

Regence

NOTE: This policy is not effective until October 1, 2026.

Medical Policy Manual

Utilization Management, Policy No. 19

Surgical Site of Care – Hospital Outpatient

Effective: October 1, 2026

Next Review: July 2027

Last Review: May 2026

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

An ambulatory surgery center (ASC) is a health care facility which offers same-day surgery care outside the hospital setting. An ASC is a surgical facility that does not have inpatient beds, and the entity may or may not be sponsored by a hospital. An individual's health status is considered when determining the appropriateness for the site of care among other factors including facility and geographic availability, specialty requirements, and physician privileges.

MEDICAL POLICY CRITERIA

Notes:

- This policy does not address procedures performed in an ambulatory surgery center (ASC), physician office, or emergency facility for urgent services.
- This policy addresses prior authorization for site of care only. The procedure may require prior authorization separately (see applicable Medical Policy).
- For coverage of a procedure in a hospital outpatient department, in addition to meeting the criteria in this medical policy, the type of service being performed must be considered medically necessary per prior authorization review requirements and the applicable medical policy OR the health plan does not require prior authorization for the service being performed.

- Clinical documentation to support criteria is required (See Required Documentation).

Medically Necessary

- I. The use of a hospital outpatient department instead of an ambulatory surgery center (ASC) or physician office for surgical services may be considered **medically necessary** when one or more of the following Criteria is met:
 - A. There is no qualifying in-network ASC within 25 miles that can provide the necessary care for the individual due to one of the following:
 1. There is no geographically accessible in-network ASC that has the necessary equipment for the procedure; or
 2. There is no geographically accessible in-network ASC available at which the individual's physician has privileges and one of the following is met:
 - a. The procedure being performed is not a cataract surgery; or
 - b. A cataract surgery is being performed and there is no geographically accessible in-network ASC available at which the individual's physician has privileges AND i) the individual is undergoing a second cataract surgery with the provider who performed surgery for first eye, or ii) the individual is undergoing cataract surgery and has comorbid ocular disease (e.g., glaucoma, uveitis, retinal disorder) that either requires additional ocular procedures with cataract surgery or requires continuity of care with a treating or operating ophthalmologist to manage comorbid ocular disease during cataract surgery procedures.
 3. An ASC's specific guideline regarding the individual's weight or health conditions prevents the use of an ASC;
 - B. The procedure requires discontinuing medications (e.g. antiarrhythmics, antiseizure medication), which necessitate preoperative or postoperative inpatient monitoring or treatment;
 - C. The individual is using substances or medications (e.g. cocaine, amphetamines, monoamine oxidase inhibitor, alcohol) that may interact with the anticipated anesthetic regimen or lead to withdrawal syndrome;
 - D. History of a significant hemodynamic instability during a prior surgical procedure and is considered a risk for future procedures;
 - E. Age 17 years and younger;
 - F. The service being performed is in conjunction with an additional service that requires the use of a hospital outpatient department and they are being performed in the same operative session;
 - G. American Society of Anesthesiologists (ASA) Physical Status (PS) Classification III or higher (see Policy Guidelines);
 - H. Body mass index (BMI) is over 40;
 - I. Bleeding disorder requiring replacement factor or special infusion products to correct a coagulation defect;

- J. Complex anticoagulation management anticipated;
- K. Transfusion anticipated;
- L. Sickle cell disease;
- M. Clinical documentation that cardiovascular risk is increased by any of the following factors:
 - 1. Symptomatic cardiac arrhythmia despite medication
 - 2. Coronary artery disease (CAD)
 - 3. Drug eluting stents (DES) placed within one year or bare metal stents (BMS) or plain angioplasty within 90 days
 - 4. History of cerebrovascular accident (CVA) or transient ischemic attack (TIA) within past three months
 - 5. History of myocardial infarction (MI) within past three months
 - 6. Implantable cardioverter-defibrillator (ICD)
 - 7. Implanted pacemaker
 - 8. Mechanical cardiovascular support (e.g., left ventricular assist device [LVAD] or total artificial heart)
 - 9. Peripheral vascular disease (PVD)
 - 10. Ongoing evidence of myocardial ischemia
 - 11. Hypertension, severe (>180/110) or resistant (not responsive to three antihypertensive medications)
 - 12. Uncompensated chronic heart failure (CHF) (NYHA class III or IV)
 - 13. Valvular heart disease and/or cardiomyopathy, moderate or severe;
- N. Prolonged surgery (> 3 hours);
- O. Advanced liver disease (Model for End-Stage Liver Disease [MELD] Score > 8);
- P. Diabetes, when uncontrolled (HgbA1c >8%) or with recurrent diabetic ketoacidosis (DKA) or severe hypoglycemia;
- Q. End stage renal disease (ESRD), Stage 4 or 5 chronic kidney disease;
- R. Incompletely treated skin or wound infection;
- S. Pregnancy;
- T. Pulmonary risk is increased by any of the following factors:
 - 1. Abnormal airway
 - 2. Prior difficult intubation
 - 3. Active respiratory infection
 - 4. Chronic obstructive pulmonary disease (COPD) (FEV1 < 50%)

5. Medical conditions that are commonly connected with difficult airway (e.g., Pierre-Robin, Treacher-Collins, Goldenhar's Syndrome, and Epidermolysis Bullosa)
6. Poorly controlled asthma (FEV1 < 80% despite medical management)
7. Moderate to severe obstructive sleep apnea:
 - a. Moderate = Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) ≥ 15 and ≤ 30 ;
 - b. Severe = AHI or RDI >30/hr;
8. Dependent on a ventilator or continuous supplemental oxygen;
- U. Personal history or family history of complication of anesthesia such as malignant hyperthermia;
- V. History of any of the following gastrointestinal conditions that would increase risk for aspiration:
 1. Documented history of achalasia
 2. Documented history of delayed gastric emptying disorder or gastroparesis;
- W. History of any of the following neurological diagnoses that would increase risk:
 1. Active multiple sclerosis
 2. Myasthenia gravis
 3. Severe motor disorder (e.g. severe Parkinson's, or other severe neurological dysfunction)
- X. A condition is present that will require the use of restraints;
- Y. History of total joint infection;
- Z. Individual is awaiting major organ transplant;
- AA. Procedure is laparoscopic or vaginal hysterectomy and there is documented suspected malignant pathology, endometriosis, or enlarged uterus (see Policy Guidelines)
- BB. Risk of procedure-specific complication;
- CC. The individual has a documented disability that makes receiving care in an ASC setting inappropriate;
- DD. Provider documents a requirement for overnight recovery based on a unique circumstance for the individual.

