



Surgical Site of Care – Hospital Outpatient

Effective: March 1, 2025

Next Review: July 2025

Last Review: October 2024

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 ASC within 25 miles that can provide the necessary care for the patient due to one of the following:
 - 1. There is no geographically accessible ASC that has the necessary equipment for the procedure; or
 - 2. There is no geographically accessible ASC available at which the individual's physician has privileges; or
 - 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. Risk of procedure-specific complication;
- BB. 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. Current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.

ASA PS Classification	Definition	Adult Examples, including but not limited to:
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, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
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)

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. [Medicine Category](#), Medical Policy Manual Table of Contents
2. [Radiology Category](#), Medical Policy Manual Table of Contents
3. [Surgery Category](#), Medical Policy Manual Table of Contents

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

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 2020.

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. Last amended: December 13, 2020. 12/13/2020 [cited 10/08/2024]. '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

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	10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
	10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
	10080	Incision and drainage of pilonidal cyst; simple
	10081	Incision and drainage of pilonidal cyst; complicated
	10120	Incision and removal of foreign body, subcutaneous tissues; simple
	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
	11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
	11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues
	11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
	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
	11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
	11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 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
	11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm

Codes	Number	Description
	11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
	11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
	11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
	11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
	11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
	11446	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
	11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
	11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
	11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
	11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
	11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
	11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
	11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
	11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
	11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
	11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
	11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
	11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm

Codes	Number	Description
	11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
	11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
	11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
	11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
	11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
	11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
	11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
	11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
	11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
	11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
	11730	Avulsion of nail plate, partial or complete, simple; single
	11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;
	11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
	11760	Repair of nail bed
	11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)
	11770	Excision of pilonidal cyst or sinus; simple
	11772	Excision of pilonidal cyst or sinus; complicated
	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
	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
	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
	12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 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
	12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
	12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm

Codes	Number	Description
	12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
	13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
	13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
	13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
	13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
	13152	Repair, complex, eyelids, nose, ears and/or lips; 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
	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)
	15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
	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
	15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
	15851	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)
	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
	17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
	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

Codes	Number	Description
	19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
	19112	Excision of lactiferous duct fistula
	19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
	19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
	20200	Biopsy, muscle; superficial
	20205	Biopsy, muscle; deep
	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
	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)
	20520	Removal of foreign body in muscle or tendon sheath; simple
	20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
	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)
	20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])
	20694	Removal, under anesthesia, of external fixation system
	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
	21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm
	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
	21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
	21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
	21315	Closed treatment of nasal bone fracture with manipulation; without stabilization
	21320	Closed treatment of nasal bone fracture with manipulation; with stabilization
	21325	Open treatment of nasal fracture; uncomplicated
	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

Codes	Number	Description
	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
	21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
	21920	Biopsy, soft tissue of back or flank; superficial
	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
	22900	Excision, tumor, soft tissue of abdominal wall, 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
	23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
	23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
	23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;
	23415	Coracoacromial ligament release, with or without acromioplasty
	23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
	23460	Capsulorrhaphy, anterior, any type; with bone block
	23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without 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
	23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
	23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
	24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
	24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
	24065	Biopsy, soft tissue of upper arm or elbow area; superficial
	24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
	24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
	24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater

Codes	Number	Description
	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
	24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
	24105	Excision, olecranon bursa
	24110	Excision or curettage of bone cyst or benign tumor, humerus;
	24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
	24130	Excision, radial head
	24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
	24200	Removal of foreign body, upper arm or elbow area; subcutaneous
	24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
	24305	Tendon lengthening, upper arm or elbow, each tendon
	24340	Tenodesis of biceps tendon at elbow (separate procedure)
	24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
	24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
	24343	Repair lateral collateral ligament, elbow, with local tissue
	24345	Repair medial collateral ligament, elbow, with local tissue
	24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
	24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
	24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
	24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
	24366	Arthroplasty, radial head; with implant
	24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
	24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
	24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
	24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
	24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
	24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
	24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed
	24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
	24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);

