

Appendix H: Procedures Requiring TARs

The document begins on the next page.

TAR and Non-Benefit: Introduction to List

The *TAR and Non-Benefit List: Codes (10000 – 99999)* contains CPT-4 codes and descriptions with numbers indicating benefit restrictions. Any code in the CPT-4 book currently valid for Medi-Cal but not on the TAR and Non-Benefit List is a Medi-Cal benefit without the listed restrictions. If you are uncertain about the authorization requirements, or suspect that this list contains an error, contact the EDS Provider Support Center (PSC) at 1-800-541-5555.

Note: Refer to the CPT-4 book for complete descriptions of the listed codes.

Non-Benefit (1)

Codes marked with a “1” either are not Medi-Cal benefits or are not reimbursable, even though the service is a benefit. For example, immunization injections are benefits of Medi-Cal, but CPT-4 codes 90700 – 90747 are marked a “1” because Medi-Cal requires providers to bill immunizations using the HCPCS codes in the *Injections: List of Codes* section in the appropriate Part 2 manual.

Medi-Cal will not reimburse any provider for codes marked with a “1.”

Requires TAR, Primary Surgeon/Provider (2)

Codes marked with a “2” (Requires TAR, Primary Surgeon/Provider) require a *Treatment Authorization Request* (TAR) for the primary surgeon or provider whether performed on an inpatient or outpatient basis. Podiatrists should refer to the *Podiatry Services* section in the appropriate Part 2 manual for prior authorization requirements. Anesthesiologists and assistant surgeons do not need a TAR for services marked with a “2.”

Non-Benefit, Assistant Surgeon (3)

Medi-Cal will not reimburse assistant surgeon services for codes marked with a “3” (Non-Benefit, Assistant Surgeon). Do not bill the assistant surgeon modifier for codes marked with a “3.”

Non-Benefit, Anesthesiologist (4)

Medi-Cal will not reimburse anesthesia services for codes marked with a “4” (Non-Benefit, Anesthesiologist). Do not bill anesthesia modifiers with codes marked with a “4.”

Ambulatory Surgical (5)

Codes marked with a “5” (Ambulatory Surgical) are routinely performed on an outpatient basis. A TAR is required when a primary surgeon or provider performs these services in an inpatient setting. TAR approval will be granted only when there is documentation of a medical condition making an outpatient setting inappropriate. Anesthesiologists and assistant surgeons do not need a TAR for services marked with a “5.”

**Inpatient Hospitalization
Stay: Prior Authorization
Reminder**

Authorization for an inpatient hospital stay must be obtained, even if the procedure being performed does not require a TAR. Authorization may be requested by either the physician performing the procedure or the hospital providing the inpatient stay.

TAR and Non-Benefit List: Codes 10000 – 19999

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---|---|-----------------------------|----------------------------------|---|-----------------------------|
| ANESTHESIA | | | Excision – Benign Lesions | | |
| Anesthesia services should be billed using the appropriate five-digit CPT-4 anesthesia code (00100 – 01999) and the appropriate anesthesia modifier. Refer to the <i>Anesthesia</i> section in the appropriate Part 2 manual for more detailed information. | | | 11200 | Excision, skin tags, up to 15 | 3 |
| | | | 11201 | Excision, skin tags, each additional 10 lesions (List separately in addition to code for primary procedure) | 3, 4 |
| | | | 11300 | Shaving, epidermal or dermal lesion, 0.5 cm or less | 3 |
| | | | 11301 | Shaving, epidermal or dermal lesion, 0.6 or 1.0 cm | 3 |
| | | | 11302 | Shaving, epidermal or dermal lesion, 1.1 or 2.0 cm | 3 |
| | | | 11303 | Shaving, epidermal or dermal lesion, over 2.0 cm | 3 |
| | | | 11305 | Shaving, epidermal or dermal lesion, 0.5 cm or less | 3 |
| | | | 11306 | Shaving, epidermal or dermal lesion, 0.6 to 1.0 cm | 3 |
| | | | 11307 | Shaving, epidermal or dermal lesion, 1.1 to 2.0 cm | 3 |
| | | | 11308 | Shaving, epidermal or dermal lesion, over 2.0 cm | 3 |
| | | | 11310 | Shaving, epidermal or dermal lesion, 0.5 cm or less | 3 |
| | | | 11311 | Shaving, epidermal or dermal lesion, 0.6 to 1.0 cm | 3 |
| | | | 11312 | Shaving, epidermal or dermal lesion, 1.1 to 2.0 cm | 3 |
| | | | 11313 | Shaving, epidermal or dermal lesion, over 2.0 cm | 3 |
| | | | 11400 | Excision, benign lesion, 0.5 cm or less | 3 |
| | | | 11401 | Excision, benign lesion, 0.6 to 1.0 cm | 3 |
| | | | 11402 | Excision, benign lesion, 1.1 to 2.0 cm | 3 |
| | | | 11403 | Excision, benign lesion, 2.1 to 3.0 cm | 3 |
| | | | 11404 | Excision, benign lesion, 3.1 to 4.0 cm | 3 |
| | | | 11406 | Excision, benign lesion, over 4.0 cm | 3 |
| | | | 11420 | Excision, benign lesion, 0.5 cm or less | 3 |
| | | | 11421 | Excision, benign lesion, 0.6 to 1.0 cm | 3 |
| | | | 11422 | Excision, benign lesion, 1.1 to 2.0 cm | 3 |
| | | | 11423 | Excision, benign lesion, 2.1 to 3.0 cm | 3 |
| | | | 11424 | Excision, benign lesion, 3.1 to 4.0 cm | 3 |
| | | | 11426 | Excision, benign lesion, over 4.0 cm | 3 |
| | | | 11440 | Excision, benign lesion, 0.5 cm or less | 3 |
| | | | 11441 | Excision, benign lesion, 0.6 to 1.0 cm | 3 |
| | | | 11442 | Excision, benign lesion, 1.1 to 2.0 cm | 3 |
| | | | 11443 | Excision, benign lesion, 2.1 to 3.0 cm | 3 |
| | | | 11444 | Excision, benign lesion, 3.1 to 4.0 cm | 3 |
| | | | 11446 | Excision, benign lesion, over 4.0 cm | 3 |
| | | | 11450 | Excision, skin, hidradenitis, axillary, primary suture | 3, 5 |
| | | | 11451 | Excision, skin, hidradenitis, axillary, other | 3, 5 |
| | | | 11462 | Excision, skin, hidradenitis, inguinal, primary | 3, 5 |
| | | | 11463 | Excision, skin, hidradenitis, inguinal, other | 3, 5 |
| | | | 11470 | Excision, skin, hidradenitis, perianal, perineal, primary | 3, 5 |
| | | | 11471 | Excision, skin, hidradenitis, perianal, perineal, other | 3, 5 |
| SURGERY | | | | | |
| INTEGUMENTARY SYSTEM | | | | | |
| SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES | | | | | |
| <u>Incision and Drainage</u> | | | | | |
| 10040 | Acne surgery | 2, 3 | | | |
| 10060 | Incision/drainage abscess, simple or single | 3, 5 | | | |
| 10061 | Incision/drainage abscess, complicated or multiple | 5 | | | |
| 10080 | Incision/drainage pilonidal cyst, simple | 3, 5 | | | |
| 10081 | Incision/drainage pilonidal cyst, complicated | 5 | | | |
| 10120 | Incision/removal foreign body, simple | 3, 5 | | | |
| 10121 | Incision/removal foreign body, complicated | 5 | | | |
| 10140 | Incision/drainage hematoma, simple | 3, 5 | | | |
| 10160 | Puncture aspiration | 3, 5 | | | |
| <u>Excision – Debridement</u> | | | | | |
| 11000 | Debridement of extensive eczematous or infected skin | 3 | | | |
| 11001 | Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure) | 3 | | | |
| <u>Paring or Cutting</u> | | | | | |
| 11055 | Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion | 3 | | | |
| 11056 | Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); two to four lesions | 3 | | | |
| 11057 | Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); four or more lesions | 3 | | | |
| <u>Biopsy</u> | | | | | |
| 11100 | Biopsy skin, subcutaneous tissue, mucous membrane | 3, 5 | | | |
| 11101 | Biopsy skin, subcutaneous tissue, mucous membrane; each separate/additional lesion (List separately in addition to code for primary procedure) | 3, 4, 5 | | | |