Not Medically Necessary

- II. The use of a hospital outpatient department for surgical services instead of an ambulatory surgery center or physician office is considered **not medically necessary** when Criteria I. is not met.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

POLICY GUIDELINES

Site of care medical necessity reviews will be conducted for surgical procedures on the Codes list provided in this policy only when performed in an outpatient hospital setting.

AMERICAN SOCIETY OF ANESTHESIOLOGISTS (ASA) PHYSICAL STATUS CLASSIFICATION SYSTEM^[1]

| ASA PS Classification | Definition | Adult Examples, including but not limited to: |
|-----------------------|---|---|
| ASA I | A normal healthy patient | Healthy, non-smoking, no or minimal alcohol use |
| ASA II | A patient with mild systemic disease | Mild diseases only without substantive functional limitations or end organ involvement. Current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease, CHF NYHA Class I, mild cognitive dysfunction, isolated mild/moderate obstructive sleep apnea with compliance with CPAP as prescribed |
| ASA III | A patient with severe systemic disease | Substantive functional limitations; One or more moderate to severe diseases. COPD, morbid obesity (BMI ≥40), active hepatitis, compensated cirrhosis, alcohol dependence or abuse, functional implanted pacemaker, moderate reduction of ejection fraction or CHF NYHA class 2 or 3, ESRD undergoing regularly scheduled dialysis, history (>3 months) of MI, CVA, TIA, PE, or CAD/stents, significant cognitive dysfunction, isolated severe OSA regardless of CPAP compliance or any severity of obstructive sleep apnea with CPAP noncompliance. Poorly controlled DM or HTN with or without end organ dysfunction |
| ASA IV | A patient with severe systemic disease that is a constant threat to life | Recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction or CHF NYHA class 4, shock, sepsis, DIC, ARDS, ESRD not undergoing regularly scheduled dialysis, uncompensated cirrhosis, severe cognitive dysfunction |
| ASA V | A moribund patient who is not expected to survive without the operation | Ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction |
| ASA VI | A declared brain-dead patient whose organs are being removed for donor purposes | |

*The addition of “E” denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

ENLARGED UTERUS

An enlarged uterus is defined as documentation of size ≥ 14 weeks per clinical exam, and/or enlarged dimensions on imaging studies (≥ 10 cm in length and/or estimated weight ≥ 100 g).

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

- History and physical/chart notes
- American Society of Anesthesiologists (ASA) score, as applicable
- Clinical documentation for specific policy criteria (refer to the Policy Criteria) that qualifies the individual for the site of care requested
- For specific services requiring prior authorization in addition to the site of care, submission of the applicable medical policy clinical documentation required for review.
- The best way to ensure criteria are met is to submit the [Surgical Site of Care Additional Information form](#) if faxing a pre-authorization request for these services.

CROSS REFERENCES

1. [Hysterectomy](#), Surgery, Policy No. 218
2. [Surgical Site of Care – Colonoscopy and Sigmoidoscopy](#), Utilization Management, Policy No. 20

BACKGROUND

An ambulatory surgery center (ASC) is a health care facility which offers same-day surgery services outside the hospital setting. An ASC is a surgical facility that does not have inpatient beds, and the entity may or may not be sponsored by a hospital.

An individual's health status is considered when determining the appropriateness for the site of care among other factors including facility and geographic availability, specialty requirements, and physician privileges. The American Society of Anesthesiologist (ASA) physical status classification system, and/or significant comorbidities may be taken into account.^[1] The ASA risk scoring system is regarded by hospitals, legal firms, accrediting bodies, and other healthcare groups as a preoperative health grading system for individuals undergoing a surgical procedure. For example, individuals with ASA I-II status might be appropriate candidates for ASC care, though ASA III and above may not. Significant comorbidities may include but are not limited to significant cardiorespiratory condition (e.g., recent myocardial infarction, cardiac arrhythmia, and myocardial ischemia), moderate-to-severe obstructive sleep apnea, pregnancy, and poorly controlled asthma.

EVIDENCE SUMMARY

PEDIATRIC SITE OF CARE

In general, ASCs provide more services to adults than to children. According to Eklund (2024), ASCs that provide care to children need an infrastructure that ensures staff have pediatric life-support training (PALS), as well as pediatric emergency equipment and pharmacy expertise.^[2] Tian (2023) published a study that compared patient and procedure characteristics from 198,362 observations of outpatient procedures in three states.^[3] Compared to hospital-owned facilities, freestanding ASCs were less likely to provide services to people with Medicaid or the Children's Health Insurance Program (CHIP) ($p < 0.001$). The authors note that almost 40% of

American children are insured through Medicaid or CHIP. The study findings suggest ASCs are less likely to have an adequate infrastructure to provide safe pediatric care.

PRACTICE GUIDELINE SUMMARY

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

The American College of Obstetricians and Gynecologists (ACOG) published a Committee Opinion on Choosing the Route of Hysterectomy for Benign Disease in 2017 and reaffirmed it in 2021.^[4] The opinion includes:

- Vaginal hysterectomy is the approach of choice whenever feasible. Evidence demonstrates that it is associated with better outcomes when compared with other approaches to hysterectomy.
- Laparoscopic hysterectomy is a preferable alternative to open abdominal hysterectomy for those patients in whom a vaginal hysterectomy is not indicated or feasible.
- For an individual patient, the surgeon should account for clinical factors and determine which route of hysterectomy will most safely facilitate removal of the uterus and optimize patient outcomes, given the clinical situation and surgeon training and experience.
- Selection of the route of hysterectomy for benign causes can be influenced by the size and shape of the vagina and uterus; accessibility to the uterus (eg, descensus, pelvic adhesions); extent of extrauterine disease; the need for concurrent procedures; surgeon training and experience; average case volume; available hospital technology, devices, and support; whether the case is emergent or scheduled; and preference of the informed patient.
- The obstetrician–gynecologist should discuss the options with the patient and make clear recommendations on which route of hysterectomy will maximize benefits and minimize risks given the specific clinical situation.
- For extrauterine disease such as adnexal pathology, severe endometriosis, adhesions, or an enlarged uterus may preclude vaginal hysterectomy. However, in these cases, another minimally invasive approach, rather than an open abdominal approach, still may be possible. Laparoscopic assessment of the pelvis can be performed at the beginning of the procedure to assess the feasibility of proceeding with a minimally invasive approach to hysterectomy.
- Opportunistic salpingectomy usually can be safely accomplished at the time of vaginal hysterectomy.

