Regence

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

Medical Policy Manual Utilization Management, Policy No. 19

Surgical Site of Care – Hospital Outpatient

Effective: July 1, 2026

Next Review: July 2026
Last Review: March 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.

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 an established subspecialist 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.

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).

LIST OF INFORMATION NEEDED FOR REVIEW

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, 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 (see Appendix I), 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 (reproduced in Appendix I).[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

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.

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 (ASA) Physical Status Classification System. . Secondary American Society of Anesthesiologists (ASA) Physical Status Classification System. 10/15/2025 [cited 2/12/2026]. 'Available from:' https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system.
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
	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

Codes	Number	Description
	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
	14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less

Codes	Number	Description
	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
	21031	Excision of torus mandibularis
	21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage

Codes	Number	Description
	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
	24130	Excision, radial head

Codes	Number	Description
	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
	25515	Open treatment of radial shaft fracture, includes internal fixation, when performed

Codes	Number	Description
	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
	26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
	26440	Tenolysis, flexor tendon; palm OR finger, each tendon

Codes	Number	Description
	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
	27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
	27340	Excision, prepatellar bursa

Codes	Number	Description
	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
	28008	Fasciotomy, foot and/or toe
	28010	Tenotomy, percutaneous, toe; single tendon
	28035	Release, tarsal tunnel (posterior tibial nerve decompression)

Codes	Number	Description
	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
	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

Codes	Number	Description
	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
	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

Codes	Number	Description
	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
	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

Codes	Number	Description
	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)
	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures

Codes	Number	Description
	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
	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)

Codes	Number	Description
	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
	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

Codes	Number	Description
	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 urethrocystography
	51610	Injection procedure for retrograde urethrocystography
	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)
	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

Codes	Number	Description
	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
	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;

Codes	Number	Description
	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
	58541*	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
	58542*	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58543*	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
	58544*	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58550*	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
	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)

Codes	Number	Description
	58558	Hysteroscopy, surgical; with division or resection of intrauterine septum (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
	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
	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

Codes	Number	Description
	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; phacofragmentation 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;
	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

Codes	Number	Description
	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
	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

Codes	Number	Description
	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 hysterectomy procedures only		
ICD-10	A18.17	Tuberculous female pelvic inflammatory disease
	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

Codes	Number	Description
	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
	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

Codes	Number	Description
	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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