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| Benefit Restriction Descriptions: | 1 | Non-Benefit | 3 | Assistant Surgeon services not payable |
| | 2 | Requires TAR, Primary Surgeon/Provider | 4 | Anesthesiology services not payable |
| | | | 5 | Ambulatory Surgical |
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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------------------------------|--|-----------------------------|---------------------------------|---|-----------------------------|
| <u>Excision – Malignant Lesions</u> | | | <u>Introduction (continued)</u> | | |
| 11600 | Excision, malignant lesion, 0.5 cm or less | 3, 5 | 11970 | Replacement, tissue expander with permanent prosthesis..... | 2 |
| 11601 | Excision, malignant lesion, 0.6 to 1.0 cm..... | 3, 5 | 11971 | Removal, tissue expander(s) without prosthesis insertion | 2 |
| 11602 | Excision, malignant lesion, 1.1 to 2.0 cm..... | 3, 5 | 11975 | Insertion, implantable contraceptive capsules | 3, 4, 5 |
| 11603 | Excision, malignant lesion, 2.1 to 3.0 cm..... | 5 | 11976 | Removal without reinsertion, implantable contraceptive capsules..... | 3, 4, 5 |
| 11604 | Excision, malignant lesion, 3.1 to 4.0 cm..... | 5 | 11977 | Removal with reinsertion, implantable contraceptive capsules..... | 3 |
| 11606 | Excision, malignant lesion, over 4.0 cm..... | 5 | 11980 | Subcutaneous hormone pellet implantation | 3 |
| 11620 | Excision, malignant lesion, 0.5 cm or less | 3, 5 | <u>Repair – Simple</u> | | |
| 11621 | Excision, malignant lesion, 0.6 to 1.0 cm..... | 3, 5 | 12001 | Repair, simple, superficial, 2.5 cm or less | 3, 5 |
| 11622 | Excision, malignant lesion, 1.1 to 2.0 cm..... | 3, 5 | 12002 | Repair, simple, superficial, 2.6 cm to 7.5 cm | 3, 5 |
| 11623 | Excision, malignant lesion, 2.1 to 3.0 cm..... | 5 | 12004 | Repair, simple, superficial, 7.6 cm to 12.5 cm | 3, 5 |
| 11624 | Excision, malignant lesion, 3.1 to 4.0 cm..... | 5 | 12005 | Repair, simple, superficial, 12.6 to 20.0 cm | 3, 5 |
| 11626 | Excision, malignant lesion, over 4.0 cm..... | 5 | 12006 | Repair, simple, superficial, 20.1 to 30.0 cm | 3, 5 |
| 11640 | Excision, malignant lesion, 0.5 cm or less | 3, 5 | 12007 | Repair, simple, superficial, over 30.0 cm | 3, 5 |
| 11641 | Excision, malignant lesion, 0.6 to 1.0 cm..... | 3, 5 | 12011 | Repair, simple, superficial, 2.5 cm or less | 3, 5 |
| 11642 | Excision, malignant lesion, 1.1 to 2.0 cm..... | 3, 5 | 12013 | Repair, simple, superficial, 2.6 to 5.0 cm | 3, 5 |
| 11643 | Excision, malignant lesion, 2.1 to 3.0 cm..... | 5 | 12014 | Repair, simple, superficial, 5.1 to 7.5 cm | 3, 5 |
| 11644 | Excision, malignant lesion, 3.1 to 4.0 cm..... | 5 | 12015 | Repair, simple, superficial, 7.6 to 12.5 cm | 3, 5 |
| 11646 | Excision, malignant lesion, over 4.0 cm..... | 5 | 12016 | Repair, simple, superficial, 12.6 to 20.0 cm | 3, 5 |
| <u>Nails</u> | | | 12017 | Repair, simple, superficial, 20.1 to 30.0 cm | 5 |
| 11719 | Trimming of nondystrophic nails, any number | 1 | 12018 | Repair, simple, superficial, over 30.0 cm | 5 |
| 11730 | Avulsion nail plate, simple, single | 3 | 12020 | Treatment, superficial wound dehiscence, simple | 3, 5 |
| 11732 | Avulsion nail plate, each additional plate (List separately in addition to code for primary procedure) | 3, 4 | 12021 | Treatment, superficial wound dehiscence, packing | 3, 5 |
| 11740 | Evacuation subungual hematoma..... | 3, 5 | <u>Repair – Intermediate</u> | | |
| 11750 | Excision, nail, nail matrix..... | 2, 3 | 12031 | Repair, intermediate, 2.5 cm or less | 3, 5 |
| 11752 | Excision, nail, nail matrix, with amputation | 2, 3 | 12032 | Repair, intermediate, 2.6 to 7.5 cm | 3, 5 |
| 11755 | Biopsy, nail unit, any method | 3 | 12034 | Repair, intermediate, 7.6 to 12.5 cm | 3, 5 |
| 11760 | Repair of nail bed..... | 3, 5 | 12035 | Repair, intermediate, 12.6 to 20.0 cm | 3, 5 |
| 11762 | Reconstruction of nail bed with graft..... | 5 | 12036 | Repair, intermediate, 20.1 to 30.0 cm | 3, 5 |
| 11765 | Wedge excision of skin and nail fold..... | 3, 4 | 12037 | Repair, intermediate, over 30.0 cm | 5 |
| <u>Miscellaneous</u> | | | 12041 | Repair, intermediate, 2.5 cm or less | 3, 5 |
| 11770 | Excision, pilonidal cyst or sinus, simple | 3 | 12042 | Repair, intermediate, 2.6 to 7.5 cm | 3, 5 |
| 11771 | Excision, pilonidal cyst or sinus, extensive | 2 | 12044 | Repair, intermediate, 7.6 to 12.5 cm | 3, 5 |
| 11772 | Excision, pilonidal cyst or sinus, complicated | 2 | 12045 | Repair, intermediate, 12.6 to 20.0 cm | 3, 5 |
| <u>Introduction</u> | | | 12046 | Repair, intermediate, 20.1 to 30.0 cm | 3, 5 |
| 11900 | Injection, intralesional, up to and including 7 lesions | 3 | 12047 | Repair, intermediate, over 30.0 cm | 3, 5 |
| 11901 | Injection, intralesional, more than 7 lesions | 3, 4 | 12051 | Repair, intermediate, 2.5 cm or less | 3, 5 |
| 11920 | Tattooing | 1 | 12052 | Repair, intermediate, 2.6 to 5.0 cm | 3, 5 |
| 11921 | Tattooing | 1 | 12053 | Repair, intermediate, 5.1 to 7.5 cm | 3, 5 |
| 11922 | Tattooing | 1 | 12054 | Repair, intermediate, 7.6 to 12.5 cm | 3, 5 |
| 11950 | Subcutaneous injection, filling material..... | 1 | 12055 | Repair, intermediate, 12.6 to 20.0 cm | 5 |
| 11951 | Subcutaneous injection, filling material..... | 1 | 12056 | Repair, intermediate, 20.1 to 30.0 cm | 5 |
| 11952 | Subcutaneous injection, filling material..... | 1 | 12057 | Repair, intermediate, over 30.0 cm | 5 |
| 11954 | Subcutaneous injection, filling material..... | 1 | | | |
| 11960 | Insertion, tissue expander(s) for other than breast | 2 | | | |

