- 25075 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm
- 25076 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm
- 25077 Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm
- 25078       3 cm or greater
- 25085 Capsulotomy, wrist (eg, for contracture)
- 25100 Arthrotomy, wrist joint; with biopsy
- 25101       with joint exploration, with or without biopsy, with or without removal of loose or foreign body
- 25105       with synovectomy
- 25107 Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
- 25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each
- 25110 Excision, lesion of tendon sheath
- 25111 Excision of ganglion, wrist (dorsal or volar); primary
- 25112       recurrent
- 25115 Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
- 25116       extensors (with or without transposition of dorsal retinaculum)
- 25118 Synovectomy, extensor tendon sheath, wrist, single compartment;
- 25119       with resection of distal ulna

- 25120 Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
- 25125       with autograft (includes obtaining graft)
- 25126       with allograft
- 25130 Excision or curettage of bone cyst or benign tumor of carpal bones;
- 25135       with autograft (includes obtaining graft)
- 25136       with allograft
- 25145 Sequestrectomy (eg, for osteomyelitis or bone abscess)
- 25150 Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis); ulna
- 25151       radius
- 25170 Radical resection for tumor, radius or ulna
- 25210 Carpectomy; one bone
- 25215       all bones of proximal row
- 25230 Radial styloidectomy (separate procedure)
- 25240 Excision distal ulna partial or complete (eg, Darrach type or matched resection)

### **5.1.9.3 INTRODUCTION OR REMOVAL**

- 25246 Injection procedure for wrist arthrography
- 25248 Exploration with removal of deep foreign body, forearm or wrist
- 25250 Removal of wrist prosthesis; (separate procedure)
- 25251       complicated, including total wrist
- 25259 Manipulation, wrist, under anesthesia

### **5.1.9.4 REPAIR, REVISION AND/OR RECONSTRUCTION**

- 25260 Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
- 25263       secondary, single, each tendon or muscle
- 25265       secondary, with free graft (includes obtaining graft) each tendon or muscle
- 25270 Repair, tendon or muscle, extensor; forearm and/or wrist; primary, single, each tendon or muscle
- 25272       secondary, single, each tendon or muscle
- 25274       secondary, with free graft (includes obtaining graft), each tendon or muscle
- 25275 Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for exterior carpi ulnaris subluxation)
- 25280 Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist; single, each tendon
- 25290 Tenotomy, open, flexor or extensor tendon, forearm and/or wrist single, each tendon
- 25295 Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
- 25300 Tenodesis at wrist; flexors of fingers
- 25301       extensors of fingers
- 25310 Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
- 25312       with tendon graft(s) (includes obtaining graft), each tendon

- 25315 Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
- 25316       with tendon(s) transfer
- 25320 Capsulorrhaphy or reconstruction, wrist, open, (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
- 25332 Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
- 25335 Centralization of wrist on ulna (eg, radial club hand)
- 25337 Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
- 25350 Osteotomy, radius; distal third
- 25355       middle or proximal third
- 25360 Osteotomy; ulna
- 25365       radius AND ulna
- 25370 Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
- 25375       radius AND ulna
- 25390 Osteoplasty, radius OR ulna; shortening
- 25391       lengthening with autograft
- 25392 Osteoplasty, radius AND ulna; shortening (excluding 64876)
- 25393       lengthening with autograft
- 25394 Osteoplasty, carpal bone, shortening
- 25400 Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
- 25405       with autograft (includes obtaining graft)
- 25415 Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
- 25420       with autograft (includes obtaining graft)
- 25425 Repair of defect with autograft; radius OR ulna
- 25426       radius AND ulna
- 25430 Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
- 25431 Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
- 25440 Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
- 25441 Arthroplasty with prosthetic replacement; distal radius
- 25442       distal ulna
- 25443       scaphoid carpal (navicular)
- 25444       lunate
- 25445       trapezium
- 25446       distal radius and partial or entire carpus ("total wrist")
- 25447 Arthroplasty interposition, intercarpal or carpometacarpal joints
- 25449 Revision of arthroplasty, including removal of implant, wrist joint



- 25450 Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
- 25455       distal radius AND ulna
- 25490 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
- 25491       ulna
- 25492       radius AND ulna

## 5.1.9.5 FRACTURE AND/OR DISLOCATION

- 25500 Closed treatment of radial shaft fracture; without manipulation
- 25505       with manipulation
- 25515 Open treatment of radial shaft fracture, includes internal fixation, when performed
- 25520 Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radio-ulnar joint (Galeazzi fracture/dislocation)
- 25525 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 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
- 25530 Closed treatment of ulnar shaft fracture; without manipulation
- 25535       with manipulation
- 25545 Open treatment of ulnar shaft fracture, includes internal fixation, when performed
- 25560 Closed treatment of radial and ulnar shaft fractures; without manipulation
- 25565       with manipulation
- 25574 Open treatment of radial and ulnar shaft fractures, with internal fixation, when performed; of radius or ulna
- 25575       of radius and ulna
- 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
- 25605       with manipulation
- 25606 Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
- 25607 Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
- 25608       with internal fixation of 2 fragments
- 25609 Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
- 25622 Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
- 25624       with manipulation
- 25628 Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
- 25630 Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone

- 25635 with manipulation, each bone
- 25645 Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone
- 25650 Closed treatment of ulnar styloid fracture
- 25651 Percutaneous skeletal fixation of ulnar styloid fracture
- 25652 Open treatment of ulnar styloid fracture
- 25660 Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
- 25670 Open treatment of radiocarpal or intercarpal dislocation, one or more bones
- 25671 Percutaneous skeletal fixation of distal radioulnar dislocation
- 25675 Closed treatment of distal radioulnar dislocation with manipulation
- 25676 Open treatment of distal radioulnar dislocation, acute or chronic
- 25680 Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
- 25685 Open treatment of trans-scaphoperilunar type of fracture dislocation
- 25690 Closed treatment of lunate dislocation, with manipulation
- 25695 Open treatment of lunate dislocation

#### **5.1.9.6 ARTHRODESIS**

- 25800 Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
- 25805 with sliding graft
- 25810 with iliac or other autograft (includes obtaining graft)
- 25820 Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
- 25825 with autograft (includes obtaining graft)
- 25830 Arthrodesis with distal radioulnar joint and segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)

#### **5.1.9.7 AMPUTATION**

- 25900 Amputation, forearm, through radius and ulna;
- 25905 open, circular (guillotine)
- 25907 secondary closure or scar revision
- 25909 re-amputation
- 25915 Krukenberg procedure
- 25920 Disarticulation through wrist;
- 25922 secondary closure or scar revision
- 25924 re-amputation
- 25927 Transmetacarpal amputation;
- 25929 secondary closure or scar revision
- 25931 re-amputation

#### **5.1.9.8 OTHER PROCEDURES**

- 25999 Unlisted procedure, forearm or wrist

#### **5.1.10 HAND AND FINGERS**

## 5.1.10.1 INCISION

- 26010 Drainage of finger abscess; simple
- 26011        complicated (eg, felon)
- 26020 Drainage of tendon sheath, one digit and/or palm, each
- 26025 Drainage of palmar bursa; single bursa
- 26030        multiple bursa
- 26034 Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
- 26035 Decompression fingers and/or hand, injection injury (eg, grease gun)
- 26037 Decompressive fasciotomy, hand (excludes 26035)
- 26040 Fasciotomy, palmar, (eg, Dupuytren's contracture); percutaneous
- 26045        open, partial
- 26055 Tendon sheath incision (eg, for trigger finger)
- 26060 Tenotomy, percutaneous, single, each digit
- 26070 Arthrotomy, with exploration, drainage, or removal of foreign body; carpometacarpal joint
- 26075        metacarpophalangeal joint, each
- 26080        interphalangeal joint, each

## 5.1.10.2 EXCISION

- 26100 Arthrotomy with biopsy; carpometacarpal joint, each
- 26105        metacarpophalangeal joint, each
- 26110        interphalangeal joint, each
- 26111 Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
- 26113 Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater
- 26115 Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
- 26116 Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm
- 26117 Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm
- 26118        3 cm or greater
- 26121 Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
- 26123 Fasciectomy, partial palmar with release, of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);
- 26125        each additional digit
- 26130 Synovectomy, carpometacarpal joint
- 26135 Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
- 26140 Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
- 26145 Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or

- finger, each tendon
- 26160 Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
- 26170 Excision of tendon, palm, flexor, or extensor, single, each tendon
- 26180 Excision of tendon, finger, flexor or extensor, each tendon
- 26185 Sesamoidectomy, thumb or finger (separate procedure)
- 26200 Excision or curettage of bone cyst or benign tumor of metacarpal;  
26205 with autograft (includes obtaining graft)
- 26210 Excision or curettage of bone cyst or benign tumor of proximal, middle or distal phalanx;  
26215 with autograft (includes obtaining graft)
- 26230 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, for osteomyelitis); metacarpal  
26235 proximal or middle phalanx  
26236 distal phalanx
- 26250 Radical resection metacarpal; (eg, tumor)
- 26260 Radical resection, proximal or middle phalanx of finger (eg, tumor);
- 26262 Radical resection, distal phalanx of finger (eg, tumor)

### 5.1.10.3 INTRODUCTION OR REMOVAL

- 26320 Removal of implant from finger or hand

### 5.1.10.4 REPAIR, REVISION AND/OR RECONSTRUCTION

- 26340 Manipulation, finger joint, under anesthesia, each joint
- 26341 Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord
- 26350 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon  
26352 secondary with free graft (includes obtaining graft), each tendon
- 26356 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon  
26357 secondary, without free graft, each tendon  
26358 secondary with free graft (includes obtaining graft), each tendon
- 26370 Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon  
26372 secondary with free graft (includes obtaining graft), each tendon  
26373 secondary without free graft, each tendon
- 26390 Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
- 26392 Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
- 26410 Repair, extensor tendon, primary or secondary; without free graft, each tendon  
26412 with free graft (includes obtaining graft), each tendon
- 26415 Excision of extensor tendon, implantation of synthetic rod for delayed tendon graft, hand or finger, each rod

- 26416 Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
- 26418 Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
- 26420 with free graft (includes obtaining each tendon graft)
- 26426 Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
- 26428 with free graft (includes obtaining graft), each finger
- 26432 Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
- 26433 Repair extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
- 26434 with free graft (includes obtaining graft)
- 26437 Realignment of extensor tendon, hand, each tendon
- 26440 Tenolysis, flexor tendon; palm OR finger, each tendon
- 26442 palm AND finger, each tendon
- 26445 Tenolysis, extensor tendon, hand or finger; each tendon
- 26449 Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
- 26450 Tenotomy, flexor, palm, open, each tendon
- 26455 Tenotomy, flexor, finger, open, each tendon
- 26460 Tenotomy, extensor, hand or finger, open, each tendon
- 26471 Tenodesis; of proximal interphalangeal joint, each joint
- 26474 of distal joint, each joint
- 26476 Lengthening of tendon, extensor, hand or finger, each tendon
- 26477 Shortening of tendon, extensor, hand or finger, each tendon
- 26478 Lengthening of tendon, flexor, hand or finger, each tendon
- 26479 Shortening of tendon, flexor, hand or finger, each tendon
- 26480 Transfer or transplant of tendon, carpometacarpal area or dorsum of hand, without free graft, each tendon
- 26483 with free tendon graft (includes obtaining graft), each tendon
- 26485 Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
- 26489 with free tendon graft (includes obtaining graft), each tendon
- 26490 Opponensplasty; superficialis tendon transfer type, each tendon
- 26492 tendon transfer with graft (includes obtaining graft), each tendon
- 26494 hypothenar muscle transfer
- 26496 other methods
- 26497 Transfer of tendon to restore intrinsic function; ring and small finger
- 26498 all four fingers
- 26499 Correction claw finger, other methods
- 26500 Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
- 26502 with tendon or fascial graft (includes obtaining graft) (separate procedure)
- 26508 Release of thenar muscle(s) (eg, thumb contracture)
- 26510 Cross intrinsic transfer, each tendon
- 26516 Capsulodesis, metacarpophalangeal joint; single digit
- 26517 two digits

- 26518 three or four digits
- 26520 Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
- 26525 interphalangeal joint, each joint
- 26530 Arthroplasty, metacarpophalangeal joint; each joint
- 26531 with prosthetic implant, each joint
- 26535 Arthroplasty interphalangeal joint; each joint
- 26536 with prosthetic implant, each joint
- 26540 Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
- 26541 Reconstruction, collateral ligament, metacarpophalangeal joint, single, with tendon or fascial graft (includes obtaining graft)
- 26542 with local tissue (eg, adductor advancement)
- 26545 Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
- 26546 Repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or without external or internal fixation)
- 26548 Repair and reconstruction, finger, volar plate, interphalangeal joint
- 26550 Pollicization of a digit
- 26551 Transfer, toe-to-hand with microvascular anastomosis; great toe wrap around with bone graft
- 26553 other than great toe, single
- 26554 other than great toe, double
- 26555 Transfer, finger to another position without microvascular anastomosis
- 26556 Transfer, free toe joint, with microvascular anastomosis
- 26560 Repair of syndactyly (web finger), each web space; with skin flaps
- 26561 with skin flaps and grafts
- 26562 complex (eg, involving bone, nails)
- 26565 Osteotomy; metacarpal, each
- 26567 phalanx of finger, each
- 26568 Osteoplasty, lengthening, metacarpal or phalanx
- 26580 Repair cleft hand
- 26587 Reconstruction of polydactylous digit, soft tissue and bone
- 26590 Repair macrodactylia, each digit
- 26591 Repair, intrinsic muscles of hand, each muscle
- 26593 Release, intrinsic muscles of hand, each muscle
- 26596 Excision of constricting ring of finger, with multiple Z-plasties

## 5.1.10.5 FRACTURE AND/OR DISLOCATION

- 26600 Closed treatment of metacarpal fracture, single; without manipulation, each bone
- 26605 with manipulation, each bone
- 26607 Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
- 26608 Percutaneous skeletal fixation of metacarpal fracture, each bone
- 26615 Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone

- 26641 Closed treatment of carpometacarpal dislocation, thumb, with manipulation
- 26645 Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
- 26650 Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
- 26665 Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
- 26670 Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
- 26675       requiring anesthesia
- 26676 Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
- 26685 Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint
- 26686       complex, multiple or delayed reduction
- 26700 Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
- 26705       requiring anesthesia
- 26706 Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
- 26715 Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
- 26720 Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
- 26725       with manipulation, with or without skin or skeletal traction, each
- 26727 Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
- 26735 Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
- 26740 Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
- 26742       with manipulation, each
- 26746 Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
- 26750 Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
- 26755       with manipulation, each
- 26756 Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
- 26765 Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
- 26770 Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
- 26775       requiring anesthesia
- 26776 Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with

- manipulation
- 26785 Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single

## 5.1.10.6 ARTHRODESIS

- 26820 Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
- 26841 Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
  - 26842 with autograft (includes obtaining graft)
- 26843 Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
  - 26844 with autograft (includes obtaining graft)
- 26850 Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
  - 26852 with autograft (includes obtaining graft)
- 26860 Arthrodesis, interphalangeal joint, with or without internal fixation;
  - 26861 each additional interphalangeal joint
  - 26862 with autograft (includes obtaining graft)
  - 26863 with autograft (includes obtaining graft), each additional joint

## 5.1.10.7 AMPUTATION

- 26910 Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
- 26951 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
  - 26952 with local advancement flap (V-Y, hood)

## 5.1.10.8 OTHER PROCEDURES

- 26989 Unlisted procedure, hands or fingers

## 5.1.11 PELVIS AND HIP JOINT

### 5.1.11.1 INCISION

- 26990 Incision and drainage; pelvis or hip joint area; deep abscess or hematoma
  - 26991 infected bursa
- 26992 Incision, bone cortex, pelvis and/or hip joint (eg, for 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)
- 27025 Fasciotomy, hip or thigh, any type
- 27027 Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/ or tensor fascia lata muscle), unilateral
- 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)

## 5.1.11.2 EXCISION

27040 Biopsy, soft tissues of pelvis and hip area; superficial  
27041        deep subfascial or intramuscular  
27043 Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater  
27045 Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater  
27047 Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm  
27048 Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm  
27049 Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm  
27050 Arthrotomy, with biopsy; sacroiliac joint  
27052        hip joint  
27054 Arthrotomy with synovectomy, hip joint  
27057 Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/ or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral  
27059 Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater  
27060 Excision; ischial bursa  
27062        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        deep (subfascial), includes autograft, when performed  
27067        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        deep (subfascial or intramuscular)  
27075 Radical resection of tumor or infection; wing of ilium, 1 pubic or ischial ramus or symphysis pubis  
27076        ilium, including acetabulum, both pubic rami, or ischium and acetabulum  
27077        innominate bone, total  
27078        ischial tuberosity and greater trochanter of femur  
27080 Coccygectomy, primary

## 5.1.11.3 INTRODUCTION OR REMOVAL

27086 Removal of foreign body, pelvis or hip; subcutaneous tissue  
27087        deep (subfascial or intramuscular)  
27090 Removal of hip prosthesis; (separate procedure)  
27091        complicated, including total hip prosthesis, methylmethacrylate, with or without insertion of spacer

- 27093 Injection procedure for hip arthrography; without anesthesia
- 27095       with anesthesia
- 27096 Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed

#### **5.1.11.4 REPAIR, REVISION, AND/OR RECONSTRUCTION**

- 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       to femoral neck
- 27120 Acetabuloplasty; (eg, Whitman, Colonna Haygroves, or cup type)
- 27122       resection, femoral head (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       acetabular component only, with or without autograft or allograft
- 27138       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       with open reduction of hip
- 27151       with femoral osteotomy
- 27156       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       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       closed manipulation with single or multiple pinning
- 27179       osteoplasty of femoral neck (Heyman type procedure)
- 27181       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

## 5.1.11.5 FRACTURE AND/OR DISLOCATION

- 27197 Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) or the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation
- 27198       with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)
- 27200 Closed treatment of coccygeal fracture
- 27202 Open treatment of coccygeal fracture
- 27215 Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, (eg, pelvic fracture(s) which do not disrupt the pelvic ring), with internal fixation
- 27216 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)
- 27217 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 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)
- 27220 Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
- 27222       with manipulation, with or without skeletal traction
- 27226 Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
- 27227 Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation
- 27228 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
- 27230 Closed treatment of femoral fracture, proximal end, neck; without manipulation
- 27232       with manipulation, with or without skeletal traction
- 27235 Percutaneous skeletal fixation of femoral fracture, proximal end, neck
- 27236 Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
- 27238 Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation
- 27240       with manipulation, with or without skin or skeletal traction
- 27244 Treatment of intertrochanteric, peritrochanteric or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
- 27245       with intramedullary implant, with or without interlocking screws and/or cerclage
- 27246 Closed treatment of greater trochanteric fracture, without manipulation
- 27248 Open treatment of greater trochanteric fracture, includes internal fixation, when performed

- 27250 Closed treatment of hip dislocation, traumatic; without anesthesia
- 27252 requiring anesthesia
- 27253 Open treatment of hip dislocation, traumatic, without internal fixation
- 27254 Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
- 27256 Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
- 27257 with manipulation, requiring anesthesia
- 27258 Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);
- 27259 with femoral shaft shortening
- 27265 Closed treatment of post hip arthroplasty dislocation; without anesthesia
- 27266 requiring regional or general anesthesia
- 27267 Closed treatment of femoral fracture, proximal end, head; without manipulation
- 27268 Closed treatment of femoral fracture, proximal end, head; with manipulation
- 27269 Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed

#### 5.1.11.6 MANIPULATION

- 27275 Manipulation, hip joint, requiring general anesthesia

#### 5.1.11.7 ARTHRODESIS

- 27278 Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device
- 27279 Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
- 27280 Arthrodesis, sacroiliac joint, open, including obtaining bone graft, including instrumentation, when performed
- 27282 Arthrodesis, symphysis pubis (including obtaining graft)
- 27284 Arthrodesis, hip joint (includes obtaining graft);
- 27286 with subtrochanteric osteotomy

#### 5.1.11.8 AMPUTATION

- 27290 Interpelviabdominal amputation (hind quarter amputation)
- 27295 Disarticulation of hip

#### 5.1.11.9 OTHER PROCEDURES

- 27299 Unlisted procedure, pelvis or hip joint

#### 5.1.12 FEMUR (THIGH REGION) AND KNEE JOINT

##### 5.1.12.1 INCISION

- 27301 Incision and drainage of deep abscess, bursa, or hematoma, thigh or knee region

- 27303 Incision, deep with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
- 27305 Fasciotomy, iliotibial (tenotomy), open
- 27306 Tenotomy, percutaneous, adductor or hamstring, single tendon (separate procedure)
- 27307 multiple tendons
- 27310 Arthrotomy, knee, with exploration, drainage or removal of foreign body (eg, infection)

## 5.1.12.2 EXCISION

- 27323 Biopsy, soft tissue of thigh or knee area; superficial
- 27324 deep (subfascial or intramuscular)
- 27325 Neurectomy, hamstring muscle
- 27326 Neurectomy, popliteal (gastrocnemius)
- 27327 Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
- 27328 Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
- 27329 Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm
- 27330 Arthrotomy, knee; with synovial biopsy only
- 27331 including joint exploration, biopsy, or removal of loose or foreign bodies
- 27332 Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
- 27333 medial AND lateral
- 27334 Arthrotomy, with synovectomy; knee, anterior OR posterior
- 27335 anterior AND posterior including popliteal area
- 27337 Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
- 27339 Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
- 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 with allograft
- 27357 with autograft (includes obtaining graft)
- 27358 with internal fixation
- 27360 Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
- 27364 Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater
- 27365 Radical resection of tumor, bone, femur or knee

## 5.1.12.3 INTRODUCTION OR REMOVAL

- 27369 Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography
- 27372 Removal foreign body, deep, thigh region or knee area

## 5.1.12.4 REPAIR, REVISION, AND/OR RECONSTRUCTION

- 27380 Suture of infrapatellar tendon; primary
- 27381       secondary reconstruction, including fascial or tendon graft
- 27385 Suture of quadriceps or hamstring muscle rupture; primary
- 27386       secondary reconstruction, including fascial or tendon graft
- 27390 Tenotomy, open, hamstring, knee to hip; single tendon
- 27391       multiple tendons, one leg
- 27392       multiple tendons, bilateral
- 27393 Lengthening of hamstring tendon; single tendon
- 27394       multiple tendons, one leg
- 27395       multiple tendons, bilateral
- 27396 Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor);  
single tendon
- 27397       multiple tendons
- 27400 Transfer tendon or muscle, hamstrings to femur (eg, Eggers type procedure)
- 27403 Arthrotomy with open meniscus repair, knee
- 27405 Repair, primary, torn ligament and/or capsule, knee; collateral
- 27407       cruciate
- 27409       collateral and cruciate ligaments
- 27415 Osteochondral allograft, knee, open
- 27416 Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of  
autograft[s])
- 27418 Anterior tibial tubercleplasty (eg, Maquet type procedure)
- 27420 Reconstruction of dislocating patella; (eg, Hauser type procedure)
- 27422       with extensor realignment and/or muscle advancement or release (eg, Campbell,  
Goldwaite type procedure)
- 27424       with patellectomy
- 27425 Lateral retinacular release open
- 27427 Ligamentous reconstruction (augmentation), knee; extra-articular
- 27428       intra-articular (open)
- 27429       intra-articular (open) and extra-articular
- 27430 Quadricepsplasty (eg, Bennett or Thompson type)
- 27435 Capsulotomy, posterior release, knee
- 27437 Arthroplasty, patella; without prosthesis
- 27438       with prosthesis
- 27440 Arthroplasty, knee, tibial plateau;
- 27441       with debridement and partial synovectomy
- 27442 Arthroplasty, femoral condyles or tibial plateau(s), knee;
- 27443       with debridement and partial synovectomy
- 27445 Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
- 27446 Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
- 27447       medial AND lateral compartments with or without patella resurfacing (total knee  
replacement)
- 27448 Osteotomy, femur, shaft or supracondylar; without fixation

- 27450 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 after epiphyseal closure
- 27465 Osteoplasty, femur; shortening (excluding 64876)
- 27466 lengthening
- 27468 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 with iliac or other autogenous bone graft (includes obtaining graft)
- 27475 Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
- 27477 tibia and fibula, proximal
- 27479 combined distal femur, proximal tibia and fibula
- 27485 Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, for genu varus or valgus)
- 27486 Revision of total knee arthroplasty, with or without allograft; one component
- 27487 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
- 27496 Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);
- 27497 with debridement of nonviable muscle and/or nerve
- 27498 Decompression fasciotomy, thigh and/or knee, multiple compartments;
- 27499 with debridement of nonviable muscle and/or nerve

## 5.1.12.5 FRACTURE AND/OR DISLOCATION

- 27500 Closed treatment of femoral shaft fracture, without manipulation
- 27501 Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
- 27502 Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
- 27503 Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
- 27506 Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws
- 27507 Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
- 27508 Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
- 27509 Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral

- epiphyseal separation
- 27510 Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
- 27511 Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed
- 27513 Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed
- 27514 Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed
- 27516 Closed treatment of distal femoral epiphyseal separation; without manipulation
- 27517 with manipulation, with or without skin or skeletal traction
- 27519 Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
- 27520 Closed treatment of patellar fracture, without manipulation
- 27524 Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
- 27530 Closed treatment of tibial fracture, proximal (plateau); without manipulation
- 27532 with or without manipulation, with skeletal traction
- 27535 Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
- 27536 bicondylar, with or without internal fixation
- 27538 Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
- 27540 Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed
- 27550 Closed treatment of knee dislocation; without anesthesia
- 27552 requiring anesthesia
- 27556 Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction
- 27557 with primary ligamentous repair
- 27558 with primary ligamentous repair, with augmentation/reconstruction
- 27560 Closed treatment of patellar dislocation; without anesthesia
- 27562 requiring anesthesia
- 27566 Open treatment of patellar dislocation, with or without partial or total patellectomy

## 5.1.12.6 MANIPULATION

- 27570 Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)

## 5.1.12.7 ARTHRODESIS

- 27580 Arthrodesis, knee, any technique

## 5.1.12.8 AMPUTATION

- 27590 Amputation, thigh, through femur, any level;



- 27591 immediate fitting technique including first cast
- 27592 open, circular (guillotine)
- 27594 secondary closure or scar revision
- 27596 re-amputation
- 27598 Disarticulation at knee

### 5.1.12.9 OTHER PROCEDURES

- 27599 Unlisted procedure, femur or knee

### 5.1.13 LEG (TIBIA AND FIBULA) AND ANKLE JOINT

#### 5.1.13.1 INCISION

- 27600 Decompression fasciotomy, leg; anterior and/or lateral compartments only
- 27601 posterior compartment(s) only
- 27602 anterior and/or lateral, and posterior compartment(s)
- 27603 Incision and drainage; deep abscess or hematoma
- 27604 infected bursa
- 27605 Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
- 27606 general anesthesia
- 27607 Incision, (eg, osteomyelitis or bone abscess) leg or ankle
- 27610 Arthrotomy, ankle, including exploration, drainage or removal of foreign body
- 27612 Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening

#### 5.1.13.2 EXCISION

- 27613 Biopsy, soft tissues; superficial
- 27614 deep (subfascial or intramuscular)
- 27615 Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm
- 27616 5 cm or greater
- 27618 Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
- 27619 Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm
- 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 including tenosynovectomy
- 27630 Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
- 27632 Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
- 27634 Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater
- 27635 Excision or curettage of bone cyst or benign tumor, tibia or fibula;
- 27637 with autograft (includes obtaining graft)
- 27638 with allograft
- 27640 Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis);  
tibia
- 27641 fibula

- 27645 Radical resection of tumor; tibia
- 27646 fibula
- 27647 talus or calcaneus

### 5.1.13.3 INTRODUCTION OR REMOVAL

- 27648 Injection procedure for ankle arthrography

### 5.1.13.4 REPAIR, REVISION, AND/OR RECONSTRUCTION

- 27650 Repair, primary, open or percutaneous ruptured Achilles tendon;
- 27652 with graft (includes obtaining graft)
- 27654 Repair, secondary, ruptured Achilles tendon, with or without graft
- 27656 Repair, fascial defect of leg
- 27658 Repair or suture of flexor tendon, leg; primary, without graft, each tendon
- 27659 secondary with or without graft, each tendon
- 27664 Repair, extensor tendon, leg; primary, without graft, each tendon
- 27665 secondary with or without graft, each tendon
- 27675 Repair dislocating peroneal tendons; without fibular osteotomy
- 27676 with fibular osteotomy
- 27680 Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
- 27681 multiple tendons (through same incision(s))
- 27685 Lengthening or shortening of tendon; leg or ankle; single tendon (separate procedure)
- 27686 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 deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
- 27692 each additional tendon (List separately in addition to primary procedure)
- 27695 Repair, primary, disrupted ligament, ankle; collateral
- 27696 both collateral ligaments
- 27698 Repair, secondary disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
- 27700 Arthroplasty, ankle;
- 27702 with implant (total ankle)
- 27703 revision, total ankle
- 27704 Removal of ankle implant
- 27705 Osteotomy; tibia
- 27707 fibula
- 27709 tibia and fibula
- 27712 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 with sliding graft
- 27724 with iliac or other autograft (includes obtaining graft)
- 27725 by synostosis, with fibula, any method