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

The American Society of Anesthesiologists (ASA) maintains a Physical Status Classification System with definitions and ASA-approved examples.^[1] This system is intended to be used in conjunction with other factors to aid in predicting perioperative risks. The system was originally proposed in 1942, and the current version was published in 2014 with the inclusion of examples, and was most recently updated in 2026.

SUMMARY

Medically Necessary

The use of a hospital outpatient department instead of an ambulatory surgical center (ASC) for surgical services may be considered medically necessary when the procedure is of a level of complexity such that it may not be performed in a less intensive setting, the service being performed is medically necessary, and the surgical site of care policy criteria are met.

Not Medically Necessary

The use of a hospital outpatient department instead of an ambulatory surgical center (ASC) for surgical services is not medically necessary when the policy criteria are not met including when the procedure can be safely performed in a less intensive setting, the specific service requires prior authorization and does not meet applicable policy criteria, or the surgical site of care policy criteria are not met.

REFERENCES

1. American Society of Anesthesiologists Statement on ASA Physical Status Classification System. *Anesthesiology Open*. 2026;1(1):e0002. PMID: 02277013-202604000-00002
2. Eklund JE, Chang CC, Donnelly MJ. Critical patient safeguards for ambulatory surgery centers. *Curr Opin Anaesthesiol*. 2024. PMID: 39377472
3. Tian Y, Allen LD, Ingram ME, et al. Disparities in Delivery of Ambulatory Surgical Care for Children. *JAMA Netw Open*. 2023;6(6):e2317018. PMID: 37273209
4. Committee Opinion No 701: Choosing the Route of Hysterectomy for Benign Disease. *Obstetrics & Gynecology*. 2017;129(6):e155-e59. PMID: 00006250-201706000-00049

CODES

NOTE: Site of care medical necessity reviews will be conducted for surgical procedures on the Codes list below only when performed in an outpatient hospital setting.

| Codes | Number | Description |
|-------|--------|--|
| CPT | 10121 | Incision and removal of foreign body, subcutaneous tissues; 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 |
| | 11042 | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less |
| | 11044 | Debridement, Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less |
| | 11402 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm |
| | 11403 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm |
| | 11404 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm |
| | 11406 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; 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 |

| Codes | Number | Description |
|--------------|---------------|---|
| | 11422 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm |
| | 11423 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm |
| | 11424 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm |
| | 11426 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm |
| | 11440 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less |
| | 11441 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm |
| | 11443 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm |
| | 11446 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm |
| | 11450 | Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair |
| | 11470 | Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair |
| | 11601 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm |
| | 11603 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm |
| | 11606 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm |
| | 11626 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm |
| | 11750 | Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; |
| | 11770 | Excision of pilonidal cyst or sinus; simple |
| | 11900 | Injection, intralesional; up to and including 7 lesions |
| | 12001 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less |
| | 12002 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm |
| | 12020 | Treatment of superficial wound dehiscence; simple closure |
| | 12031 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less |
| | 12032 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm |
| | 12035 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm |
| | 12037 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm |
| | 13132 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm |
| | 13160 | Secondary closure of surgical wound or dehiscence, extensive or complicated |

| Codes | Number | Description |
|--------------|---------------|--|
| | 14020 | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less |
| | 14040 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less |
| | 14060 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less |
| | 15120 | Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) |
| | 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 |
| | 17000 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion |
| | 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 |
| | 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 |
| | 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 |
| | 19020 | Mastotomy with exploration or drainage of abscess, deep |
| | 19101 | Biopsy of breast; open, incisional |
| | 19120 | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions |
| | 19125 | Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion |
| | 20225 | Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur) |
| | 20240 | Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx) |
| | 20670 | Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure) |
| | 20680 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) |
| | 20694 | Removal, under anesthesia, of external fixation system |
| | 20912 | Cartilage graft; nasal septum |
| | 21011 | Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm |
| | 21012 | Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater |
| | 21014 | Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater |
| | 21029 | Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia) |
| | 21030 | Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage |

| Codes | Number | Description |
|--------------|---------------|--|
| | 21031 | Excision of torus mandibularis |
| | 21040 | Excision of benign tumor or cyst of mandible, by enucleation and/or curettage |
| | 21046 | Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s]) |
| | 21315 | Closed treatment of nasal bone fracture with manipulation; without stabilization |
| | 21320 | Closed treatment of nasal bone fracture with manipulation; with stabilization |
| | 21330 | Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation |
| | 21335 | Open treatment of nasal fracture; with concomitant open treatment of fractured septum |
| | 21336 | Open treatment of nasal septal fracture, with or without stabilization |
| | 21337 | Closed treatment of nasal septal fracture, with or without stabilization |
| | 21356 | Open treatment of depressed zygomatic arch fracture (eg, Gillies approach) |
| | 21550 | Biopsy, soft tissue of neck or thorax |
| | 21552 | Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater |
| | 21554 | Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater |
| | 21555 | Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm |
| | 21556 | Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm |
| | 21930 | Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm |
| | 21931 | Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater |
| | 21932 | Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm |
| | 22901 | Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater |
| | 22902 | Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm |
| | 22903 | Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater |
| | 23030 | Incision and drainage, shoulder area; deep abscess or hematoma |
| | 23071 | Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater |
| | 23150 | Excision or curettage of bone cyst or benign tumor of proximal humerus; |
| | 23460 | Capsulorrhaphy, anterior, any type; with bone block |
| | 23515 | Open treatment of clavicular fracture, includes internal fixation, when performed |
| | 23550 | Open treatment of acromioclavicular dislocation, acute or chronic; |
| | 23615 | Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; |
| | 23630 | Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed |
| | 24006 | Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure) |
| | 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 |
| | 24105 | Excision, olecranon bursa |