Codes	Number	Description
	24605	Treatment of closed elbow dislocation; requiring anesthesia
	24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
	24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed
	24655	Closed treatment of radial head or neck fracture; with manipulation
	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
	25085	Capsulotomy, wrist (eg, contracture)
	25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
	25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each
	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)
	25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
	25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
	25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
	25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
	25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
	25310	Tendon transplantation or transfer, flexor or extensor, 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
	25350	Osteotomy, radius; distal third
	25360	Osteotomy; ulna
	25390	Osteoplasty, radius OR ulna; shortening

Codes	Number	Description
	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
	25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
	25565	Closed treatment of radial and ulnar shaft fractures; with manipulation
	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
	25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation
	25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
	25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
	25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
	25608	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
	25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone
	25652	Open treatment of ulnar styloid fracture
	25825	Arthrodesis, wrist; with autograft (includes obtaining graft)
	26011	Drainage of finger abscess; complicated (eg, felon)
	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
	26105	Arthrotomy with biopsy; metacarpophalangeal 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

Codes	Number	Description
	26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
	26180	Excision of tendon, finger, flexor or extensor, each tendon
	26200	Excision or curettage of bone cyst or benign tumor of metacarpal;
	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
	26320	Removal of implant from finger or hand
	26340	Manipulation, finger joint, under anesthesia, each joint
	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
	26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, 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
	26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
	26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
	26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
	26440	Tenolysis, flexor tendon; palm OR finger, each tendon
	26445	Tenolysis, extensor tendon, hand OR finger, each tendon
	26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
	26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
	26516	Capsulodesis, metacarpophalangeal joint; single digit
	26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
	26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint
	26530	Arthroplasty, metacarpophalangeal 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)
	26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
	26608	Percutaneous skeletal fixation of metacarpal fracture, each bone
	26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
	26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
	26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
	26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint

Codes	Number	Description
	26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
	26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
	26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
	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
	26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
	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)
	27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
	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
	27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
	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
	27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
	27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
	27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
	27340	Excision, prepatellar bursa
	27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)
	27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
	27424	Reconstruction of dislocating patella; with patellectomy

Codes	Number	Description
	27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
	27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
	27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
	27613	Biopsy, soft tissue of leg or ankle area; superficial
	27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
	27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
	27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
	27625	Arthrotomy, with synovectomy, ankle;
	27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
	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
	27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
	27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia
	27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;
	27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
	27654	Repair, secondary, Achilles tendon, with or without graft
	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)
	27695	Repair, primary, disrupted ligament, ankle; collateral
	27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments
	27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
	27705	Osteotomy; tibia
	27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
	27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
	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
	27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed
	27781	Closed treatment of proximal fibula or shaft fracture; with manipulation

Codes	Number	Description
	27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
	27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
	27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
	27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
	27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
	27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
	27818	Closed treatment of trimalleolar ankle fracture; with manipulation
	27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
	27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
	27840	Closed treatment of ankle dislocation; without anesthesia
	28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
	28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
	28008	Fasciotomy, foot and/or toe
	28010	Tenotomy, percutaneous, toe; single tendon
	28011	Tenotomy, percutaneous, toe; multiple tendons
	28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
	28035	Release, tarsal tunnel (posterior tibial nerve decompression)
	28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
	28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater
	28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm
	28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm
	28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater
	28060	Fasciectomy, plantar fascia; partial (separate procedure)
	28062	Fasciectomy, plantar fascia; radical (separate procedure)
	28080	Excision, interdigital (Morton) neuroma, single, each
	28086	Synovectomy, tendon sheath, foot; flexor
	28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
	28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
	28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
	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)