- 27726 repair of fibula nonunion and/or malunion with internal fixation
- 27727 Repair of congenital pseudarthrosis, tibia
- 27730 Arrest, epiphyseal (epiphysiodesis), open; distal tibia
- 27732 distal fibula
- 27734 distal tibia and fibula
- 27740 Arrest epiphyseal, (epiphysiodesis), any method; combined, proximal and distal tibia and fibula;
- 27742 and distal femur
- 27745 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia

## 5.1.13.5 FRACTURE AND/OR DISLOCATION

- 27750 Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
- 27752 with manipulation, with or without skeletal traction
- 27756 Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
- 27758 Open treatment of tibial shaft fracture, (with or without fibular fracture) with plate/screws, with or without cerclage
- 27759 Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
- 27760 Closed treatment of medial malleolus fracture; without manipulation
- 27762 with manipulation, with or without skin or skeletal traction
- 27766 Open treatment of medial malleolus fracture, includes internal fixation, when performed
- 27767 Closed treatment of posterior malleolus fracture; without manipulation
- 27768 with manipulation
- 27769 Open treatment of posterior malleolus fracture, includes internal fixation, when performed
- 27780 Closed treatment of proximal fibula or shaft fracture; without manipulation
- 27781 with manipulation
- 27784 Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
- 27786 Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
- 27788 with manipulation
- 27792 Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
- 27808 Closed treatment of bimalleolar ankle fracture, (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation
- 27810 with manipulation
- 27814 Open treatment of bimalleolar ankle fracture, (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
- 27816 Closed treatment of trimalleolar ankle fracture; without manipulation
- 27818 with manipulation

- 27822 Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
- 27823 with fixation of posterior lip
- 27824 Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
- 27825 with skeletal traction and/or requiring manipulation
- 27826 Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation; when performed; of fibula only
- 27827 of tibia only
- 27828 of both tibia and fibula
- 27829 Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
- 27830 Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
- 27831 requiring anesthesia
- 27832 Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula
- 27840 Closed treatment of ankle dislocation; without anesthesia
- 27842 requiring anesthesia, with or without percutaneous skeletal fixation
- 27846 Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
- 27848 with repair or internal or external fixation

### 5.1.13.6 MANIPULATION

- 27860 Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)

### 5.1.13.7 ARTHRODESIS

- 27870 Arthrodesis, ankle, open
- 27871 Arthrodesis, tibiofibular joint, proximal or distal

### 5.1.13.8 AMPUTATION

- 27880 Amputation leg, through tibia and fibula;
- 27881 with immediate fitting technique including application of first cast
- 27882 open, circular (guillotine)
- 27884 secondary closure or scar revision
- 27886 re-amputation
- 27888 Amputation, ankle, through malleoli of tibia and fibula (Syme, Pirogoff type procedures), with plastic closure and resection of nerves
- 27889 Ankle disarticulation

### 5.1.13.9 OTHER PROCEDURES

- 27892 Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
- 27893 posterior compartment(s) only, with debridement of nonviable muscle and/or nerve

- 27894 anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
- 27899 Unlisted procedure, leg or ankle

## 5.1.14 FOOT AND TOES

### 5.1.14.1 INCISION

- 28001 Incision and drainage bursa, foot
- 28002 Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
- 28003 multiple areas
- 28005 Incision, bone cortex (eg, for osteomyelitis or bone abscess), foot
- 28008 Fasciotomy, foot and/or toe
- 28010 Tenotomy, percutaneous, toe; single tendon
- 28011 multiple tendons
- 28020 Arthrotomy, with exploration, drainage or removal of loose or foreign body; intertarsal or tarsometatarsal joint
- 28022 metatarsophalangeal joint
- 28024 interphalangeal joint
- 28035 Release, tarsal tunnel (posterior tibial nerve decompression)

### 5.1.14.2 EXCISION

- 28039 Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
- 28041 Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater
- 28043 Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm
- 28045 Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm
- 28046 Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm
- 28047 3 cm or greater
- 28050 Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
- 28052 metatarsophalangeal joint
- 28054 interphalangeal joint
- 28055 Neurectomy, intrinsic musculature of foot
- 28060 Fasciectomy, plantar fascia; partial (separate procedure)
- 28062 radical (separate procedure)
- 28070 Synovectomy; intertarsal or tarsometatarsal joint, each
- 28072 metatarsophalangeal joint, each
- 28080 Excision of interdigital (Morton) neuroma, single, each
- 28086 Synovectomy, tendon sheath, foot; flexor
- 28088 extensor
- 28090 Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (cyst or ganglion); foot
- 28092 toe(s), each
- 28100 Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
- 28102 with iliac or other autograft (includes obtaining graft)
- 28103 with allograft

- 28104 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
- 28106       with iliac or other autograft (includes obtaining graft)
- 28107       with allograft
- 28108 Excision or curettage of bone cyst or benign tumor, phalanges of foot
- 28110 Osteotomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
- 28111 Osteotomy, complete excision; first metatarsal head
- 28112       other metatarsal head (second, third or fourth)
- 28113       fifth metatarsal head
- 28114       all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (Clayton type procedure)
- 28116 Osteotomy, excision of tarsal coalition
- 28118 Osteotomy, calcaneus;
- 28119       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       tarsal or metatarsal bone except talus or calcaneus
- 28124       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       metatarsal
- 28175       phalanx of toe

### 5.1.14.3 INTRODUCTION OR REMOVAL

- 28190 Remove foreign body, foot; subcutaneous
- 28192       deep
- 28193       complicated

### 5.1.14.4 REPAIR, REVISION, AND/OR RECONSTRUCTION

- 28200 Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
- 28202       secondary with free graft, each tendon (includes obtaining graft)
- 28208 Repair, tendon, extensor, foot; primary or secondary, each tendon
- 28210       secondary with free graft, each tendon (includes obtaining graft)
- 28220 Tenolysis, flexor, foot; single tendon
- 28222       multiple tendons
- 28225 Tenolysis, extensor, foot; single tendon
- 28226       multiple tendons
- 28230 Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
- 28232       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       with tendon lengthening
- 28262       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       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 (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; without implant
- 28291       with implant
- 28292 Correction, hallux valgus with bunionectomy, with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
- 28296       with distal metatarsal osteotomy, any method
- 28295       with proximal metatarsal osteotomy, any method
- 28297       with first metatarsal and medial cuneiform joint arthrodesis, any method
- 28298       with proximal phalanx osteotomy, any method
- 28299       with double osteotomy, any method
- 28300 Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
- 28302       talus
- 28304 Osteotomy, tarsal bones, other than calcaneus or talus;
- 28305       with autograft (includes obtaining graft) (eg, Fowler type)
- 28306 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
- 28307       first metatarsal with autograft (other than first toe)
- 28308       other than first metatarsal, each
- 28309       multiple, (eg, Swanson type cavus foot procedure)
- 28310 Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
- 28312       other phalanges, any toe
- 28313 Reconstruction, angular deformity of toe, soft tissue procedures only (overlapping second toe, fifth toe, curly toes)
- 28315 Sesamoidectomy, first toe (separate procedure)
- 28320 Repair of nonunion or malunion; tarsal bones

- 28322 metatarsal, with or without bone graft (includes obtaining graft)
- 28340 Reconstruction, toe, macrodactyly; soft tissue resection
- 28341 requiring bone resection
- 28344 Reconstruction, toe(s); polydactyly
- 28345 syndactyly, with or without skin graft(s), each web
- 28360 Reconstruction, cleft foot

## 5.1.14.5 FRACTURE AND/OR DISLOCATION

- 28400 Closed treatment of calcaneal fracture; without manipulation
- 28405 with manipulation
- 28406 Percutaneous skeletal fixation of calcaneal fracture, with manipulation
- 28415 Open treatment of calcaneal fracture, includes internal fixation, when performed;
- 28420 with primary iliac or other autogenous bone graft (includes obtaining graft)
- 28430 Closed treatment of talus fracture; without manipulation
- 28435 with manipulation
- 28436 Percutaneous skeletal fixation of talus fracture, with manipulation
- 28445 Open treatment of talus fracture, includes internal fixation, when performed
- 28446 Open osteochondral autograft, talus (includes obtaining graft[s])
- 28450 Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
- 28455 with manipulation, each
- 28456 Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
- 28465 Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
- 28470 Closed treatment of metatarsal fracture; without manipulation, each
- 28475 with manipulation, each
- 28476 Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
- 28485 Open treatment of metatarsal fracture, includes internal fixation, when performed, each
- 28490 Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
- 28495 with manipulation
- 28496 Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
- 28505 Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
- 28510 Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
- 28515 with manipulation, each
- 28525 Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
- 28530 Closed treatment of sesamoid fracture
- 28531 Open treatment of sesamoid fracture, with or without internal fixation
- 28540 Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
- 28545 requiring anesthesia



- 28546 Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
- 28555 Open treatment of tarsal bone dislocation, includes internal fixation, when performed
- 28570 Closed treatment of talotarsal joint dislocation; without anesthesia
- 28575       requiring anesthesia
- 28576 Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
- 28585 Open treatment of talotarsal joint dislocation, includes internal fixation, when performed
- 28600 Closed treatment of tarsometatarsal joint dislocation; without anesthesia
- 28605       requiring anesthesia
- 28606 Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
- 28615 Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed
- 28630 Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
- 28635       requiring anesthesia
- 28636 Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
- 28645 Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
- 28660 Closed treatment of interphalangeal joint dislocation; without anesthesia
- 28665       requiring anesthesia
- 28666 Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
- 28675 Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed

#### **5.1.14.6 ARTHRODESIS**

- 28705 Arthrodesis, pantalar
- 28715       triple
- 28725       subtalar
- 28730 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
- 28735       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       interphalangeal joint
- 28760 Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint, (eg, Jones type procedure)

#### **5.1.14.7 AMPUTATION**

- 28800 Amputation, foot; midtarsal (eg, Chopart type procedure)
- 28805       transmetatarsal
- 28810 Amputation, metatarsal, with toe, single
- 28820 Amputation, toe; metatarsophalangeal joint
- 28825       interphalangeal joint

## 5.1.14.8 OTHER PROCEDURES

28899 Unlisted procedure, foot or toes

## 5.1.15 APPLICATION OF CASTS AND STRAPPING

### 5.1.15.1 BODY AND UPPER EXTREMITY

#### 5.1.15.1.1 CASTS

29000 Application of halo type body cast  
29010 Application of Risser jacket, localizer, body; only  
29015 including head  
29035 Application of body cast, shoulder to hips;  
29040 including head, Minerva type  
29044 including one thigh  
29046 including both thighs  
29049 Application, cast; figure-of-eight  
29055 shoulder spica  
29058 plaster VelpEAU  
29065 shoulder to hand (long arm)  
29075 elbow to finger (short arm)  
29085 hand and lower forearm (gauntlet)  
29086 finger (eg, contracture)

#### 5.1.15.1.2 SPLINTS

29105 Application of long arm splint (shoulder to hand)  
29125 Application of short arm splint (forearm to hand); static  
29126 dynamic

### 5.1.15.2 LOWER EXTREMITY

#### 5.1.15.3 CASTS

29305 Application of hip spica cast; one leg  
29325 one and one-half spica or both legs  
29345 Application of long leg cast (thigh to toes);  
29355 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 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

#### 5.1.15.4 SPLINTS

29505 Application of long leg splint (thigh to ankle or toes)  
29515 Application of short leg splint (calf to foot)

## 5.1.15.5 STRAPPING-ANY AGE

- 29580 Strapping; Unna boot
- 29581 Application of multi-layer compression system; leg (below knee), including ankle and foot
- 29584 upper arm, forearm, hand, and fingers

## 5.1.15.6 REMOVAL OR REPAIR

Codes for cast removals should be employed only for casts applied by another physician.

- 29700 Removal of bivalving; gauntlet, boot or body cast
- 29705 full arm or full leg cast
- 29710 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

## 5.1.15.7 OTHER PROCEDURES

- 29799 Unlisted procedure, casting or strapping

## 5.1.16 ENDOSCOPY/ARTHROSCOPY

Surgical endoscopy/arthroscopy always includes a diagnostic endoscopy/arthroscopy.

- 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)
- 29806 Arthroscopy, shoulder, surgical; capsulorrhaphy
- 29807 repair of slap lesion
- 29819 Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
- 29820 synovectomy, partial
- 29821 synovectomy, complete
- 29822 debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
- 29823 debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
- 29824 distal claviclectomy including distal articular surface (Mumford procedure)
- 29825 with lysis and resection of adhesions with or without manipulation
- 29826 decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed
- 29827 with rotator cuff

- 29828 Arthroscopy, shoulder, surgical; biceps tenodesis
- 29830 Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
- 29834 Arthroscopy, elbow, surgical; with removal of loose body or foreign body
- 29835       synovectomy, partial
- 29836       synovectomy, complete
- 29837       debridement, limited
- 29838       debridement, extensive
- 29840 Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
- 29843 Arthroscopy, wrist, surgical; for infection, lavage and drainage
- 29844       synovectomy, partial
- 29845       synovectomy, complete
- 29846       excision and/or repair of triangular fibrocartilage and/or joint debridement
- 29847       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       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       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       with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
- 29863       with synovectomy
- 29866 Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
- 29867       osteochondral allograft (eg, mosaicplasty)
- 29868       meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
- 29870 Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
- 29871 Arthroscopy, knee, surgical; for infection, lavage and drainage
- 29873       with lateral release
- 29874       for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
- 29875       synovectomy, limited (eg, plica or shelf resection) (separate procedure)
- 29876       synovectomy, major, two or more compartments (eg, medial or lateral)
- 29877       debridement/shaving of articular cartilage (chondroplasty)
- 29879       abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
- 29880       with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

29881	with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	with meniscus repair (medial or lateral)
29883	with meniscus repair (medial and lateral)
29884	with lysis of adhesions with or without manipulation (separate procedure)
29885	drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	drilling for intact osteochondritis dissecans lesion
29887	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	synovectomy, partial
29897	debridement, limited
29898	debridement, extensive
29899	with ankle arthrodesis
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902	with reduction of displaced ulnar collateral ligament (eg, Stenar Lesion)
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
29905	Arthroscopy, subtalar joint, surgical; with synovectomy
29906	Arthroscopy, subtalar joint, surgical; with debridement
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis
29914	Arthroscopy, hip, surgical; with removal of loose body or foreign body with femoroplasty (ie., treatment of cam lesion)
29915	with acetabuloplasty (ie, treatment of pincer lesion)
29916	with labral repair
29999	Unlisted procedure, arthroscopy

## 6 RESPIRATORY SERVICES

### 6.1 RESPIRATORY SYSTEM

#### 6.1.1 NOSE

##### 6.1.1.1 INCISION

30000	Drainage abscess or hematoma, nasal, internal approach
30020	Drainage abscess or hematoma, nasal septum

## 6.1.1.2 EXCISION

- 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       external approach (lateral rhinotomy)
- 30120 Excision or surgical planing of skin of nose for rhinophyma
- 30124 Excision dermoid cyst, nose; simple, skin, subcutaneous
- 30125       complex, under bone or cartilage
- 30130 Excision inferior turbinate, partial or complete, any method
- 30140 Submucous resection inferior turbinate, partial or complete, any method
- 30150 Rhinectomy; partial
- 30160       total

## 6.1.1.3 INTRODUCTION

- 30200 Injection into turbinate(s), therapeutic
- 30210 Displacement therapy (Proetz type)
- 30220 Insertion, nasal septal prosthesis (button)

## 6.1.1.4 REMOVAL OF FOREIGN BODY

- 30300 Removal foreign body, intranasal; office type procedure
- 30310       requiring general anesthesia
- 30320       by lateral rhinotomy

## 6.1.1.5 REPAIR

- 30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
- 30410       complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
- 30420       including major septal repair
- 30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
- 30435       intermediate revision (bony work with osteotomies)
- 30450       major revision (nasal tip work and osteotomies)
- 30460 Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
- 30462       tip, septum, osteotomies
- 30465 Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
- 30468 Repair of nasal valve collapse with subcutaneous/ submucosal lateral wall implant(s)
- 30469 Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling
- 30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
- 30540 Repair choanal atresia; intranasal
- 30545       transpalatine

- 30560 Lysis intranasal synechia
- 30580 Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
- 30600        oronasal
- 30620 Septal or other intranasal dermatoplasty (does not include obtaining graft)
- 30630 Repair nasal septal perforations

## 6.1.1.6 DESTRUCTION

- 30801 Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method, (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
- 30802        intramural; (ie, submucosal)

## 6.1.1.7 OTHER PROCEDURES

- 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        subsequent
- 30915 Ligation arteries; ethmoidal
- 30920        internal maxillary artery, transantral
- 30930 Fracture nasal inferior turbinate(s), therapeutic
- 30999 Unlisted procedure, nose

## 6.1.2 ACCESSORY SINUSES

### 6.1.2.1 INCISION

- 31000 Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
- 31002        sphenoid sinus
- 31020 Sinusotomy, maxillary (antrotomy); intranasal
- 31030        radical (Caldwell-Luc) without removal of antrochoanal polyps
- 31032        radical (Caldwell-Luc) with removal antrochoanal polyps
- 31040 Pterygomaxillary fossa surgery, any approach
- 31050 Sinusotomy, sphenoid, with or without biopsy;
- 31051        with mucosal stripping or removal of polyp(s)
- 31070 Sinusotomy frontal; external, simple (trephine operation)
- 31075        transorbital, unilateral (for mucocele or osteoma, Lynch type)
- 31080        obliterative without osteoplastic flap, brow incision (includes ablation)
- 31081        obliterative, without osteoplastic flap, coronal incision (includes ablation)
- 31084        obliterative, with osteoplastic flap, brow incision
- 31085        obliterative, with osteoplastic flap, coronal incision
- 31086        nonobliterative, with osteoplastic flap, brow incision
- 31087        nonobliterative, with osteoplastic flap, coronal incision
- 31090 Sinusotomy, unilateral, three or more paranasal sinuses, (frontal, maxillary, ethmoid, sphenoid)

## 6.1.2.2 EXCISION

- 31200 Ethmoidectomy; intranasal, anterior
- 31201 intranasal, total
- 31205 extranasal, total
- 31225 Maxillectomy; without orbital exenteration
- 31230 with orbital exenteration (en bloc)

## 6.1.2.3 ENDOSCOPY

- 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 with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
- 31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
  - 31242 with destruction by radiofrequency ablation, posterior nasal nerve
  - 31243 with destruction by cryoablation, posterior nasal nerve
  - 31238 with control of nasal hemorrhage
  - 31239 with dacryocystorhinostomy
  - 31240 with concha bullosa resection
  - 31241 with ligation of sphenopalatine artery
- 31254 Nasal/sinus endoscopy, surgical; with ethmoidectomy; partial (anterior)
  - 31255 total (anterior and posterior)
  - 31253 total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
  - 31257 total (anterior and posterior), including sphenoidotomy
  - 31259 total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
- 31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
  - 31267 with removal of tissue from maxillary sinus
- 31276 Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed
- 31287 Nasal/sinus endoscopy, surgical, with sphenoidotomy;
  - 31288 with removal of tissue from sphenoid sinus
- 31290 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
  - 31291 sphenoid region
- 31292 Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall
  - 31293 medial and inferior wall
- 31294 Nasal/sinus endoscopy, surgical, with optic nerve decompression
- 31295 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa
  - 31296 frontal sinus ostium
  - 31297 sphenoid sinus ostium



31298 frontal and sphenoid sinus ostia

#### 6.1.2.4 OTHER PROCEDURES

31299 Unlisted procedure, accessory sinuses

#### 6.1.3 LARYNX

##### 6.1.3.1 EXCISION

31300 Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy

31360 Laryngectomy; total, without radical neck dissection

31365 total, with radical neck dissection

31367 subtotal supraglottic, without radical neck dissection

31368 subtotal supraglottic, with radical neck dissection

31370 Partial laryngectomy (hemilaryngectomy); horizontal

31375 lateroververtical

31380 anterovertical

31382 antero-latero-vertical

31390 Pharyngolaryngectomy, with radical neck dissection; without reconstruction

31395 with reconstruction

31400 Arytenoidectomy or arytenoidopexy, external approach

31420 Epiglottidectomy

##### 6.1.3.2 INTRODUCTION

31500 Intubation, endotracheal, emergency procedure

##### 6.1.3.3 ENDOSCOPY

31505 Laryngoscopy, indirect; diagnostic (separate procedure)

31510 with biopsy

31511 with removal of foreign body

31512 with removal of lesion

31513 with vocal cord injection

31515 Laryngoscopy, direct, with or without tracheoscopy; for aspiration

31520 diagnostic, newborn

31525 diagnostic, except newborn

31526 diagnostic, with operating microscope or telescope

31527 with insertion of obturator

31528 with dilation, initial

31529 with dilation, subsequent

31530 Laryngoscopy, direct, operative, with foreign body removal;

31531 with operating microscope or telescope

31535 Laryngoscopy, direct, operative, with biopsy;

31536 with operating microscope or telescope

31540 Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;

- 31541 with operating microscope or telescope
- 31545 Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
- 31546 reconstruction with graft(s) (includes obtaining autograft)
- 31560 Laryngoscopy, direct, operative, with arytenoidectomy;
- 31561 with operating microscope or telescope
- 31570 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
- 31571 with operating microscope or telescope
- 31575 Laryngoscopy, flexible; diagnostic
- 31576 with biopsy(ies)
- 31577 with removal of foreign body(s)
- 31578 with removal of lesion(s), non-laser
- 31572 with ablation or destruction of lesion(s) with laser, unilateral
- 31573 with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
- 31574 with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
- 31579 Laryngoscopy, flexible or rigid telescopic, with stroboscopy

#### **6.1.3.4 REPAIR**

- 31580 Laryngoplasty; for laryngeal web, two stage, with indwelling keel insertion
- 31551 for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age
- 31552 for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older
- 31553 for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age
- 31554 for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older
- 31584 with open reduction and fixation of (eg, plating) of fracture, includes tracheostomy if performed
- 31587 Laryngoplasty, cricoid split, without graft placement
- 31590 Laryngeal reinnervation by neuromuscular pedicle
- 31591 Laryngoplasty, medialization, unilateral
- 31592 Cricotracheal resection

#### **6.1.3.5 OTHER PROCEDURES**

- 31599 Unlisted procedure, larynx

#### **6.1.4 TRACHEA AND BRONCHI**

##### **6.1.4.1 INCISION**

- 31600 Tracheostomy, planned (separate procedure);
- 31601 under two years
- 31603 Tracheostomy, emergency procedure; transtracheal

- 31605 cricothyroid membrane
- 31610 Tracheostomy, fenestration procedure with skin flaps
- 31611 Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
- 31612 Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
- 31613 Tracheostoma revision; simple, without flap rotation
- 31614 complex, with flap rotation

## 6.1.4.2 ENDOSCOPY

- 31615 Tracheobronchoscopy through established tracheostomy incision
- 31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
  - 31623 with brushing or protected brushings
  - 31624 with bronchial alveolar lavage
  - 31625 with bronchial or endobronchial biopsy(s), single or multiple sites
  - 31626 with placement of fiducial markers, single or multiple
  - 31628 with transbronchial lung biopsy(s), single lobe
  - 31629 with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
  - 31630 with tracheal/bronchial dilation or closed reduction of fracture
  - 31631 with placement of tracheal stent(s) (includes tracheal/ bronchial dilation as required)
  - 31632 with transbronchial lung biopsy(s), each additional lobe
  - 31633 with transbronchial needle aspiration biopsy(s), each additional lobe
  - 31634 with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed
  - 31635 with removal of foreign body
  - 31636 with placement of bronchial stent(s) (includes tracheal/ bronchial dilation as required), initial bronchus
  - 31637 each additional major bronchus stented
  - 31638 with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
  - 31640 with excision of tumor
  - 31641 with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
  - 31643 with placement of catheter(s) for intracavitary radioelement application
  - 31645 with therapeutic aspiration of tracheobronchial tree, initial
  - 31646 with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay
  - 31647 with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe
  - 31651 with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe
  - 31648 with removal of bronchial valve(s), initial lobe
  - 31649 with removal of bronchial valve(s), each additional lobe
  - 31652 with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial

- 31653 sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures
- 31654 with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])

### 6.1.4.3 INTRODUCTION

- 31717 Catheterization with bronchial brush biopsy
- 31720 Catheter aspiration (separate procedure); nasotreachal
- 31725 tracheobronchial with fiberscope, bedside
- 31730 Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy

### 6.1.4.4 EXCISION, REPAIR

- 31750 Tracheoplasty; cervical
- 31755 tracheopharyngeal fistulization, each stage
- 31760 intrathoracic
- 31766 Carinal reconstruction
- 31770 Bronchoplasty; graft repair
- 31775 excision stenosis and anastomosis
- 31780 Excision tracheal stenosis and anastomosis; cervical
- 31781 cervicothoracic
- 31785 Excision of tracheal tumor or carcinoma; cervical
- 31786 thoracic
- 31800 Suture of tracheal wound or injury; cervical
- 31805 intrathoracic
- 31820 Surgical closure tracheostomy or fistula; without plastic repair
- 31825 with plastic repair
- 31830 Revision of tracheostomy scar

### 6.1.4.5 OTHER PROCEDURES

- 31899 Unlisted procedure, trachea, bronchi

## 6.1.5 LUNGS AND PLEURA

### 6.1.5.1 INCISION

- 32035 Thoracostomy; with rib resection for empyema
- 32036 with open flap drainage for empyema
- 32096 Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
- 32097 Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral

- 32098 Thoracotomy, with biopsy(ies) of pleura
- 32100 Thoracotomy; with exploration
- 32110 with control of traumatic hemorrhage and/or repair of lung tear
- 32120 for postoperative complications
- 32124 with open intrapleural pneumonolysis
- 32140 with cyst(s) removal, includes pleural procedure when performed
- 32141 with resection-plication of bullae, includes any pleural procedure when performed
- 32150 with removal of intrapleural foreign body or fibrin deposit
- 32151 with removal of intrapulmonary foreign body
- 32160 with cardiac massage
- 32200 Pneumonostomy; with open drainage of abscess or cyst
- 32215 Pleural scarification for repeat pneumothorax
- 32220 Decortication, pulmonary (separate procedure); total
- 32225 partial

## 6.1.5.2 EXCISION/RESECTION

- 32310 Pleurectomy; parietal (separate procedure)
- 32320 Decortication and parietal pleurectomy
- 32400 Biopsy, pleura; percutaneous needle
- 32408 Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed

## 6.1.5.3 REMOVAL

- 32440 Removal of lung, pneumonectomy;
- 32442 with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
- 32445 extrapleural
- 32480 Removal of lung, other than pneumonectomy; single lobe (lobectomy)
- 32482 2 lobes (bilobectomy)
- 32484 single segment (segmentectomy)
- 32486 with circumferential resection of segment of bronchus followed by broncho bronchial-anastomosis (sleeve lobectomy)
- 32488 with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)
- 32491 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
- 32501 Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to primary procedure)
- 32503 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 with chest wall reconstruction
- 32505 Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial

- 32506 with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to primary procedure)
- 32507 with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to primary procedure)
- 32540 Extrapleural enucleation of empyema (empyemectomy);

#### **6.1.5.4 INTRODUCTION AND REMOVAL**

- 32550 Insertion of indwelling tunneled pleural catheter with cuff
- 32551 Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)
- 32552 Removal of indwelling tunneled pleural catheter with cuff
- 32553 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
- 32554 Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
  - 32555 with imaging guidance
- 32556 Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
  - 32557 with imaging guidance

#### **6.1.5.5 DESTRUCTION**

- 32560 Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)
- 32561 Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day
- 32562 subsequent day

#### **6.1.5.6 THORACOSCOPY (VIDEO-ASSISTED THORACIC SURGERY [VATS])**

- 32601 Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy
  - 32604 pericardial sac, with biopsy
  - 32606 mediastinal space, with biopsy
- 32607 Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
  - 32608 with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral
  - 32609 with biopsy(ies) of pleura
- 32650 Thoracoscopy, surgical; with pleurodesis, (eg, mechanical or chemical)
  - 32651 with partial pulmonary decortication
  - 32652 with total pulmonary decortication, including intrapleural pneumonolysis
  - 32653 with removal of intrapleural foreign body or fibrin deposit
  - 32654 with control of traumatic hemorrhage
  - 32655 with resection-plication of bullae, includes any pleural procedure when performed
  - 32656 with parietal pleurectomy

32658	with removal of clot or foreign body from pericardial sac
32659	with creation of pericardial window or partial resection of pericardial sac for drainage
32661	with excision of pericardial cyst, tumor, or mass
32662	with excision of mediastinal cyst, tumor, or mass
32663	with lobectomy (single lobe)
32664	with thoracic sympathectomy
32665	with esophagomyotomy (Heller type)
32666	with therapeutic wedge resection (eg, mass, nodule), initial unilateral
32667	with therapeutic wedge resection (eg, mass or nodule), each additional resection, Ipsilateral (List separately in addition to primary code)
32668	with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to primary code)
32669	with removal of a single lung segment (segmentectomy)
32670	with removal of two lobes (bilobectomy)
32671	with removal of lung (pneumonectomy)
32672	with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed
32673	with resection of thymus, unilateral or bilateral
32674	with mediastinal and regional lymphadenectomy

