

**Site-of-Service PA Reviews
Commercial and Medicare Advantage
Effective July 1, 2023**

SYSTEM/CODES	Description
Integumentary System	
11755	11755 - Biopsy of nail unit (e.g., plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
14040	14040 - Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq. cm or less
14060	14060 - Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq. cm or less
15850	15850 - Removal of sutures under anesthesia (other than local), same surgeon
17311	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) (e.g., 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	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) (e.g., hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
Respiratory System	
30130	30130 - Excision inferior turbinate, partial or complete, any method
30140	30140 - Submucous resection inferior turbinate, partial or complete, any method
30520	30520 - Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30802	30802 - Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (i.e., submucosal)
31200	31200 - Ethmoidectomy; intranasal, anterior
31205	31205 - Ethmoidectomy; extranasal, total
31525	31525 - Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31574	31574 - Laryngoscopy, flexible; with injection(s) for augmentation (e.g., percutaneous, transoral), unilateral
31591	31591 - Laryngoplasty, medialization, unilateral
32408	32408 - Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed
32555	32555 - Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
32557	32557 - Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
Hemic and Lymphatic Systems	
38221	38221 - Diagnostic bone marrow; biopsy(ies)
38222	38222 - Diagnostic bone marrow; biopsy(ies) and aspiration(s)
Digestive System	
42821	42821 - Tonsillectomy and adenoidectomy; age 12 or over
42826	42826 - Tonsillectomy, primary or secondary; age 12 or over
42831	42831 - Adenoidectomy, primary; age 12 or over
43260	43260 - Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

43261	43261 - Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
46505	46505 - Chemodenervation of internal anal sphincter
46607	46607 - Anoscopy; with high-resolution magnification (HRA) (e.g., colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
49082	49082 - Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
49422	49422 - Removal of tunneled intraperitoneal catheter
Urinary System	
50430	50430 - Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (e.g., ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
51715	51715 - Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
52001	52001 - Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52235	52235 - Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; medium bladder tumor(s) (2.0 to 5.0 cm)
52287	52287 - Cystourethroscopy, with injection(s) for Chemodenervation of the bladder
52450	52450 - Transurethral incision of prostate
53445	53445 - Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
Male Genital System	
54150	54150 - Circumcision, using clamp or other device with regional dorsal penile or ring block
54161	54161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54162	54162 - Lysis or excision of penile post-circumcision adhesions
54163	54163 - Repair incomplete circumcision
54164	54164 - Frenulotomy of penis
54300	54300 - Plastic operation of penis for straightening of chordee (e.g., hypospadias), with or without mobilization of urethra
54450	54450 - Foreskin manipulation including lysis of preputial adhesions and stretching
54840	54840 - Excision of spermatocele, with or without epididymectomy
55040	55040 - Excision of hydrocele; unilateral
55041	55041 - Excision of hydrocele; bilateral
55700	55700 - Biopsy, prostate; needle or punch, single or multiple, any approach
56810	56810 - Perineoplasty, repair of perineum, non-obstetrical (separate procedure)
57283	57283 - Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
58263	58263 - Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
Nervous System	
62270	Spinal puncture, lumbar, diagnostic
63661	63661 - Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63663*	63663 - Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve
64425	64425 - Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves
64530	64530 - Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64610	64610 - Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64642	64642 - Chemodenervation of one extremity; 1-4 muscle(s)
64644	64644 - Chemodenervation of one extremity; 5 or more muscles
64646	64646 - Chemodenervation of trunk muscle(s); 1-5 muscle(s)

Site Of Service PA Review Code List

64702	64702 - Neuroplasty; digital, 1 or both, same digit
64718	64718 - Neuroplasty and/or transposition; ulnar nerve at elbow
64719	64719 - Neuroplasty and/or transposition; ulnar nerve at wrist
64721	64721 - Neuroplasty and/or transposition; median nerve at carpal tunnel
64774	64774 - Excision of neuroma; cutaneous nerve, surgically identifiable
64795	64795 - Biopsy of nerve
64831	64831 - Suture of digital nerve, hand or foot; 1 nerve
Eye Ocular Adnexa System	
65756	65756 - Keratoplasty (corneal transplant); endothelial
65779	65779 - Placement of amniotic membrane on the ocular surface; single layer, sutured
65780	65780 - Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
65855	65855 - Trabeculoplasty by laser surgery
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
66761	66761 - Iridotomy/iridectomy by laser surgery (e.g., for glaucoma) (per session)
66840	66840 - Removal of lens material; aspiration technique, 1 or more stages
66850	66850 - Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (e.g., phacoemulsification), with aspiration
67028	67028 - Intravitreal injection of a pharmacologic agent (separate procedure)
67218	67218 - Destruction of localized lesion of retina (e.g., macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
68320	68320 - Conjunctivoplasty; with conjunctival graft or extensive rearrangement
*Site-of-service PA reviews for code 63663 are new for Commercial business only; they have been active for Medicare Advantage previously.	