Codes	Number	Description
	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
	28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
	28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
	28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
	28126	Resection, partial or complete, phalangeal base, each toe
	28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
	28190	Removal of foreign body, foot; subcutaneous
	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
	28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
	28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
	28234	Tenotomy, open, extensor, foot or toe, each tendon
	28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
	28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
	28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
	28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)
	28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
	28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
	28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
	28291	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
	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

Codes	Number	Description
	28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
	28304	Osteotomy, tarsal bones, other than calcaneus or talus;
	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
	28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
	28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
	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
	28475	Closed treatment of metatarsal fracture; with manipulation, each
	28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
	28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each
	28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
	28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
	28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
	28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed
	28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed
	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
	28820	Amputation, toe; metatarsophalangeal joint
	28825	Amputation, toe; interphalangeal joint
	29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
	29835	Arthroscopy, elbow, surgical; synovectomy, partial
	29837	Arthroscopy, elbow, surgical; debridement, limited
	29838	Arthroscopy, elbow, surgical; debridement, extensive
	29844	Arthroscopy, wrist, surgical; synovectomy, partial

Codes	Number	Description
	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
	30000	Drainage abscess or hematoma, nasal, internal approach
	30020	Drainage abscess or hematoma, nasal septum
	30100	Biopsy, intranasal
	30110	Excision, nasal polyp(s), simple
	30115	Excision, nasal polyp(s), extensive
	30117	Excision or destruction (eg, laser), intranasal lesion; internal approach
	30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
	30130	Excision inferior turbinate, partial or complete, any method
	30140	Submucous resection inferior turbinate, partial or complete, any method
	30220	Insertion, nasal septal prosthesis (button)
	30310	Removal foreign body, intranasal; office type procedure
	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
	30580	Removal foreign body, intranasal; requiring general anesthesia
	30630	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
	30801	Repair nasal septal perforations
	30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)
	30901	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
	30903	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
	30930	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
	31020	Fracture nasal inferior turbinate(s), therapeutic
	31030	Sinusotomy, maxillary (antrotomy); intranasal
	31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
	31200	Ethmoidectomy; intranasal, anterior
	31205	Ethmoidectomy; extranasal, total
	31238	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
	31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
	31526	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
	31528	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
	31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
	31530	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
	31535	Laryngoscopy, direct, operative, with foreign body removal;
	31536	Laryngoscopy, direct, operative, with biopsy;
	31540	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
	31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;

Codes	Number	Description
	31545	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
	31570	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
	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)
	31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
	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
	31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
	31820	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures
	32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed
	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
	32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
	36010	Surgical closure tracheostomy or fistula; without plastic repair
	36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
	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
	36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older
	36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
	36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
	36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access

Codes	Number	Description
	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
	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)
	38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
	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)
	40490	Biopsy of lip
	40510	Excision of lip; transverse wedge excision with primary closure
	40520	Excision of lip; V-excision with primary direct linear closure
	40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
	40530	Resection of lip, more than one-fourth, without reconstruction
	40808	Biopsy, vestibule of mouth
	40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
	40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
	40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
	40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
	41010	Incision of lingual frenum (frenotomy)
	41100	Biopsy of tongue; anterior two-thirds
	41105	Biopsy of tongue; posterior one-third
	41108	Biopsy of floor of mouth
	41110	Excision of lesion of tongue without closure
	41112	Excision of lesion of tongue with closure; anterior two-thirds
	41113	Excision of lesion of tongue with closure; posterior one-third
	41116	Excision, lesion of floor of mouth
	42100	Biopsy of palate, uvula
	42104	Excision, lesion of palate, uvula; without closure
	42106	Excision, lesion of palate, uvula; with simple primary closure
	42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
	42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
	42405	Biopsy of salivary gland; incisional
	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

Codes	Number	Description
	42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
	42440	Excision of submandibular (submaxillary) gland
	42450	Excision of sublingual gland
	42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple
	42650	Dilation salivary duct
	42800	Biopsy; oropharynx
	42804	Biopsy; nasopharynx, visible lesion, simple
	42808	Excision or destruction of lesion of pharynx, any method
	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)
	43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection
	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)
	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
	43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)
	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
	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)
	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination
	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