#### **6.1.5.7 STEREOTACTIC RADIATION THERAPY**

32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
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#### **6.1.5.8 REPAIR**

32800	Repair lung hernia through chest wall
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815	Open closure of major bronchial fistula
32820	Major reconstruction, chest wall (post-traumatic)

#### **6.1.5.9 LUNG TRANSPLANTATION**

32851	Lung transplant, single; without cardiopulmonary bypass
32852	with cardiopulmonary bypass
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	with cardiopulmonary bypass

#### **6.1.5.10 SURGICAL COLLAPSE THERAPY; THORACOPLASTY**

32900	Resection of ribs, extrapleural, all stages
32905	Thoracoplasty, Schede type or extrapleural (all stages);
32906	with closure of bronchopleural fistula
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures
32960	Pneumothorax, therapeutic, intrapleural injection of air

## 6.1.5.11 OTHER PROCEDURES

- 32997 Total lung lavage (unilateral)
- 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, including imaging guidance when performed, unilateral; radiofrequency
- 32999 Unlisted procedure, lungs and pleura

## 7 CARDIOVASCULAR SERVICES

### 7.1 CARDIOVASCULAR SYSTEM

#### 7.1.1 HEART AND PERICARDIUM

##### 7.1.1.1 PERICARDIUM

- 33016 Pericardiocentesis, including imaging guidance, when performed
- 33017 Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly
  - 33018 birth through 5 years of age or any age with congenital cardiac anomaly
- 33019 Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance
- 33020 Pericardiotomy for removal of clot or foreign body (primary procedure)
- 33025 Creation of pericardial window or partial resection for drainage
- 33030 Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
  - 33031 with cardiopulmonary bypass
- 33050 Resection of pericardial cyst or tumor

##### 7.1.1.2 CARDIAC TUMOR

- 33120 Excision of intracardiac tumor, resection with cardiopulmonary bypass
- 33130 Resection of external cardiac tumor

##### 7.1.1.3 TRANSMYOCARDIAL REVASCULARIZATION

- 33140 Transmyocardial laser revascularization, by thoracotomy (separate procedure)
- 33141 performed at the time of other open cardiac procedure(s) (List separately in addition to primary procedure)

##### 7.1.1.4 PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR

- 33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
  - 33203 endoscopic approach (eg, thoracoscopy, pericardioscopy)
- 33206 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
  - 33207 ventricular
  - 33208 atrial and ventricular



- 33210 Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
- 33211 Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
- 33212 Insertion of pacemaker pulse generator only; with existing single lead
- 33213       with existing dual leads
- 33221 Insertion of pacemaker pulse generator only; with existing multiple leads
- 33214 Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
- 33215 Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
- 33216 Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
- 33217 Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator
- 33218 Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
- 33220 Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
- 33222 Relocation of skin pocket for pacemaker
- 33223 Relocation of skin pocket for implantable defibrillator
- 33224 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
- 33225 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to primary procedure)
- 33226 Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)
- 33233 Removal of permanent pacemaker pulse generator only
- 33227 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
- 33228       dual lead system
- 33229       multiple lead system
- 33234 Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
- 33235       dual lead system
- 33236 Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
- 33237       dual lead system
- 33238 Removal of permanent transvenous electrode(s) by thoracotomy
- 33240 Insertion of implantable defibrillator pulse generator only; with existing single lead
- 33230 Insertion of implantable defibrillator pulse generator with existing dual leads
- 33231       with existing multiple leads
- 33241 Removal of implantable defibrillator pulse generator only
- 33262 Removal of implantable defibrillator pulse generator with replacement of implantable

- defibrillator pulse generator; single lead system
- 33263 dual lead system
- 33264 multiple lead system
- 33243 Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
- 33244 by transverse extraction
- 33249 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
- 33270 Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
- 33271 Insertion of subcutaneous implantable defibrillator electrode
- 33272 Removal of subcutaneous implantable defibrillator electrode
- 33273 Repositioning of previously implanted subcutaneous implantable defibrillator electrode

#### **7.1.1.5 PHRENIC NERVE STIMULATION SYSTEM**

- 33276 Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed
- 33277 Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
- 33278 Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)
- 33279 transvenous stimulation or sensing lead(s) only
- 33280 pulse generator only
- 33281 Repositioning of phrenic nerve stimulator transvenous lead(s)
- 33287 Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator
- 33288 transvenous stimulation or sensing lead(s)

#### **7.1.1.6 ELECTROPHYSIOLOGIC OPERATIVE PROCEDURES**

##### **7.1.1.6.1 INCISION**

- 33250 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 with cardiopulmonary bypass
- 33254 Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
- 33255 Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass

- 33256 with cardiopulmonary bypass
- 33257 Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to primary procedure)
- 33258 Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to primary procedure)
- 33259 Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to primary procedure)
- 33261 Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
- 33267 Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
- 33268 Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)

#### 7.1.1.6.2 ENDOSCOPY

- 33269 Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
- 33265 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
- 33266 operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass

#### 7.1.1.7 SUBCUTANEOUS CARDIAC RHYTHM MONITOR

- 33285 Insertion, subcutaneous cardiac rhythm monitor, including programming
- 33286 Removal, subcutaneous cardiac rhythm monitor

#### 7.1.1.8 HEART (INCLUDING VALVES) AND GREAT VESSELS

- 33300 Repair of cardiac wound; without bypass
- 33305 with cardiopulmonary bypass
- 33310 Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass
- 33315 with cardiopulmonary bypass
- 33320 Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
- 33321 with shunt bypass
- 33322 with cardiopulmonary bypass
- 33330 Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
- 33335 with cardiopulmonary bypass

#### 7.1.1.9 CARDIAC VALVES

- 33361 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach

- 33362 open femoral artery approach
- 33363 open axillary artery approach
- 33364 open iliac artery approach
- 33365 transaortic approach (eg, median sternotomy, mediastinotomy)
- 33366 transapical exposure (eg, left thoracotomy)
- 33367 cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to primary procedure)
- 33368 cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to primary procedure)
- 33369 cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to primary procedure)
- 33370 Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)
- 33390 Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)
- 33391 complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)
- 33404 Construction of apical-aortic conduit
- 33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
- 33406 with allograft valve (freehand)
- 33410 with stentless tissue valve
- 33440 Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)
- 33411 Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus
- 33412 with transventricular aortic annulus enlargement (Konno procedure)
- 33413 by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
- 33414 Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
- 33415 Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
- 33416 Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
- 33417 Aortoplasty (gusset) for supra-avalvular stenosis

### 7.1.1.9.1 MITRAL VALVE

- 33418 Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis
- 33419 additional prosthesis(es) during same session (List separately in addition to code for

- primary procedure)
- 33420 Valvotomy, mitral valve; closed heart
- 33422 open heart, with cardiopulmonary bypass
- 33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass;
- 33426 with prosthetic ring
- 33427 radical reconstruction, with or without ring
- 33430 Replacement, mitral valve, with cardiopulmonary bypass

### 7.1.1.9.2 TRICUSPID VALVE

- 33460 Valvectomy, tricuspid valve, with cardiopulmonary bypass;
- 33463 Valvuloplasty, tricuspid valve; without ring insertion
- 33464 with ring insertion
- 33465 Replacement, tricuspid valve, with cardiopulmonary bypass
- 33468 Tricuspid valve repositioning and plication for Ebstein anomaly

### 7.1.1.9.3 PULMONARY VALVE

- 33471 Valvotomy, pulmonary valve, closed heart, via pulmonary artery
- 33474 Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass
- 33475 Replacement, pulmonary valve
- 33476 Right ventricular resection for infundibular stenosis, with or without commissurotomy
- 33477 Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
- 33478 Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection

### 7.1.1.10 OTHER VALVULAR PROCEDURES

- 33496 Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)

### 7.1.1.11 CORONARY ARTERY ANOMALIES

Basic procedures include endarterectomy or angioplasty.

- 33500 Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardio-pulmonary bypass
- 33501 without cardio-pulmonary bypass
- 33502 Repair of anomalous coronary artery from pulmonary artery origin; by ligation
- 33503 by graft, without cardiopulmonary bypass
- 33504 by graft, with cardiopulmonary bypass
- 33505 with construction of intrapulmonary artery tunnel (Takeuchi procedure)
- 33506 by translocation from pulmonary artery to aorta
- 33507 Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation

## 7.1.1.12 ENDOSCOPY

- 33508 Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to primary procedure)
- 33509 Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic

## 7.1.1.13 VENOUS GRAFTING ONLY FOR CORONARY ARTERY BYPASS

- 33510 Coronary artery bypass, vein only; single coronary venous graft
- 33511 two coronary venous grafts
- 33512 three coronary venous grafts
- 33513 four coronary venous grafts
- 33514 five coronary venous grafts
- 33516 six or more coronary venous grafts

## 7.1.1.14 COMBINED ARTERIAL-VENOUS GRAFTING FOR CORONARY BYPASS

- 33517 Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to primary procedure)
- 33518 two venous grafts
- 33519 three venous grafts
- 33521 four venous grafts
- 33522 five venous grafts
- 33523 six or more venous grafts
- 33530 Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation

## 7.1.1.15 ARTERIAL GRAFTING FOR CORONARY ARTERY BYPASS

- 33533 Coronary artery bypass, using arterial graft(s); single arterial graft
- 33534 two coronary arterial grafts
- 33535 three coronary arterial grafts
- 33536 four or more coronary arterial grafts
- 33542 Myocardial resection (eg, ventricular aneurysmectomy)
- 33545 Repair of postinfarction ventricular septal defect, with or without myocardial resection
- 33548 Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)

## 7.1.1.16 CORONARY ENDARTERECTOMY

- 33572 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

## 7.1.1.17 SINGLE VENTRICLE AND OTHER COMPLEX CARDIAC ANOMALIES

- 33600 Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
- 33602 Closure of semilunar valve (aortic or pulmonary) by suture or patch

- 33606 Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
- 33608 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 Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
- 33611 Repair of double outlet right ventricle with intraventricular tunnel repair;
- 33612       with repair of right ventricular outflow tract obstruction
- 33615 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 Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
- 33619 Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
- 33620 Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)
- 33621 Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)
- 33622 Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)

## 7.1.1.18 SEPTAL DEFECT

- 33641 Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
- 33645 Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
- 33647 Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
- 33660 Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
- 33665 Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
- 33670 Repair of complete atrioventricular canal, with or without prosthetic valve
- 33675 Closure of multiple ventricular septal defects;
- 33676       with pulmonary valvotomy or infundibular resection (acyanotic)
- 33677       with removal of pulmonary artery band, with or without gusset
- 33681 Closure of single ventricular septal defect, with or without patch;
- 33684       with pulmonary valvotomy or infundibular resection (acyanotic)
- 33688       with removal of pulmonary artery band, with or without gusset
- 33690 Banding of pulmonary artery
- 33692 Complete repair tetralogy of Fallot without pulmonary atresia;
- 33694       with transannular patch
- 33697 Complete repair tetralogy of Fallot with pulmonary atresia including construction of

conduit from right ventricle to pulmonary artery and closure of ventricular septal defect

### 7.1.1.19 SINUS OF VALSALVA

- 33702 Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
- 33710 with repair of ventricular septal defect
- 33720 Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass

### 7.1.1.20 VENOUS ANOMALIES

- 33724 Repair of isolated partial anomalous pulmonary venous return (eg, scimitar syndrome)
- 33726 Repair of pulmonary venous stenosis
- 33730 Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)
- 33732 Repair of cor triatriatum or supra-ventricular mitral ring by resection of left atrial membrane

### 7.1.1.21 SHUNTING PROCEDURES

- 33735 Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
- 33736 open heart with cardiopulmonary bypass
- 33737 open heart, with inflow occlusion
- 33741 Transcatheter atrial septostomy (TAS) congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)
- 33745 Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt
- 33746 each additional intracardiac shunt location (List separately in addition to code for primary procedure)
- 33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
- 33755 ascending aorta to pulmonary artery (Waterston type operation)
- 33762 descending aorta to pulmonary artery (Potts-Smith type operation)
- 33764 central, with prosthetic graft
- 33766 superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)
- 33767 superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
- 33768 Anastomosis, cavopulmonary, second superior vena cava

### 7.1.1.22 TRANSPOSITION OF THE GREAT VESSELS

- 33770 Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
- 33771 with surgical enlargement of ventricular septal defect
- 33774 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or



- 33775 Senning type) with cardiopulmonary bypass;  
with removal of pulmonary band
- 33776 with closure of ventricular septal defect
- 33777 with repair of subpulmonic obstruction
- 33778 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type)
  - 33779 with removal of pulmonary band
  - 33780 with closure of ventricular septal defect
  - 33781 with repair of subpulmonic obstruction
- 33782 Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation
- 33783 with reimplantation of 1 or both coronary ostia

### 7.1.1.23 TRUNCUS ARTERIOSUS

- 33786 Total repair, truncus arteriosus (Rastelli type operation)
- 33788 Reimplantation of an anomalous pulmonary artery

### 7.1.1.24 AORTIC ANOMALIES

- 33800 Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
- 33802 Division of aberrant vessel (vascular ring);
  - 33803 with reanastomosis
- 33813 Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
  - 33814 with cardiopulmonary bypass
- 33820 Repair of patent ductus arteriosus; by ligation
  - 33822 by division, under 18 years
  - 33824 by division, 18 years and older
- 33840 Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
  - 33845 with graft
- 33851 repair using either left subclavian artery or prosthetic material as gusset for enlargement
- 33852 Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
  - 33853 with cardiopulmonary bypass

### 7.1.1.25 THORACIC AORTIC ANEURYSM

- 33858 Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection
  - 33859 for aortic disease other than dissection (eg, aneurysm)
- 33863 with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)
- 33864 with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)

- 33866 Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)
- 33871 Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)
- 33875 Descending thoracic aorta graft, with or without bypass
- 33877 Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass

## **7.1.1.26 ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA**

- 33880 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 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 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 each additional proximal extension
- 33886 Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
- 33889 Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
- 33891 Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision

## **7.1.1.27 ENDOVASCULAR REPAIR OF CONGENITAL HEART AND VASCULAR DEFECTS**

- 33894 Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches
- 33895 not crossing major side branches
- 33897 Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta
- 33900 Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral
- 33901 normal native connections, bilateral
- 33902 abnormal connections, unilateral
- 33903 abnormal connections, bilateral
- 33904 Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)

## 7.1.1.28 PULMONARY ARTERY

- 33910 Pulmonary artery embolectomy; with cardiopulmonary bypass
- 33915       without cardiopulmonary bypass
- 33916 Pulmonary endarterectomy with or without embolectomy, with cardiopulmonary bypass
- 33917 Repair of pulmonary artery stenosis by reconstruction with patch or graft
- 33920 Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
- 33922 Transection of pulmonary artery with cardiopulmonary bypass
- 33924 Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure
- 33925 Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
- 33926       with cardiopulmonary bypass

## 7.1.1.29 HEART/LUNG TRANSPLANTATION

- 33927 Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
- 33928 Removal and replacement of total replacement heart system (artificial heart)
- 33929 Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)  
separately in addition to code for primary procedure)
- 33935 Heart-lung transplant with recipient cardiectomy-pneumonectomy
- 33945 Heart transplant, with or without recipient cardiectomy

## 7.1.1.30 EXTRACORPOREAL MEMBRANE OXYGENATION or EXTRACORPOREAL LIFE SUPPORT SERVICES

- 33946 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous
- 33947       initiation veno-arterial
- 33948       daily management, each day, veno-venous
- 33949       daily management, each day, veno-arterial
- 33951       insertion of peripheral (arterial and/or venous) cannula(e),  
percutaneous, birth through 5 years of age (includes fluoroscopic  
guidance, when performed)
- 33952       insertion of peripheral (arterial and/or venous) cannula(e),  
percutaneous, 6 years and older (includes fluoroscopic  
guidance, when performed)
- 33953       insertion of peripheral (arterial and/or venous) cannula(e), open,  
birth through 5 years of age
- 33954       insertion of peripheral (arterial and/or venous) cannula(e), open,  
6 years and older
- 33955       insertion of central cannula(e) by sternotomy or thoracotomy,  
birth through 5 years of age

- 33956 insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older
- 33957 reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)
- 33958 reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)
- 33959 reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance when performed)
- 33962 reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)
- 33963 reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)
- 33964 reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)
- 33965 removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age
- 33966 removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older
- 33969 removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age
- 33984 removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older
- 33985 removal of central cannula(e), by sternotomy or thoracotomy, birth through 5 years of age
- 33986 removal of central cannula(e), by sternotomy or thoracotomy, 6 years and older
- 33987 Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)
- 33988 Insertion of left heart vent by thoracic incision (eg, sternotomy/thoracotomy) for ECMO/ECLS
- 33989 Removal of left heart vent by thoracic incision (eg, sternotomy/thoracotomy) for ECMO/ECLS

## 7.1.1.31 CARDIAC ASSIST

- 33967 Insertion of intra-aortic balloon assist device, percutaneous
- 33968 Removal of intra-aortic balloon assist device, percutaneous
- 33970 Insertion of intra-aortic balloon assist device through the femoral artery, open approach
- 33971 Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
- 33973 Insertion of intra-aortic balloon assist device through the ascending aorta

- 33974 Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft
- 33975 Insertion of ventricular assist device; extracorporeal, single ventricle
- 33976 extracorporeal, biventricular
- 33977 Removal of ventricular assist device; extracorporeal, single ventricle
- 33978 extracorporeal, biventricular
- 33979 Insertion of ventricular assist device, implantable intracorporeal, single ventricle
- 33980 Removal of ventricular assist device, implantable intracorporeal, single ventricle
- 33981 Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
- 33982 Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass
- 33983 with cardiopulmonary bypass
- 33995 Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
- 33990 left heart, arterial access only
- 33991 left heart, both arterial and venous access, with transeptal puncture
- 33992 Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion
- 33997 Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion.
- 33993 Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion

### 7.1.1.32 OTHER PROCEDURES

- 33999 Unlisted procedure, cardiac surgery

### 7.1.2 ARTERIES AND VEINS

#### 7.1.2.1 EMBOLECTOMY/THROMBECTOMY

##### 7.1.2.1.1 ARTERIAL, WITH OR WITHOUT CATHETER

- 34001 Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
- 34051 innominate, subclavian artery, by thoracic incision
- 34101 axillary, brachial, innominate, subclavian artery, by arm incision
- 34111 radial or ulnar artery, by arm incision
- 34151 renal, celiac, mesentery, aortoiliac artery, by abdominal incision
- 34201 femoropopliteal, aortoiliac artery, by leg incision
- 34203 popliteal-tibio-peroneal, by leg incision

##### 7.1.2.1.2 VENOUS, DIRECT OR WITH CATHETER

- 34401 Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
- 34421 vena cava, iliac, femoropopliteal vein, by leg incision
- 34451 vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
- 34471 subclavian vein, by neck incision

34490 axillary and subclavian vein, by arm incision

### 7.1.2.2 VENOUS RECONSTRUCTION

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

### 7.1.2.3 ENDOVASCULAR REPAIR OF ABDOMINAL AORTA AND/OR ILIAC ARTERIES

- 34701 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
- 34702 for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
- 34703 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
- 34704 for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
- 34705 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
- 34706 for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
- 34707 Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone

- angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)
- 34708 for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)
- 34717 Endovascular repair of iliac artery at the time of aortoiliac artery endograft placement by development of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)
- 34709 Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)
- 34718 Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral
- 34710 Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated
- 34711 each additional vessel treated (List separately in addition to code for primary procedure)
- 34712 Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation
- 34713 Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)
- 34714 Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)
- 34715 Open axillary/subclavian exposure for delivery of endovascular prosthesis by

- infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
- 34716 Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
- 34808 Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
- 34812 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)
- 34813 Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair
- 34820 Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)
- 34830 Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis
- 34831 aorto-bi-iliac prosthesis
- 34832 aorto-bifemoral prosthesis
- 34833 Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)
- 34834 Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)
- 34715 Open axillary/subclavian exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
- 34716 Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)

#### **7.1.2.4 FENESTRATED ENDOVASCULAR REPAIR of the VISCERAL and INFRARENAL AORTA**

- 34841 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneuysm, 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 endoprostheses (superior mesenteric, celiac or renal artery)
- 34842 including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
- 34843 including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
- 34844 including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])



- 34845 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 including two visceral artery endoprosthesis (superior mesenteric, celiac or renal artery[s])
- 34847 including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
- 34848 including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])

## **7.1.2.5 DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION FOR ANEURYSM, PSEUDOANEURYSM, RUPTURED ANEURYSM, AND ASSOCIATED OCCLUSIVE DISEASE**

- 35001 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 for ruptured aneurysm, carotid, subclavian artery, by neck incision
- 35005 for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery
- 35011 for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
- 35013 for ruptured aneurysm, axillary-brachial artery, by arm incision
- 35021 for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision
- 35022 for ruptured aneurysm, innominate, subclavian artery, by thoracic incision
- 35045 for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
- 35081 for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta
- 35082 for ruptured aneurysm, abdominal aorta
- 35091 for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
- 35092 for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
- 35102 for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)
- 35103 for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)
- 35111 for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery
- 35112 for ruptured aneurysm, splenic artery
- 35121 for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal or mesenteric artery
- 35122 for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery

- 35131 for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)
- 35132 for ruptured aneurysm, iliac artery (common, hypogastric, external)
- 35141 for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)
- 35142 for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)
- 35151 for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery
- 35152 for ruptured aneurysm, popliteal artery

## 7.1.2.6 REPAIR ARTERIOVENOUS FISTULA

- 35180 Repair, congenital arteriovenous fistula; head and neck
- 35182 thorax and abdomen
- 35184 extremities
- 35188 Repair, acquired or traumatic arteriovenous fistula; head and neck
- 35189 thorax and abdomen
- 35190 extremities

## 7.1.2.7 REPAIR BLOOD VESSEL OTHER THAN FOR FISTULA, WITH OR WITHOUT PATCH ANGIOPLASTY

- 35201 Repair blood vessels, direct; neck
- 35206 upper extremity
- 35207 hand, finger
- 35211 intrathoracic, with bypass
- 35216 intrathoracic, without bypass
- 35221 intra-abdominal
- 35226 lower extremity
- 35231 Repair blood vessel with vein graft; neck
- 35236 upper extremity
- 35241 intrathoracic, with bypass
- 35246 intrathoracic, without bypass
- 35251 intra-abdominal
- 35256 lower extremity
- 35261 Repair blood vessel with graft other than vein; neck
- 35266 upper extremity
- 35271 intrathoracic, with bypass
- 35276 intrathoracic, without bypass
- 35281 intra-abdominal
- 35286 lower extremity

## 7.1.2.8 THROMBOENDARTERECTOMY

- 35301 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
- 35302 superficial femoral artery

35303	popliteal artery
35304	tibioperoneal trunk artery
35305	tibial or peroneal artery, initial vessel
35306	each additional tibial or peroneal artery
35311	subclavian, innominate, by thoracic incision
35321	axillary-brachial
35331	abdominal aorta
35341	mesenteric, celiac, or renal
35351	iliac
35355	iliofemoral
35361	combined aortoiliac
35363	combined aortoiliofemoral
35371	common femoral
35372	deep (profunda) femoral
35390	Reoperation, carotid, thromboendarterectomy, more than one month after original operation

#### **7.1.2.9 ANGIOSCOPY**

35400	Angioscopy (non-coronary vessels or grafts) during therapeutic intervention
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#### **7.1.2.10 BYPASS GRAFT**

##### **7.1.2.10.1 VEIN**

35500	Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to primary procedure)
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid
35506	carotid-subclavian or subclavian-carotid
35508	carotid-vertebral
35509	carotid-contralateral carotid
35510	carotid-brachial
35511	subclavian-subclavian
35512	subclavian-brachial
35515	subclavian-vertebral
35516	subclavian-axillary
35518	axillary-axillary
35521	axillary-femoral
35522	axillary-brachial
35523	brachial-ulnar or -radial
35525	brachial-brachial
35526	aortosubclavian, aortoinnominate, or aortocarotid
35531	aortoceliac or aortomesenteric
35533	axillary-femoral-femoral
35535	hepatorenal
35536	splenorenal
35537	aortoiliac

35538	aortobi-iliac
35539	aortofemoral
35540	aortobifemoral
35556	femoral-popliteal
35558	femoral-femoral
35560	aortorenal
35563	ilioiliac
35565	iliofemoral
35566	femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35570	tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial
35571	popliteal-tibial, -peroneal artery or other distal vessels
35572	Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery)

### 7.1.2.10.2 IN SITU VEIN

35583	In-situ vein bypass; femoral-popliteal
35585	femoral-anterior tibial, posterior tibial, or peroneal artery
35587	popliteal-tibial, perineal

### 7.1.2.10.3 OTHER THAN VEIN

35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid
35606	carotid-subclavian
35612	subclavian-subclavian
35616	subclavian-axillary
35621	axillary-femoral
35623	axillary-popliteal or -tibial
35626	aortosubclavian, aortoinnominate, or aortocarotid
35631	aortoceliac, aortomesenteric, aortorenal
35632	ilio-celiac
35633	ilio-mesenteric
35634	iliorenal
35636	splenorenal (splenic to renal arterial anastomosis)
35637	aortoiliac
35638	aortobi-iliac
35642	carotid-vertebral
35645	subclavian-vertebral
35646	aortobifemoral
35647	aortofemoral
35650	axillary-axillary
35654	axillary-femoral-femoral
35656	femoral-popliteal
35661	femoral-femoral
35663	ilioiliac

- 35665 iliofemoral
- 35666 femoral-anterior tibial, posterior tibial, or peroneal artery
- 35671 popliteal-tibial, or -peroneal artery

### 7.1.2.11 COMPOSITE GRAFTS

- 35681 Bypass graft; composite, prosthetic and vein
- 35682 autogenous composite, two segments of veins from two locations
- 35683 autogenous composite, three or more segments of vein from two or more locations

### 7.1.2.12 ADJUVANT TECHNIQUES

- 35685 Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit
- 35686 Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis)

### 7.1.2.13 ARTERIAL TRANSPOSITION

- 35691 Transposition and/or reimplantation; vertebral to carotid artery
- 35693 vertebral to subclavian artery
- 35694 subclavian to carotid artery
- 35695 carotid to subclavian artery
- 35697 Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery

### 7.1.2.14 EXCISION, EXPLORATION, REPAIR, REVISION

- 35700 Reoperation, femoral-popliteal or femoral (popliteal) -anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation
- 35701 Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)
- 35702 upper extremity (eg, axillary, brachial, radial, ulnar)
- 35703 lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)
- 35800 Exploration for postoperative hemorrhage, thrombosis or infection; neck
- 35820 chest
- 35840 abdomen
- 35860 extremity
- 35870 Repair of graft-enteric fistula
- 35875 Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
- 35876 with revision of arterial or venous graft
- 35879 Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
- 35881 with segmental vein interposition
- 35883 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)
- 35884 with autogenous vein patch graft
- 35901 Excision of infected graft; neck
- 35903 extremity

35905 thorax  
35907 abdomen

## 7.1.2.15 VASCULAR INJECTION PROCEDURES

### 7.1.2.15.1 INTRAVENOUS

36000 Introduction of needle or intracatheter, vein  
36002 Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm  
36005 Injection procedure for extremity venography (including introduction of needle or intracatheter)  
36010 Introduction of catheter, superior or inferior vena cava  
36011 Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)  
36012 second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)  
36013 Introduction of catheter, right heart or main pulmonary artery  
36014 Selective catheter placement, left or right pulmonary artery  
36015 Selective catheter placement, segmental or subsegmental pulmonary artery

### 7.1.2.15.2 INTRA ARTERIAL---INTRA -AORTIC

36100 Introduction of needle or intracatheter, carotid or vertebral artery  
36140 Introduction of needle or intracatheter, upper or lower extremity artery  
36160 Introduction of needle or intracatheter, aortic, translumbar  
36200 Introduction of catheter, aorta  
36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family  
36216 initial second order thoracic or brachiocephalic branch, within a vascular family  
36217 initial third order or more selective thoracic or brachiocephalic branch, within a vascular family  
36218 additional second order, third order and beyond, thoracic or brachiocephalic branch, within a vascular family  
36221 Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed  
36222 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed  
36223 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed  
36224 Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and

- interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
- 36225 Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- 36226 Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- 36227 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation
- 36228 Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery)
- 36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
- 36246       initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
- 36247       initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
- 36248       additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family
- 36251 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
- 36252       bilateral
- 36253 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
- 36254       bilateral
- 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

### 7.1.2.15.3 VENOUS

- 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 scalp vein
  - 36406 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)
  - 36420 Venipuncture, cutdown; younger than age 1 year
  - 36425 age 1 or over (Not to be used for routine venipuncture)
  - 36430 Transfusion, blood or blood components
  - 36440 Push transfusion, blood, 2 years or younger
  - 36450 Exchange transfusion, blood; newborn
  - 36455 other than newborn
  - 36456 Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified healthcare professional, newborn
  - 36460 Transfusion, intrauterine, fetal
  - 36468 Injection(s) of sclerosant for spider veins (telangiectasia); limb or trunk
  - 36470 Injection of sclerosant; single incompetent vein (other than telangiectasia)
  - 36471 multiple incompetent veins (other than telangiectasia), same leg
  - 36465 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
  - 36466 multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
  - 36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
  - 36476 subsequent vein(s) treated in a single extremity, each through separate access sites
  - 36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
  - 36479 subsequent vein(s) treated in a single extremity, each through separate access sites
  - 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 for red blood cells
  - 36513 for platelets
  - 36514 for plasma pheresis
  - 36516 with extracorporeal immunoabsorption, selective absorption or selective filtration and plasma reinfusion
  - 36522 Photopheresis, extracorporeal