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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---------------------------------|---|-----------------------------|---|--|-----------------------------|
| <u>Repair – Complex</u> | | | <u>Miscellaneous Procedures</u> (continued) | | |
| 13100 | Repair, complex, trunk; 1.1 to 2.5 cm | 3, 5 | 15788 | Chemical peel, facial; epidermal | 2 |
| 13101 | Repair, complex, trunk; 2.6 to 7.5 cm | 5 | 15789 | Chemical peel, facial; dermal | 2 |
| 13102 | Repair, complex, trunk; each additional 5 cm or less | 3 | 15792 | Chemical peel, nonfacial; epidermal | 2 |
| 13120 | Repair, complex, scalp, arms, legs; 1.1 to 2.5 cm | 3, 5 | 15793 | Chemical peel, nonfacial; dermal | 2 |
| 13121 | Repair, complex, scalp, arms, legs; 2.6 to 7.5 cm | 3, 5 | 15810 | Salabrasion, 20 sq cm or less | 2 |
| 13122 | Repair, complex, scalp, arms, legs; each additional 5 cm or less | 3 | 15811 | Salabrasion, over 20 sq cm | 2 |
| 13131 | Repair, complex, 1.1 to 2.5 cm | 3, 5 | 15819 | Cervicoplasty | 1 |
| 13132 | Repair, complex, 2.6 to 7.5 cm | 5 | 15820 | Blepharoplasty, lower lid | 2 |
| 13150 | Repair, complex, face, 1.0 cm or less | 3, 5 | 15821 | Blepharoplasty, lower eyelid, herniated fat pad | 2 |
| 13151 | Repair, complex, face, 1.1 to 2.5 cm | 3, 5 | 15822 | Blepharoplasty, upper eyelid | 2 |
| 13152 | Repair, complex, 2.6 to 7.5 cm | 5 | 15823 | Blepharoplasty, upper eyelid, excessive skin | 2 |
| <u>Free Skin Grafts</u> | | | 15824 | Rhytidectomy, forehead | 1 |
| 15101 | Split graft, trunk, scalp, each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof | 4 | 15825 | Rhytidectomy, neck | 1 |
| 15121 | Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof | 4 | 15826 | Rhytidectomy, frown lines | 1 |
| 15201 | Full thickness graft, trunk, each additional 20 sq cm | 4 | 15828 | Rhytidectomy, cheek, chin and neck | 1 |
| 15221 | Full thickness graft, scalp, each additional 20 sq cm | 4 | 15829 | Rhytidectomy | 1 |
| 15241 | Full thickness graft, forehead, each additional 20 sq cm | 4 | 15831 | Excision, excessive skin, abdomen | 1 |
| 15261 | Full thickness graft, nose, eyelids, each additional 20 sq cm | 4 | 15832 | Excision, excessive skin, thigh | 1 |
| <u>Other Grafts</u> | | | 15833 | Excision, excessive skin, leg | 1 |
| 15775 | Punch graft for hair transplant | 1 | 15834 | Excision, excessive skin, hip | 1 |
| 15776 | Punch graft for hair transplant | 1 | 15835 | Excision, excessive skin, buttock | 1 |
| <u>Miscellaneous Procedures</u> | | | 15836 | Excision, excessive skin, arm | 1 |
| 15780 | Dermabrasion, total face | 2 | 15837 | Excision, excessive skin, forearm and hand | 1 |
| 15781 | Dermabrasion, segmental, face | 2 | 15838 | Excision, excessive skin, submental fat pad | 1 |
| 15782 | Dermabrasion, regional, other than face | 2 | 15839 | Excision, excessive skin | 1 |
| 15783 | Dermabrasion, superficial, any site | 3 | 15840 | Graft for facial nerve paralysis, free fascia graft | 2 |
| 15787 | Abrasion, each additional four lesions or less | 4 | 15841 | Graft for facial nerve paralysis, free muscle graft | 2 |
| | | | 15842 | Graft for facial nerve paralysis; free muscle flap by microsurgical technique | 2 |
| | | | 15845 | Graft for facial nerve paralysis, regional muscle transfer | 2 |
| | | | 15850 | Removal of sutures under anesthesia, same surgeon | 1 |
| | | | 15851 | Removal of sutures under anesthesia, other surgeon | 3, 5 |
| | | | 15852 | Dressing change under anesthesia | 1 |
| | | | 15860 | I.V. injection of agent to test blood flow in flap | 5 |
| | | | 15876 | Suction assisted lipectomy, head and neck | 1 |
| | | | 15877 | Suction assisted lipectomy, trunk | 1 |
| | | | 15878 | Suction assisted lipectomy, arm | 1 |
| | | | 15879 | Suction assisted lipectomy, leg | 1 |
| | | | <u>Pressure Ulcers (Decubitus Ulcers)</u> | | |
| | | | 15999 | Unlisted procedure, excision pressure ulcer | 2 |
| | | | <u>Burns, Local Treatment</u> | | |
| | | | 16000 | Initial treatment, first degree burn | 3, 4, 5 |
| | | | 16010 | Dressings/debridement burn, under anesthesia, small | 3 |
| | | | 16020 | Dressing/debridement burn, without anesthesia, small | 4, 5 |
| | | | 16025 | Dressing/debridement burn, without anesthesia, medium | 4 |
| | | | 16030 | Dressing/debridement burn, without anesthesia, large | 4 |