Codes	Number	Description
	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures
	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures
	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)
	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices
	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)
	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube
	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
	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)

Codes	Number	Description
	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (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
	44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)
	44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
	44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
	44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
	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)
	44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
	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
	44382	Ileoscopy, through stoma; with biopsy, single or multiple
	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
	44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
	44389	Colonoscopy through stoma; with biopsy, single or multiple
	44391	Colonoscopy through stoma; with control of bleeding, any method
	44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
	44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
	44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
	44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen
	45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
	45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)

Codes	Number	Description
	45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)
	45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
	45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
	45332	Sigmoidoscopy, flexible; with removal of foreign body(s)
	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
	45334	Sigmoidoscopy, flexible; with control of bleeding, any method
	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
	45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
	45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
	45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
	45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
	45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
	45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
	45379	Colonoscopy, flexible; with removal of foreign body(s)
	45380	Colonoscopy, flexible; with biopsy, single or multiple
	45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
	45382	Colonoscopy, flexible; with control of bleeding, any method
	45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
	45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
	45386	Colonoscopy, flexible; with transendoscopic balloon dilation
	45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
	45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
	45390	Colonoscopy, flexible; with endoscopic mucosal resection
	45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
	45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

Codes	Number	Description
	45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
	45398	Colonoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)
	45505	Proctoplasty; for prolapse of mucous membrane
	45541	Proctopexy (eg, for prolapse); perineal approach
	45560	Repair of rectocele (separate procedure)
	45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local
	45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local
	45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
	45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
	46020	Placement of seton
	46030	Removal of anal seton, other marker
	46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
	46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
	46050	Incision and drainage, perianal abscess, superficial
	46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
	46080	Sphincterotomy, anal, division of sphincter (separate procedure)
	46083	Incision of thrombosed hemorrhoid, external
	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
	46250	Hemorrhoidectomy, external, 2 or more columns/groups
	46255	Hemorrhoidectomy, internal and external, single column/group;
	46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
	46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed
	46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;
	46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
	46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed
	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
	46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
	46288	Closure of anal fistula with rectal advancement flap
	46320	Excision of thrombosed hemorrhoid, external
	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

Codes	Number	Description
	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
	46750	Sphincteroplasty, anal, for incontinence or prolapse; adult
	46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
	46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
	46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
	46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
	46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)
	46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
	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
	49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
	49422	Removal of tunneled intraperitoneal catheter
	49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible
	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
	49553	Repair initial femoral hernia, any age; incarcerated or strangulated
	49650	Laparoscopy, surgical; repair initial inguinal hernia
	49651	Laparoscopy, surgical; repair recurrent inguinal hernia
	49900	Suture, secondary, of abdominal wall for evisceration or dehiscence
	50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
	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

Codes	Number	Description
	50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
	51040	Cystostomy, cystotomy with drainage
	51102	Aspiration of bladder; with insertion of suprapubic catheter
	51600	Injection procedure for cystography or voiding urethrocytography
	51610	Injection procedure for retrograde urethrocytography
	51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
	51710	Change of cystostomy tube; complicated
	51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
	51720	Bladder instillation of anticarcinogenic agent (including retention time)
	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)
	52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
	52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
	52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
	52204	Cystourethroscopy, with biopsy(s)
	52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
	52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
	52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
	52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
	52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
	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
	52275	Cystourethroscopy, with internal urethrotomy; male
	52276	Cystourethroscopy with direct vision internal urethrotomy
	52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
	52282	Cystourethroscopy, with insertion of permanent urethral stent
	52283	Cystourethroscopy, with steroid injection into stricture
	52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone
	52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder

Codes	Number	Description
	52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
	52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
	52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
	52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
	52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
	52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
	52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
	52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
	52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
	52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
	52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
	52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
	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)
	52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
	52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
	52450	Transurethral incision of prostate
	52500	Transurethral resection of bladder neck (separate procedure)
	52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
	52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
	52640	Transurethral resection; of postoperative bladder neck contracture
	53020	Meatotomy, cutting of meatus (separate procedure); except infant
	53200	Biopsy of urethra
	53230	Excision of urethral diverticulum (separate procedure); female
	53260	Excision or fulguration; urethral polyp(s), distal urethra
	53265	Excision or fulguration; urethral caruncle
	53270	Excision or fulguration; Skene's glands
	53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

Codes	Number	Description
	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
	53450	Urethromeatoplasty, with mucosal advancement
	53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
	53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
	53665	Dilation of female urethra, general or conduction (spinal) anesthesia
	54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
	54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
	54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
	54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
	54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
	54100	Biopsy of penis; (separate procedure)
	54110	Excision of penile plaque (Peyronie disease);
	54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
	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
	54450	Foreskin manipulation including lysis of preputial adhesions and stretching
	54512	Excision of extraparenchymal lesion of testis
	54530	Orchiectomy, radical, for tumor; inguinal approach
	54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
	54620	Fixation of contralateral testis (separate procedure)
	54640	Orchiopexy, inguinal or scrotal approach
	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
	55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
	55040	Excision of hydrocele; unilateral
	55041	Excision of hydrocele; bilateral
	55060	Repair of tunica vaginalis hydrocele (Bottle type)
	55100	Drainage of scrotal wall abscess
	55110	Scrotal exploration
	55120	Removal of foreign body in scrotum
	55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
	55400	Vasovasostomy, vasovasorrhaphy

Codes	Number	Description
	55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
	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
	56405	Incision and drainage of vulva or perineal abscess
	56420	Incision and drainage of Bartholin's gland abscess
	56440	Marsupialization of Bartholin's gland cyst
	56441	Lysis of labial adhesions
	56442	Hymenotomy, simple incision
	56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
	56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
	56605	Biopsy of vulva or perineum (separate procedure); 1 lesion
	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)
	56821	Colposcopy of the vulva; with biopsy(s)
	57000	Colpotomy; with exploration
	57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
	57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
	57100	Biopsy of vaginal mucosa; simple (separate procedure)
	57130	Excision of vaginal septum
	57135	Excision of vaginal cyst or tumor
	57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
	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;
	57268	Repair of enterocele, vaginal approach (separate procedure)
	57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
	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)
	57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)
	57420	Colposcopy of the entire vagina, with cervix if present;
	57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
	57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
	57452	Colposcopy of the cervix including upper/adjacent vagina;
	57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage

Codes	Number	Description
	57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
	57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
	57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
	57505	Endocervical curettage (not done as part of a dilation and curettage)
	57510	Cautery of cervix; electro or thermal
	57513	Cautery of cervix; laser ablation
	57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
	57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
	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
	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
	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
	58565	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
	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)
	58700	Ovarian cystectomy, unilateral or bilateral
	58925	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
	59200	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
	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
	64776	Excision of neuroma; hand or foot, except digital nerve
	64782	Excision of neuroma; major peripheral nerve, except sciatic
	64784	Excision of neurofibroma or neurolemmoma; cutaneous nerve