## 7.1.2.15.4 CENTRAL VENOUS ACCESS PROCEDURES



## 7.1.2.15.5 INSERTION OF CENTRAL VENOUS ACCESS DEVICE

- 36555 Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age
- 36556       age 5 years or older
- 36557 Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; under 5 years of age
- 36558       age 5 years or older
- 36560 Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; under 5 years of age
- 36561       age 5 years or older
- 36563 Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
- 36565 Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)
- 36566       with subcutaneous port(s)
- 36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age
- 36569       age 5 years or older
- 36572 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age
- 36573       age 5 years or older
- 36570 Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
- 36571       age 5 years or older

## 7.1.2.15.6 REPAIR OF CENTRAL VENOUS ACCESS DEVICE

- 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

## 7.1.2.15.7 PARTIAL REPLACEMENT OF CENTRAL VENOUS ACCESS DEVICE (CATHETER ONLY)

- 36578 Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site

## 7.1.2.15.8 COMPLETE REPLACEMENT OF CENTRAL VENOUS ACCESS DEVICE THROUGH SAME VENOUS ACCESS 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
- 36582 Replacement, complete, of a tunneled centrally inserted central venous access device,

- with subcutaneous port, 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, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement
- 36585 Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access

### **7.1.2.15.9 REMOVAL OF CENTRAL VENOUS ACCESS DEVICE**

- 36589 Removal of tunneled central venous catheter, without subcutaneous port or pump
- 36590 Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion

### **7.1.2.15.10 OTHER CENTRAL VENOUS ACCESS PROCEDURES**

- 36591 Collection of blood specimen from a completely implantable venous access device
- 36593 Dec clotting by thrombolytic agent of implanted vascular access device or catheter
- 36595 Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access
- 36596 Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen
- 36597 Repositioning of previously placed central venous catheter under fluoroscopic guidance
- 36598 Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report

### **7.1.2.16 ARTERIAL**

- 36600 Arterial puncture, withdrawal of blood for diagnosis
- 36620 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
- 36625        cutdown
- 36640 Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
- 36660 Catheterization, umbilical artery, newborn, for diagnosis or therapy

### **7.1.2.17 INTRAOSSEOUS**

- 36680 Placement of needle for intraosseous infusion

### **7.1.2.18 HEMODIALYSIS ACCESS, INTERVASCULAR CANNULIZATION FOR EXTRACORPOREAL CIRCULATION, OR SHUNT INSERTION**

- 36800 Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
- 36810        arteriovenous, external (Scribner type)
- 36815        arteriovenous, external revision or closure
- 36818 Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
- 36819        by upper arm basilic vein transposition

- 36820 by forearm vein transposition
- 36821 direct, any site (eg. Cimino type) (separate procedure)
- 36823 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 (36823 includes chemotherapy perfusion supported by a membrane oxygenator/perfusion pump.
- 36825 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
- 36830 nonautogenous graft (eg, biological collagen, thermoplastic graft)
- 36831 Thrombectomy, open, arteriovenous fistula without revision, autogenous or non-autogenous dialysis graft (separate procedure)
- 36832 Revision, open, arteriovenous fistula; without thrombectomy, autogenous or non-autogenous dialysis graft (separate procedure)
- 36833 with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
- 36835 Insertion of Thomas shunt (separate procedure)
- 36836 Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
- 36837 Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
- 36838 Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
- 36860 External cannula declotting (separate procedure); without balloon catheter
- 36861 with balloon catheter

### 7.1.2.19 DIALYSIS CIRCUIT

- 36901 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;
- 36902 with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
- 36903 with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
- 36904 Percutaneous transluminal mechanical thrombectomy and/or infusion for

- thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);
- 36905 with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
- 36906 with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
- 36907 Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty
- 36908 Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment
- 36909 Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention

## 7.1.2.20 PORTAL DECOMPRESSION PROCEDURES

- 37140 Venous anastomosis, open; portocaval
- 37145        renoportal
- 37160        caval mesenteric
- 37180        splenorenal, proximal
- 37181        splenorenal, distal (selective decompression of esophagogastric varices, any technique)
- 37182 Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)
- 37183 Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilation, stent placement and all associated imaging guidance and documentation)

## 7.1.2.21 TRANSCATHETER PROCEDURES

### 7.1.2.21.1 ARTERIAL MECHANICAL THROMBECTOMY

- 37184 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
- 37185        second and all subsequent vessel(s) within the same vascular family
- 37186 Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare

basket, suction technique), noncoronary, 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

### 7.1.2.21.2 VENOUS MECHANICAL THROMBECTOMY

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

### 7.1.2.21.3 OTHER PROCEDURES

- 37191 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 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 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
- 37195 Thrombolysis, cerebral, by intravenous infusion
- 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
- 37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day
- 37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day
- 37213 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;
- 37214 cessation of thrombolysis including removal of catheter and vessel closure by any method
- 37215 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 without distal embolic protection
- 37217 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

37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation

**7.1.2.22 ENDOVASCULARE REVASCULARIZATION (OPEN OR PERCUTANEOUS, TRANSCATHETER)**

37220 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty

37221 with transluminal stent placement(s), includes angioplasty within same vessel, when performed

37222 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty

37223 with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

37224 Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty

37225 with atherectomy, includes angioplasty within the same vessel, when performed

37226 with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

37227 with transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel, when performed

37228 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty

37229 with atherectomy, includes angioplasty within the same vessel, when performed

37230 with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

37231 with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

37232 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty

37233 with atherectomy, includes angioplasty within the same vessel, when performed

37234 with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

37235 with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery

37247 each additional artery (List separately in addition to code for primary procedure)

37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to

- perform the angioplasty within the same vein; initial vein
- 37249 each additional vein (List separately in addition to code for primary procedure)
- 37236 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 each additional artery (List separately in addition to code for primary procedure)
- 37238 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial vein
- 37239 each additional vein (List separately in addition to code for primary procedure)

### 7.1.2.23 VASCULAR EMBOLIZATION AND OCCLUSION

- 37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles).
- 37242 arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
- 37243 for tumors, organ ischemia, of infarction
- 37244 for arterial of venous hemorrhage or lymphatic extravasation

### 7.1.2.24 INTRAVASCULAR ULTRASOUND SERVICES

- 37252 Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial vessel noncoronary vessel
- 37253 each additional noncoronary vessel

### 7.1.2.25 ENDOSCOPY

- 37500 Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
- 37501 Unlisted vascular endoscopy procedure

### 7.1.2.26 LIGATION

- 37565 Ligation, internal jugular vein
- 37600 Ligation; external carotid artery
- 37605 internal or common carotid artery
- 37606 internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
- 37607 Ligation or banding of angioaccess arteriovenous fistula
- 37609 Ligation or biopsy, temporal artery
- 37615 Ligation, major artery (eg, post-traumatic, rupture); neck

37616	chest
37617	abdomen
37618	extremity
37619	Ligation of inferior vena cava
37650	Ligation of femoral vein
37660	Ligation of common iliac vein
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Ligation, division and stripping, short saphenous vein
37722	Ligation, division and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766	more than 20 incisions
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	Ligation, division, and/or excision of recurrent or secondary varicose veins (clusters), one leg

## 7.1.2.27 OTHER PROCEDURES

<u>37788</u>	Penile revascularization, artery, with or without vein graft
<u>37790</u>	Penile venous occlusive procedure
37799	Unlisted procedure, vascular surgery

## 7.2 HEMIC AND LYMPHATIC SYSTEMS

### 7.2.1 SPLEEN

#### 7.2.1.1 EXCISION

38100	Splenectomy; total (separate procedure)
38101	partial
38102	total, en bloc for extensive disease, in conjunction with other procedure

#### 7.2.1.2 REPAIR

38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
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#### 7.2.1.3 LAPAROSCOPY

38120	Laparoscopy, surgical, splenectomy
38129	Unlisted laparoscopy procedure, spleen



## 7.2.1.4 INTRODUCTION

38200 Injection procedure for splenoportography

## 7.2.2 GENERAL

### 7.2.2.1 BONE MARROW OR STEM CELL SERVICES/PROCEDURES

38220 Diagnostic bone marrow; aspiration(s)  
38221 biopsy(ies)  
38222 biopsy(ies) and aspiration(s)  
38230 Bone marrow harvesting for transplantation; allogeneic  
38232 autologous  
38240 Hematopoietic progenitor cell (HPC); allogenic transplantation per donor  
38241 autologous transplantation  
38242 Allogeneic lymphocyte infusions  
38243 Hematopoietic progenitor cell (HPC); HPC boost

## 7.2.3 LYMPH NODES AND LYMPHATIC CHANNELS

### 7.2.3.1 INCISION

38300 Drainage of lymph node abscess or lymphadenitis; simple  
38305 extensive  
38308 Lymphangiectomy or other operations on lymphatic channels  
38380 Suture and/or ligation of thoracic duct; cervical approach  
38381 thoracic approach  
38382 abdominal approach

### 7.2.3.2 EXCISION

38500 Biopsy or excision of lymph node(s); open, superficial  
38505 by needle, superficial (eg, cervical, inguinal, axillary)  
38510 open, deep cervical node(s)  
38520 open, deep cervical node(s) with excision scalene fat pad  
38525 open, deep axillary node(s)  
38530 open, internal mammary node(s) (separate procedure)  
38531 open, inguinofemoral node(s)  
38542 Dissection, deep jugular node(s)  
38550 Excision of cystic hydromel, axillary or cervical; without deep neurovascular dissection  
38555 with deep neurovascular dissection

### 7.2.3.3 LIMITED LYMPHADENECTOMY FOR STAGING

38562 Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic  
38564 retroperitoneal (aortic and/or splenic)

### 7.2.3.4 LAPAROSCOPY

38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple  
38571 with bilateral total pelvic lymphadenectomy

- 38572 with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy) single or multiple
- 38573 with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed
- 38589 Unlisted laparoscopy procedure, lymphatic system

### **7.2.3.5 RADICAL LYMPHADENECTOMY (RADICAL RESECTION OF LYMPH NODES)**

- 38700 Suprahyoid lymphadenectomy
- 38720 Cervical lymphadenectomy (complete)
- 38724 Cervical lymphadenectomy (modified radical neck dissection)
- 38740 Axillary lymphadenectomy; superficial
- 38745 complete
- 38746 Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy
- 38747 Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para aortic and vena caval nodes
- 38760 Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
- 38765 Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
- 38770 Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
- 38780 Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)

### **7.2.3.6 INTRODUCTION**

- 38790 Injection procedure; lymphangiography
- 38792 radioactive tracer for identification of sentinel node
- 38794 Cannulation, thoracic duct

### **7.2.3.7 OTHER PROCEDURES**

- 38900 Intraoperative identification (eg, mapping) of sentinel lymph node(s), includes injection of non-radioactive dye, when performed
- 38999 Unlisted procedure, hemic or lymphatic system

## **7.3 MEDIASTINUM AND DIAPHRAGM**

### **7.3.1 MEDIASTINUM**

#### **7.3.1.1 INCISION**

- 39000 Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
- 39010 transthoracic approach, including either transthoracic or median sternotomy

## 7.3.1.2 EXCISION/RESECTION

- 39200 Resection of mediastinal cyst
- 39220 Resection of mediastinal tumor

## 7.3.1.3 ENDOSCOPY

- 39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma),when performed
- 39402 with lymph node biopsy(ies) (eg, lung cancer staging)

## 7.3.1.4 OTHER PROCEDURES

- 39499 Unlisted procedure, mediastinum

## 7.3.2 DIAPHRAGM

### 7.3.2.1 REPAIR

- 39501 Repair, laceration of diaphragm, any approach
- 39503 Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
- 39540 Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
- 39541 chronic
- 39545 Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
- 39560 Resection, diaphragm, with simple repair (eg, primary suture)
- 39561 with complex repair (eg, prosthetic material, local muscle flap)

### 7.3.2.2 OTHER PROCEDURES

- 39599 Unlisted procedure, diaphragm

## 8 DIGESTIVE SERVICES

### 8.1 DIGESTIVE SYSTEM

#### 8.1.1 LIPS

##### 8.1.1.1 EXCISION

- 40490 Biopsy of lip
- 40500 Vermilionectomy (lip shave), with mucosal advancement
- 40510 Excision of lip; transverse wedge excision with primary closure
- 40520 V-excision with primary direct linear closure
- 40525 full thickness, reconstruction with local flap (eg, Estlander or fan)
- 40527 full thickness, reconstruction with cross lip flap (Abbe-Estlander)
- 40530 Resection lip, more than one-fourth, without reconstruction

##### 8.1.1.2 REPAIR (CHEILOPLASTY)

- 40650 Repair lip, full thickness; vermilion only
- 40652 up to half vertical height
- 40654 over one-half vertical height, or complex

- 40700 Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
- 40701       primary bilateral, one stage procedure
- 40702       primary bilateral, one of two stages
- 40720       secondary, by recreation of defect and reclosure
- 40761       with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle

### 8.1.1.3 OTHER PROCEDURES

- 40799 Unlisted procedure, lips

## 8.1.2 VESTIBULE OF MOUTH

### 8.1.2.1 INCISION

- 40800 Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
- 40801       complicated
- 40804 Removal of embedded foreign body; vestibule of mouth; simple
- 40805       complicated
- 40806 Incision of labial frenum (frenotomy)

### 8.1.2.2 EXCISION, DESTRUCTION

- 40808 Biopsy, vestibule of mouth
- 40810 Excision of lesion of mucosa and submucosa vestibule of mouth; without repair
- 40812       with simple repair
- 40814       with complex repair
- 40816       complex with excision of underlying muscle
- 40818 Excision of mucosa of vestibule of mouth as donor graft
- 40819 Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)
- 40820 Destruction of lesion or scar by physical methods (eg, laser, thermal, cryo, chemical)

### 8.1.2.3 REPAIR

- 40830 Closure of laceration, vestibule of mouth; 2.5 cm or less
- 40831       over 2.5 cm or complex
- 40840 Vestibuloplasty; anterior
- 40842       posterior, unilateral
- 40843       posterior, bilateral
- 40844       entire arch
- 40845       complex (including ridge extension, muscle repositioning)

### 8.1.2.4 OTHER PROCEDURES

- 40899 Unlisted procedure, vestibule of mouth

## 8.1.3 TONGUE AND FLOOR OF MOUTH

### 8.1.3.1 INCISION

- 41000 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual

41005	sublingual, superficial
41006	sublingual, deep, supramylohyoid
41007	submental space
41008	submandibular space
41009	masticator space
41010	Incision of lingual frenum (frenotomy)
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	submental
41017	submandibular
41018	masticator space
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

### 8.1.3.2 EXCISION

41100	Biopsy of tongue; anterior two-thirds
41105	posterior one-third
41108	Biopsy of floor of mouth
41110	Excision of lesion of tongue without closure
41112	Excision of lesion of tongue with closure; anterior two-thirds
41113	posterior one-third
41114	with local tongue flap
41115	Excision of lingual frenum (frenectomy)
41116	Excision, lesion of floor of mouth
41120	Glossectomy; less than one-half tongue
41130	hemiglossectomy
41135	partial, with unilateral radical neck dissection
41140	complete or total, with or without tracheostomy, without radical neck dissection
41145	complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)

### 8.1.3.3 REPAIR

41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	posterior one-third of tongue
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex

## 8.1.3.4 OTHER PROCEDURES

- 41510 Suture of tongue to lip for micrognathia (Douglas type procedure)
- 41512 Tongue base suspension, permanent suture technique
- 41520 Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
- 41530 Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session
- 41599 Unlisted procedure, tongue, floor of mouth

## 8.1.4 DENTOALVEOLAR STRUCTURES

### 8.1.4.1 INCISION

- 41800 Drainage of abscess, cyst, hematoma from dentoalveolar structures
- 41805 Removal of embedded foreign body from dentoalveolar structures; soft tissues
- 41806 bone

### 8.1.4.2 EXCISION, DESTRUCTION

- 41820 Gingivectomy, excision gingiva, each quadrant
- 41821 Operculectomy, excision pericoronal tissues
- 41822 Excision of fibrous tuberosities, dentoalveolar structures
- 41823 Excision of osseous tuberosities, dentoalveolar structures
- 41825 Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
- 41826 with simple repair
- 41827 with complex repair
- 41828 Excision of hyperplastic alveolar mucosa, each quadrant (specify)
- 41830 Alveolectomy, including curettage of osteitis or sequestrectomy
- 41850 Destruction of lesion (except excision), dentoalveolar structures

### 8.1.4.3 OTHER PROCEDURES

- 41870 Periodontal mucosal grafting
- 41872 Gingivoplasty, each quadrant (specify)
- 41874 Alveoloplasty each quadrant (specify)
- 41899 Unlisted procedure, dentoalveolar structures

## 8.1.5 PALATE AND UVULA

### 8.1.5.1 INCISION

- 42000 Drainage of abscess of palate, uvula

### 8.1.5.2 EXCISION, DESTRUCTION

- 42100 Biopsy of palate, uvula
- 42104 Excision, lesion of palate, uvula; without closure
- 42106 with simple primary closure
- 42107 with local flap closure
- 42120 Resection of palate or extensive resection of lesion
- 42140 Uvulectomy, excision of uvula
- 42145 Palatopharyngoplasty eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
- 42160 Destruction of lesion, palate or uvula (thermal, cryo or chemical)

### 8.1.5.3 REPAIR

- 42180 Repair, laceration of palate; up to 2 cm
- 42182       over 2 cm or complex
- 42200 Palatoplasty for cleft palate, soft and/or hard palate only
- 42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
- 42210       with bone graft to alveolar ridge (includes obtaining graft)
- 42215 Palatoplasty for cleft palate; major revision
- 42220       secondary lengthening procedure
- 42225       attachment pharyngeal flap
- 42226 Lengthening of palate, and pharyngeal flap
- 42227 Lengthening of palate, with island flap
- 42235 Repair of anterior palate, including vomer flap
- 42260 Repair of nasolabial fistula

### 8.1.5.4 OTHER PROCEDURES

- 42299 Unlisted procedure, palate, uvula

### 8.1.6 SALIVARY GLANDS AND DUCTS

#### 8.1.6.1 INCISION

- 42300 Drainage of abscess; parotid, simple
- 42305       parotid, complicated
- 42310       submaxillary or sublingual, intraoral
- 42320       submaxillary, external
- 42330 Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
- 42335       submandibular (submaxillary), complicated, intraoral
- 42340       parotid, extraoral or complicated intraoral

#### 8.1.6.2 EXCISION

- 42400 Biopsy of salivary gland; needle
- 42405       incisional
- 42408 Excision of sublingual salivary cyst (ranula)
- 42409 Marsupialization of sublingual salivary cyst (ranula)
- 42410 Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
- 42415       lateral lobe, with dissection and preservation of facial nerve
- 42420       total, with dissection and preservation of facial nerve
- 42425       total, en bloc removal with sacrifice of facial nerve
- 42426       total, with unilateral radical neck dissection
- 42440 Excision of submandibular (submaxillary) gland
- 42450 Excision of sublingual gland

#### 8.1.6.3 REPAIR

- 42500 Plastic repair of salivary duct, sialodochoplasty; primary or simple

- 42505 secondary or complicated
- 42507 Parotid duct diversion, bilateral (Wilke type procedure);
- 42509 with excision of both submandibular glands
- 42510 with ligation of both submandibular (Wharton's) ducts

#### **8.1.6.4 OTHER PROCEDURES**

- 42550 Injection procedure for sialography
- 42600 Closure salivary fistula
- 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

#### **8.1.7 PHARYNX, ADENOIDS, AND TONSILS**

##### **8.1.7.1 INCISION**

- 42700 Incision and drainage abscess; peritonsillar
- 42720 retropharyngeal or parapharyngeal, intraoral approach
- 42725 retropharyngeal or parapharyngeal, external approach

##### **8.1.7.2 EXCISION, DESTRUCTION**

- 42800 Biopsy; oropharynx
- 42804 nasopharynx, visible lesion, simple
- 42806 nasopharynx, survey for unknown primary lesion
- 42808 Excision or destruction of lesion of pharynx, any method
- 42809 Removal of foreign body from pharynx
- 42810 Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
- 42815 Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
- 42820 Tonsillectomy and adenoidectomy; under age 12
- 42821 age 12 or over
- 42825 Tonsillectomy, primary or secondary; under age 12
- 42826 age 12 or over
- 42830 Adenoidectomy, primary; under age 12
- 42831 age 12 or over
- 42835 Adenoidectomy, secondary; under age 12
- 42836 age 12 or over
- 42842 Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
- 42844 closure with local flap (eg, tongue, buccal)
- 42845 closure with other flap
- 42860 Excision of tonsil tags
- 42870 Excision or destruction lingual tonsil, any method (separate procedure)
- 42890 Limited pharyngectomy
- 42892 Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls



42894 Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis

### **8.1.7.3 REPAIR**

42900 Suture pharynx for wound or injury  
42950 Pharyngoplasty (plastic or reconstructive operation on pharynx)  
42953 Pharyngoesophageal repair

### **8.1.7.4 OTHER PROCEDURES**

42955 Pharyngostomy (fistulization of pharynx, external for feeding)  
42960 Control oropharyngeal hemorrhage primary or secondary (eg, post-tonsillectomy); simple  
42961        complicated, requiring hospitalization  
42962        with secondary surgical intervention  
42970 Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery  
42971        complicated, requiring hospitalization  
42972        with secondary surgical intervention  
42975 Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic  
42999 Unlisted procedure, pharynx, adenoids, or tonsils

## **8.1.8 ESOPHAGUS**

### **8.1.8.1 INCISION**

43020 Esophagotomy, cervical approach, with removal of foreign body  
43030 Cricopharyngeal myotomy  
43045 Esophagotomy, thoracic approach, with removal of foreign body

### **8.1.8.2 EXCISION**

43100 Excision of lesion, esophagus, with primary repair; cervical approach  
43101        thoracic or abdominal approach  
43107 Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)  
43108        with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)  
43112 Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)  
43113        with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)  
43116 Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction  
43117 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 with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
- 43121 Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty
- 43122 Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty
- 43123 with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
- 43124 Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
- 43130 Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
- 43135 thoracic approach

### 8.1.8.3 ENDOSCOPY

#### 8.1.8.3.1 ESOPHAGOSCOPY

- 43180 Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed
- 43191 Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)
  - 43192 with directed submucosal injection(s), any substance
  - 43193 with biopsy, single or multiple
  - 43194 with removal of foreign body(s)
  - 43195 with balloon dilation (less than 30 mm diameter)
  - 43196 with insertion of guide wire followed by dilation over guide wire
- 43197 Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
  - 43198 with biopsy, single or multiple
- 43200 Esophagoscopy, flexible; transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
  - 43201 with directed submucosal injection(s), any substance
  - 43202 with biopsy, single or multiple
  - 43204 with injection sclerosis of esophageal varices
  - 43205 with band ligation of esophageal varices
  - 43206 with optical endomicroscopy
  - 43215 with removal of foreign body(s)
  - 43216 with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
  - 43217 with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
  - 43211 with endoscopic mucosal resection
  - 43212 with placement of endoscopic stent (includes pre and post-dilation and guide wire passage, when performed)
  - 43220 with transendoscopic balloon dilation (less than 30 mm diameter)

- 43213 with dilation of esophagus by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)
- 43214 with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
- 43226 with insertion of guide wire followed by passage of dilator(s) over guide wire
- 43227 with control of bleeding, any method
- 43229 with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre and post-dilation and guide wire passage, when performed)
- 43231 with endoscopic ultrasound examination
- 43232 with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)

### 8.1.8.3.2 ESOPHAGOGASTRODUODENOSCOPY

- 43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 43236 with directed submucosal injection(s), any substance
- 43237 with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum and adjacent structures
- 43238 with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)
- 43239 with biopsy, single or multiple
- 43240 with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed and endoscopic ultrasound, when performed)
- 43241 with insertion of intraluminal tube or catheter
- 43242 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 with injection sclerosis of esophageal gastric varices
- 43244 with band ligation of esophageal gastric varices
- 43245 with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)
- 43246 with directed placement of percutaneous gastrostomy tube
- 43247 with removal of foreign body(s)
- 43290 with deployment of intragastric bariatric balloon
- 43291 with removal of intragastric bariatric balloon(s)
- 43248 with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
- 43249 with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
- 43233 with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
- 43250 with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
- 43251 with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 43252 with optical endomicroscopy

- 43253 with transendoscopic ultrasound-guided transmural injection or diagnostic or therapeutic substances(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
- 43254 with endoscopic mucosal resection
- 43255 with control of bleeding, any method
- 43266 with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
- 43270 with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
- 43259 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
- 43210 with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed

### 8.1.8.3.3 ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)

- 43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 43261 with biopsy, single or multiple
- 43262 with sphincterotomy/papillotomy
- 43263 with pressure measurement of sphincter of Oddi
- 43264 with removal of calculi/debris from biliary pancreatic duct(s)
- 43265 with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)
- 43273 Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)
- 43274 with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent
- 43275 with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)
- 43276 with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged
- 43277 with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty) including sphincterotomy, when performed, each duct
- 43278 with ablation of tumor(s), polyp(s), or other lesion(s) including pre- and post-dilation and guide wire passage, when performed

### 8.1.8.4 LAPAROSCOPY

- 43279 Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
- 43280 Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
- 43281 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when

- performed; without implantation of mesh
- 43282       with implantation of mesh
- 43283   Laparoscopy, surgical, esophageal lengthening procedure (eg, Collins gastroplasty or wedge gastroplasty)
  
- 43286   Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure, if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)
- 43287   Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)
- 43288   Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)
- 43289   Unlisted laparoscopy procedure, esophagus

### 8.1.8.5 REPAIR

- 43300   Esophagoplasty, (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
- 43305       with repair of tracheoesophageal fistula
- 43310   Esophagoplasty, (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
- 43312       with repair of tracheoesophageal fistula
- 43313   Esophagoplasty for congenital defect, (plastic repair or reconstruction), thoracic approach, without repair of congenital tracheoesophageal fistula
- 43314       with repair of congenital tracheoesophageal fistula
- 43320   Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
- 43325   Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)
- 43327   Esophagogastric fundoplasty partial or complete; laparotomy
- 43328       thoracotomy
- 43330   Esophagomyotomy (Heller type); abdominal approach
- 43331       thoracic approach
- 43332   Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis
- 43333       with implantation of mesh or other prosthesis
- 43334   Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis

- 43335 with implantation of mesh or other prosthesis
- 43336 Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis
- 43337 with implantation of mesh or other prosthesis
- 43338 Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty)
- 43340 Esophagojejunostomy (without total gastrectomy); abdominal approach
- 43341 thoracic approach
- 43351 Esophagostomy, fistulization of esophagus, external; thoracic approach
- 43352 cervical approach
- 43360 Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty
- 43361 with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
- 43400 Ligation, direct, esophageal varices
- 43405 Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
- 43410 Suture of esophageal wound or injury; cervical approach
- 43415 transthoracic or transabdominal approach
- 43420 Closure of esophagostomy or fistula; cervical approach
- 43425 transthoracic or transabdominal approach

### 8.1.8.6 MANIPULATION

- 43450 Dilation of esophagus; by unguided sound or bougie, single or multiple passes
- 43453 over guide wire
- 43460 Esophagogastric tamponade, with balloon (Sengstaken type)

### 8.1.8.7 OTHER PROCEDURES

- 43496 Free jejunum transfer with microvascular anastomosis
- 43497 Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
- 43499 Unlisted procedure, esophagus

### 8.1.9 STOMACH

#### 8.1.9.1 INCISION

- 43500 Gastrotomy; with exploration or foreign body removal
- 43501 with suture repair of bleeding ulcer
- 43502 with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
- 43510 with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
- 43520 Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)

#### 8.1.9.2 EXCISION

- 43605 Biopsy of stomach, by laparotomy
- 43610 Excision, local; ulcer or benign tumor of stomach
- 43611 malignant tumor of stomach

- 43620 Gastrectomy, total; with esophagoenterostomy
- 43621       with Roux-en-Y reconstruction
- 43622       with formation of intestinal pouch, any type
- 43631 Gastrectomy, partial, distal; with gastroduodenostomy
- 43632       with gastrojejunostomy
- 43633       with Roux-en-Y reconstruction
- 43634       with formation of intestinal pouch
- 43635 Vagotomy when performed with partial distal gastrectomy
- 43640 Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
- 43641       parietal cell (highly selective)

### 8.1.9.3 LAPAROSCOPY

- 43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
- 43645       with gastric bypass and small intestine reconstruction to limit absorption
- 43647 Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
- 43648       revision or removal of gastric neurostimulator electrodes, antrum
- 43651 Laparoscopy, surgical; transection of vagus nerves, truncal
- 43652       transection of vagus nerves, selective or highly selective
- 43653       gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
- 43659 Unlisted laparoscopy procedure, stomach