| Codes | Number | Description |
|--------------|---------------|---|
| | 24130 | Excision, radial head |
| | 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 |
| | 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 |
| | 24505 | Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction |
| | 24530 | Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation |
| | 24575 | Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed |
| | 24605 | Treatment of closed elbow dislocation; requiring anesthesia |
| | 24665 | Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; |
| | 24666 | Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement |
| | 24685 | Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed |
| | 25000 | Incision, extensor tendon sheath, wrist (eg, deQuervains disease) |
| | 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 |
| | 25111 | Excision of ganglion, wrist (dorsal or volar); primary |
| | 25112 | Excision of ganglion, wrist (dorsal or volar); recurrent |
| | 25118 | Synovectomy, extensor tendon sheath, wrist, single compartment; |
| | 25120 | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); |
| | 25130 | Excision or curettage of bone cyst or benign tumor of carpal bones; |
| | 25210 | Carpectomy; 1 bone |
| | 25215 | Carpectomy; all bones of proximal row |
| | 25240 | Excision distal ulna partial or complete (eg, Darrach type or matched resection) |
| | 25295 | Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon |
| | 25320 | Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability |
| | 25390 | Osteoplasty, radius OR ulna; shortening |
| | 25447 | Arthroplasty, interposition, intercarpal or carpometacarpal joints |
| | 25505 | Closed treatment of radial shaft fracture; with manipulation |

| Codes | Number | Description |
|--------------|---------------|---|
| | 25515 | Open treatment of radial shaft fracture, includes internal fixation, when performed |
| | 25545 | Open treatment of ulnar shaft fracture, includes internal fixation, when performed |
| | 25574 | Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna |
| | 25575 | Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna |
| | 25607 | Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation |
| | 25608 | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments |
| | 25609 | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments |
| | 25628 | Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed |
| | 25825 | Arthrodesis, wrist; with autograft (includes obtaining graft) |
| | 26020 | Drainage of tendon sheath, digit and/or palm, each |
| | 26055 | Tendon sheath incision (eg, for trigger finger) |
| | 26070 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint |
| | 26080 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each |
| | 26110 | Arthrotomy with biopsy; interphalangeal joint, each |
| | 26111 | Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater |
| | 26113 | Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (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 |
| | 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); |
| | 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 |
| | 26210 | Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; |
| | 26236 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger |
| | 26350 | Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon |
| | 26356 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon |
| | 26370 | Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon |
| | 26410 | Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon |

| Codes | Number | Description |
|--------------|---------------|---|
| | 26418 | Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon |
| | 26440 | Tenolysis, flexor tendon; palm OR finger, each tendon |
| | 26480 | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon |
| | 26500 | Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure) |
| | 26525 | Capsulectomy or capsulotomy; interphalangeal joint, each joint |
| | 26540 | Repair of collateral ligament, metacarpophalangeal or interphalangeal joint |
| | 26541 | Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft) |
| | 26608 | Percutaneous skeletal fixation of metacarpal fracture, each bone |
| | 26615 | Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone |
| | 26665 | Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed |
| | 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 |
| | 26746 | Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, 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 |
| | 26841 | Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; |
| | 26850 | Arthrodesis, metacarpophalangeal joint, with or without internal fixation; |
| | 26860 | Arthrodesis, interphalangeal joint, with or without internal fixation; |
| | 26862 | Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft) |
| | 26951 | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure |
| | 26952 | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood) |
| | 27043 | Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater |
| | 27045 | Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater |
| | 27047 | Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm |
| | 27048 | Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm |
| | 27062 | Excision; trochanteric bursa or calcification |
| | 27310 | Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection) |
| | 27323 | Biopsy, soft tissue of thigh or knee area; superficial |
| | 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 |

| Codes | Number | Description |
|--------------|---------------|---|
| | 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) |
| | 27424 | Reconstruction of dislocating patella; with patellectomy |
| | 27605 | Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia |
| | 27612 | Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening |
| | 27620 | Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body |
| | 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 |
| | 27640 | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia |
| | 27650 | Repair, primary, open or percutaneous, ruptured Achilles tendon; |
| | 27652 | Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft) |
| | 27659 | Repair, flexor tendon, leg; secondary, with or without graft, each tendon |
| | 27675 | Repair, dislocating peroneal tendons; without fibular osteotomy |
| | 27676 | Repair, dislocating peroneal tendons; with fibular osteotomy |
| | 27680 | Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon |
| | 27685 | Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure) |
| | 27687 | Gastrocnemius recession (eg, Strayer procedure) |
| | 27690 | Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot) |
| | 27691 | Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) |
| | 27696 | Repair, primary, disrupted ligament, ankle; both collateral ligaments |
| | 27698 | Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure) |
| | 27705 | Osteotomy; tibia |
| | 27762 | Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction |
| | 27766 | Open treatment of medial malleolus fracture, includes internal fixation, when performed |
| | 27781 | Closed treatment of proximal fibula or shaft fracture; with manipulation |
| | 27786 | Closed treatment of distal fibular fracture (lateral malleolus); without manipulation |
| | 27792 | Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed |
| | 27814 | Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed |
| | 27822 | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip |
| | 27823 | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip |

| Codes | Number | Description |
|--------------|---------------|---|
| | 28008 | Fasciotomy, foot and/or toe |
| | 28010 | Tenotomy, percutaneous, toe; single tendon |
| | 28035 | Release, tarsal tunnel (posterior tibial nerve decompression) |
| | 28039 | Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater |
| | 28041 | Excision, tumor, soft tissue of foot or toe, subfascial (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 |
| | 28060 | Fasciectomy, plantar fascia; partial (separate procedure) |
| | 28080 | Excision, interdigital (Morton) neuroma, single, each |
| | 28090 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot |
| | 28092 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each |
| | 28103 | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft |
| | 28104 | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; |
| | 28110 | Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure) |
| | 28112 | Ostectomy, complete excision; other metatarsal head (second, third or fourth) |
| | 28113 | Ostectomy, complete excision; fifth metatarsal head |
| | 28116 | Ostectomy, excision of tarsal coalition |
| | 28118 | Ostectomy, calcaneus; |
| | 28119 | Ostectomy, calcaneus; for spur, with or without plantar fascial release |
| | 28122 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus |
| | 28124 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe |
| | 28126 | Resection, partial or complete, phalangeal base, each toe |
| | 28192 | Removal of foreign body, foot; deep |
| | 28200 | Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon |
| | 28208 | Repair, tendon, extensor, foot; primary or secondary, each tendon |
| | 28232 | Tenotomy, open, tendon flexor; toe, single tendon (separate procedure) |
| | 28238 | Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure) |
| | 28250 | Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure) |
| | 28272 | Capsulotomy; interphalangeal joint, each joint (separate procedure) |
| | 28285 | Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy) |
| | 28289 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant |
| | 28291 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant |
| | 28292 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method |