Codes	Number	Description
	64788	Suture of 1 nerve; median motor thenar
	64795	Biopsy of nerve
	64831	Suture of digital nerve, hand or foot; 1 nerve
	64835	Repair of laceration; cornea, nonperforating, with or without removal foreign body
	65275	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
	65400	Excision or transposition of pterygium; without graft
	65420	Excision or transposition of pterygium; with 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
	65710	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
	65730	Keratoplasty (corneal transplant); penetrating (in aphakia)
	65750	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
	65755	Corneal relaxing incision for correction of surgically induced astigmatism
	65756	Keratoplasty (corneal transplant); endothelial
	65772	Corneal wedge resection for correction of surgically induced astigmatism
	65778	Placement of amniotic membrane on the ocular surface; without sutures
	65779	Placement of amniotic membrane on the ocular surface; single layer, sutured
	65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
	65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
	65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
	65820	Goniotomy
	65850	Trabeculotomy ab externo
	65855	Trabeculoplasty by laser surgery
	65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
	65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
	65920	Removal of implanted material, anterior segment of eye
	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
	66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
	66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft
	66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft
	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
	66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft
	66185	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

Codes	Number	Description
	66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
	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)
	66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
	66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)
	66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
	66840	Removal of lens material; aspiration technique, 1 or more stages
	66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
	66852	Removal of lens material; pars plana approach, with or without vitrectomy
	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
	66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
	66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); 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
	67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
	67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
	67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
	67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)
	67028	Intravitreal injection of a pharmacologic agent (separate procedure)
	67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)
	67036	Vitrectomy, mechanical, pars plana approach;

Codes	Number	Description
	67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
	67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal 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)
	67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation
	67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy
	67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation
	67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid
	67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
	67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
	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
	67120	Removal of implanted material, posterior segment; extraocular
	67121	Removal of implanted material, posterior segment; intraocular
	67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy
	67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation
	67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation
	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
	67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions
	67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
	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)

Codes	Number	Description
	67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)
	67318	Strabismus surgery, any procedure, superior oblique muscle
	67345	Chemodeneration of extraocular muscle
	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
	67560	Orbital implant (implant outside muscle cone); removal or revision
	67700	Blepharotomy, drainage of abscess, eyelid
	67800	Excision of chalazion; single
	67801	Excision of chalazion; multiple, same lid
	67805	Excision of chalazion; multiple, different lids
	67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
	67810	Incisional biopsy of eyelid skin including lid margin
	67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
	67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
	67875	Temporary closure of eyelids by suture (eg, Frost suture)
	67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
	67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
	67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
	67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
	67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
	67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
	68100	Biopsy of conjunctiva
	68110	Excision of lesion, conjunctiva; up to 1 cm
	68115	Excision of lesion, conjunctiva; over 1 cm
	68135	Destruction of lesion, conjunctiva
	68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
	68440	Snip incision of lacrimal punctum
	68530	Removal of foreign body or dacryolith, lacrimal passages
	68700	Plastic repair of canaliculi
	68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)

Codes	Number	Description
	68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
	68761	Closure of the lacrimal punctum; by plug, each
	68801	Dilation of lacrimal punctum, with or without irrigation
	68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
	68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
	69000	Drainage external ear, abscess or hematoma; simple
	69100	Biopsy external ear
	69110	Excision external ear; partial, simple repair
	69140	Excision exostosis(es), external auditory canal
	69145	Excision soft tissue lesion, external auditory canal
	69205	Removal foreign body from external auditory canal; with general anesthesia
	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
	69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
	69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
	69440	Middle ear exploration through postauricular or ear canal incision
	69450	Tympanolysis, transcanal
	69502	Mastoidectomy; complete
	69505	Mastoidectomy; modified radical
	69550	Excision aural glomus tumor; transcanal
	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])
	69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
	69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
	69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction

Codes	Number	Description
	69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
	69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
	69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
	69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
	69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
	69650	Stapes mobilization
	69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
	69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
	69662	Revision of stapedectomy or stapedotomy
	69666	Repair oval window fistula
	69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal
	69805	Endolymphatic sac operation; without shunt
	69806	Endolymphatic sac operation; with shunt
HCPCS	G0104	Colorectal cancer screening; flexible sigmoidoscopy
	G0105	Colorectal cancer screening; colonoscopy on individual at high risk
	G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
	G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
	G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
	G0122	Colorectal cancer screening; barium enema

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