### 8.1.9.4 INTRODUCTION

- 43752 Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
- 43753 Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
- 43754 Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)
- 43755       collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration
- 43756 Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)
- 43757       collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration
- 43761 Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition
- 43762 Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract
- 43763       requiring revision of gastrostomy tract

## 8.1.9.5 BARIATRIC SURGERY

### 8.1.9.5.1 LAPAROSCOPY

- 43770 Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
- 43771 revision of adjustable gastric restrictive device component only
- 43772 removal of adjustable gastric restrictive component only
- 43773 removal and replacement of adjustable gastric restrictive device component only
- 43774 removal of adjustable gastric restrictive device and subcutaneous port components
- 43775 longitudinal gastrectomy (ie, sleeve gastrectomy)

### 8.1.9.6 OTHER PROCEDURES

- 43800 Pyloroplasty
- 43810 Gastroduodenostomy
- 43820 Gastrojejunostomy; without vagotomy
- 43825 with vagotomy, any type
- 43830 Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
- 43831 neonatal, for feeding
- 43832 with construction of gastric tube (eg, Janeway procedure)
- 43840 Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
- 43842 Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
- 43843 other than vertical-banded gastroplasty
- 43845 Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
- 43846 Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
- 43847 with small intestine reconstruction to limit absorption
- 43848 Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
- 43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
- 43865 with vagotomy
- 43870 Closure of gastrostomy, surgical
- 43880 Closure of gastrocolic fistula
- 43881 Implantation or replacement of gastric neurostimulator electrodes, antrum, open
- 43882 Revision or removal of gastric neurostimulator electrodes, antrum, open
- 43886 Gastric restrictive procedure, open; revision of subcutaneous port component only
- 43887 removal of subcutaneous port component only
- 43888 removal and replacement of subcutaneous port component only
- 43999 Unlisted procedure, stomach



## 8.1.10 INTESTINES (EXCEPT RECTUM)

### 8.1.10.1 INCISION

- 44005 Enterolysis (freeing of intestinal adhesion) (separate procedure)
- 44010 Duodenotomy, for exploration, biopsy(s), or foreign body removal
- 44015 Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)
- 44020 Enterotomy, small bowel, other than duodenum; for exploration, biopsy(s), or foreign body removal
  - 44021 for decompression (eg, Baker tube)
- 44025 Colotomy, for exploration, biopsy(s), or foreign body removal
- 44050 Reduction of volvulus, intussusception, internal hernia, by laparotomy
- 44055 Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)

### 8.1.10.2 EXCISION

- 44100 Biopsy of intestine by capsule, tube, peroral (one or more specimens)
- 44110 Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
  - 44111 multiple enterotomies
- 44120 Enterectomy, resection of small intestine; single resection and anastomosis
  - 44121 each additional resection and anastomosis
  - 44125 with enterostomy
- 44126 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine, without tapering
  - 44127 with tapering
  - 44128 each additional resection and anastomosis
- 44130 Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
- 44133 Donor enterectomy, open, (with preparation and maintenance of allograft); partial, from living donor
- 44135 Intestinal allotransplantation; from cadaver donor
  - 44136 from living donor
- 44137 Removal of transplanted intestinal allograft, complete
- 44139 Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy
- 44140 Colectomy, partial; with anastomosis
  - 44141 with skin level cecostomy or colostomy
  - 44143 with end colostomy and closure of distal segment (Hartmann type procedure)
  - 44144 with resection, with colostomy or ileostomy and creation of mucofistula
  - 44145 with coloproctostomy (low pelvic anastomosis)
  - 44146 with coloproctostomy (low pelvic anastomosis), with colostomy
  - 44147 abdominal and transanal approach
- 44150 Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
  - 44151 with continent ileostomy

- 44155 Colectomy, total, abdominal, with proctectomy; with ileostomy
- 44156       with continent ileostomy
- 44157       with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed
- 44158       with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
- 44160 Colectomy, partial, with removal of terminal ileum with ileocolostomy

### **8.1.10.3 LAPAROSCOPY**

#### **8.1.10.3.1 INCISION**

- 44180 Laparoscopy, surgical; enterolysis (freeing of intestinal adhesion) (separate procedure)

#### **8.1.10.3.2 ENTEROSTOMY-EXTERNAL FISTULIZATION OF INTESTINES**

- 44186 Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
- 44187       ileostomy or jejunostomy, non-tube
- 44188 Laparoscopy, surgical, colostomy or skin level cecostomy

#### **8.1.10.3.3 EXCISION**

- 44202 Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
- 44203       each additional small intestine resection and anastomosis
- 44204       colectomy, partial, with anastomosis
- 44205       colectomy, partial, with removal of terminal ileum with ileocolostomy
- 44206       colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
- 44207       colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)
- 44208       colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy
- 44210       colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
- 44211       colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed
- 44212       colectomy, total, abdominal, with proctectomy, with ileostomy
- 44213 Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy

#### **8.1.10.3.4 REPAIR**

- 44227 Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis

#### **8.1.10.3.5 OTHER PROCEDURES**

- 44238 Unlisted laparoscopy procedure, intestine (except rectum)

## 8.1.10.4 ENTEROSTOMY - EXTERNAL FISTULIZATION OF INTESTINES

- 44300 Placement, enterostomy, or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)
- 44310 Ileostomy or jejunostomy, non-tube
- 44312 Revision of ileostomy; simple (release of superficial scar) (separate procedure)
- 44314        complicated (reconstruction in depth) (separate procedure)
- 44316 Continent ileostomy (Kock procedure) (separate procedure)
- 44320 Colostomy or skin level cecostomy;
- 44322        with multiple biopsies (eg, for congenital megacolon) (separate procedure)
- 44340 Revision of colostomy; simple (release of superficial scar) (separate procedure)
- 44345        complicated (reconstruction in depth) (separate procedure)
- 44346        with repair of paracolostomy hernia (separate procedure)

## 8.1.10.5 ENDOSCOPY, SMALL INTESTINE AND STOMAL

- 44360 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 44361        with biopsy, single or multiple
- 44363        with removal of foreign body(s)
- 44364        with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 44365        with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
- 44366        with control of bleeding, (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
- 44369        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        with transendoscopic stent placement (includes predilation)
- 44372        with placement of percutaneous jejunostomy tube
- 44373        with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
- 44376 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
- 44377        with biopsy, single or multiple
- 44378        with control of bleeding, (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
- 44379        with transendoscopic stent placement (includes predilation)

## 8.1.10.6 ENDOSCOPY, STOMAL

- 44380 Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 44382        with biopsy, single or multiple
- 44381        with transendoscopic balloon dilation
- 44384        with placement of endoscopic stent (includes pre- and post-

- dilation and guide wire passage, when performed)
- 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 with biopsy, single or multiple
- 44388 Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 44389 with biopsy, single or multiple
- 44390 with removal of foreign body(s)
- 44391 with control of bleeding, any method
- 44392 with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
- 44401 with ablation of tumor(s), polyp(s), or other lesions(s), (includes pre- and post-dilation and guide wire passage, when performed)
- 44394 with removal of tumor(s), polyp(s), or other lesion(s) by snare techniques
- 44402 with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
- 44403 with endoscopic mucosal resection
- 44404 with directed submucosal injection(s), any substance
- 44405 with transendoscopic balloon dilation
- 44406 with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
- 44407 with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
- 44408 with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

### 8.1.10.7 INTRODUCTION

- 44500 Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)

### 8.1.10.8 REPAIR

- 44602 Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury, or rupture; single perforation
- 44603 multiple perforations
- 44604 Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
- 44605 with colostomy
- 44615 Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
- 44620 Closure of enterostomy, large or small intestine;
- 44625 with resection and anastomosis other than colorectal

- 44626 with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)
- 44640 Closure of intestinal cutaneous fistula
- 44650 Closure of enteroenteric or enterocolic fistula
- 44660 Closure of enterovesical fistula; without intestinal or bladder resection
- 44661 with intestine and/or bladder resection
- 44680 Intestinal plication (separate procedure)

### **8.1.10.9 OTHER PROCEDURES**

- 44700 Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)
- 44701 Intraoperative colonic lavage
- 44799 Unlisted procedure, small intestine

### **8.1.11 MECKEL'S DIVERTICULUM AND THE MESENTERY**

#### **8.1.11.1 EXCISION**

- 44800 Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
- 44820 Excision of lesion of mesentery (separate procedure)

#### **8.1.11.2 SUTURE**

- 44850 Suture of mesentery (separate procedure)

#### **8.1.11.3 OTHER PROCEDURES**

- 44899 Unlisted procedure, Meckel's diverticulum and the mesentery

### **8.1.12 APPENDIX**

#### **8.1.12.1 INCISION**

- 44900 Incision and drainage of appendiceal abscess; open

#### **8.1.12.2 EXCISION**

- 44950 Appendectomy;  
(Incidental appendectomy during intra-abdominal surgery does not warrant a separate identification)
- 44955 when done for indicated purpose at time of other major procedure (not as separate procedure)
- 44960 for ruptured appendix with abscess or generalized peritonitis

#### **8.1.12.3 LAPAROSCOPY**

- 44970 Laparoscopy, surgical, appendectomy
- 44979 Unlisted laparoscopy procedure, appendix

### **8.1.13 COLONG AND RECTUM**

#### **8.1.13.1 INCISION**

- 45000 Transrectal drainage of pelvic abscess
- 45005 Incision and drainage of submucosal abscess, rectum

45020 Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess

### 8.1.13.2 EXCISION

- 45100 Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
- 45108 Anorectal myomectomy
- 45110 Proctectomy; complete, combined abdominoperineal, with colostomy
- 45111       partial resection of rectum, transabdominal approach
- 45112 Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
- 45113 Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
- 45114 Proctectomy, partial, with anastomosis; abdominal and transsacral approach
- 45116       transsacral approach only (Kraske type)
- 45119 Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed
- 45120 Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
- 45121       with subtotal or total colectomy, with multiple biopsies
- 45123 Proctectomy, partial, without anastomosis, perineal approach
- 45126 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
- 45130 Excision of rectal procidentia, with anastomosis; perineal approach
- 45135       abdominal and perineal approach
- 45136 Excision of ileoanal reservoir with ileostomy
- 45150 Division of stricture of rectum
- 45160 Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
- 45171 Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
- 45172       including muscularis propria (ie, full thickness)

### 8.1.13.3 DESTRUCTION

- 45190 Destruction of rectal tumor, (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach

### 8.1.13.4 ENDOSCOPY

- 45300 Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
- 45303       with dilation, (eg, balloon, guide wire, bougie)
- 45305       with biopsy, single or multiple
- 45307       with removal of foreign body

45308	with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	with removal of single tumor, polyp, or other lesion by snare technique
45315	with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	with control of bleeding, (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	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	with decompression of volvulus
45327	with transendoscopic stent placement (includes predilation)
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45331	with biopsy, single or multiple
45332	with removal of foreign body(s)
45333	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45334	with control of bleeding, any method
45335	with directed submucosal injection(s), any substance
45337	with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube when performed
45338	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45346	with ablation of tumor(s), polyp(s), or other lesions(s), (includes pre- and post-dilation and guide wire passage, when performed)
45340	with transendoscopic balloon dilation
45341	with endoscopic ultrasound examination
45342	with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45347	with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
45349	with endoscopic mucosal resection
45350	with band ligation(s) (eg, hemorrhoids)
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	with removal of foreign body(s)
45380	with biopsy, single or multiple
45381	with directed submucosal injection(s), any substance
45382	with control of bleeding, any method
45388	with ablation of tumor(s), polyp(s), or other lesions(s), (includes pre- and post-dilation and guide wire passage, when performed)
45384	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	with transendoscopic balloon dilation
45389	with endoscopic stent placement (including pre- and post-dilation)

- and guide wire passage, when performed)
- 45391 with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse or ascending colon and cecum, and adjacent structures
- 45392 with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
- 45390 with endoscopic mucosal resection
- 45393 with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
- 45398 with band ligation(s) (eg, hemorrhoids)

## 8.1.13.5 LAPAROSCOPY

### 8.1.13.5.1 EXCISION

- 45395 Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
- 45397 proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed

### 8.1.13.6 REPAIR

- 45400 Laparoscopy, surgical; proctopexy (for prolapse)
- 45402 proctopexy (for prolapse), with sigmoid resection
- 45499 Unlisted laparoscopy procedure, rectum

### 8.1.13.7 REPAIR

- 45500 Proctoplasty; for stenosis
- 45505 for prolapse of mucous membrane
- 45520 Perirectal injection of sclerosing solution for prolapse
- 45540 Proctopexy (eg, for prolapse); abdominal approach
- 45541 perineal approach
- 45550 with sigmoid resection, abdominal approach
- 45560 Repair of rectocele (separate procedure)
- 45562 Exploration, repair, and presacral drainage for rectal injury;
- 45563 with colostomy
- 45800 Closure of rectovesical fistula;
- 45805 with colostomy
- 45820 Closure of rectourethral fistula;
- 45825 with colostomy

### 8.1.13.8 MANIPULATION

- 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

### 8.1.13.9 OTHER PROCEDURES

- 45399 Unlisted procedure, colon
- 45999 Unlisted procedure, rectum

### 8.1.14 ANUS

#### 8.1.14.1 INCISION

- 46020 Placement of seton
- 46030 Removal of anal seton, other marker
- 46040 Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
- 46045 Incision and drainage of intramural, intramuscular or submucosal abscess, transanal, under anesthesia
- 46050 Incision and drainage, perianal abscess, superficial
- 46060 Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
- 46070 Incision, anal septum (infant)
- 46080 Sphincterotomy, anal, division of sphincter (separate procedure)
- 46083 Incision of thrombosed hemorrhoid, external

#### 8.1.14.2 EXCISION

- 46200 Fissurectomy, including sphincterotomy, when performed
- 46221 Hemorrhoidectomy, internal, by rubber band ligation(s)
- 46945 Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance
- 46946       2 or more hemorrhoid columns/group, without imaging guidance
- 46948 Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups including ultrasound guidance, with mucopexy, when performed
- 46220 Excision of single external papilla or tag, anus
- 46230 Excision of multiple external papillae or tags, anus
- 46320 Excision of thrombosed hemorrhoid, external
- 46250 Hemorrhoidectomy, external, 2 or more columns/groups
- 46255 Hemorrhoidectomy, internal and external, simple column/group;
- 46257       with fissurectomy
- 46258       with fistulectomy, including fissurectomy, when performed
- 46260 Hemorrhoidectomy, internal and external, 2 or more columns/groups;
- 46261       with fissurectomy
- 46262       with fistulectomy, including fissurectomy, when performed
- 46270 Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
- 46275       intersphincteric
- 46280       transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed

- 46285 second stage
- 46288 Closure of anal fistula with rectal advancement flap

### 8.1.14.3 INTRODUCTION

- 46500 Injection of sclerosing solution, hemorrhoids
- 46505 Chemodenervation of internal anal sphincter

### 8.1.14.4 ENDOSCOPY

- 46600 Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 46601 diagnostic, with high resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed
- 46604 with dilation, (eg, balloon, guide wire, bougie)
- 46606 with biopsy, single or multiple
- 46607 with high resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
- 46608 with removal of foreign body
- 46610 with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
- 46611 with removal of single tumor, polyp, or other lesion by snare technique
- 46612 with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
- 46614 with control of bleeding, (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
- 46615 with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

### 8.1.14.5 REPAIR

- 46700 Anoplasty, plastic operation for stricture; adult
- 46705 infant
- 46706 Repair of anal fistula with fibrin glue
- 46707 Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
- 46710 Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
- 46712 combined transperineal and transabdominal approach
- 46715 Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
- 46716 with transposition of anoperineal or anovestibular fistula
- 46730 Repair of high imperforate anus without fistula; perineal or sacroperineal approach
- 46735 combined transabdominal and sacroperineal approaches
- 46740 Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach

- 46742 combined transabdominal and sacroperineal approaches
- 46744 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty; sacroperineal approach
- 46746 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach
- 46748 with vaginal lengthening by intestinal graft and pedicle flaps
- 46750 Sphincteroplasty, anal, for incontinence or prolapse; adult
- 46751 child
- 46753 Graft (Thiersch operation) for rectal incontinence and/or prolapse
- 46754 Removal of Thiersch wire or suture, anal canal
- 46760 Sphincteroplasty, anal, for incontinence, adult; muscle transplant
- 46761 levator muscle imbrication (Park posterior anal repair)
- 46947 Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling

### 8.1.14.6 DESTRUCTION

- 46900 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
- 46910 electrodesiccation
- 46916 cryosurgery
- 46917 laser surgery
- 46922 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 subsequent

### 8.1.14.7 OTHER PROCEDURES

- 46999 Unlisted procedure, anus

### 8.1.15 LIVER

#### 8.1.15.1 INCISION

- 47000 Biopsy of liver, needle; percutaneous
- 47001 when done for indicated purpose at time of other major procedure
- 47010 Hepatotomy; for open drainage of abscess or cyst, one or two stages
- 47015 Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)

#### 8.1.15.2 EXCISION

- 47100 Biopsy of liver, wedge
- 47120 Hepatectomy, resection of liver; partial lobectomy

- 47122 trisegmentectomy
- 47125 total left lobectomy
- 47130 total right lobectomy

### 8.1.15.3 LIVER TRANSPLANTATION

- 47135 Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age

### 8.1.15.4 REPAIR

- 47300 Marsupialization of cyst or abscess of liver
- 47350 Management of liver hemorrhage; simple suture of liver wound or injury
- 47360 complex, suture of liver wound or injury, with or without hepatic artery ligation
- 47361 exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver
- 47362 re-exploration of hepatic wound for removal of packing

### 8.1.15.5 LAPAROSCOPY

- 47370 Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
- 47371 cryosurgical
- 47379 Unlisted laparoscopic procedure, liver

### 8.1.15.6 OTHER PROCEDURES

- 47380 Ablation, open, of 1 or more liver tumor(s); radiofrequency
- 47381 cryosurgical
- 47382 Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
- 47383 Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
- 47399 Unlisted procedure, liver

### 8.1.16 BILIARY TRACT

#### 8.1.16.1 INCISION

- 47400 Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
- 47420 Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty
- 47425 with transduodenal sphincterotomy or sphincteroplasty
- 47460 Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)
- 47480 Cholecystotomy or cholecystostomy, open with exploration, drainage, or removal of calculus (separate procedure)

#### 8.1.16.2 INTRODUCTION

- 47490 Cholecystotomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation

- 47531 Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access
- 47532       new access (eg, percutaneous transhepatic cholangiogram)
- 47533 Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external
- 47534       internal-external
- 47535 Conversion of external biliary drainage catheter to internal-external biliary catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
- 47536 Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
- 47537 Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
- 47538 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, existing access
- 47539       new access, without placement of separate biliary drainage catheter
- 47540       new access, with placement of separate biliary drainage catheter (eg, external or internal-external)
- 47541 Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access
- 47542 Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)
- 47543 Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple
- 47544 Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

## 8.1.16.3 ENDOSCOPY

- 47550 Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to primary procedure)
- 47552 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 with biopsy, single or multiple
  - 47554 with removal of calculus/calculi
  - 47555 with dilation of biliary duct stricture(s) without stent
  - 47556 with dilation of biliary duct stricture(s) with stent

## 8.1.16.4 LAPAROSCOPY

- 47562 Laparoscopy; surgical; cholecystectomy
- 47563 cholecystectomy with cholangiography
- 47564 cholecystectomy with exploration of common duct
- 47570 cholecystoenterostomy
- 47579 Unlisted laparoscopy procedure, biliary tract

## 8.1.16.5 EXCISION

- 47600 Cholecystectomy;
  - 47605 with cholangiography
- 47610 Cholecystectomy with exploration of common duct;
  - 47612 with choledochoenterostomy
  - 47620 with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
- 47700 Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
- 47701 Portoenterostomy (eg, Kasai procedure)
- 47711 Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
  - 47712 intraphepatic
- 47715 Excision of choledochal cyst

## 8.1.16.6 REPAIR

- 47720 Cholecystoenterostomy; direct
  - 47721 with gastroenterostomy
- 47740 Roux-en-Y
- 47741 Roux-en-Y with gastroenterostomy
- 47760 Anastomosis of extrahepatic biliary ducts and gastrointestinal tract
- 47765 Anastomosis of intrahepatic ducts and gastrointestinal tract
- 47780 Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
- 47785 Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
- 47800 Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
- 47801 Placement of choledochal stent
- 47802 U-tube hepaticoenterostomy
- 47900 Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)

## 8.1.16.7 OTHER PROCEDURES

47999 Unlisted procedure, biliary tract

## 8.1.17 PANCREAS

### 8.1.17.1 INCISION

48000 Placement of drains, peripancreatic, for acute pancreatitis;  
48001 with cholecystostomy, gastrostomy, and jejunostomy  
48020 Removal of pancreatic calculus

### 8.1.17.2 EXCISION

48100 Biopsy of pancreas, open, (eg, fine needle aspiration, needle core biopsy, wedge biopsy)  
48102 Biopsy of pancreas, percutaneous needle  
48105 Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing  
pancreatitis  
48120 Excision of lesion of pancreas (eg, cyst, adenoma)  
48140 Pancreatectomy, distal subtotal, with or without splenectomy; without  
pancreaticojejunostomy  
48145 with pancreaticojejunostomy  
48146 Pancreatectomy, distal, near-total with preservation of duodenum  
(Child-type procedure)  
48148 Excision of ampulla of Vater  
48150 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy,  
cholecystoenterostomy and gastrojejunostomy (Whipple-type procedure); with  
pancreatojejunostomy  
48152 without pancreaticojejunostomy  
48153 Pancreatectomy, proximal subtotal with near-total duodenectomy,  
cholecystoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type  
procedure); with pancreaticojejunostomy  
48154 without pancreaticojejunostomy  
48155 Pancreatectomy, total  
48160 Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or  
pancreatic islet cells

### 8.1.17.3 INTRODUCTION

48400 Injection procedure for intraoperative pancreatography

### 8.1.17.4 REPAIR

48500 Marsupialization of pancreatic cyst  
48510 External drainage, pseudocyst of pancreas; open  
48520 Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct  
48540 Roux-en-Y  
48545 Pancreatorrhaphy for injury  
48547 Duodenal exclusion with gastrojejunostomy for pancreatic injury

48548 Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)

### 8.1.17.5 PANCREAS TRANSPLANTATION

48554 Transplantation of pancreatic allograft

48556 Removal of transplanted pancreatic allograft

### 8.1.17.6 OTHER PROCEDURES

48999 Unlisted procedure, pancreas

## 8.1.18 ABDOMEN, PERITONEUM, AND OMENTUM

### 8.1.18.1 INCISION

49000 Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)

49002 Reopening of recent laparotomy

49010 Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)

49020 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open

49040 Drainage of subdiaphragmatic or subphrenic abscess; open

49060 Drainage of retroperitoneal abscess; open

49062 Drainage of extraperitoneal lymphocele to peritoneal cavity, open

49082 Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance

49083 with imaging guidance

49084 Peritoneal lavage, including imaging guidance, when performed

### 8.1.18.2 EXCISION, DESTRUCTION

49180 Biopsy, abdominal or retroperitoneal mass, percutaneous needle

49185 Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation, when performed

49203 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 largest tumor 5.1-10.0 cm diameter

49205 largest tumor greater than 10.0 cm diameter

49215 Excision of presacral or sacrococcygeal tumor

49250 Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)

49255 Omentectomy, epiploectomy, resection of omentum (separate procedure)

### 8.1.18.3 LAPAROSCOPY

49320 Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

49321 Laparoscopy, surgical; with biopsy (single or multiple)

49322 with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)



- 49323 with drainage of lymphocele to peritoneal cavity
- 49324 with insertion of tunneled intraperitoneal catheter
- 49325 with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
- 49326 with omentopexy (omental tacking procedure)
- 49327 with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple
- 49329 Unlisted laparoscopy procedure, abdomen, peritoneum and omentum

#### **8.1.18.4 INTRODUCTION, REVISION AND/OR REMOVAL**

- 49400 Injection of air or contrast into peritoneal cavity (separate procedure)
- 49402 Removal of peritoneal foreign body from peritoneal cavity
- 49405 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous
- 49406 peritoneal or retroperitoneal, percutaneous
- 49407 peritoneal or retroperitoneal, transvaginal or transrectal
- 49411 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
- 49412 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple
- 49418 Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous
- 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
- 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)
- 49425 Insertion of peritoneal-venous shunt
- 49426 Revision of peritoneal-venous shunt
- 49427 Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
- 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
- 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal

cannula or catheter

#### **8.1.18.4.1 INITIAL PLACEMENT**

- 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

#### **8.1.18.4.2 CONVERSION**

- 49446 Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

#### **8.1.18.4.3 REPLACEMENT**

- 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

#### **8.1.18.4.4 MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL**

- 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

#### **8.1.18.4.5 OTHER**

- 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

#### **8.1.18.5 REPAIR**

##### **8.1.18.5.1 HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY**

- 49491 Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks post-conception age, with or without hydrocelectomy; reducible
- 49492           incarcerated or strangulated
- 49495 Repair initial inguinal hernia, full term infant younger than 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           incarcerated or strangulated

- 49500 Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible
- 49501       incarcerated or strangulated
- 49505 Repair initial inguinal hernia, age 5 years or over; reducible
- 49507       incarcerated or strangulated
- 49520 Repair recurrent inguinal hernia, any age; reducible
- 49521       incarcerated or strangulated
- 49525 Repair inguinal hernia, sliding, any age
- 49540 Repair lumbar hernia
- 49550 Repair initial femoral hernia, any age; reducible
- 49553       incarcerated or strangulated
- 49555 Repair recurrent femoral hernia; reducible
- 49557       incarcerated or strangulated
- 49591 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
- 49592       less than 3 cm, incarcerated or strangulated
- 49593       3 cm to 10 cm, reducible
- 49594       3 cm to 10 cm, incarcerated or strangulated
- 49595       greater than 10 cm, reducible
- 49596       greater than 10 cm, incarcerated or strangulated
- 49613 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
- 49614       less than 3 cm, incarcerated or strangulated
- 49615       3 cm to 10 cm, reducible
- 49616       3 cm to 10 cm, incarcerated or strangulated
- 49617       greater than 10 cm, reducible
- 49618       greater than 10 cm, incarcerated or strangulated
- 49621 Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible
- 49622       incarcerated or strangulated
- 49623 Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List seperately in addition to code for primary procedure)
- 49600 Repair of small omphalocele, with primary closure
- 49605 Repair of large omphalocele or gastroschisis; with or without prosthesis
- 49606       with removal of prosthesis, final reduction and closure, in operating room
- 49610 Repair of omphalocele (Gross type operation); first stage
- 49611       second stage

## 8.1.18.5.2 LAPAROSCOPY

- 49650 Laparoscopy, surgical; repair initial inguinal hernia
- 49651           repair recurrent inguinal hernia
- 49659 Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy

## 8.1.18.6 SUTURE

- 49900 Suture, secondary, of abdominal wall for evisceration or dehiscence

## 8.1.18.7 OTHER PROCEDURES

- 49904 Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
- 49905 Omental flap, intra-abdominal (List separately in addition to primary procedure)
- 49906 Free omental flap with microvascular anastomosis
- 49999 Unlisted procedure, abdomen, peritoneum and omentum

## 9 URINARY SERVICES

### 9.1 URINARY SYSTEM

#### 9.1.1 KIDNEY

##### 9.1.1.1 INCISION

- 50010 Renal exploration, not necessitating other specific procedures
- 50020 Drainage of perirenal or renal abscess; open
- 50040 Nephrostomy, nephrotomy with drainage
- 50045 Nephrotomy, with exploration
- 50060 Nephrolithotomy; removal of calculus
- 50065           secondary surgical operation for calculus
- 50070           complicated by congenital kidney abnormality
- 50075           removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)
- 50080 Percutaneous nephrostolithotomy or pyelostolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)
- 50081           complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)
- 50100 Transection or repositioning of aberrant renal vessels (separate procedure)
- 50120 Pyelotomy; with exploration
- 50125           with drainage, pyelostomy
- 50130           with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)
- 50135           complicated (eg, secondary operation, congenital kidney abnormality)

##### 9.1.1.2 EXCISION

- 50200 Renal biopsy; percutaneous, by trocar or needle

- 50205 by surgical exposure of kidney
- 50220 Nephrectomy, including partial ureterectomy, any open approach including rib resection;
- 50225 complicated because of previous surgery on same kidney
- 50230 radical, with regional lymphadenectomy and/or vena caval thrombectomy
- 50234 Nephrectomy with total ureterectomy and bladder cuff; through same incision
- 50236 through separate incision
- 50240 Nephrectomy, partial
- 50250 Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed
- 50280 Excision or unroofing of cyst(s) of kidney
- 50290 Excision of perinephric cyst

### 9.1.1.3 RENAL TRANSPLANTATION

- 50320 Donor nephrectomy (including cold preservation); open, from living donor
- 50340 Recipient nephrectomy (separate procedure)
- 50360 Renal allotransplantation, implantation of graft; without recipient nephrectomy
- 50365 with recipient nephrectomy
- 50370 Removal of transplanted renal allograft
- 50380 Renal autotransplantation, reimplantation of kidney