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| | 2 | Requires TAR, Primary Surgeon/Provider | 4 | Anesthesiology services not payable |
| | | | 5 | Ambulatory Surgical |
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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|--|-----------------------------|-------------|--|-----------------------------|
| | <u>Destruction</u> | | | <u>Destruction</u> (continued) | |
| 17000 | Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; first lesion | 3 | 17270 | Destruction, malignant lesion, scalp, neck, etc., less than 0.5 cm | 3 |
| 17003 | Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; second through 14 lesions, each | 3 | 17271 | Destruction, malignant lesion, scalp, neck, etc., 0.6 – 1.0 cm | 3 |
| 17004 | Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia, 15 or more lesions | 3 | 17272 | Destruction, malignant lesion, scalp, neck, etc., 1.1 – 2.0 cm | 3 |
| 17106 | Destruction, cutaneous vascular proliferative lesions, less 10 sq cm | 3 | 17273 | Destruction, malignant lesion, scalp, neck, etc., 2.1 – 3.0 cm | 3 |
| 17107 | Destruction, cutaneous vascular proliferative lesions, 10 – 50 sq cm | 3 | 17274 | Destruction, malignant lesion, scalp, neck, etc., 3.1 – 4.0 cm | 3 |
| 17108 | Destruction, cutaneous vascular proliferative lesions, over 50 sq cm | 3 | 17276 | Destruction, malignant lesion, scalp, neck, etc., over 4.0 cm | 3 |
| 17110 | Destruction by any method of flat warts, molluscum contagiosum, or milia; up to 14 lesions | 3 | 17280 | Destruction, malignant lesion, face, ears, etc., less than 0.5 cm | 3 |
| 17111 | Destruction by any method of flat warts, molluscum contagiosum, or milia; 15 or more lesions | 3 | 17281 | Destruction, malignant lesion, face, ears, etc., 0.6 – 1.0 cm | 3 |
| 17250 | Chemical cauterization of granulation tissue | 3, 4 | 17282 | Destruction, malignant lesion, face, ears, etc., 1.1 – 2.0 cm | 3 |
| 17260 | Destruction, malignant lesion, trunk or limbs, less than 0.5 cm | 3 | 17283 | Destruction, malignant lesion, face, ears, etc., 2.1 – 3.0 cm | 3 |
| 17261 | Destruction, malignant lesion, trunk or limbs, 0.6 – 1.0 cm | 3 | 17284 | Destruction, malignant lesion, face, ears, etc., 3.1 – 4.0 cm | 3 |
| 17262 | Destruction, malignant lesion, trunk or limbs, 1.1 – 2.0 cm | 3 | 17286 | Destruction, malignant lesion, face, ears, etc., over 4.0 cm | 3 |
| 17263 | Destruction, malignant lesion, trunk or limbs, 2.1 – 3.0 cm | 3 | 17304 | Chemotherapy (Mohs'); first stage, fresh tissue technique, up to 5 specimens | 2, 3 |
| 17264 | Destruction, malignant lesion, trunk or limbs, 3.1 – 4.0 cm | 3 | 17305 | Chemotherapy (Mohs'); second stage, fixed/fresh tissue, up to 5 specimens | 2, 3 |
| 17266 | Destruction, malignant lesion, trunk or limbs, over 4.0 cm | 3 | 17306 | Chemotherapy (Mohs'); third stage, fixed/fresh tissue, up to 5 specimens | 2, 3 |
| | | | 17307 | Chemotherapy (Mohs'); additional stage(s), up to 5 specimens | 2, 3 |
| | | | 17310 | Chemotherapy (Mohs'); more than 5 specimens, any stage | 2, 3 |
| | | | 17340 | Cryotherapy for acne | 2, 3, 4 |
| | | | 17360 | Chemical exfoliation for acne | 2, 3, 4 |
| | | | 17380 | Electrolysis | 1 |
| | | | 17999 | Unlisted procedure, skin, mucous membrane | 2 |

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|-----------------------------------|---|--|---|--|
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| | | | 5 | Ambulatory Surgical |
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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--------------|---|-----------------------------|-------------|---|-----------------------------|
| | BREAST | | | Repair and Reconstruction | |
| | <u>Incision</u> | | 19316 | Mastopexy | 1 |
| 19000 | Puncture aspiration, breast cyst..... | 4, 5 | 19318 | Reduction mammoplasty | 2 |
| 19001 | Puncture, each additional cyst (List separately in addition to code for primary procedure)..... | 4, 5 | 19324 | Mammoplasty, augmentation, no implant | 2 |
| 19020 | Mastotomy, exploration/drainage of abscess..... | 3, 5 | 19325 | Mammoplasty, augmentation, with implant..... | 2 |
| 19030 | Injection procedure, mammary ductogram | 3, 5 | 19328 | Removal of intact mammary implant..... | 2 |
| | <u>Excision</u> | | 19330 | Removal of implant material | 2 |
| 19100 | Biopsy of breast; percutaneous , needle core, not using imaging guidance | 3, 4, 5 | 19340 | Immediate insertion of breast prosthesis after mastectomy | 2 |
| 19101 | Biopsy of breast; open , incisional..... | 5 | 19342 | Delayed insertion of breast prosthesis after mastectomy | 2 |
| 19102 | Biopsy of breast; percutaneous, needle core, using imaging guidance | 3 | 19350 | Nipple/areola reconstruction | 2 |
| 19110 | Nipple exploration | 5 | 19355 | Correction inverted nipples | 1 |
| 19112 | Excision lactiferous duct fistula | 5 | 19357 | Breast reconstruction | 2 |
| 19120 | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open , male or female, one or more lesions | 5 | 19361 | Breast reconstruction | 2 |
| 19126 | Excision of breast lesion identified by preoperative placement of radiological marker; open , each additional lesion | 4 | 19364 | Breast reconstruction, free flap | 2 |
| 19140 | Mastectomy for gynecomastia | 2 | 19366 | Breast reconstruction, other technique | 2 |
| 19160 | Mastectomy, partial..... | 2 | 19367 | Breast reconstruction with TRAM, single pedicle..... | 2 |
| 19162 | Mastectomy, partial; with axillary lymphadenectomy | 2 | 19368 | Breast reconstruction with TRAM, single pedicle; with microvascular anastomosis | 2 |
| 19180 | Mastectomy, simple, complete..... | 2 | 19369 | Breast reconstruction with TRAM, double pedicle | 2 |
| 19182 | Mastectomy, subcutaneous | 2 | 19370 | Open periprosthetic capsulotomy, breast | 2 |
| 19200 | Mastectomy, radical | 2 | 19371 | Periprosthetic capsulectomy, breast..... | 2 |
| 19220 | Mastectomy, radical, urban type | 2 | 19380 | Revision reconstructed breast | 2 |
| 19240 | Mastectomy, modified radical | 2 | 19396 | Preparation, moulage for custom breast implant | 2 |
| 19260 | Excision, chest wall tumor..... | 2 | 19499 | Unlisted procedure, breasts | 2 |
| 19271 | Excision, chest wall tumor, with plastic reconstruction | 2 | | | |
| 19272 | Excision, chest wall tumor, with mediastinal lymphadenectomy | 2 | | | |
| | <u>Introduction</u> | | | | |
| 19290 | Preoperative placement of needle localization wire, breast | 3 | | | |
| 19291 | Preoperative placement of needle localization wire, breast, each additional lesion | 3, 4 | | | |
| 19295 | Image guided placement, metallic localization clip, percutaneous, during breast biopsy | 3 | | | |