| Codes | Number | Description |
|--------------|---------------|---|
| | 28295 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method |
| | 28296 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method |
| | 28297 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method |
| | 28298 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method |
| | 28299 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method |
| | 28300 | Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation |
| | 28306 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal |
| | 28308 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each |
| | 28315 | Sesamoidectomy, first toe (separate procedure) |
| | 28322 | Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft) |
| | 28415 | Open treatment of calcaneal fracture, includes internal fixation, when performed; |
| | 28445 | Open treatment of talus fracture, includes internal fixation, when performed |
| | 28465 | Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each |
| | 28485 | Open treatment of metatarsal fracture, includes internal fixation, when performed, each |
| | 28505 | Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed |
| | 28525 | Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each |
| | 28615 | Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed |
| | 28645 | Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed |
| | 28666 | Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation |
| | 28715 | Arthrodesis; triple |
| | 28725 | Arthrodesis; subtalar |
| | 28740 | Arthrodesis, midtarsal or tarsometatarsal, single joint |
| | 28750 | Arthrodesis, great toe; metatarsophalangeal joint |
| | 28755 | Arthrodesis, great toe; interphalangeal joint |
| | 28810 | Amputation, metatarsal, with toe, single |
| | 28825 | Amputation, toe; interphalangeal joint |
| | 29834 | Arthroscopy, elbow, surgical; with removal of loose body or foreign body |
| | 29835 | Arthroscopy, elbow, surgical; synovectomy, partial |
| | 29838 | Arthroscopy, elbow, surgical; debridement, extensive |
| | 29846 | Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement |
| | 29848 | Endoscopy, wrist, surgical, with release of transverse carpal ligament |
| | 29900 | Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy |
| | 29901 | Arthroscopy, metacarpophalangeal joint, surgical; with debridement |

| Codes | Number | Description |
|--------------|---------------|--|
| | 30115 | Excision, nasal polyp(s), extensive |
| | 30117 | Excision or destruction (eg, laser), intranasal lesion; internal approach |
| | 30130 | Excision inferior turbinate, partial or complete, any method |
| | 30140 | Submucous resection inferior turbinate, partial or complete, any method |
| | 30220 | Insertion, nasal septal prosthesis (button) |
| | 30310 | Removal foreign body, intranasal; office type procedure |
| | 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft |
| | 30630 | Repair fistula; oromaxillary (combine with 31030 if antrotomy is included) |
| | 30802 | Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal) |
| | 30930 | Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method |
| | 31200 | Ethmoidectomy; intranasal, anterior |
| | 31205 | Ethmoidectomy; extranasal, total |
| | 31526 | Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage |
| | 31535 | Laryngoscopy, direct, operative, with foreign body removal; |
| | 31536 | Laryngoscopy, direct, operative, with biopsy; |
| | 31541 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; |
| | 31545 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope |
| | 31571 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; |
| | 31574 | Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral |
| | 31575 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope |
| | 31576 | Laryngoscopy, flexible; diagnostic |
| | 31578 | Laryngoscopy, flexible; with biopsy(ies) |
| | 31591 | Laryngoplasty, medialization, unilateral |
| | 31611 | Laryngoscopy, flexible; with removal of lesion(s), non-laser |
| | 31622 | Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis) |
| | 31624 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings |
| | 31625 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage |
| | 31628 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites |
| | 36010 | Surgical closure tracheostomy or fistula; without plastic repair |
| | 36246 | Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family |
| | 36556 | Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older |
| | 36571 | Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older |
| | 36589 | Removal of tunneled central venous catheter, without subcutaneous port or pump |
| | 36590 | Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion |
| | 37607 | Ligation or banding of angioaccess arteriovenous fistula |

| Codes | Number | Description |
|--------------|---------------|--|
| | 38221 | Diagnostic bone marrow; biopsy(ies) |
| | 38222 | Diagnostic bone marrow; biopsy(ies) and aspiration(s) |
| | 38500 | Biopsy or excision of lymph node(s); open, superficial |
| | 38505 | Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary) |
| | 38510 | Biopsy or excision of lymph node(s); open, deep cervical node(s) |
| | 38525 | Biopsy or excision of lymph node(s); open, deep axillary node(s) |
| | 38740 | Axillary lymphadenectomy; superficial |
| | 38760 | Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure) |
| | 41100 | Biopsy of tongue; anterior two-thirds |
| | 41105 | Biopsy of tongue; posterior one-third |
| | 41108 | Biopsy of floor of mouth |
| | 41113 | Excision of lesion of tongue with closure; posterior one-third |
| | 42335 | Sialolithotomy; submandibular (submaxillary), complicated, intraoral |
| | 42408 | Excision of sublingual salivary cyst (ranula) |
| | 42410 | Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection |
| | 42415 | Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve |
| | 42420 | Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve |
| | 42440 | Excision of submandibular (submaxillary) gland |
| | 42810 | Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues |
| | 42821 | Tonsillectomy and adenoidectomy; age 12 or over |
| | 42826 | Tonsillectomy, primary or secondary; age 12 or over |
| | 42831 | Adenoidectomy, primary; age 12 or over |
| | 42870 | Excision or destruction lingual tonsil, any method (separate procedure) |
| | 43191 | Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure) |
| | 43195 | Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter) |
| | 43200 | Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| | 43217 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| | 43220 | Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter) |
| | 43226 | Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire |
| | 43227 | Esophagoscopy, flexible, transoral; with control of bleeding, any method |
| | 43229 | Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| | 43232 | Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) |
| | 43233 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) |
| | 43235 | Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |

| Codes | Number | Description |
|--------------|---------------|---|
| | 43237 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures |
| | 43239 | Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple |
| | 43244 | Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices |
| | 43245 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (e.g., balloon, bougie) |
| | 43248 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire |
| | 43249 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter) |
| | 43250 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| | 43251 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| | 43253 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) |
| | 43254 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection |
| | 43259 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis |
| | 43260 | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| | 43266 | Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) |
| | 43450 | Dilation of esophagus, by unguided sound or bougie, single or multiple passes |
| | 43453 | Dilation of esophagus, over guide wire |
| | 44360 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| | 44369 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| | 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) |
| | 44380 | Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| | 44381 | Ileoscopy, through stoma; with transendoscopic balloon dilation |
| | 44386 | Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple |

| Codes | Number | Description |
|--------------|---------------|---|
| | 45171 | Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) |
| | 45172 | Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) |
| | 45560 | Repair of rectocele (separate procedure) |
| | 45990 | Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic |
| | 46040 | Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure) |
| | 46060 | Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton |
| | 46080 | Sphincterotomy, anal, division of sphincter (separate procedure) |
| | 46200 | Fissurectomy, including sphincterotomy, when performed |
| | 46220 | Excision of single external papilla or tag, anus |
| | 46221 | Hemorrhoidectomy, internal, by rubber band ligation(s) |
| | 46230 | Excision of multiple external papillae or tags, anus |
| | 46255 | Hemorrhoidectomy, internal and external, single column/group; |
| | 46257 | Hemorrhoidectomy, internal and external, single column/group; with fissurectomy |
| | 46260 | Hemorrhoidectomy, internal and external, 2 or more columns/groups; |
| | 46270 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous |
| | 46275 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric |
| | 46280 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed |
| | 46288 | Closure of anal fistula with rectal advancement flap |
| | 46606 | Anoscopy; with biopsy, single or multiple |
| | 46607 | Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple |
| | 46610 | Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery |
| | 46612 | Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique |
| | 46615 | Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| | 46700 | Anoplasty, plastic operation for stricture; adult |
| | 46922 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision |
| | 46924 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| | 46945 | Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance |
| | 46946 | Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance |
| | 47000 | Biopsy of liver, needle; percutaneous |
| | 49082 | Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance |
| | 49422 | Removal of tunneled intraperitoneal catheter |
| | 49505 | Repair initial inguinal hernia, age 5 years or older; reducible |
| | 49507 | Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated |
| | 49520 | Repair recurrent inguinal hernia, any age; reducible |
| | 49521 | Repair recurrent inguinal hernia, any age; incarcerated or strangulated |

| Codes | Number | Description |
|--------------|---------------|---|
| | 49525 | Repair inguinal hernia, sliding, any age |
| | 49550 | Repair initial femoral hernia, any age; reducible |
| | 49650 | Laparoscopy, surgical; repair initial inguinal hernia |
| | 49651 | Laparoscopy, surgical; repair recurrent inguinal hernia |
| | 49900 | Suture, secondary, of abdominal wall for evisceration or dehiscence |
| | 50575 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent) |
| | 50590 | Lithotripsy, extracorporeal shock wave |
| | 51102 | Aspiration of bladder; with insertion of suprapubic catheter |
| | 51600 | Injection procedure for cystography or voiding urethrocytography |
| | 51610 | Injection procedure for retrograde urethrocytography |
| | 51702 | Insertion of temporary indwelling bladder catheter; simple (eg, Foley) |
| | 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) |
| | 51726 | Complex cystometrogram (ie, calibrated electronic equipment); |
| | 51728 | Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique |
| | 51729 | Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique |
| | 52000 | Cystourethroscopy (separate procedure) |
| | 52005 | Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| | 52204 | Cystourethroscopy, with biopsy(s) |
| | 52234 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm) |
| | 52235 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm) |
| | 52260 | Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia |
| | 52265 | Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia |
| | 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 |
| | 52287 | Cystourethroscopy, with injection(s) for chemodenervation of the bladder |
| | 52317 | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm) |
| | 52318 | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm) |
| | 52325 | Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique) |
| | 52332 | Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) |
| | 52351 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic |
| | 52352 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included) |

| Codes | Number | Description |
|--------------|---------------|---|
| | 52353 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included) |
| | 52356 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type) |
| | 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) |
| | 53270 | Excision or fulguration; Skene's glands |
| | 53440 | Sling operation for correction of male urinary incontinence (eg, fascia or synthetic) |
| | 53445 | Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff |
| | 54161 | Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age |
| | 54162 | Lysis or excision of penile post-circumcision adhesions |
| | 54163 | Repair incomplete circumcision |
| | 54164 | Frenulotomy of penis |
| | 54300 | Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra |
| | 54530 | Orchiectomy, radical, for tumor; inguinal approach |
| | 54620 | Fixation of contralateral testis (separate procedure) |
| | 54640 | Orchiopexy, inguinal or scrotal approach |
| | 54700 | Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma) |
| | 54830 | Excision of local lesion of epididymis |
| | 54840 | Excision of spermatocele, with or without epididymectomy |
| | 54860 | Epididymectomy; unilateral |
| | 55040 | Excision of hydrocele; unilateral |
| | 55060 | Repair of tunica vaginalis hydrocele (Bottle type) |
| | 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) |
| | 55400 | Vasovasostomy, vasovasorrhaphy |
| | 55520 | Excision of lesion of spermatic cord (separate procedure) |
| | 55540 | Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair |
| | 55700 | Biopsy, prostate; needle or punch, single or multiple, any approach (Deleted 01/01/2026) |
| | 56440 | Marsupialization of Bartholin's gland cyst |
| | 56620 | Vulvectomy simple; partial |
| | 56700 | Partial hymenectomy or revision of hymenal ring |
| | 56740 | Excision of Bartholin's gland or cyst |
| | 56810 | Perineoplasty, repair of perineum, nonobstetrical (separate procedure) |
| | 57061 | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| | 57130 | Excision of vaginal septum |
| | 57135 | Excision of vaginal cyst or tumor |

| Codes | Number | Description |
|--|---------------|---|
| | 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; |
| | 57283 | Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy) |
| | 57287 | Removal or revision of sling for stress incontinence (eg, fascia or synthetic) |
| | 57300 | Closure of rectovaginal fistula; vaginal or transanal approach |
| | 57400 | Dilation of vagina under anesthesia (other than local) |
| | 57410 | Pelvic examination under anesthesia (other than local) |
| | 57454 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage |
| | 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) |
| | 57520 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser |
| | 57522 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision |
| | 57530 | Trachelectomy (cervicectomy), amputation of cervix (separate procedure) |
| | 57700 | Cerclage of uterine cervix, nonobstetrical |
| | 57720 | Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach |
| | 57800 | Dilation of cervical canal, instrumental (separate procedure) |
| | 58100 | Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) |
| | 58120 | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C |
| *CPT codes that are reviewed with the ICD-10 codes listed at the end of the coding section | | |
| | 58260* | Vaginal hysterectomy, for uterus 250 g or less |
| | 58262* | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s) |
| | 58263* | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele |
| | 58267* | Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control |
| | 58270* | Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele |
| | 58275* | Vaginal hysterectomy, with total or partial vaginectomy; |
| | 58280* | Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele |
| | 58290* | Vaginal hysterectomy, for uterus greater than 250 g |
| | 58291* | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| | 58292* | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele |
| | 58294* | Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele |
| | 58300 | Insertion of intrauterine device (IUD) |
| | 58301 | Removal of intrauterine device (IUD) |
| | 58541* | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less |
| | 58542* | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) |
| | 58543* | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g |
| | 58544* | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |

| Codes | Number | Description |
|--------------|---------------|--|
| | 58550* | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less |
| | 58552* | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) |
| | 58553* | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g |
| | 58554* | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| | 58555 | Hysteroscopy, diagnostic (separate procedure) |
| | 58558 | Hysteroscopy, surgical; with division or resection of intrauterine septum (any method) |
| | 58559 | Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method) |
| | 58560 | Hysteroscopy, surgical; with removal of leiomyomata |
| | 58561 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants |
| | 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants |
| | 58570* | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less |
| | 58571* | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) |
| | 58572* | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g |
| | 58573* | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| | 58661* | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) |
| | 58662 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) |
| | 58670 | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring) |
| | 58671 | Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) |
| | 62270 | Spinal puncture, lumbar, diagnostic; |
| | 63661 | Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed |
| | 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed |
| | 64600 | Chemodenervation of trunk muscle(s); 6 or more muscles |
| | 64647 | Excision of neuroma; digital nerve, 1 or both, same digit |
| | 64702 | Neuroplasty; digital, 1 or both, same digit |
| | 64718 | Neuroplasty and/or transposition; ulnar nerve at elbow |
| | 64719 | Neuroplasty and/or transposition; ulnar nerve at wrist |
| | 64721 | Neuroplasty and/or transposition; median nerve at carpal tunnel |
| | 64774 | Excision of neuroma; cutaneous nerve, surgically identifiable |
| | 64782 | Excision of neuroma; major peripheral nerve, except sciatic |
| | 64784 | Excision of neurofibroma or neurolemmoma; cutaneous nerve |
| | 64788 | Suture of 1 nerve; median motor thenar |
| | 64831 | Suture of digital nerve, hand or foot; 1 nerve |
| | 65400 | Excision or transposition of pterygium; without graft |
| | 65426 | Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage) |
| | 65435 | Removal of corneal epithelium; with application of chelating agent (eg, EDTA) |
| | 65436 | Keratoplasty (corneal transplant); anterior lamellar |
| | 65730 | Keratoplasty (corneal transplant); penetrating (in aphakia) |
| | 65756 | Keratoplasty (corneal transplant); endothelial |
| | 65772 | Corneal wedge resection for correction of surgically induced astigmatism |
| | 65779 | Placement of amniotic membrane on the ocular surface; single layer, sutured |

| Codes | Number | Description |
|--------------|------------------|--|
| | 65780 | Ocular surface reconstruction; amniotic membrane transplantation, multiple layers |
| | 65815 | Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection |
| | 65820 | Goniotomy |
| | 65855 | Trabeculoplasty by laser surgery |
| | 66020 | Injection, anterior chamber of eye (separate procedure); air or liquid |
| | 66170 | Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery |
| | 66179 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft |
| | 66180 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft |
| | 66184 | Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft |
| | 66185 | Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft |
| | 66250 | Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure |
| | 66710 | Ciliary body destruction; cyclophotocoagulation, transscleral |
| | 66711 | Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens |
| | 66761 | Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session) |
| ** | Cataract surgery | |
| ** | 66821 | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages) |
| | 66840 | Removal of lens material; aspiration technique, 1 or more stages |
| | 66850 | Removal of lens material; phacoemulsification technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration |
| ** | 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 |
| ** | 66984 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation |
| ** | 66985 | Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal |
| ** | 66986 | Exchange of intraocular lens |
| ** | 66987 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation |
| ** | 66988 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation |
| | 67028 | Intravitreal injection of a pharmacologic agent (separate procedure) |
| | 67036 | Vitrectomy, mechanical, pars plana approach; |

| Codes | Number | Description |
|--------------|---------------|--|
| | 67039 | Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation |
| | 67041 | Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker) |
| | 67042 | Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) |
| | 67101 | Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy |
| | 67108 | Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique |
| | 67113 | Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens |
| | 67121 | Removal of implanted material, posterior segment; intraocular |
| | 67141 | Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy |
| | 67218 | Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source) |
| | 67221 | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion) |
| | 67228 | Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation |
| | 67311 | Strabismus surgery, recession or resection procedure; 1 horizontal muscle |
| | 67312 | Strabismus surgery, recession or resection procedure; 2 horizontal muscles |
| | 67314 | Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique) |
| | 67400 | Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy |
| | 67412 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion |
| | 67414 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression |
| | 67420 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion |
| | 67445 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression |
| | 67550 | Orbital implant (implant outside muscle cone); insertion |
| | 67800 | Excision of chalazion; single |
| | 67810 | Incisional biopsy of eyelid skin including lid margin |
| | 67840 | Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure |
| | 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 |

| Codes | Number | Description |
|---|---------------|---|
| | 67966 | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin |
| | 68110 | Excision of lesion, conjunctiva; up to 1 cm |
| | 68320 | Conjunctivoplasty; with conjunctival graft or extensive rearrangement |
| | 68720 | Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity) |
| | 68761 | Closure of the lacrimal punctum; by plug, each |
| | 68811 | Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia |
| | 68815 | Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent |
| | 69000 | Drainage external ear, abscess or hematoma; simple |
| | 69222 | Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning) |
| | 69310 | Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure) |
| | 69320 | Reconstruction external auditory canal for congenital atresia, single stage |
| | 69421 | Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia |
| | 69424 | Ventilating tube removal requiring general anesthesia |
| | 69436 | Tympanostomy (requiring insertion of ventilating tube), general anesthesia |
| | 69450 | Tympanolysis, transcanal |
| | 69505 | Mastoidectomy; modified radical |
| | 69602 | Revision mastoidectomy; resulting in modified radical mastoidectomy |
| | 69610 | Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch |
| | 69620 | Myringoplasty (surgery confined to drumhead and donor area) |
| | 69631 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction |
| | 69632 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration) |
| | 69633 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]) |
| | 69642 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction |
| | 69643 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction |
| | 69644 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction |
| | 69646 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction |
| | 69666 | Repair oval window fistula |
| | 69801 | Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal |
| HCPCS | None | |
| The policy applies to the following ICD-10 codes for procedures noted above with (*) only | | |
| ICD-10 | A18.17 | Tuberculous female pelvic inflammatory disease |