### 9.1.1.4 INTRODUCTION

#### 9.1.1.4.1 RENAL PELVIS CATHETER PROCEDURES

##### 9.1.1.4.1.1 INTERNALLY DWELLING

- 50382 Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
- 50384 Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
- 50385 Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
- 50386 Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation

##### 9.1.1.4.1.2 EXTERNALLY ACCESSIBLE

- 50387 Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
- 50389 Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)

##### 9.1.1.4.2 OTHER INTRODUCTION PROCEDURES

- 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)
- 50436 Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;
- 50437 including new access into the renal collecting system
- 50396 Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
- 50430 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
- 50431 existing access
- 50432 Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
- 50433 Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access
- 50434 Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via existing nephrostomy tract
- 50435 Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

### 9.1.1.5 REPAIR

- 50400 Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
- 50405 complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycolasty)
- 50500 Nephrorrhaphy, suture of kidney wound or injury
- 50520 Closure of nephrocutaneous or pyelocutaneous fistula
- 50525 Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
- 50526 thoracic approach
- 50540 Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)

### 9.1.1.6 LAPAROSCOPY

- 50541 Laparoscopy, surgical; ablation of renal cysts
- 50542 ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
- 50543 partial nephrectomy
- 50544 pyeloplasty

- 50545 radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
- 50546 nephrectomy, including partial ureterectomy
- 50547 donor nephrectomy (including cold preservation), from living donor
- 50548 nephrectomy with total ureterectomy
- 50549 Unlisted laparoscopy procedure, renal

### 9.1.1.7 ENDOSCOPY

- 50551 Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
  - 50553 with ureteral catheterization, with or without dilation of ureter
  - 50555 with biopsy
  - 50557 with fulguration and/or incision, with or without biopsy
  - 50561 with removal of foreign body or calculus
  - 50562 with resection of tumor
- 50570 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
  - 50572 with ureteral catheterization, with or without dilation of ureter
  - 50574 with biopsy
  - 50575 with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)
  - 50576 with fulguration and/or incision, with or without biopsy
  - 50580 with removal of foreign body or calculus

### 9.1.1.8 OTHER PROCEDURES

- 50590 Lithotripsy, extracorporeal shock wave
- 50592 Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency
- 50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

### 9.1.2 URETER

#### 9.1.2.1 INCISION

- 50600 Ureterotomy with exploration or drainage (separate procedure)
- 50605 Ureterotomy for insertion of indwelling stent, all types
- 50606 Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 50610 Ureterolithotomy; upper one-third of ureter
  - 50620 middle one-third of ureter
  - 50630 lower one-third of ureter

#### 9.1.2.2 EXCISION

- 50650 Ureterectomy, with bladder cuff (separate procedure)
- 50660 Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal

approach

### 9.1.2.3 INTRODUCTION

- 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
- 50693 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract
  - 50694 new access, without separate nephrostomy catheter
  - 50695 new access, with separate nephrostomy catheter

### 9.1.2.4 REPAIR

- 50700 Ureteroplasty, plastic operation on ureter (eg, stricture)
- 50705 Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 50706 Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 50715 Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
- 50722 Ureterolysis for ovarian vein syndrome
- 50725 Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
- 50727 Revision of urinary-cutaneous anastomosis (any type urostomy);
  - 50728 with repair of fascial defect and hernia
- 50740 Ureteropyelostomy, anastomosis of ureter and renal pelvis
- 50750 Ureterocalycostomy, anastomosis of ureter to renal calyx
- 50760 Ureteroureterostomy
- 50770 Transureteroureterostomy, anastomosis of ureter to contralateral ureter
- 50780 Ureteroneocystostomy; anastomosis of single ureter to bladder
  - 50782 anastomosis of duplicated ureter to bladder
  - 50783 with extensive ureteral tailoring
  - 50785 with vesico-psoas hitch or bladder flap
- 50800 Ureteroenterostomy, direct anastomosis of ureter to intestine
- 50810 Uretersigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
- 50815 Ureterocolon conduit, including intestine anastomosis
- 50820 Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
- 50825 Continent diversion, including intestine anastomosis using any segment of small and/or large bowel (Kock pouch or Camey enterocystoplasty)



- 50830 Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
- 50840 Replacement of all or part of ureter by intestine segment, including intestine anastomosis
- 50845 Cutaneous appendico-vesicostomy
- 50860 Ureterostomy, transplantation of ureter to skin
- 50900 Ureterorrhaphy, suture of ureter (separate procedure)
- 50920 Closure of ureterocutaneous fistula
- 50930 Closure of ureterovisceral fistula (including visceral repair)
- 50940 Delegation of ureter

### 9.1.2.5 LAPAROSCOPY

- 50945 Laparoscopy, surgical; ureterolithotomy
- 50947       ureteroneocystostomy with cystoscopy and ureteral stent placement
- 50948       ureteroneocystostomy without cystoscopy and ureteral stent placement
- 50949 Unlisted laparoscopic procedure, ureter

### 9.1.2.6 ENDOSCOPY

- 50951 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
- 50953       with ureteral catheterization, with or without dilation of ureter
- 50955       with biopsy
- 50957       with fulguration and/or incision, with or without biopsy
- 50961       with removal of foreign body or calculus
- 50970 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
- 50972       with ureteral catheterization, with or without dilation of ureter
- 50974       with biopsy
- 50976       with fulguration and/or incision, with or without biopsy
- 50980       with removal of foreign body or calculus

### 9.1.3 BLADDER

#### 9.1.3.1 INCISION

- 51020 Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
- 51030       with cryosurgical destruction of intravesical lesion
- 51040 Cystostomy, cystotomy with drainage
- 51045 Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
- 51050 Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
- 51060 Transvesical ureterolithotomy
- 51065 Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
- 51080 Drainage of perivesical or prevesical space abscess

#### 9.1.3.2 REMOVAL

- 51100 Aspiration of bladder; by needle

- 51101 by trocar or intracatheter
- 51102 with insertion of suprapubic catheter

### 9.1.3.3 EXCISION

- 51500 Excision of urachal cyst or sinus, with or without umbilical hernia repair
- 51520 Cystotomy; for simple excision of vesical neck (separate procedure)
- 51525 for excision of bladder diverticulum, single or multiple (separate procedure)
- 51530 for excision of bladder tumor
- 51535 Cystotomy for excision, incision, or repair of ureterocele
- 51550 Cystectomy, partial; simple
- 51555 complicated (eg, postradiation, previous surgery, difficult location)
- 51565 Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
- 51570 Cystectomy, complete; (separate procedure)
- 51575 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
- 51580 Cystectomy, complete with ureterosigmoidostomy or ureterocutaneous transplantations;
- 51585 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
- 51590 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
- 51595 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
- 51596 Cystectomy, complete, with continent diversion, any technique, using any segment of small and/or large intestine to construct neobladder
- 51597 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

### 9.1.3.4 INTRODUCTION

- 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
- 51703 Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
- 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)

### 9.1.3.5 URODYNAMICS

- 51725 Simple cystometrogram (CMG) (eg, spinal manometer)
- 51726 Complex cystometrogram (ie, calibrated electronic equipment);

- 51727 with urethral pressure profile studies (ie, urethral closure pressure profile), any technique
- 51728 with voiding pressure studies (ie, bladder voiding pressure), any technique
- 51729 with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique
- 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)
- 51798 Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

### 9.1.3.6 REPAIR

- 51800 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 Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
- 51840 Anterior vesicourethropexy, or urethropexy (Marshall-Marchetti-Krantz, Burch); simple
- 51841 complicated (eg, secondary repair)
- 51845 Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
- 51860 Cystorrhaphy, suture of bladder wound, injury or rupture; simple
- 51865 complicated
- 51880 Closure of cystostomy (separate procedure)
- 51900 Closure of vesicovaginal fistula, abdominal approach
- 51920 Closure of vesicouterine fistula;
- 51925 with hysterectomy (**See Rule N**)
- 51940 Closure, exstrophy of bladder
- 51960 Enterocystoplasty, including intestinal anastomosis
- 51980 Cutaneous vesicostomy

### 9.1.3.7 LAPAROSCOPY

- 51990 Laparoscopy, surgical; urethral suspension for stress incontinence
- 51992 sling operation for stress incontinence (eg, fascia or synthetic)
- 51999 Unlisted laparoscopy procedure, bladder

### 9.1.3.8 ENDOSCOPY - CYSTOSCOPY, URETHROSCOPY, CYSTOURETHROSCOPY

- 52000 Cystourethroscopy (separate procedure)
- 52001 Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
- 52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

- 52007 with brush biopsy of ureter and/or renal pelvis
- 52010 Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service

### 9.1.3.9 TRANSURETHRAL SURGERY

#### 9.1.3.9.1 URETHRA AND BLADDER

- 52204 Cystourethroscopy, with biopsy(s)
- 52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
- 52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s), with or without biopsy
- 52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
- 52235 MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
- 52240 LARGE bladder tumor(s)
- 52250 Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
- 52260 Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
- 52265 local anesthesia
- 52270 Cystourethroscopy, with internal urethrotomy; female
- 52275 male
- 52276 Cystourethroscopy, with direct vision internal urethrotomy
- 52277 Cystourethroscopy, with resection of external sphincter (sphincterotomy)
- 52281 Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
- 52282 Cystourethroscopy, with insertion of permanent urethral stent
- 52283 Cystourethroscopy, with steroid injection into stricture
- 52284 Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed
- 52285 Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone
- 52287 Cystourethroscopy, with injection(s) for chemodenervation of the bladder
- 52290 Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
- 52300 with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
- 52301 with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
- 52305 with incision or resection of orifice of bladder diverticulum, single or multiple
- 52310 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
- 52315 complicated

- 52317 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
- 52318                      complicated or large (over 2.5 cm)

### 9.1.3.9.2 URETER AND PELVIS

- 52320 Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
- 52325                      with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
- 52327                      with subureteric injection of implant material
- 52330                      with manipulation, without removal of ureteral calculus
- 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double- J type)
- 52334 Cystourethroscopy, with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
- 52341 Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52342                      with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52343                      with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52344 Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52345                      with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52346                      with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
- 52352                      with removal or manipulation of calculus (ureteral catheterization is included)
- 52353                      with lithotripsy (ureteral catheterization is included)
- 52354                      with biopsy and/or fulguration of ureteral or renal pelvic lesion
- 52355                      with resection of ureteral or renal pelvic tumor
- 52356                      with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

### 9.1.3.10 VESICAL NECK AND PROSTATE

- 52400 Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
- 52402 Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
- 52441 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
- 55242                      each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
- 52450 Transurethral incision of prostate
- 52500 Transurethral resection of bladder neck (separate procedure)

- 52601 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
- 52630 Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
- 52640       of postoperative bladder neck contracture
- 52647 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 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)
- 52649 Laser enucleation of the prostate with morcellation, 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 Transurethral drainage of prostatic abscess

## 9.1.4 URETHRA

### 9.1.4.1 INCISION

- 53000 Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
- 53010       perineal urethra, external
- 53020 Meatotomy, cutting of meatus (separate procedure); except infant
- 53025       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       complicated

### 9.1.4.2 EXCISION

- 53200 Biopsy of urethra
- 53210 Urethrectomy, total, including cystostomy; female
- 53215       male
- 53220 Excision or fulguration of carcinoma of urethra
- 53230 Excision of urethral diverticulum (separate procedure); female
- 53235       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       urethral caruncle
- 53270       Skene's glands
- 53275       urethral prolapse

## 9.1.4.3 REPAIR

- 53400 Urethroplasty; first stage, for fistula, diverticulum, or stricture, (eg, Johanssen type)
- 53405       second stage (formation of urethra), including urinary diversion
- 53410 Urethroplasty, one-stage reconstruction of male anterior urethra
- 53415 Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra
- 53420 Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage
- 53425       second stage
- 53430 Urethroplasty, reconstruction of female urethra
- 53431 Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
- 53440 Sling operation for correction of male urinary incontinence, (eg, fascia or synthetic)
- 53442 Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
- 53444 Insertion of tandem cuff (dual cuff)
- 53445 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
- 53446 Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
- 53447 Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir and cuff at the same operative session
- 53448 Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
- 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)
- 53500 Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
- 53502 Urethrorrhaphy, suture of urethral wound or injury; female
- 53505       penile
- 53510       perineal
- 53515       prostatomembranous
- 53520 Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)

## 9.1.4.4 MANIPULATION

- 53600 Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
- 53601       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       subsequent
- 53660 Dilation of female urethra including suppository and/or instillation; initial
- 53661       subsequent

53665 Dilation of female urethra, general or conduction (spinal) anesthesia

#### 9.1.4.5 OTHER PROCEDURES

- 53850 Transurethral destruction of prostate tissue; by microwave thermotherapy
- 53852 by radiofrequency thermotherapy
- 53855 Insertion of a temporary prostatic urethral stent, including urethral measurement
- 53860 Transurethral radiofrequency micro-modeling of the female bladder neck and proximal urethra for stress urinary incontinence
- 53899 Unlisted procedure, urinary system

## 10 MALE GENITAL SERVICES

### 10.1 MALE GENITAL SYSTEM

#### 10.1.1 PENIS

##### 10.1.1.1 INCISION

- 54000 Slitting of prepuce, dorsal or lateral (separate procedure); newborn
- 54001 except newborn
- 54015 Incision and drainage of penis, deep

##### 10.1.1.2 DESTRUCTION

- 54050 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
- 54055 electrodesiccation
- 54056 cryosurgery
- 54057 laser surgery
- 54060 surgical excision
- 54065 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

##### 10.1.1.3 EXCISION

- 54100 Biopsy of penis; (separate procedure)
- 54105 deep structures
- 54110 Excision of penile plaque (Peyronie disease);
- 54111 with graft to 5 cm in length
- 54112 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 complete
- 54130 Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy
- 54135 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 older than 28 days of age
- 54162 Lysis or excision of penile post-circumcision adhesions
- 54163 Repair incomplete circumcision
- 54164 Frenulotomy of penis

#### 10.1.1.4 INTRODUCTION

- 54200 Injection procedure for Peyronie disease;
- 54205 with surgical exposure of plaque
- 54220 Irrigation of corpora cavernosa for priapism
- 54230 Injection procedure for corpora cavernosography
- 54240 Penile plethysmography
- 54250 Nocturnal penile tumescence and/or rigidity test

#### 10.1.1.5 REPAIR

- 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 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, 3rd stage Cecil repair)
- 54322 One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
- 54324 with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)
- 54326 with urethroplasty by local skin flaps and mobilization of urethra
- 54328 with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
- 54332 One 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 One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
- 54340 Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
- 54344 requiring mobilization of skin flaps and urethroplasty with flap or patch graft
- 54348 requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)
- 54352 Revision of prior hypospadias repair 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
- 54360 Plastic operation on penis to correct angulation
  - 54380 Plastic operation on penis for epispadias distal to external sphincter;
  - 54385       with incontinence
  - 54390       with exstrophy of bladder
  - 54400 Insertion of penile prosthesis; non-inflatable (semi-rigid)
  - 54401       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
  - 54410 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
  - 54411 Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
  - 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
  - 54417 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
  - 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
  - 54437 Repair of traumatic corporeal tear(s)
  - 54438 Replantation, penis, complete amputation including urethral repair
  - 54440 Plastic operation of penis for injury

### **10.1.1.6 MANIPULATION**

- 54450 Foreskin manipulation including lysis of preputial adhesions and stretching

### **10.1.2 TESTIS**

#### **10.1.2.1 EXCISION**

- 54500 Biopsy of testis, needle (separate procedure)
- 54505 Biopsy of testis, incisional (separate procedure)
- 54512 Excision of extraparenchymal lesion of testis
- 54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
- 54522 Orchiectomy, partial

- 54530 Orchiectomy, radical, for tumor; inguinal approach
- 54535           with abdominal exploration

### **10.1.2.2 EXPLORATION**

- 54550 Exploration for undescended testis (inguinal or scrotal area)
- 54560 Exploration for undescended testis with abdominal exploration

### **10.1.2.3 REPAIR**

- 54600 Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
- 54620 Fixation of contralateral testis (separate procedure)
- 54640 Orchiopexy, inguinal or scrotal approach
- 54650 Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
- 54660 Insertion of testicular prosthesis (separate procedure)
- 54670 Suture or repair of testicular injury
- 54680 Transplantation of testis(es) to thigh (because of scrotal destruction)

### **10.1.2.4 LAPAROSCOPY**

- 54690 Laparoscopy, surgical; orchiectomy
- 54692           orchiopexy for intra-abdominal testis
- 54699 Unlisted laparoscopy procedure, testis

### **10.1.3 EPIDIDYMIS**

#### **10.1.3.1 INCISION**

- 54700 Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)

#### **10.1.3.2 EXCISION**

- 54800 Biopsy of epididymis, needle
- 54830 Excision of local lesion of epididymis
- 54840 Excision of spermatocele, with or without epididymectomy
- 54860 Epididymectomy; unilateral
- 54861           bilateral

#### **10.1.3.3 EXPLORATION**

- 54865 Exploration of epididymis, with or without biopsy

### **10.1.4 TUNICA VAGINALIS**

#### **10.1.4.1 INCISION**

- 55000 Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication

#### **10.1.4.2 EXCISION**

- 55040 Excision of hydrocele; unilateral
- 55041           bilateral

## 10.1.4.3 REPAIR

55060 Repair of tunica vaginalis hydrocele (Bottle type)

## 10.1.5 SCROTUM

### 10.1.5.1 INCISION

55100 Drainage of scrotal wall abscess

55110 Scrotal exploration

55120 Removal of foreign body in scrotum

### 10.1.5.2 EXCISION

55150 Resection of scrotum

### 10.1.5.3 REPAIR

55175 Scrotoplasty; simple

55180                    complicated

## 10.1.6 VAS DEFERENS

### 10.1.6.1 INCISION

55200 Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)

### 10.1.6.2 EXCISION

55250 Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)

## 10.1.7 SPERMATIC CORD

### 10.1.7.1 EXCISION

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)

55535                    abdominal approach

55540                    with hernia repair

### 10.1.7.2 LAPAROSCOPY

55550 Laparoscopy, surgical, with ligation of spermatic veins for varicocele

55559 Unlisted laparoscopy procedure, spermatic cord

## 10.1.8 SEMINAL VESICLES

### 10.1.8.1 INCISION

55600 Vesiculotomy;

55605                    complicated

## 10.1.8.2 EXCISION

- 55650 Vesiculectomy, any approach
- 55680 Excision of Mullerian duct cyst

## 10.1.9 PROSTATE

### 10.1.9.1 INCISION

- 55700 Biopsy, prostate; needle or punch, single or multiple, any approach
- 55705       incisional, any approach
- 55720 Prostatotomy, external drainage of prostatic abscess, any approach; simple
- 55725       complicated

### 10.1.9.2 EXCISION

- 55801 Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
- 55810 Prostatectomy, perineal radical;
- 55812       with lymph node biopsy(s) (limited pelvic lymphadenectomy)
- 55815       with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
- 55821 Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages
- 55831       retropubic, subtotal
- 55840 Prostatectomy, retropubic radical, with or without nerve sparing;
- 55842       with lymph node biopsy(s) (limited pelvic lymphadenectomy)
- 55845       with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
- 55860 Exposure of prostate, any approach, for insertion of radioactive substance;
- 55862       with lymph node biopsy(s) (limited pelvic lymphadenectomy)
- 55865       with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes

### 10.1.9.3 LAPAROSCOPY

- 55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
- 55867 Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed

### 10.1.9.4 OTHER PROCEDURES

- 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
- 55876 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach, single or multiple)

- 55880 Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance
- 55899 Unlisted procedure, male genital system
- A4648 Tissue marker, implantable, any type, each

## 10.2 REPRODUCTIVE SYSTEM PROCEDURES

- 55920 Placement of needles or catheters into pelvic organs and/ or genitalia (except prostate) for subsequent interstitial radioelement application

## 11 INTERSEX SURGERY

### 11.1 GENDER REASSIGNMENT SURGERY INFORMATION

Gender reassignment surgery is covered for individuals diagnosed with gender dysphoria who are 18 years of age or older and who have obtained at least two referral letters that, when reviewed in combination, meet the criteria outlined below. For individuals under age 18, coverage is available in specific cases if medical necessity is demonstrated and prior approval is received.

#### Referral Letters

One letter must be written by a New York State (NYS) licensed psychiatrist, psychologist, psychiatric nurse practitioner or licensed clinical social worker who has an ongoing relationship with the member. The second letter may be written by a NYS licensed psychiatrist, psychologist, physician, psychiatric nurse practitioner or licensed clinical social worker, acting within their scope of practice who has only had an evaluative role with the member. Each referral letter must be signed by the NYS licensed health professional attesting they have independently assessed the member. These referring health professionals may practice at the same organization. The combination of information in these referral letters must indicate that the member has:

- a persistent and well-documented case of gender dysphoria, and
- received hormone therapy appropriate to the member's gender goals, which shall be for a minimum of 12 months in the case of a member seeking genital surgery, unless such therapy is medically contraindicated or the member is otherwise unable to take hormones, and
- lived for 12 months in a gender role congruent with the member's gender identity, and
- received mental health counseling, as deemed medically necessary by the member's treating NYS licensed health professional, and
- no other significant medical or mental health conditions that would be a contraindication to the surgery, or if so, that those are reasonably well-controlled prior to the surgery, and
- the capacity to make a fully informed decision and to consent to the treatment.

### 11.2 CLAIM SUBMISSION INSTRUCTIONS

#### 11.2.1 GENDER REASSIGNMENT PROCEDURES REQUIRING BY REPORT CLAIM SUBMISSION

When performing genital surgery for the purposes of gender reassignment, physicians may bill code 55970 (intersex surgery; male to female) or 55980 (intersex surgery; female to male) or any of the codes listed in the sections to follow. When using codes 55970 or 55980, claims must be submitted via paper claim. The physician must include with the paper claim the operation report

and copies of the two referral letters from the NYS licensed health practitioners. Practitioners must submit charges on an invoice for review and payment. These procedures do not require prior approval.

55970 Intersex surgery; male to female

The provider performs many staged procedures to convert male anatomy to female anatomy. The procedures include removing the penis, reshaping genital tissue to appear more female and constructing a vagina.

55980 Intersex surgery; female to male

The provider performs many staged procedures to convert female anatomy to male anatomy. The procedures can include removing the uterus and ovaries and reshaping genital tissue to appear more male and/or constructing a penis.

## 11.2.2 GENDER REASSIGNMENT PROCEDURES NOT REQUIRING BY REPORT CLAIM SUBMISSION

When performing the following procedures for the purpose of gender reassignment, physicians must obtain and maintain in their records copies of the two referrals letters from the NYS licensed health practitioners. These procedures do not require prior approval or paper claim submission:

19303 Mastectomy, simple, complete

19318: Reduction mammoplasty (unilateral)

19325: Breast augmentation with implant

For male-to-female gender reassignment, augmentation mammoplasty may be considered medically necessary for individuals with a diagnosis of gender dysphoria when:

- that individual's breast growth has been determined to be negligible by the individual's treating NYS licensed health professional after 24 months of cross-sex hormone therapy, or
- hormone therapy is medically contraindicated, or
- the individual is otherwise unable to take hormones.

53410 Urethroplasty, 1-stage reconstruction of male anterior urethra.

53420 Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra.

53430 Urethroplasty, reconstruction of female urethra

54120 Amputation of penis: partial

54125 Amputation of penis; complete

54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach

54522 Orchiectomy, partial

54660 Insertion of testicular prosthesis (separate procedure)

55175 Scrotoplasty; simple.

55180 Scrotoplasty; complicated

55899 Metoidioplasty/ Phalloplasty (unlisted procedure, male genital system)

56800 Plastic repair of introitus

56805 Clitoroplasty for intersex state

- 57106 Vaginectomy, partial removal of vaginal wall
- 57110 Vaginectomy, complete removal of vaginal wall

Additional instructions for billing the hysterectomy codes listed below can be found in the “General Information and Rules” section at the beginning of this manual, including information on the “Hysterectomy Receipt of Information Form.”

- 58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
  - 58152 with colpo-urethrocystopexy (e.g., Marshall-Machetti-Krantz, Burch)
- 58180 Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
- 58260 Vaginal hysterectomy, for uterus 250 grams or less;
  - 58262 with removal of tube(s), and/or ovary(s)
  - 58263 with removal of tube(s), and/or ovary(s), with repair of enterocele
  - 58267 with colpo-urethrocystopexy (Marshall-Marchetti-Krantz Type, Pereyra type, with or without endoscopic control)
  - 58270 with repair of enterocele
- 58275 Vaginal hysterectomy, with total or partial vaginectomy;
  - 58280 with repair of enterocele
- 58285 Vaginal hysterectomy, radical (Schauta type operation)
- 58290 Vaginal hysterectomy, for uterus greater than 250 grams;
  - 58291 with removal of tube(s) and/or ovary(s)
  - 58292 with removal of tube(s) and/or ovary(s), with repair of enterocele
  - 58293 with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
  - 58294 with repair of enterocele
- 58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral
- 58940 Oophorectomy, partial or total, unilateral or bilateral

### 11.2.3 GENDER REASSIGNMENT PROCEDURES REQUIRING PRIOR APPROVAL

When performing the following procedures for purposes of gender reassignment, prior approval is required. As part of the prior approval request, physicians must, at a minimum, submit copies of the two referral letters from the NYS licensed health practitioners recommending the patient for surgery and additional justification of medical necessity for the requested procedure. Additional information about the prior approval process, including instructions for providers, is available in the Physician Prior Approval Guidelines manual, available at:

[https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician\\_PA\\_Guidelines.pdf](https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_PA_Guidelines.pdf).