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| Benefit Restriction Descriptions: | 1 Non-Benefit | 3 Assistant Surgeon services not payable |
| | 2 Requires TAR, Primary Surgeon/Provider | 4 Anesthesiology services not payable |
| | | 5 Ambulatory Surgical |

TAR and Non-Benefit List: Codes 20000 – 29999

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--------------------------------|--|-----------------------------|-------------|-----------------------------|-----------------------------|
| SURGERY (continued) | | | | | |
| MUSCULOSKELETAL SYSTEM | | | | | |
| GENERAL | | | | | |
| <u>Incision</u> | | | | | |
| 20000 | Incision, soft tissue abscess, superficial | 5 | | | |
| 20005 | Incision, soft tissue abscess, deep or complicated | 5 | | | |
| <u>Excision</u> | | | | | |
| 20200 | Biopsy, muscle, superficial | 3, 5 | | | |
| 20205 | Biopsy, muscle, deep | 5 | | | |
| 20206 | Biopsy, muscle, percutaneous needle | 3, 4, 5 | | | |
| 20220 | Biopsy, bone, trocar or needle, superficial | 3, 5 | | | |
| 20225 | Biopsy, bone, trocar or needle, deep | 5 | | | |
| 20240 | Biopsy, bone, excisional, superficial (e.g., ilium, sternum, spinous process, ribs, trochanter of femur) | 3, 5 | | | |
| 20245 | Biopsy, excisional, deep | 5 | | | |
| 20250 | Biopsy, vertebral body, open, thoracic | 5 | | | |
| 20251 | Biopsy, vertebral body, open, lumbar or cervical | 5 | | | |
| <u>Introduction or Removal</u> | | | | | |
| 20500 | Injection, sinus tract, therapeutic | 3, 5 | | | |
| 20501 | Injection, sinus tract, diagnostic | 3, 5 | | | |
| 20520 | Removal of foreign body in muscle, simple | 3, 5 | | | |
| 20525 | Removal of foreign body in muscle, deep or complicated | 5 | | | |
| 20550 | Injection, tendon sheath, ligament, trigger point | 3, 5 | | | |
| 20600 | Arthrocentesis, aspiration and/or injection, small joint | 3 | | | |
| 20605 | Arthrocentesis, aspiration and/or injection, intermediate joint | 3 | | | |
| 20610 | Arthrocentesis, aspiration and/or injection, major joint | 3 | | | |
| 20615 | Aspiration/injection for treatment of bone cyst | 3, 5 | | | |
| 20650 | Insertion of wire or pin with application of skeletal traction | 3 | | | |
| 20660 | Application of cranial tongs or caliper | 3, 5 | | | |
| 20665 | Removal of tongs or halo, applied by another physician | 3, 5 | | | |
| 20670 | Removal of implant, superficial | 3, 5 | | | |
| 20680 | Removal of implant, deep | 5 | | | |
| 20690 | Application of a uniplane, unilateral, external fixation system | 3 | | | |
| 20692 | Application of a multiplane, unilateral, external fixation system | 3 | | | |
| 20693 | Adjustment or revision of external fixation system | 3 | | | |
| 20694 | Removal, under anesthesia, of external fixation system | 3 | | | |
| | | | | <u>Grafts (or Implants)</u> | |
| 20900 | Bone graft, any donor area, minor or small | 5 | | | |
| 20910 | Cartilage graft, costochondral | 5 | | | |
| 20912 | Cartilage graft, nasal septum | 5 | | | |
| 20920 | Fascia lata graft, by stripper | 5 | | | |
| 20926 | Tissue graft | 5 | | | |
| | | | | <u>Miscellaneous</u> | |
| 20950 | Monitoring of interstitial fluid pressure | 3, 4 | | | |
| 20974 | Electrical stimulation to aid bone healing, noninvasive | 3, 5 | | | |
| 20979 | Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) | 3 | | | |
| 20999 | Unlisted procedure, musculoskeletal system, general | 2 | | | |
| HEAD | | | | | |
| <u>Incision</u> | | | | | |
| 21010 | Arthrotomy, temporomandibular joint | 2 | | | |
| <u>Excision</u> | | | | | |
| 21050 | Condylectomy, temporomandibular joint | 2 | | | |
| 21060 | Meniscectomy, temporomandibular joint | 2 | | | |
| 21070 | Coronoidectomy | 2 | | | |
| <u>Introduction or Removal</u> | | | | | |
| 21076 | Impression and custom preparation; surgical obturator prosthesis | 1 | | | |
| 21077 | Impression and custom preparation; orbital prosthesis | 1 | | | |
| 21079 | Impression and custom preparation; interium obturator prosthesis | 1 | | | |
| 21080 | Impression and custom preparation; definitive obturator prosthesis | 1 | | | |
| 21081 | Impression and custom preparation; mandibular resection prosthesis | 1 | | | |
| 21082 | Impression and custom preparation; palatal augmentation prosthesis | 1 | | | |
| 21083 | Impression and custom preparation; palatal lift prosthesis | 1 | | | |
| 21084 | Impression and custom preparation; speech aid prosthesis | 1 | | | |
| 21085 | Impression and custom preparation; oral surgical splint | 1 | | | |
| 21086 | Impression and custom preparation; auricular prosthesis | 1 | | | |