| Codes | Number | Description |
|--------------|---------------|---|
| | A54.24 | Gonococcal female pelvic inflammatory disease |
| | A54.85 | Gonococcal peritonitis |
| | A56.11 | Chlamydial female pelvic inflammatory disease |
| | A74.81 | Chlamydial peritonitis |
| | D06.0 | Carcinoma in situ of endocervix |
| | D06.1 | Carcinoma in situ of exocervix |
| | D06.7 | Carcinoma in situ of other parts of cervix |
| | D06.9 | Carcinoma in situ of cervix, unspecified |
| | D21.9 | Benign neoplasm of connective and other soft tissue, unspecified |
| | D25.0 | Submucous leiomyoma of uterus |
| | D25.1 | Intramural leiomyoma of uterus |
| | D25.2 | Subserosal leiomyoma of uterus |
| | D25.9 | Leiomyoma of uterus, unspecified |
| | D26.0 | Other benign neoplasm of cervix uteri |
| | D26.1 | Other benign neoplasm of corpus uteri |
| | D26.7 | Other benign neoplasm of other parts of uterus |
| | D26.9 | Other benign neoplasm of uterus, unspecified |
| | D27.0 | Benign neoplasm of right ovary |
| | D27.1 | Benign neoplasm of left ovary |
| | D27.9 | Benign neoplasm of unspecified ovary |
| | D28.7 | Benign neoplasm of other specified female genital organs |
| | G89.29 | Other chronic pain |
| | K66.0 | Peritoneal adhesions (postprocedural) (postinfection) |
| | N70.01 | Acute salpingitis |
| | N70.02 | Acute oophoritis |
| | N70.03 | Acute salpingitis and oophoritis |
| | N70.11 | Chronic salpingitis |
| | N70.12 | Chronic oophoritis |
| | N70.13 | Chronic salpingitis and oophoritis |
| | N70.91 | Salpingitis, unspecified |
| | N70.92 | Oophoritis, unspecified |
| | N70.93 | Salpingitis and oophoritis, unspecified |
| | N71.0 | Acute inflammatory disease of uterus |
| | N71.1 | Chronic inflammatory disease of uterus |
| | N71.9 | Inflammatory disease of uterus, unspecified |
| | N72 | Inflammatory disease of cervix uteri |
| | N73.0 | Acute parametritis and pelvic cellulitis |
| | N73.1 | Chronic parametritis and pelvic cellulitis |
| | N73.2 | Unspecified parametritis and pelvic cellulitis |
| | N73.3 | Female acute pelvic peritonitis |
| | N73.4 | Female chronic pelvic peritonitis |
| | N73.5 | Female pelvic peritonitis, unspecified |
| | N73.6 | Female pelvic peritoneal adhesions (postinfective) |
| | N73.8 | Other specified female pelvic inflammatory diseases |
| | N73.9 | Female pelvic inflammatory disease, unspecified |
| | N74 | Female pelvic inflammatory disorders in diseases classified elsewhere |
| | N80.03 | Adenomyosis of the uterus |
| | N83.6 | Hematosalpinx |
| | N83.7 | Hematoma of broad ligament |
| | N84.0 | Polyp of corpus uteri |
| | N84.8 | Polyp of other parts of female genital tract |
| | N84.9 | Polyp of female genital tract, unspecified |

| Codes | Number | Description |
|--------------|---------------|--|
| | N85.00 | Endometrial hyperplasia, unspecified |
| | N85.01 | Benign endometrial hyperplasia |
| | N85.02 | Endometrial intraepithelial neoplasia [EIN] |
| | N85.2 | Hypertrophy of uterus |
| | N85.3 | Subinvolution of uterus |
| | N85.8 | Other specified noninflammatory disorders of uterus |
| | N87.0 | Mild cervical dysplasia |
| | N87.1 | Moderate cervical dysplasia |
| | N87.9 | Dysplasia of cervix uteri, unspecified |
| | N92.0 | Excessive and frequent menstruation with regular cycle |
| | N92.1 | Excessive and frequent menstruation with irregular cycle |
| | N92.3 | Ovulation bleeding |
| | N92.4 | Excessive bleeding in the premenopausal period |
| | N92.5 | Other specified irregular menstruation |
| | N92.6 | Irregular menstruation, unspecified |
| | N93.0 | Postcoital and contact bleeding |
| | N93.8 | Other specified abnormal uterine and vaginal bleeding |
| | N93.9 | Abnormal uterine and vaginal bleeding, unspecified |
| | N94.0 | Mittelschmerz |
| | N94.10 | Unspecified dyspareunia |
| | N94.11 | Superficial (introital) dyspareunia |
| | N94.12 | Deep dyspareunia |
| | N94.19 | Other specified dyspareunia |
| | N94.4 | Primary dysmenorrhea |
| | N94.5 | Secondary dysmenorrhea |
| | N94.6 | Dysmenorrhea, unspecified |
| | N94.89 | Other specified conditions associated with female genital organs and menstrual cycle |
| | N94.9 | Unspecified condition associated with female genital organs and menstrual cycle |
| | N95.0 | Postmenopausal bleeding |
| | N99.4 | Postprocedural pelvic peritoneal adhesions |
| | R10.2 | Pelvic and perineal pain |
| | R87.610 | Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US) |
| | R87.611 | Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H) |
| | R87.612 | Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL) |
| | R87.613 | High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL) |
| | R87.619 | Unspecified abnormal cytological findings in specimens from cervix uteri |
| | R87.810 | Cervical high risk human papillomavirus (HPV) DNA test positive |
| | Z15.04 | Genetic susceptibility to malignant neoplasm of endometrium |
| | Z15.05 | Genetic susceptibility to malignant neoplasm of fallopian tube(s) |
| | Z15.02 | Genetic susceptibility to malignant neoplasm of ovary |

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