- 11950 Subcutaneous injection of filling material (eg, collagen); 1 cc or less
- 11951 1.1 to 5 cc
- 11952 5.1 to 10 cc
- 11954 over 10 cc



- 15769 Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascial)
- 15771 Grafting of autologous fat, harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
- 15772 each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
- 15773 Grafting of autologous fat, harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
- 15774 each additional 25 cc or less injectate, or part thereof (List separately in addition to the code for primary procedure)
- 15775 Punch graft for hair transplant; 1 to 15 punch grafts
- 15776 more than 15 punch grafts
- 15820 Blepharoplasty, lower eyelid;
- 15821 with extensive herniated fat pad
- 15822 Blepharoplasty, upper eyelid;
- 15823 with excessive skin weighting down lid
- 15824 Rhytidectomy; forehead
- 15825 neck with platysmal tightening (platysmal flap, P-flap)
- 15826 glabellar frown lines
- 15828 cheek, chin, and neck
- 15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
- 15832 thigh
- 15833 leg
- 15834 hip
- 15835 buttock
- 15836 arm
- 15837 forearm or hand
- 15838 submental fat pad
- 15839 other area
- 15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)
- 15876 Suction assisted lipectomy; head and neck
- 15877 trunk
- 15878 upper extremity
- 15879 lower extremity
- 17380 Electrolysis epilation, each 30 minutes
- 19316 Mastopexy (unilateral)
- 21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)
- 21123 sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
- 21193 Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; without bone graft
- 21208 Osteoplasty, facial bones; augmentation (autograft, allograft or prosthetic implant)

- 21209 reduction
- 21270 Malar augmentation, prosthetic material
- 30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
- 30410 complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
- 30420 including major septal repair
- 30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
- 30435 intermediate revision (bony work with osteotomies)
- 30450 major revision (nasal tip work and osteotomies)
- 30462 tip, septum, osteotomies
- 30465 Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
- 31599 Unlisted procedure, larynx
- 40500 Vermilionectomy (lip shave), with mucosal advancement
- 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
- 54408 Repair of component(s) of a multi-component, inflatable penile prosthesis
- 54410 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
- 54411 Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
- 54416 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
- 54417 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
- 67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

## 12 FEMALE GENITAL SERVICES

### 12.1 FEMALE GENITAL SYSTEM

#### 12.1.1 VULVA, PERINEUM AND INTROITUS

##### 12.1.1.1 INCISION

- 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

## 12.1.1.2 DESTRUCTION

- 56501 Destruction of lesion(s), vulva; simple, (laser surgery, electrosurgery, cryosurgery, chemosurgery)
- 56515           extensive, (laser surgery, electrosurgery, cryosurgery, chemosurgery)

## 12.1.1.3 EXCISION

- 56605 Biopsy of vulva or perineum. (separate procedure); one lesion
- 56606           each separate additional lesion
- 56620 Vulvectomy simple; partial
- 56625           complete
- 56630 Vulvectomy, radical, partial;
- 56631           with unilateral inguofemoral lymphadenectomy
- 56632           with bilateral inguofemoral lymphadenectomy
- 56633 Vulvectomy, radical, complete;
- 56634           with unilateral inguofemoral lymphadenectomy
- 56637           with bilateral inguofemoral lymphadenectomy
- 56640 Vulvectomy, radical, complete, with inguofemoral, iliac, and pelvic lymphadenectomy
- 56700 Partial hymenectomy or revision of hymenal ring
- 56740 Excision of Bartholin's gland or cyst

## 12.1.1.4 REPAIR

- 56800 Plastic repair of introitus
- 56805 Clitoroplasty for intersex state
- 56810 Perineoplasty, repair of perineum, nonobstetrical (separate procedure)

## 12.1.1.5 ENDOSCOPY

- 56820 Colposcopy of the vulva;
- 56821           with biopsy(s)

## 12.1.2 VAGINA

### 12.1.2.1 INCISION

- 57000 Colpotomy; with exploration
- 57010           with drainage of pelvic abscess
- 57020 Colpocentesis (separate procedure)
- 57022 Incision and drainage of vaginal hematoma; obstetrical/post-partum
- 57023           non-obstetrical (eg, post-trauma, spontaneous bleeding)

### 12.1.2.2 DESTRUCTION

- 57061 Destruction of vaginal lesion(s); simple, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
- 57065           extensive, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

### 12.1.2.3 EXCISION

- 57100 Biopsy of vaginal mucosa; simple (separate procedure)

- 57105 extensive, requiring suture (including cysts)
- 57106 Vaginectomy, partial removal of vaginal wall;
- 57107 with removal of paravaginal tissue (radical vaginectomy)
- 57109 with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
- 57110 Vaginectomy, complete removal of vaginal wall;
- 57111 with removal of paravaginal tissue (radical vaginectomy)
- 57120 Colpocleisis (Le Fort Type)
- 57130 Excision of vaginal septum
- 57135 Excision of vaginal cyst or tumor

#### 12.1.2.4 INTRODUCTION

- 57150 Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
- 57155 Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
- 57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
- 57160 Fitting and insertion of pessary or other intravaginal support device
- 57180 Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical hemorrhage (separate procedure)

#### 12.1.2.5 REPAIR

- 57200 Colporrhaphy, suture of injury of vagina (nonobstetrical)
- 57210 Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
- 57220 Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
- 57230 Plastic repair of urethrocele
- 57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed
- 57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
- 57260 Combined anteroposterior colporrhaphy; including cystourethroscopy, when performed;
- 57265 with enterocele repair
- 57267 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach
- 57268 Repair of enterocele, vaginal approach (separate procedure)
- 57270 Repair of enterocele, abdominal approach (separate procedure)
- 57280 Colpopexy, abdominal approach
- 57282 Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
- 57283 intra-peritoneal approach (uterosacral, levator myorrhaphy)
- 57284 Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
- 57285 vaginal approach
- 57287 Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
- 57288 Sling operation for stress incontinence (eg, fascia or synthetic)
- 57289 Pereyra procedure, including anterior colporrhaphy
- 57291 Construction of artificial vagina; without graft

- 57292 with graft
- 57295 Revision (including removal) of prosthetic vaginal graft, vaginal approach
- 57296 open abdominal approach
- 57300 Closure of rectovaginal fistula; vaginal or transanal approach
- 57305 abdominal approach
- 57307 abdominal approach, with concomitant colostomy
- 57308 transperineal approach, with perineal body reconstruction, with or without levator plication
- 57310 Closure of urethrovaginal fistula;
- 57311 with bulbocavernosus transplant
- 57320 Closure of vesicovaginal fistula; vaginal approach
- 57330 transvesical and vaginal approach
- 57335 Vaginoplasty for intersex state

### 12.1.2.6 MANIPULATION

- 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)

### 12.1.2.7 ENDOSCOPY/LAPAROSCOPY

- 57420 Colposcopy of the entire vagina, with cervix if present;
- 57421 with biopsy(s) of vagina/cervix
- 57423 Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
- 57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
- 57426 Revision (including removal) of prosthetic vaginal graft, laparoscopic approach

### 12.1.3 CERVIX UTERI

#### 12.1.3.1 ENDOSCOPY

- 57452 Colposcopy of the cervix including upper/adjacent vagina;
- 57454 with biopsy(s) of the cervix and endocervical curettage
- 57455 with biopsy(s) of the cervix
- 57456 with endocervical curettage
- 57460 with loop electrode biopsy(s) of the cervix
- 57461 with loop electrode conization of the cervix
- 57465 Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)

#### 12.1.3.2 EXCISION

- 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 cryocautery, initial or repeat
- 57513 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 loop electrode excision
- 57530 Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
- 57531 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 Excision of cervical stump, abdominal approach;
- 57545 with pelvic floor repair
- 57550 Excision of cervical stump, vaginal approach;
- 57555 with anterior and/or posterior repair
- 57556 with repair of enterocele
- 57558 Dilation and curettage of cervical stump

### 12.1.3.3 REPAIR

- 57700 Cerclage of uterine cervix, nonobstetrical
- 57720 Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach

### 12.1.3.4 MANIPULATION

- 57800 Dilation of cervical canal, instrumental (separate procedure)

## 12.1.4 CORPUS UTERI

### 12.1.4.1 EXCISION

- 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
- 58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
- 58140 Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; abdominal approach
- 58145 vaginal approach
- 58146 Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams, abdominal approach

### 12.1.4.1.1 HYSTERECTOMY PROCEDURES

(For codes 58150-58294, See Rule N, Receipt of Hysterectomy Information)

- 58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
- 58152 with colpo-urethrocytopexy (eg, Marshall-Marchetti-Krantz, Burch)
- 58180 Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)

- 58200 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 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 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 Vaginal hysterectomy, for uterus 250 grams or less;
  - 58262 with removal of tube(s), and/or ovary(s)
  - 58263 with removal of tube(s), and/or ovary(s), with repair of enterocele
  - 58267 with colpo-urethrocystopexy (Marshall-Marchetti-Krantz Type, Pereyra type, with or without endoscopic control)
  - 58270 with repair of enterocele
- 58275 Vaginal hysterectomy, with total or partial vaginectomy;
  - 58280 with repair of enterocele
- 58285 Vaginal hysterectomy, radical (Schauta type operation)
- 58290 Vaginal hysterectomy, for uterus greater than 250 grams;
  - 58291 with removal of tube(s) and/or ovary(s)
  - 58292 with removal of tube(s) and/or ovary(s), with repair of enterocele
  - 58294 with repair of enterocele

#### 12.1.4.2 INTRODUCTION

- 58300 Insertion of intrauterine device (IUD)
- 58301 Removal of intrauterine device (IUD)
- 58340 Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (sis) or hysterosalpingography
- 58346 Insertion of Heyman capsules for clinical brachytherapy
- 58353 Endometrial ablation, thermal, without hysteroscopic guidance
- 58356 Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed

#### 12.1.4.3 REPAIR

- 58400 Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
  - 58410 with presacral sympathectomy
- 58520 Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
- 58540 Hysteroplasty, repair of uterine anomaly (Strassman type)

#### 12.1.4.4 LAPAROSCOPY / HYSTEROSCOPY

(See Rule N, Receipt of Hysterectomy Information)

(For code 58565, See Rule M, Informed Consent for Sterilization)

- 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
- 58542       with removal of tube(s) and/or ovary(s)
- 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
- 58544       with removal of tube(s) and/or ovary(s)
- 58545 Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas
- 58546       5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams
- 58548 Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
- 58550 Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;
- 58552       with removal of tube(s) and/or ovary(s)
- 58553 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;
- 58554       with removal of tube(s) and/or ovary(s)
- 58555 Hysteroscopy, diagnostic (separate procedure)
- 58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C
- 58559       with lysis of intrauterine adhesions (any method)
- 58560       with division or resection of intrauterine septum (any method)
- 58561       with removal of leiomyomata
- 58562       with removal of impacted foreign body
- 58563       with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
- 58565       with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
- A4264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
- 58570 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
- 58571       with removal of tube(s) and/or ovary(s)
- 58572 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
- 58573       with removal of tube(s) and/or ovary(s)
- 58575 Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed
- 58578 Unlisted laparoscopy procedure, uterus
- 58579 Unlisted hysteroscopy procedure, uterus

## 12.1.5 OVIDUCT/OVARY

### 12.1.5.1 INCISION

(For codes 58600-58615, See Rule M, Informed Consent for Sterilization)

- 58600 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
- 58605 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)



- 58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure)
- 58615 Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach

### 12.1.5.2 LAPAROSCOPY

(For codes 58670, 58671, See Rule M, Informed Consent for Sterilization)

- 58660 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
- 58661       with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
- 58662       with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
- 58670       with fulguration of oviducts (with or without transection)
- 58671       with occlusion of oviducts by device (eg, band, clip, or Falope ring)
- 58673       with salpingostomy (salpingoneostomy)
- 58679 Unlisted laparoscopy procedure, oviduct, ovary

### 12.1.5.3 EXCISION

- 58700 Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
- 58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

### 12.1.5.4 REPAIR

- 58740 Lysis of adhesions (salpingolysis, ovariolysis)
- 58770 Salpingostomy (salpingoneostomy)

### 12.1.6 OVARY

#### 12.1.6.1 INCISION

- 58800 Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach
- 58805       abdominal approach
- 58820 Drainage of ovarian abscess; vaginal approach, open
- 58822       abdominal approach
- 58825 Transposition, ovary(s)

#### 12.1.6.2 EXCISION

(See Rule N, Receipt of Hysterectomy Information)

- 58900 Biopsy of ovary, unilateral or bilateral (separate procedure)
- 58920 Wedge resection or bisection of ovary, unilateral or bilateral
- 58925 Ovarian cystectomy, unilateral or bilateral
- 58940 Oophorectomy, partial or total, unilateral or bilateral;
- 58943       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 Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral

- 58951 salpingo-oophorectomy and omentectomy;  
with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
- 58952 with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
- 58953 Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
- 58954 with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
- 58956 Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
- 58957 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;
- 58958 with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
- 58960 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

### 12.1.6.3 OTHER PROCEDURES

- 58999 Unlisted procedure, female genital system, nonobstetrical

## 13 MATERNITY CARE AND DELIVERY SERVICES

Reimbursement amounts for the Medicaid Obstetrical and Maternal Services Program (MOMS), are noted in the Enhanced Program excel Fee Schedule. For information on the MOMS Program, see Policy Section.

### 13.1 MATERNITY CARE AND DELIVERY

#### 13.1.1 ANTEPARTUM FETAL INVASIVE SERVICES

- 59000 Amniocentesis; diagnostic
- 59001 therapeutic amniotic fluid reduction (includes ultrasound guidance)
- 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
- 59070 Transabdominal amnioinfusion, including ultrasound guidance
- 59072 Fetal umbilical cord occlusion, including ultrasound guidance
- 59074 Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
- 59076 Fetal shunt placement, including ultrasound guidance

## 13.1.2 EXCISION

- 59100 Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
- 59120 Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
  - 59121 tubal or ovarian, without salpingectomy and/or oophorectomy
  - 59130 abdominal pregnancy
  - 59136 interstitial, uterine pregnancy with partial resection of uterus
  - 59140 cervical, with evacuation
- 59150 Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
  - 59151 with salpingectomy and/or oophorectomy
- 59160 Curettage, postpartum

## 13.1.3 INTRODUCTION

- 59200 Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)

## 13.1.4 REPAIR

- 59300 Episiotomy or vaginal repair, by other than attending
- 59320 Cerclage of cervix, during pregnancy; vaginal
  - 59325 abdominal
- 59350 Hysterorrhaphy of ruptured uterus

## 13.1.5 VAGINAL DELIVERY, ANTEPARTUM AND POSTPARTUM CARE

- 59400 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and (**inpatient and outpatient**) postpartum care (total, all-inclusive, "global" care)
- 59409 Vaginal delivery only (with or without episiotomy and/or forceps); (when only **inpatient** postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits)
  - 59410 including (**inpatient and outpatient**) postpartum care
- 59412 External cephalic version, with or without tocolysis
- 59414 Delivery of placenta (separate procedure)
- 59425 Antepartum care only; 4-6 visits
- 59426 7 or more visits

(For 6 or less antepartum encounters, see code 59425)

**Note:** Antepartum services will no longer require prorated charges. This applies to all prenatal care providers, including those enrolled in the MOMS program. Providers should bill one unit of the appropriate antepartum code after all antepartum care has been rendered using the last antepartum visit as the date of service. Only one antepartum care code will be reimbursed per pregnancy.

- 59430 Postpartum care only (outpatient) (separate procedure)

## 13.1.6 CESAREAN DELIVERY

- 59510 Routine obstetric care including antepartum care, cesarean delivery, and (inpatient and

- outpatient) postpartum care (total, all-inclusive, "global" care)
- 59514 Cesarean delivery only; (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits)
- 59515 including (inpatient and outpatient) postpartum care
- 59525 Subtotal or total hysterectomy after cesarean delivery (**See Rule N**)

### 13.1.7 DELIVERY AFTER PREVIOUS CESAREAN DELIVERY

- 59610 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and (inpatient and outpatient) postpartum care, after previous cesarean delivery (total, all-inclusive, "global" care)
- 59612 Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits)
- 59614 including (inpatient and outpatient) postpartum care
- 59618 Routine obstetric care including antepartum care, cesarean delivery, and (inpatient and outpatient) postpartum care, following attempted vaginal delivery after previous cesarean delivery (total, all-inclusive, "global" care)
- 59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits)
- 59622 including (inpatient and outpatient) postpartum care

### 13.1.8 ABORTION

(Ultrasound service(s) provided in conjunction with procedure codes 59812 through 59857 are reimbursable **ONLY** via echography code 76815. Procedure code 76815 should be billed regardless of the approach used to perform the ultrasound (eg, transvaginal))

- 59812 Treatment of incomplete abortion, any trimester, completed surgically
- 59820 Treatment of missed abortion, completed surgically; first trimester
- 59821 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 one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
- 59851 with dilation and curettage and/or evacuation
- 59852 with hysterotomy (failed intra-amniotic injection)
- 59855 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;
- 59856 with dilation and curettage and/or evacuation
- 59857 with hysterotomy (failed medical evaluation)

### 13.1.9 OTHER PROCEDURES

- 59870 Uterine evacuation and curettage for hydatidiform mole
- 59871 Removal of cerclage suture under anesthesia (other than local)
- 59897 Unlisted fetal invasive procedure, including ultrasound guidance, when performed
- 59898 Unlisted laparoscopy procedure, maternity care and delivery
- 59899 Unlisted procedure, maternity care and delivery

## 14 ENDOCRINE SYSTEM SERVICES

### 14.1 ENDOCRINE SYSTEM

#### 14.1.1 THYROID GLAND

##### 14.1.1.1 INCISION

- 60000 Incision and drainage of thyroglossal duct cyst, infected

##### 14.1.1.2 EXCISION

- 60100 Biopsy thyroid, percutaneous core needle
- 60200 Excision of cyst or adenoma of thyroid, or transection of isthmus
- 60210 Partial thyroid lobectomy, unilateral; with or without isthmusectomy
- 60212       with contralateral subtotal lobectomy, including isthmusectomy
- 60220 Total thyroid lobectomy, unilateral; with or without isthmusectomy
- 60225       with contralateral subtotal lobectomy, including isthmusectomy
- 60240 Thyroidectomy, total or complete
- 60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
- 60254       with radical neck dissection
- 60260 Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
- 60270 Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
- 60271       cervical approach
- 60280 Excision of thyroglossal duct cyst or sinus;
- 60281       recurrent

##### 14.1.1.3 REMOVAL

- 60300 Aspiration and/or injection, thyroid cyst

#### 14.1.2 PARATHYROID, THYMUS, ADRENAL GLANDS, PANCREAS, AND CARTOID BODY

##### 14.1.2.1 EXCISION

- 60500 Parathyroidectomy or exploration of parathyroid(s);
- 60502       re-exploration
- 60505       with mediastinal exploration, sternal split or transthoracic approach
- 60512 Parathyroid autotransplantation
- 60520 Thymectomy, partial or total; transcervical approach (separate procedure)
- 60521       sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
- 60522       sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)

- 60540 Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);
- 60545       with excision of adjacent retroperitoneal tumor
- 60600 Excision of carotid body tumor; without excision of carotid artery
- 60605       with excision of carotid artery

#### **14.1.2.2 LAPAROSCOPY**

- 60650 Laparoscopy, surgical; with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
- 60659 Unlisted laparoscopy procedure, endocrine system

#### **14.1.2.3 OTHER PROCEDURES**

- 60699 Unlisted procedure, endocrine system

## **15 NERVOUS SYSTEM SERVICES**

### **15.1 NERVOUS SYSTEM**

#### **15.1.1 SKULL, MENINGES, AND BRAIN**

##### **15.1.1.1 INJECTION, DRAINAGE OR ASPIRATION**

- 61000 Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
- 61001       subsequent taps
- 61020 Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
- 61026       with injection of medicament or other substance for diagnosis or treatment
- 61050 Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
- 61055       with injection of medication or other substance for diagnosis or treatment
- 61070 Puncture of shunt tubing or reservoir for aspiration or injection procedure

##### **15.1.1.2 TWIST DRILL, BURR HOLE(S) OR TREPHINE**

(For codes 61107, 61210 for intracranial neuroendoscopic ventricular catheter placement, use 62160)

- 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       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       with drainage of brain abscess or cyst
- 61151       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       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

### 15.1.1.3 CRANIECTOMY OR CRANIOTOMY

- 61304 Craniectomy or craniotomy, exploratory; supratentorial
- 61305           infratentorial (posterior fossa)
- 61312 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
- 61313           intracerebral
- 61314 Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
- 61315           intracerebellar
- 61316 Incision and subcutaneous placement of cranial bone graft
- 61320 Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
- 61321           infratentorial
- 61322 Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
- 61323           with lobectomy
- 61330 Decompression of orbit only, transcranial approach
- 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           for section of one or more cranial nerves
- 61500 Craniectomy; with excision of tumor or other bone lesion of skull
- 61501           for osteomyelitis
- 61510 Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
- 61512           for excision of meningioma, supratentorial
- 61514           for excision of brain abscess, supratentorial
- 61516           for excision or fenestration of cyst, supratentorial
- 61517 Implantation of brain intracavitary chemotherapy agent
- 61518 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
- 61519           meningioma

61520	cerebellopontine angle tumor
61521	midline tumor at base of skull
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524	for excision or fenestration of cyst
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;
61530	combined with middle/posterior fossa craniotomy/craniectomy
61531	Subdural implantation of strip electrodes through one 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	for excision of epileptogenic focus without electrocorticography during surgery
61535	for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536	for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)
61537	for lobectomy, temporal lobe, without electrocorticography during surgery
61538	for lobectomy, temporal lobe, with electrocorticography during surgery
61539	for lobectomy, other than temporal lobe, partial or total with electrocorticography during surgery
61540	for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery
61541	for transection of corpus callosum
61543	for partial or subtotal (functional) hemispherectomy
61544	for excision or coagulation of choroid plexus
61545	for excision of craniopharyngioma
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transeptal approach, nonstereotactic
61550	Craniectomy for craniosynostosis; single cranial suture
61552	multiple cranial sutures
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	bifrontal bone flap
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	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	with optic nerve decompression
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy
61567	for multiple subpial transections, with electrocorticography during surgery
61570	Craniectomy or craniotomy; with excision of foreign body from brain
61571	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 requiring splitting of tongue and/or mandible (including tracheostomy)

#### **15.1.1.4 SURGERY OF SKULL BASE**

##### **15.1.1.4.1 APPROACH PROCEDURES**

###### **15.1.1.4.1.1 ANTERIOR CRANIAL FOSSA**

- 61580 Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
- 61581 extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
- 61582 extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
- 61583 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 with orbital exenteration

###### **15.1.1.4.1.2 MIDDLE CRANIAL FOSSA**

- 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

###### **15.1.1.4.1.3 POSTERIOR CRANIAL FOSSA**

- 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

#### **15.1.1.4.2 DEFINITIVE PROCEDURES**

##### **15.1.1.4.2.1 BASE OF ANTERIOR CRANIAL FOSSA**

61600 Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural

61601 intradural, including dural repair, with or without graft

##### **15.1.1.4.2.2 BASE OF MIDDLE CRANIAL FOSSA**

61605 Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural

61606 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 intradural, including dural repair, with or without graft

61611 Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to primary procedure)

61613 Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus

##### **15.1.1.4.2.3 BASE OF POSTERIOR CRANIAL FOSSA**

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 intradural, including dural repair, with or without graft

##### **15.1.1.4.3 REPAIR AND/OR RECONSTRUCTION OF SURGICAL DEFECTS OF SKULL BASE**

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 by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)

##### **15.1.1.5 ENDOVASCULAR THERAPY**

61623 Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion

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 non-central nervous system, head or neck (extracranial, brachiocephalic branch)

61630 Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous

- 61635 Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
- 61640 Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
- 61641       each additional vessel in same vascular territory
- 61642       each additional vessel in different vascular territory
- 61645 Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)
- 61650 Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory
- 61651       each additional vascular territory (List separately in addition to code for primary procedure)

### **15.1.1.6 SURGERY FOR ANEURYSM, ARTERIOVENOUS MALFORMATION OR VASCULAR DISEASE**

- 61680 Surgery of intracranial arteriovenous malformation; supratentorial, simple
- 61682       supratentorial, complex
- 61684       infratentorial, simple
- 61686       infratentorial, complex
- 61690       dural, simple
- 61692       dural, complex
- 61697 Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
- 61698       vertebrobasilar circulation
- 61700 Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
- 61702       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       by intracranial electrothrombosis
- 61710       by intra-arterial embolization, injection procedure, or balloon catheter
- 61711 Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries

### **15.1.1.7 STEREOTAXIS**

Coverage for 61781-61783 Stereotactic Computer-Assisted Volumetric (Navigational) Procedures is allowed only under the following conditions:

Procedure to be performed as a pre-surgical assessment and/or intraoperative assessment, in preparation for, and execution of planned craniotomy (CPT codes 61304-61576), along with a diagnosis of arteriovenous malformation of brain, malignant or benign neoplasm of the brain, or intractable epilepsy.

- 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           subcortical structure(s) other than globus pallidus or thalamus
- 61750   Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
- 61751   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
- 61781   Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to primary procedure)
- 61782           cranial, extradural (List separately in addition to primary procedure)
- 61783           spinal (List separately in addition to primary procedure)
- 61790   Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
- 61791           trigeminal medullary tract

### **15.1.1.8 STEREOTACTIC RADIOSURGERY (CRANIAL)**

- 61796   Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
- 61797           each additional cranial lesion, simple (List separately in addition to primary procedure)
- 61798           1 complex cranial lesion
- 61799           each additional cranial lesion, complex (List separately in addition to primary procedure)
- 61800   Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to primary procedure)

### **15.1.1.9 NEUROSTIMULATORS (INTRACRANIAL)**

- 61850   Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
- 61860   Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical
- 61863   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), without use of intraoperative microelectrode recording; first array
- 61864           each additional array (List separately in addition to primary procedure)
- 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           each additional array (List separately in addition to primary procedure)
- 61880   Revision or removal of intracranial neurostimulator electrodes
- 61885   Incision or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
- 61886           with connection to two or more electrode arrays

- 61888 Revision or removal of cranial neurostimulator pulse generator or receiver
- 61889 Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)
- 61891 Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)
- 61892 Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed

## 15.1.1.10 REPAIR

- 62000 Elevation of depressed skull fracture; simple, extradural
- 62005        compound or comminuted, extradural
- 62010        with repair of dura and/or debridement of brain
- 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        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        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        larger than 5 cm diameter
- 62148 Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to primary procedure)

## 15.1.1.11 NEUROENDOSCOPY

- 62160 Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to 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        with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage
- 62164        with excision of brain tumor, including placement of external ventricular catheter for drainage
- 62165        with excision of pituitary tumor, transnasal or trans-sphenoidal approach

## 15.1.1.12 CEREBROSPINAL FLUID (CSF) SHUNT

- 62180 Ventriculocisternostomy (Torkildsen type operation)
- 62190 Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
- 62192       subarachnoid/subdural-peritoneal, -pleural, -other terminus
- 62194 Replacement or irrigation, subarachnoid/subdural catheter
- 62200 Ventriculocisternostomy, third ventricle
- 62201       stereotactic, neuroendoscopic method
- 62220 Creation of shunt; ventriculo-atrial, -jugular, -auricular
- 62223       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 fluid shunt
- 62256 Removal of complete cerebrospinal fluid shunt system; without replacement
- 62258       with replacement by similar or other shunt at same operation

## 15.1.2 SPINE AND SPINAL CORD

### 15.1.2.1 INJECTION, DRAINAGE OR ASPIRATION

- 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
- 62264       1 day
- 62267 Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes
- 62268 Percutaneous aspiration, spinal cord cyst or syrinx
- 62269 Biopsy of spinal cord, percutaneous needle
- 62270 Spinal puncture, lumbar, diagnostic
- 62328       with fluoroscopic or CT guidance
- 62272 Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
- 62329       with fluoroscopic or CT guidance
- 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       epidural, cervical or thoracic
- 62282       epidural, lumbar, sacral (caudal)
- 62284 Injection procedure for myelography and/or computed tomography, lumbar (other than C1-C2 and posterior fossa)
- 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 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       cervical or thoracic

- 62292 Injection procedure for chemonucleolysis, including discography, intervertebral disk, single or multiple levels, lumbar
- 62294 Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
- 62302 Myelography via lumbar injection, including radiological supervision and interpretation; cervical
  - 62303 thoracic
  - 62304 lumbosacral
  - 62305 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)
- 62320 Injection(s) of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
  - 62321 with imaging guidance (ie, fluoroscopy or CT)
- 62322 Injection(s) of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
  - 62323 with imaging guidance (ie, fluoroscopy or CT)
- 62324 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
  - 62325 with imaging guidance (ie, fluoroscopy or CT)
- 62326 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
  - 62327 with imaging guidance (ie, fluoroscopy or CT)

### 15.1.2.2 CATHETER IMPLANTATION

- 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 with laminectomy
- 62355 Removal of previously implanted intrathecal or epidural catheter

### 15.1.2.3 RESERVOIR/PUMP IMPLANTATION

- 62360 Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
  - 62361 nonprogrammable pump
  - 62362 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           with reprogramming
- 62370           with reprogramming and refill (requiring skill of a physician or other qualified health care professional)

#### **15.1.2.4 POSTERIOR EXTRADURAL LAMINOTOMY OR LAMINECTOMY FOR EXPLORATION/ DECOMPRESSION OF NEURAL ELEMENTS OR EXCISION OF HERNIATED INTERVERTEBRAL DISKS**

- 63001 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), one or two vertebral segments; cervical
- 63003           thoracic
- 63005           lumbar, except for spondylolisthesis
- 63011           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           thoracic
- 63017           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           1 interspace, lumbar
- 63035           each additional interspace, cervical or lumbar (List separately in addition to primary procedure)
- 63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; cervical
- 63042           lumbar
- 63043           each additional cervical interspace (List separately in addition to primary procedure)
- 63044           each additional lumbar interspace (List separately in addition to 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           thoracic
- 63047           lumbar
- 63048           each additional vertebral segment, cervical, thoracic, or lumbar (List separately in



- addition to code for primary procedure)
- 63052 Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
- 63053 each additional segment (List separately in addition to code for primary procedure)
- 63050 Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;
- 63051 with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)

### **15.1.2.5 TRANSPEDICULAR OR COSTOVERTEBRAL APPROACH FOR POSTEROLATERAL EXTRADURAL EXPLORATION/DECOMPRESSION**

- 63055 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; thoracic
- 63056 lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disk)
- 63057 each additional segment, thoracic or lumbar (List separately in addition to primary procedure)
- 63064 Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; single segment
- 63066 each additional segment (List separately in addition to primary procedure)

### **15.1.2.6 ANTERIOR OR ANTEROLATERAL APPROACH FOR EXTRADURAL EXPLORATION/DECOMPRESSION**

- 63075 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace
- 63076 cervical, each additional interspace (List separately in addition to primary procedure)
- 63077 thoracic, single interspace
- 63078 thoracic, each additional interspace (List separately in addition to 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 cervical, each additional segment (List separately in addition to 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 thoracic, each additional segment (List separately in addition to 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 each additional segment (List separately in addition to 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 each additional segment (List separately in addition to primary procedure)

### 15.1.2.7 LATERAL EXTRACAVITARY APPROACH FOR EXTRADURAL EXPLORATION/DECOMPRESSION

- 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 lumbar, single segment
- 63103 thoracic or lumbar, each additional segment (List separately in addition to primary procedure)

### 15.1.2.8 INCISION

- 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 to peritoneal or pleural space
- 63185 Laminectomy with rhizotomy; one or two segments
- 63190 more than two segments
- 63191 Laminectomy with section of spinal accessory nerve
- 63197 Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic
- 63200 Laminectomy, with release of tethered spinal cord, lumbar

### 15.1.2.9 EXCISION BY LAMINECTOMY OF LESION OTHER THAN HERNIATED DISK

- 63250 Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
- 63251 thoracic
- 63252 thoracolumbar
- 63265 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
- 63266 thoracic
- 63267 lumbar
- 63268 sacral
- 63270 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
- 63271 thoracic
- 63272 lumbar
- 63273 sacral
- 63275 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
- 63276 extradural, thoracic
- 63277 extradural, lumbar
- 63278 extradural, sacral
- 63280 intradural, extramedullary, cervical

- 63281 intradural, extramedullary, thoracic
- 63282 intradural, extramedullary, lumbar
- 63283 intradural, sacral
- 63285 intradural, intramedullary, cervical
- 63286 intradural, intramedullary, thoracic
- 63287 intradural, intramedullary, thoracolumbar
- 63290 combined extradural-intradural lesion, any level
- 63295 Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure

### **15.1.2.10 EXCISION, ANTERIOR OR ANTEROLATERAL APPROACH, INTRASPINAL LESION**

- 63300 Vertebral corpectomy (vertebral body resection), partial or complete for excision of intraspinal lesion, single segment; extradural, cervical
  - 63301 extradural, thoracic by transthoracic approach
  - 63302 extradural, thoracic by thoracolumbar approach
  - 63303 extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
  - 63304 intradural, cervical
  - 63305 intradural, thoracic by transthoracic approach
  - 63306 intradural, thoracic by thoracolumbar approach
  - 63307 intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
  - 63308 each additional segment (List separately in addition to codes for single segment)

### **15.1.2.11 STEREOTAXIS**

- 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

### **15.1.2.12 STEREOTACTIC RADIOSURGERY (SPINAL)**

- 63620 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
- 63621 each additional spinal lesion (List separately in addition to primary procedure)

### **15.1.2.13 NEUROSTIMULATORS (SPINAL)**

- 63650 Percutaneous implantation of neurostimulator electrode array, epidural
- 63655 Laminectomy for implantation of neurostimulator electrodes plate/paddle, epidural
- 63661 Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
- 63662 Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
- 63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
- 63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed

- 63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
- 63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array

### **15.1.2.14 REPAIR**

- 63700 Repair of meningocele; less than 5 cm diameter
- 63702       larger than 5 cm diameter
- 63704 Repair of myelomeningocele; less than 5 cm diameter
- 63706       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

### **15.1.2.15 SHUNT, SPINAL CSF**

- 63740 Creation of shunt, lumbar, subarachnoid- peritoneal, -pleural, or other; including laminectomy
- 63741       percutaneous, not requiring laminectomy
- 63744 Replacement, irrigation or revision of lumbosubarachnoid shunt
- 63746 Removal of entire lumbosubarachnoid shunt system without replacement

### **15.1.3 EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM**

#### **15.1.3.1 INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC:**

##### **15.1.3.1.1 SOMATIC NERVES**

- 64400 Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)
- 64405       greater occipital nerve
- 64408       vagus nerve
- 64415       brachial plexus, including imaging guidance, when performed
- 64416       brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed
- 64417       axillary nerve, including imaging guidance, when performed
- 64418       suprascapular nerve
- 64420       intercostal nerve, single level
- 64421       intercostal nerve, each additional level
- 64425       ilioinguinal, iliohypogastric nerves
- 64430       pudendal nerve
- 64435       paracervical (uterine) nerve
- 64445       sciatic nerve, including imaging guidance, when performed
- 64446       sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance
- 64447       femoral nerve, including imaging guidance, when performed
- 64448       femoral nerve, continuous infusion by catheter, (including catheter placement),

- including imaging guidance, when performed
- 64449 lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
  - 64450 other peripheral nerve or branch
  - 64451 nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
  - 64454 genicular nerve branches, including imaging guidance, when performed.
  - 64455 plantar common digital nerve(s) (eg, Morton's neuroma)
  - 64479 transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level
  - 64480 transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
  - 64483 transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level
  - 64484 transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to primary procedure)
  - 64461 Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed) (Report Required)
  - 64462 second and any additional injection site(s) (includes imaging guidance when performed) (List separately in addition to code for primary procedure) (Report required)
  - 64463 continuous infusion by catheter (includes imaging guidance when performed) (Report required)
  - 64486 Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)
  - 64487 by continuous infusion(s) (includes imaging guidance, when performed)
  - 64488 Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)
  - 64489 by continuous infusions (includes imaging guidance, when performed)

### **15.1.3.1.2 PARAVERTEBRAL SPINAL NERVES AND BRANCES**

- 64490 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; single level
- 64491 second level (List separately in addition to primary procedure)
- 64492 third and any additional level(s) (List separately in addition to primary procedure)
- 64493 lumbar or sacral; single level
- 64494 second level (List separately in addition to primary procedure)
- 64495 third and any additional level(s) (List separately in addition to primary procedure)

### 15.1.3.1.3 AUTONOMIC NERVES

- 64505 Injection, anesthetic agent; sphenopalatine ganglion
- 64510 stellate ganglion (cervical sympathetic)
- 64517 superior hypogastric plexus
- 64520 lumbar or thoracic (paravertebral sympathetic)
- 64530 celiac plexus, with or without radiologic monitoring

### 15.1.3.2 NEUROSTIMULATORS (PERIPHERAL NERVE)

- 64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve
- 64555 peripheral nerve (excludes sacral nerve)
- 64561 sacral nerve (transforaminal placement) including image guidance, if performed
- 64566 Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
- 64568 Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
- 64569 Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
- 64570 Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
- 64575 Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
  - 64580 neuromuscular
  - 64581 sacral nerve (transforaminal placement)
- 64585 Revision or removal of peripheral neurostimulator electrode array
- 64590 Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
- 64595 Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array
- 64596 Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array
  - 64597 each additional electrode array (List separately in addition to code for primary procedure)
- 64598 Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator

### 15.1.3.3 DESTRUCTION BY NEUROLYTIC AGENT (EG, CHEMICAL, THERMAL, ELECTRICAL, RADIOFREQUENCY)

#### 15.1.3.3.1 SOMATIC NERVES

- 64600 Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
- 64605 second and third division branches at foramen ovale

- 64610 second and third division branches at foramen ovale under radiologic monitoring
- 64611 Chemodenervation of parotid and submandibular salivary glands, bilateral
- 64612 Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
- 64615 muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
- 64616 neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
- 64617 larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
- 64620 Destruction by neurolytic agent; intercostal nerve
- 64630 Destruction by neurolytic agent; pudendal nerve
- 64632 plantar common digital nerve
- 64633 Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
- 64634 cervical or thoracic, each additional facet joint (List separately in addition to primary procedure)
- 64635 lumbar or sacral, single facet joint
- 64636 lumbar or sacral, each additional facet joint (List separately in addition to primary procedure)
- 64640 other peripheral nerve or branch
- 64642 Chemodenervation of one extremity; 1-4 muscle(s)
- 64643 each additional extremity; 1-4 muscle(s) (List separately in addition to code for primary procedure)
- 64644 Chemodenervation of one extremity; 5 or more muscle(s)
- 64645 each additional extremity; 5 or more muscle(s) (List separately in addition to code for primary procedure)
- 64646 Chemodenervation of trunk muscle(s); 1-5 muscle(s)
- 64647 6 or more muscle(s)

#### 15.1.3.3.2 SYMPATHETIC NERVES

- 64650 Chemodenervation of eccrine glands; both axillae
- 64653 other area(s) (eg, scalp, face, neck), per day
- 64680 Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
- 64681 superior hypogastric plexus

#### 15.1.3.4 NEUROPLASTY (EXPLORATION, NEUROLYSIS OR NERVE DECOMPRESSION)

- 64702 Neuroplasty; digital, one or both, same digit
- 64704 nerve of hand or foot
- 64708 Neuroplasty, major peripheral nerve, arm or leg, open; other than specified
- 64712 sciatic nerve
- 64713 brachial plexus
- 64714 lumbar plexus
- 64716 Neuroplasty and/or transposition; cranial nerve (specify)

- 64718 ulnar nerve at elbow
- 64719 ulnar nerve at wrist
- 64721 median nerve at carpal tunnel
- 64722 Decompression; unspecified nerve(s) (specify)
- 64726 plantar digital nerve
- 64727 Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty)

### 15.1.3.5 TRANSECTION OR AVULSION

- 64732 Transection or avulsion of; supraorbital nerve
- 64734 infraorbital nerve
- 64736 mental nerve
- 64738 inferior alveolar nerve by osteotomy
- 64740 lingual nerve
- 64742 facial nerve, differential or complete
- 64744 greater occipital nerve
- 64746 phrenic nerve
- 64755 vagus nerve limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)
- 64760 vagus nerve (vagotomy), abdominal
- 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

### 15.1.3.6 EXCISION

#### 15.1.3.6.1 SOMATIC NERVES

- 64774 Excision of neuroma; cutaneous nerve, surgically identifiable
- 64776 digital nerve, one or both, same digit
- 64778 digital nerve, each additional digit (List separately in addition to primary procedure)
- 64782 hand or foot, except digital nerve
- 64783 hand or foot, each additional nerve, except same digit (List separately in addition to primary procedure)
- 64784 major peripheral nerve, except sciatic
- 64786 sciatic nerve
- 64787 Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
- 64788 Excision of neurofibroma or neurolemmoma; cutaneous nerve
- 64790 major peripheral nerve
- 64792 extensive (including malignant type)
- 64795 Biopsy of nerve



## 15.1.3.6.2 SYMPATHETIC NERVES

- 64802 Sympathectomy, cervical
- 64804       cervicothoracic
- 64809       thoracolumbar
- 64818       lumbar
- 64820       digital arteries, each digit
- 64821       radial artery
- 64822       ulnar artery
- 64823       superficial palmar arch

## 15.1.3.7 NEURORRHAPHY

- 64831 Suture of digital nerve, hand or foot; one nerve
- 64832       each additional digital nerve (List separately in addition to primary procedure)
- 64834 Suture of one nerve; hand or foot, common sensory nerve
- 64835       median motor thenar
- 64836       ulnar motor
- 64837 Suture of each additional nerve, hand or foot (List separately in addition to primary procedure)
- 64840 Suture of posterior tibial nerve
- 64856 Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
- 64857       without transposition
- 64858 Suture of sciatic nerve
- 64859 Suture of each additional major peripheral nerve (List separately in addition to primary procedure)
- 64861 Suture of; brachial plexus
- 64862       lumbar plexus
- 64864 Suture of facial nerve; extracranial
- 64865       infratemporal, with or without grafting
- 64866 Anastomosis; facial-spinal accessory
- 64868       facial-hypoglossal
- 64872 Suture of nerve; requiring secondary or delayed suture (List separately in addition to primary neurorrhaphy)
- 64874       requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
- 64876       requiring shortening of bone of extremity (List separately in addition to code for nerve suture)

## 15.1.3.8 NEURORRHAPHY WITH NERVE GRAFT, VEIN GRAFT, OR CONDUIT

- 64885 Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
- 64886       more than 4 cm in length
- 64890 Nerve graft (includes obtaining graft), single strand hand or foot; up to 4 cm length
- 64891       more than 4 cm length
- 64892 Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
- 64893       more than 4 cm length

- 64895 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
- 64896       more than 4 cm length
- 64897 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm. length
- 64898       more than 4 cm length
- 64901 Nerve graft, each additional nerve; single strand (List separately in addition to primary procedure)
- 64902       multiple strands (cable) (List separately in addition to primary procedure)
- 64905 Nerve pedicle transfer; first stage
- 64907       second stage
- 64910 Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
- 64911       with autogenous vein graft (includes harvest of vein graft), each nerve

### 15.1.3.9 OTHER PROCEDURES

- 64999 Unlisted procedure, nervous system

## 16 EYE AND OCULAR ADNEXA SERVICES

### 16.1 EYE AND OCULAR ADNEXA

#### 16.1.1 EYEBALL

##### 16.1.1.1 REMOVAL OF EYE

- 65091 Evisceration of ocular contents; without implant
- 65093       with implant
- 65101 Enucleation of eye; without implant
- 65103       with implant, muscles not attached to implant
- 65105       with implant, muscles attached to implant
- 65110 Exenteration of orbit (does not include skin graft), removal of orbital contents; only
- 65112       with therapeutic removal of bone
- 65114       with muscle or myocutaneous flap

##### 16.1.1.2 SECONDARY IMPLANT(S) PROCEDURES

- 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       after enucleation, muscles not attached to implant
- 65140       after enucleation, muscles attached to implant
- 65150 Reinsertion of ocular implant; with or without conjunctival graft
- 65155       with use of foreign material for reinforcement and/or attachment of muscles to implant
- 65175 Removal of ocular implant

### 16.1.1.3 REMOVAL OF FOREIGN BODY

- 65205 Removal of foreign body, external eye; conjunctival superficial
- 65210 conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
- 65220 corneal, without slit lamp
- 65222 corneal, with slit lamp
- 65235 Removal of foreign body, intraocular; from anterior chamber of eye or lens
- 65260 from posterior segment, magnetic extraction, anterior or posterior route
- 65265 from posterior segment, nonmagnetic extraction

### 16.1.1.4 REPAIR OF LACERATION

- 65270 Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
- 65272 conjunctiva, by mobilization and rearrangement, without hospitalization
- 65273 conjunctiva, by mobilization and rearrangement, with hospitalization
- 65275 cornea, nonperforating, with or without removal foreign body
- 65280 cornea and/or sclera, perforating, not involving uveal tissue
- 65285 cornea and/or sclera, perforating, with reposition or resection of uveal tissue
- 65286 application of tissue glue, wounds of cornea and/or sclera
- 65290 Repair of wound, extraocular muscle, tendon and/or Tenon's capsule

### 16.1.2 ANTERIOR SEGMENT

#### 16.1.2.1 CORNEA

##### 16.1.2.1.1 EXCISION

- 65400 Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
- 65410 Biopsy of cornea
- 65420 Excision or transposition of pterygium; without graft
- 65426 with graft

##### 16.1.2.1.2 REMOVAL OR DESTRUCTION

- 65430 Scraping of cornea, diagnostic, for smear and/or culture
- 65435 Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
- 65436 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)

##### 16.1.2.1.3 KERATOPLASTY

- 65710 Keratoplasty (corneal transplant); anterior lamellar
- 65730 penetrating (except in aphakia or pseudophakia)
- 65750 penetrating (in aphakia)
- 65755 penetrating (in pseudophakia)
- 65756 endothelial

## 16.1.2.1.4 OTHER PROCEDURES

65778, 65779, 65780, 65781, 65782 are billable for patients with ocular surface deficiency, for those patients: who have sustained ocular burns and/or injuries OR; who have ocular complications secondary to Stevens-Johnson syndrome OR; who have undergone multiple surgeries or cryotherapies to the limbal region OR; who require these reconstructive procedures in addition to NYS Medicaid covered keratoplasty procedures OR; for whom medical management (lubricants, artificial tears, topical and systemic antibiotics, topical and systemic steroids, patches, etc.) has proven ineffective.

- 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
- 65778 Placement of amniotic membrane on the ocular surface; without sutures
- 65779           single layer, sutured
- 65780 Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
- 65781           limbal stem allograft (eg, cadaveric or living donor)
- 65782           limbal conjunctival autograft (includes obtaining graft)

## 16.1.2.2 ANTERIOR CHAMBER

### 16.1.2.2.1 INCISION

- 65800 Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
- 65810           with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
- 65815           with removal of blood, with or without irrigation and/or air injection
- 65820 Goniotomy
- 65850 Trabeculotomy ab externo
- 65855 Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)
- 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           anterior synechia, except goniosynechia
- 65875           posterior synechia
- 65880           corneovitreal adhesions

### 16.1.2.2.2 REMOVAL

- 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

### 16.1.2.2.3 INTRODUCTION

- 66020 Injection, anterior chamber of eye (separate procedure); air or liquid

66030 medication

### 16.1.2.3 ANTERIOR SCLERA

#### 16.1.2.3.1 EXCISION

- 66130 Excision of lesion, sclera
- 66150 Fistulization of sclera for glaucoma; trephination with iridectomy
- 66155 thermocauterization with iridectomy
- 66160 sclerectomy with punch or scissors, with iridectomy
- 66170 trabeculectomy ab externo in absence of previous surgery
- 66172 trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
- 66174 Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent
- 66175 with retention of device or stent

#### 16.1.2.3.2 AQUEOUS SHUNT

- 66179 Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft
- 66180 with graft
- 66183 Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
- 66184 Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft
- 66185 with graft

#### 16.1.2.3.3 REPAIR OR REVISION

- 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

### 16.1.2.4 IRIS, CILIARY BODY

#### 16.1.2.4.1 INCISION

- 66500 Iridotomy by stab incision (separate procedure); except transfixion
- 66505 with transfixion as for iris bombe

#### 16.1.2.4.2 EXCISION

- 66600 Iridectomy, with corneoscleral or corneal section; for removal of lesion
- 66605 with cyclectomy
- 66625 peripheral for glaucoma (separate procedure)
- 66630 sector for glaucoma (separate procedure)
- 66635 optical (separate procedure)

## 16.1.2.4.3 REPAIR

- 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)

## 16.1.2.4.4 DESTRUCTION

- 66700 Ciliary body destruction; diathermy,
- 66710        cyclophotocoagulation, transscleral
- 66711        cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens
- 66720        cryotherapy
- 66740        cyclodialysis
- 66761 Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)
- 66762 Iridoplasty by photocoagulation (one 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)

## 16.1.2.5 LENS

### 16.1.2.5.1 INCISION

- 66820 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
- 66821        laser surgery (eg, YAG laser) (one or more stages)
- 66825 Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)

### 16.1.2.5.2 REMOVAL

- 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, one or more stages
- 66850        phacofragmentation technique (mechanical or ultrasonic,) (eg, phacoemulsification), with aspiration
- 66852        pars plana approach, with or without vitrectomy
- 66920        intracapsular
- 66930        intracapsular, for dislocated lens
- 66940        extracapsular (other than 66840, 66850, 66852)

### 16.1.2.6 INTRAOCULAR LENS PROCEDURES

- 66982 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation
- 66989        with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal)

- anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
- 66983 Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
  - 66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation
    - 66991 with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
  - 66985 Insertion of intraocular lens prosthesis (secondary implant) not associated with concurrent cataract removal
  - 66986 Exchange of intraocular lens

### 16.1.2.7 OTHER PROCEDURES

- 66990 Use of ophthalmic endoscope (List separately in addition to primary procedure)
- 66999 Unlisted procedure, anterior segment, eye

### 16.1.3 POSTERIOR SEGMENT

#### 16.1.3.1 VITREOUS

- 67005 Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
  - 67010 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 (one or more stages)
- 67036 Vitrectomy, mechanical, pars plana approach;
  - 67039 with focal endolaser photocoagulation
  - 67040 with endolaser panretinal photocoagulation
  - 67041 with removal of preretinal cellular membrane (eg, macular pucker)
  - 67042 with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)
  - 67043 with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation

## 16.1.3.2 RETINA OR CHOROID

### 16.1.3.2.1 REPAIR

- 67101 Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy
- 67105       photocoagulation
- 67107 Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation and drainage of subretinal fluid
- 67108       with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
- 67110       by injection of air or other gas (eg, pneumatic retinopexy)
- 67113 Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
- 67115 Release of encircling material (posterior segment)
- 67120 Removal of implanted material, posterior segment; extraocular
- 67121       intraocular

### 16.1.3.2.2 PROPHYLAXIS

- 67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy
- 67145       photocoagulation

### 16.1.3.2.3 DESTRUCTION

- 67208 Destruction of localized lesion of retina (eg, macular edema, tumors) one or more sessions; cryotherapy, diathermy
- 67210       photocoagulation
- 67218       radiation by implantation of source (includes removal of source)
- 67220 Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions
- 67221       photodynamic therapy (includes intravenous infusion)
- 67225       photodynamic therapy, second eye, at single session (List separately in addition to primary eye treatment)
- 67227 Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; cryotherapy, diathermy
- 67228 Treatment of extensive or progressive retinopathy, one or more sessions; (eg, diabetic retinopathy), photocoagulation
- 67229       preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy



## 16.1.3.3 POSTERIOR SCLERAL

### 16.1.3.3.1 REPAIR

- 67250 Scleral reinforcement (separate procedure); without graft
- 67255                      with graft

## 16.1.3.4 OTHER PROCEDURES

- 67299 Unlisted procedure, posterior segment

## 16.1.4 OCULAR ADNEXA

### 16.1.4.1 EXTRAOCULAR MUSCLES

- 67311 Strabismus surgery, recession or resection procedure; one horizontal muscle
- 67312                      two horizontal muscles
- 67314                      one vertical muscle (excluding superior oblique)
- 67316                      two 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 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 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 primary procedure)
- 67334 Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to 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 primary procedure)
- 67343 Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
- 67345 Chemodenervation of extraocular muscle
- 67346 Biopsy of extraocular muscle

### 16.1.4.1.1 OTHER PROCEDURES

- 67399 Unlisted procedure, extraocular muscle

### 16.1.4.2 ORBIT

#### 16.1.4.2.1 EXPLORATION, EXCISION, DECOMPRESSION

- 67400 Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
- 67405                      with drainage only
- 67412                      with removal of lesion
- 67413                      with removal of foreign body

- 67414 with removal of bone for decompression
- 67420 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
- 67430 with removal of foreign body
- 67440 with drainage
- 67445 with removal of bone for decompression
- 67450 for exploration, with or without biopsy

#### **16.1.4.2.2 OTHER PROCEDURES**

- 67500 Retrobulbar injection; medication (separate procedure, does not include supply of medication)
- 67505 alcohol
- 67515 Injection of medication or other substance into Tenon's capsule
- 67516 Suprachoroidal space injection of pharmacologic agent (separate procedure)
- 67550 Orbital implant (implant outside muscle cone); insertion
- 67560 removal or revision
- 67570 Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
- 67599 Unlisted procedure, orbit

#### **16.1.4.3 EYELIDS**

##### **16.1.4.3.1 INCISION**

- 67700 Blepharotomy, drainage of abscess, eyelid
- 67710 Severing of tarsorrhaphy
- 67715 Canthotomy (separate procedure)

##### **16.1.4.3.2 EXCISION, DESTRUCTION**

- 67800 Excision of chalazion; single
- 67801 multiple, same lid
- 67805 multiple, different lids
- 67808 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 epilation by other than forceps (eg, by electro-surgery, cryotherapy, laser surgery)
- 67830 incision of lid margin
- 67835 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)

##### **16.1.4.3.3 TARSORRHAPHY**

- 67875 Temporary closure of eyelids by suture (eg, Frost suture)
- 67880 Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
- 67882 with transposition of tarsal plate

## 16.1.4.3.4 REPAIR (BROW PTOSIS, BLEPHAROPTOSIS, LID RETRACTION, ECTROPION, ENTROPION)

- 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 frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
- 67903 (tarso) levator resection or advancement, internal approach
- 67904 (tarso) levator resection or advancement, external approach
- 67906 superior rectus technique with fascial sling (includes obtaining fascia)
- 67908 conjunctivo-tarso-Muller's muscle-levator resection (Fasanella-Servat type)
- 67909 Reduction of overcorrection of ptosis
- 67911 Correction of lid retraction
- 67912 Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
- 67914 Repair of ectropion; suture
- 67915 thermocauterization
- 67916 excision tarsal wedge
- 67917 extensive (eg, tarsal strip operations)
- 67921 Repair of entropion; suture
- 67922 thermocauterization
- 67923 excision tarsal wedge
- 67924 extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)

## 16.1.4.4 RECONSTRUCTION

- 67930 Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva, direct closure; partial thickness
- 67935 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 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, one stage or first stage
- 67973 total eyelid, lower, one stage or first stage
- 67974 total eyelid, upper, one stage or first stage
- 67975 second stage

## 16.1.4.4.1 OTHER PROCEDURES

- 67999 Unlisted procedure, eyelids

## 16.1.5 CONJUNCTIVA

### 16.1.5.1 INCISION AND DRAINAGE

- 68020 Incision of conjunctiva, drainage of cyst
- 68040 Expression of conjunctival follicles (eg, for trachoma)

## 16.1.5.2 EXCISION AND/OR DESTRUCTION

- 68100 Biopsy of conjunctiva
- 68110 Excision of lesion, conjunctiva; up to 1 cm
- 68115           over 1 cm
- 68130           with adjacent sclera
- 68135 Destruction of lesion, conjunctiva

## 16.1.5.3 INJECTION

- 68200 Subconjunctival injection

## 16.1.5.4 CONJUNCTIVOPLASTY

- 68320 Conjunctivoplasty; with conjunctival graft or extensive rearrangement
- 68325           with buccal mucous membrane graft (includes obtaining graft)
- 68326 Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
- 68328           with buccal mucous membrane graft (includes obtaining graft)
- 68330 Repair of symblepharon; conjunctivoplasty, without graft
- 68335           with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
- 68340           division of symblepharon with or without insertion of conformer or contact lens

## 16.1.5.5 OTHER PROCEDURES

- 68360 Conjunctival flap; bridge or partial (separate procedure)
- 68362           total (such as Gunderson thin flap or purse string flap)
- 68399 Unlisted procedure, conjunctiva

## 16.1.5.6 LACRIMAL SYSTEM

### 16.1.5.6.1 INCISION

- 68400 Incision, drainage of lacrimal gland
- 68420 Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
- 68440 Snip incision of lacrimal punctum

### 16.1.5.6.2 EXCISION

- 68500 Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
- 68505           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           involving osteotomy

### 16.1.5.6.3 REPAIR

- 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       with insertion of tube or stent
- 68760 Closure of lacrimal punctum; by thermocauterization, ligation, or laser surgery
- 68761       by plug, each
- 68770 Closure of lacrimal fistula (separate procedure)

### 16.1.5.6.4 PROBING AND/OR RELATED PROCEDURES

(For codes 68801 – 68816, for bilateral procedures, use modifier -50)

- 68801 Dilation of lacrimal punctum, with or without irrigation
- 68810 Probing of nasolacrimal duct, with or without irrigation;
- 68811       requiring general anesthesia
- 68815       with insertion of tube or stent
- 68816 Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
- 68840 Probing of lacrimal canaliculi, with or without irrigation
- 68841 Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each
- 68850 Injection of contrast medium for dacryocystography

### 16.1.5.6.5 OTHER PROCEDURES

- 68899 Unlisted procedure, lacrimal system

## 17 AUDITORY SERVICES

### 17.1 AUDITORY SYSTEM

#### 17.1.1 EXTERNAL EAR

##### 17.1.1.1 INCISION

- 69000 Drainage external ear, abscess or hematoma; simple
- 69005       complicated
- 69020 Drainage external auditory canal, abscess

##### 17.1.1.2 EXCISION

- 69100 Biopsy external ear
- 69105 Biopsy external auditory canal
- 69110 Excision external ear; partial, simple repair
- 69120       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 with neck dissection

### 17.1.1.3 REMOVAL

- 69200 Removal foreign body from external auditory canal; without general anesthesia
- 69205 with general anesthesia
- 69210 Removal impacted cerumen requiring instrumentation (report one unit for unilateral **OR** bilateral procedure)
- 69220 Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
- 69222 Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)

### 17.1.1.4 REPAIR

- 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 of external auditory canal for congenital atresia, single stage

### 17.1.1.5 OTHER PROCEDURES

- 69399 Unlisted procedure, external ear

## 17.1.2 MIDDLE EAR

### 17.1.2.1 INCISION

- 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

### 17.1.2.2 EXCISION

- 69501 Transmastoid antrotomy (simple mastoidectomy)
- 69502 Mastoidectomy; complete
- 69505 modified radical
- 69511 radical
- 69530 Petrous apicectomy including radical mastoidectomy
- 69535 Resection temporal bone, external approach
- 69540 Excision aural polyp
- 69550 Excision aural glomus tumor; transcanal
- 69552 transmastoid

69554 extended (extratemporal)

### 17.1.2.3 REPAIR

- 69601 Revision mastoidectomy; resulting in complete mastoidectomy
- 69602 resulting in modified radical mastoidectomy
- 69603 resulting in radical mastoidectomy
- 69604 resulting in tympanoplasty
- 69610 Tympanic membrane repair, with or without site preparation or 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 with ossicular chain reconstruction, (eg, postfenestration)
  - 69633 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 with ossicular chain reconstruction
  - 69637 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 with ossicular chain reconstruction
  - 69643 with intact or reconstructed wall, without ossicular chain reconstruction
  - 69644 with intact or reconstructed canal wall, with ossicular chain reconstruction
  - 69645 radical or complete, without ossicular chain reconstruction
  - 69646 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 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

### 17.1.2.4 OSSEOINTEGRATED IMPLANTS

- 69714 Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
- 69716 with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex

- 69729 with magnetic transcutaneous attachment to external speech processor, outside the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
- 69717 Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor
- 69719 with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex
- 69730 with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
- 69726 Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor
- 69727 with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex
- 69728 with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex

### 17.1.2.5 OTHER PROCEDURES

- 69700 Closure postauricular fistula, mastoid (separate procedure)
- 69705 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
- 69706 bilateral
- 69710 Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone  
(Replacement procedure includes removal of old device)
- 69711 Removal or repair of electromagnetic bone conduction hearing device in temporal bone
- 69720 Decompression facial nerve, intratemporal; lateral to geniculate ganglion
- 69725 including medial to geniculate ganglion
- 69740 Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
- 69745 including medial to geniculate ganglion
- 69799 Unlisted procedure, middle ear

### 17.1.3 INNER EAR

#### 17.1.3.1 INCISION AND/OR DESTRUCTION

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

#### 17.1.3.2 EXCISION

- 69905 Labyrinthectomy; transcanal



- 69910            with mastoidectomy
- 69915    Vestibular nerve section, translabyrinthine approach

### **17.1.3.3 INTRODUCTION**

- 69930    Cochlear device implantation, with or without mastoidectomy

### **17.1.3.4 OTHER PROCEDURES**

- 69949    Unlisted procedure, inner ear

### **17.1.4 TEMPORAL BONE, MIDDLE FOSSA APPROACH**

- 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

### **17.1.4.1 OTHER PROCEDURES**

- 69979    Unlisted procedure, temporal bone, middle fossa approach