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| Benefit Restriction Descriptions: | 1 Non-Benefit | 3 Assistant Surgeon services not payable |
| | 2 Requires TAR, Primary Surgeon/Provider | 4 Anesthesiology services not payable |
| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--|---|-----------------------------|------------------------------------|---|-----------------------------|
| <u>Introduction or Removal (continued)</u> | | | <u>Fracture and/or Dislocation</u> | | |
| 21087 | Impression and custom preparation; nasal prosthesis..... | 1 | 21800 | Treatment rib fracture, closed, uncomplicated..... | 5 |
| 21088 | Impression and custom preparation; facial prosthesis..... | 1 | <u>Miscellaneous</u> | | |
| 21089 | Unlisted maxillofacial prosthetic procedure | 1 | 21899 | Unlisted procedure, neck or thorax | 2 |
| 21116 | Injection procedure, temporomandibular arthrography | 3, 4, 5 | BACK AND FLANK | | |
| <u>Repair, Revision, or Reconstruction</u> | | | <u>Excision</u> | | |
| 21125 | Augmentation, mandibular body or angle; prosthetic procedure | 1 | 21920 | Biopsy, soft tissue back/flank, superficial..... | 5 |
| 21299 | Unlisted craniofacial/maxillofacial procedure..... | 2 | 21925 | Biopsy, soft tissue back/flank, deep..... | 5 |
| <u>Fracture and/or Dislocation</u> | | | SPINE (VERTEBRAL COLUMN) | | |
| 21310 | Treatment closed/open nasal fracture, without manipulation..... | 5 | <u>Excision</u> | | |
| 21315 | Manipulative treatment, nasal bone fracture..... | 3, 5 | 22103 | Partial excision of posterior vertebral component for intrinsic bony lesion, single vertebral segment; each additional segment..... | 4 |
| 21320 | Manipulative treatment, nasal bone fracture, stabilization..... | 3, 5 | 22116 | Partial excision of vertebral body for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment..... | 4 |
| 21325 | Open treatment nasal fracture, uncomplicated | 5 | <u>Osteotomy</u> | | |
| 21330 | Open treatment nasal fracture, complicated, skeletal fixation | 5 | 22216 | Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment..... | 4 |
| 21335 | Open treatment nasal fracture with fractured septum | 5 | 22226 | Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; each additional vertebral segment..... | 4 |
| 21337 | Treatment closed nasal septal fracture..... | 3, 5 | <u>Fracture and/or Dislocation</u> | | |
| 21355 | Manipulative treatment of closed or open fracture..... | 3 | 22328 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s); posterior approach, each additional fractured vertebrae or dislocated segment..... | 4 |
| 21440 | Manipulative treatment of alveolar ridge fracture..... | 3 | <u>Manipulation</u> | | |
| 21499 | Unlisted orthopedic procedure, head..... | 2 | 22505 | Manipulation of spine requiring anesthesia, any region | 3 |
| NECK (SOFT TISSUE) AND THORAX | | | <u>Arthrodesis</u> | | |
| <u>Excision</u> | | | 22585 | Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace; each additional interspace..... | 4 |
| 21550 | Biopsy, soft tissue, neck/thorax | 3, 5 | | | |
| <u>Repair, Revision or Reconstruction</u> | | | | | |
| 21700 | Division, scalenus anticus; without resection of cervical rib | 2 | | | |
| 21705 | Division, scalenus anticus; with resection of cervical rib | 2 | | | |
| 21720 | Division, sternocleidomastoid for torticollis, without cast application | 2 | | | |
| 21725 | Division, sternocleidomastoid for torticollis, with cast application | 2 | | | |
| 21740 | Reconstructive repair, pectus excavatum or carinatum..... | 2 | | | |

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|-----------------------------------|--|--|
| Benefit Restriction Descriptions: | 1 Non-Benefit | 3 Assistant Surgeon services not payable |
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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|--|-----------------------------|-------------|---|-----------------------------|
| | <u>Posterior, Posterolateral or Lateral Transverse Process Technique</u> | | | <u>Fracture and/or Dislocation</u> | |
| 22614 | Arthrodesis, posterior or posterolateral technique; each additional vertebral segment..... | 4 | 23500 | Treatment closed clavicular fracture, no manipulation | 5 |
| 22632 | Arthrodesis, posterior interbody technique; each additional interspace..... | 4 | 23505 | Treatment closed clavicular fracture, with manipulation | 5 |
| | <u>Other Procedures</u> | | 23520 | Treatment closed sternoclavicular dislocation, no manipulation | 5 |
| 22899 | Unlisted procedure, spine | 2 | 23525 | Treatment closed sternoclavicular dislocation, with manipulation | 5 |
| | <u>ABDOMEN</u> | | 23540 | Treatment closed acromioclavicular dislocation, no manipulation | 3, 5 |
| | <u>Excision</u> | | 23545 | Treatment closed acromioclavicular dislocation, with manipulation | 3, 5 |
| 22900 | Excision, abdominal wall tumor, subfascial | 2 | 23570 | Treatment closed scapular fracture, no manipulation | 5 |
| | <u>Miscellaneous</u> | | 23575 | Treatment closed scapular fracture, with manipulation | 5 |
| 22999 | Unlisted procedure, abdomen, musculoskeletal | 2 | 23600 | Treatment closed humeral fracture, no manipulation | 5 |
| | <u>SHOULDER</u> | | 23605 | Treatment closed humeral fracture, with manipulation | 5 |
| | <u>Incision</u> | | 23620 | Closed treatment of greater humeral tuberosity fracture, without manipulation | 5 |
| 23000 | Removal of subdeltoid (or intratendinous) calcareous deposits, any method | 2 | 23625 | Treatment closed greater tuberosity fracture, with manipulation | 5 |
| 23031 | Incision and drainage, shoulder area; infected bursa | 3 | 23630 | Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation | 5 |
| | <u>Excision</u> | | 23650 | Treatment closed shoulder dislocation, no anesthesia | 4, 5 |
| 23065 | Biopsy, soft tissues, shoulder, superficial | 3, 4, 5 | 23655 | Closed treatment closed shoulder dislocation, anesthesia | 5 |
| 23066 | Biopsy, soft tissue, shoulder, deep | 5 | 23665 | Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation | 5 |
| | <u>Introduction or Removal</u> | | 23675 | Treatment closed shoulder dislocation, surgical | 5 |
| 23330 | Removal foreign body, shoulder, subcutaneous..... | 3, 5 | | <u>Miscellaneous</u> | |
| 23350 | Injection procedure for shoulder arthrography | 3 | 23929 | Unlisted procedure, shoulder | 2 |
| | <u>Repair, Revision or Reconstruction</u> | | | <u>HUMERUS (UPPER ARM) AND ELBOW</u> | |
| 23412 | Repair, ruptured supraspinatus tendon | 2 | | <u>Incision</u> | |
| 23415 | Coracoacromial ligament release | 2 | 23931 | Incision and drainage, upper arm or elbow area; bursa..... | 3 |
| 23420 | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) | 2 | | <u>Excision</u> | |
| 23440 | Resection or transplantation, long tendon of biceps | 2 | 24065 | Biopsy arm/elbow , soft tissues, superficial | 3, 5 |
| 23470 | Arthroplasty, glenohumeral joint; hemiarthroplasty | 2 | 24066 | Biopsy, arm/elbow , soft tissues, deep (subfascial or intramuscular) | 5 |
| 23472 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement [e.g. total shoulder]) | 2 | 24076 | Excision, tumor, deep, facial, intramuscular | 2 |
| 23490 | Prophylactic treatment, clavicle | 5 | 24100 | Arthrotomy, elbow; with synovial biopsy only | 5 |
| 23491 | Prophylactic treatment, proximal humerus..... | 5 | 24101 | Arthrotomy, elbow; with joint exploration..... | 5 |
| | | | 24105 | Excision, olecranon bursa | 2 |

Benefit Restriction Descriptions:

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|---|--|
| 1 | Non-Benefit |
| 2 | Requires TAR, Primary Surgeon/Provider |

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|---|---|
| 3 | Assistant Surgeon services not payable |
| 4 | Anesthesiology services not payable |
| 5 | Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--|---|-----------------------------|---|---|-----------------------------|
| <u>Introduction or Removal</u> | | | <u>Excision</u> | | |
| 24200 | Removal arm/elbow foreign body, subcutaneous..... | 3, 5 | 25065 | Biopsy, forearm , soft tissues, superficial..... | 3, 5 |
| 24201 | Removal arm/elbow foreign body, deep (subfascial or intramuscular)..... | 5 | 25066 | Biopsy, forearm , soft tissues, deep (subfascial or intramuscular)..... | 5 |
| 24220 | Injection procedure for elbow arthrography | 3 | 25075 | Excision, tumor, subcutaneous | 2 |
| <u>Repair, Revision and Reconstruction</u> | | | 25076 | Excision, tumor, deep | 2 |
| 24310 | Tenotomy, open, elbow to shoulder, each tendon | 5 | 25085 | Capsulotomy, wrist (e.g., contracture) | 2 |
| <u>Fracture and/or Dislocation</u> | | | 25100 | Arthrotomy, wrist joint; with biopsy..... | 5 |
| 24500 | Treatment closed humeral shaft fracture, without manipulation..... | 4, 5 | 25101 | Arthrotomy, wrist joint; with joint exploration..... | 5 |
| 24505 | Treatment closed humeral fracture, with manipulation..... | 5 | 25115 | Radical excision of bursa/synovia of wrist; flexors..... | 3 |
| 24530 | Treatment closed supracondylar fracture, without manipulation..... | 4, 5 | <u>Introduction or Removal</u> | | |
| 24535 | Treatment closed supracondylar fracture, manipulation | 5 | 25246 | Injection procedure for wrist arthrography..... | 3 |
| 24560 | Treatment closed epicondylar fracture, without manipulation..... | 5 | 25248 | Exploration with removal of deep foreign body | 5 |
| 24565 | Treatment closed epicondylar fracture, with manipulation..... | 5 | <u>Repair, Revision or Reconstruction</u> | | |
| 24576 | Treatment closed condylar fracture, without manipulation..... | 5 | 25260 | Repair, tendon/muscle, flexor, primary, single..... | 5 |
| 24577 | Treatment closed condylar fracture, with manipulation..... | 5 | 25270 | Repair, tendon/muscle, extensor, primary, single..... | 5 |
| 24600 | Treatment closed elbow dislocation, without anesthesia..... | 4, 5 | 25272 | Repair, tendon/muscle, extensor, secondary, single | 5 |
| 24605 | Treatment closed elbow dislocation, with anesthesia..... | 5 | 25290 | Tenotomy, open, single..... | 5 |
| 24620 | Treatment closed Monteggia type fracture, dislocation..... | 5 | 25295 | Tenolysis, single tendon, each tendon..... | 5 |
| 24640 | Treatment radial head subluxation in child | 5 | 25350 | Osteotomy, radius, distal third | 2 |
| 24650 | Treatment closed radial head or neck fracture, without manipulation..... | 5 | 25355 | Osteotomy, radius, middle or proximal third | 2 |
| 24655 | Treatment closed radial head or neck fracture, with manipulation..... | 5 | 25360 | Osteotomy, ulna | 2 |
| 24670 | Treatment closed ulnar fracture, olecranon, without manipulation..... | 5 | 25365 | Osteotomy, radius and ulna | 2 |
| 24675 | Treatment closed ulnar fracture, olecranon, manipulation | 5 | <u>Fracture and/or Dislocation</u> | | |
| <u>Miscellaneous</u> | | | 25500 | Treatment closed radial shaft fracture | 5 |
| 24999 | Unlisted procedure, humerus or elbow | 2 | 25505 | Treatment closed radial shaft fracture, with manipulation | 3, 5 |
| FOREARM AND WRIST | | | 25530 | Treatment closed ulnar shaft fracture | 5 |
| <u>Incision</u> | | | 25535 | Treatment closed ulnar shaft fracture, with manipulation..... | 3, 5 |
| 25040 | Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body..... | 3 | 25560 | Treatment closed radial and ulnar shaft fracture | 5 |
| | | | 25565 | Treatment closed radial and ulnar fractures, manipulation | 5 |
| | | | 25600 | Treatment closed distal radial fracture..... | 5 |
| | | | 25605 | Treatment closed distal radial fracture, with manipulation | 3, 5 |
| | | | 25622 | Treatment closed carpal scaphoid fracture..... | 3, 5 |
| | | | 25624 | Treatment closed carpal scaphoid fracture, manipulation | 3, 5 |
| | | | 25630 | Treatment closed carpal bone fracture | 5 |
| | | | 25635 | Treatment closed carpal bone fracture, with manipulation..... | 3, 5 |
| | | | 25650 | Treatment closed ulnar styloid fracture..... | 3, 5 |
| | | | 25660 | Treatment closed carpal dislocation, with manipulation | 3, 5 |
| | | | 25675 | Treatment closed distal radioulnar dislocation..... | 3, 5 |
| | | | 25680 | Treatment closed trans-scaphoperilunar fracture | 5 |
| | | | 25690 | Treatment lunate dislocation, with manipulation | 3, 5 |
| | | | <u>Miscellaneous</u> | | |
| | | | 25999 | Unlisted procedure, forearm or wrist..... | 2 |

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|-----------------------------------|--|---|
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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--|---|-----------------------------|--|--|-----------------------------|
| HAND AND FINGERS | | | <u>Repair, Revision or Reconstruction (continued)</u> | | |
| <u>Incision</u> | | | 26450 | Tenotomy, flexor, palm, open, each tendon..... | 5 |
| 26010 | Drainage of finger abscess, simple..... | 3, 5 | 26455 | Tenotomy, flexor, finger, open, each tendon..... | 5 |
| 26011 | Drainage of finger abscess, complicated..... | 5 | 26460 | Tenotomy, extensor, hand or finger, open, each tendon..... | 5 |
| 26020 | Drainage of tendon sheath, digit and/or palm, each..... | 5 | 26476 | Lengthening of tendon, extensor, hand or finger, each tendon..... | 5 |
| 26025 | Drainage of palmar bursa; single, bursa..... | 5 | 26477 | Shortening of tendon, extensor, hand or finger, each tendon..... | 5 |
| 26030 | Drainage of palmar bursa; multiple bursa..... | 5 | 26520 | Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint..... | 5 |
| 26055 | Tendon sheath incision (e.g., for trigger finger)..... | 5 | 26525 | Capsulectomy or capsulotomy; interphalangeal joint, each joint..... | 5 |
| 26060 | Tenotomy, percutaneous, single, each digit..... | 5 | <u>Fractures and/or Dislocations</u> | | |
| <u>Excision</u> | | | 26600 | Treatment closed metacarpal fracture, single,..... | 5 |
| 26100 | Arthrotomy with biopsy; carpometacarpal joint, each..... | 5 | 26605 | Treatment closed metacarpal fracture, single, manipulation..... | 5 |
| 26105 | Arthrotomy with biopsy; metacarpophalangeal joint, each..... | 5 | 26607 | Treatment closed metacarpal fracture, single, manipulation..... | 5 |
| 26110 | Arthrotomy with synovial biopsy; interphalangeal joint..... | 5 | 26670 | Treatment closed carpometacarpal dislocation, single..... | 3, 4, 5 |
| 26115 | Excision, tumor; subcutaneous..... | 2, 3 | 26675 | Treatment closed carpometacarpal dislocation, anesthesia..... | 3, 5 |
| 26116 | Excision, tumor; deep, subfascial, intramuscular..... | 2 | 26676 | Treatment closed carpometacarpal dislocation, pinning..... | 3 |
| 26125 | Fasciectomy, each additional digit..... | 4 | 26700 | Treatment closed metacarpophalangeal dislocation, no anesthesia..... | 3, 4, 5 |
| 26130 | Synovectomy, carpometacarpal joint..... | 5 | 26705 | Treatment closed metacarpophalangeal dislocation, anesthesia..... | 3, 5 |
| 26135 | Synovectomy, metacarpophalangeal joint..... | 5 | 26706 | Treatment closed metacarpophalangeal dislocation..... | 3, 5 |
| 26140 | Synovectomy, proximal interphalangeal joint..... | 5 | 26720 | Treatment closed phalangeal shaft fracture, without manipulation..... | 3, 5 |
| 26145 | Synovectomy tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon..... | 5 | 26725 | Treatment closed phalangeal shaft fracture, manipulation..... | 3, 5 |
| 26170 | Excision of tendon, palm, flexor, single, (separate procedure) each..... | 5 | 26740 | Treatment closed articular fracture, without manipulation, each joint..... | 3, 5 |
| 26180 | Excision of tendon, finger, flexor (separate procedure), each tendon..... | 5 | 26742 | Treatment closed articular fracture, with manipulation..... | 3, 5 |
| 26200 | Excision/curettage bone cyst/benign tumor, metacarpal..... | 5 | 26750 | Treatment closed distal phalangeal fracture, without manipulation..... | 3, 5 |
| 26210 | Excision/curettage bone cyst/benign tumor phalanx..... | 5 | 26755 | Treatment closed distal phalangeal fracture, manipulation..... | 3, 5 |
| <u>Repair, Revision or Reconstruction</u> | | | 26756 | Treatment closed distal phalangeal fracture, pinning..... | 5 |
| 26350 | Repair or advancement, flexor tendon not in digital flexor tendon sheath (e.g., no man's land); primary or secondary without free graft, each tendon..... | 5 | 26765 | Open treatment distal phalangeal fracture..... | 5 |
| 26352 | Flexor tendon repair, secondary..... | 5 | 26770 | Treatment closed interphalangeal joint dislocation, no anesthesia..... | 3, 4, 5 |
| 26358 | Flexor tendon repair, single, secondary, each..... | 5 | 26775 | Treatment closed interphalangeal joint dislocation, anesthesia..... | 3, 5 |
| 26410 | Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon..... | 5 | 26776 | Treatment closed interphalangeal joint dislocation, pinning..... | 3, 5 |
| 26412 | Extensor tendon repair, dorsum of hand, single, with free graft..... | 5 | | | |
| 26418 | Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon..... | 5 | | | |
| 26432 | Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (e.g., mallet finger)..... | 5 | | | |
| 26433 | Repair of extensor tendon, distal insertion, primary or secondary; without graft (e.g., mallet finger)..... | 5 | | | |
| 26440 | Tenolysis, flexor tendon, palm OR finger; each tendon..... | 5 | | | |
| 26445 | Tenolysis, extensor tendon, hand or finger; each tendon..... | 5 | | | |

Benefit Restriction Descriptions: 1 Non-Benefit
2 Requires TAR, Primary Surgeon/Provider

3 Assistant Surgeon services not payable
4 Anesthesiology services not payable
5 Ambulatory Surgical

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--------------|---|-----------------------------|-------------|---|-----------------------------|
| | <u>Arthrodesis</u> | | | <u>Manipulation</u> | |
| 26861 | Arthrodesis, with or without internal fixation; interphalangeal joint, each additional interphalangeal joint (List separately in addition to code for primary procedure)..... | 4 | 27275 | Manipulation, hip joint, requiring general anesthesia | 3 |
| 26863 | Arthrodesis, with or without internal fixation; interphalangeal joint, with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure) | 4 | | <u>Miscellaneous</u> | |
| | <u>Miscellaneous</u> | | 27299 | Unlisted procedure, pelvis or hip joint | 2 |
| 26989 | Unlisted procedure, hands or fingers | 2 | | FEMUR (THIGH REGION) AND KNEE JOINT | |
| | PELVIS AND HIP JOINT | | | <u>Excision</u> | |
| | <u>Incision</u> | | 27323 | Biopsy, thigh, soft tissues, superficial | 3, 5 |
| 26991 | Incision and drainage, pelvis or hip joint, infected bursa | 3 | 27324 | Biopsy, thigh, soft tissues, deep (subfascial or intramuscular) | 5 |
| 27000 | Tenotomy, adductor of hip, percutaneous (separate procedure) | 3 | 27328 | Excision, tumor; deep, subfascial, intramuscular | 2 |
| 27001 | Tenotomy, adductor of hip, open | 3 | | <u>Introduction and/or Removal</u> | |
| | <u>Excision</u> | | 27370 | Injection procedure for knee arthrography | 3, 5 |
| 27040 | Biopsy; soft tissues, superficial | 5 | 27418 | Anterior tibial tubercleplasty (e.g., Maquet type procedure) | 2 |
| 27041 | Biopsy; soft tissues, deep, subfascial or intramuscular | 5 | 27420 | Reconstruction of dislocating patella; (e.g., Hauser type procedure)..... | 2 |
| 27048 | Excision, tumor, deep, subfacial, intramuscular | 2 | 27422 | Reconstruction of dislocating patella with extensor realignment and/or muscle advancement or release (e.g., Campbell, Goldwaite type procedure) | 2 |
| | <u>Introduction and/or Removal</u> | | 27424 | Reconstruction for recurrent dislocating patella; with patellectomy | 2 |
| 27086 | Removal of foreign body, pelvis or hip; subcutaneous tissue | 3 | 27425 | Lateral retinacular release | 2 |
| 27093 | Injection procedure for hip arthrography; without anesthesia | 3, 4 | 27427 | Ligamentous reconstruction, knee; extra-articular | 2 |
| 27095 | Injection procedure for hip arthrography; with anesthesia | 3 | 27428 | Ligamentous reconstruction, knee; intra-articular | 2 |
| 27096 | <u>Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid</u> | 3 | 27429 | Ligamentous reconstruction, knee; intra-articular and extra-articular | 2 |
| | <u>Repair, Revision or Reconstruction</u> | | 27437 | Arthroplasty, patella; without prosthesis | 2 |
| 27130 | Arthroplasty, total hip replacement | 2 | 27438 | Arthroplasty, patella; with prosthesis | 2 |
| 27132 | Conversion, previous hip surgery to total hip replacement | 2 | 27440 | Arthroplasty, knee, tibial plateau | 2 |
| 27134 | Revision, total hip arthroplasty, both components | 2 | 27441 | Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy | 2 |
| 27137 | Revision, total hip arthroplasty, acetabular component only | 2 | 27442 | Arthroplasty, femoral condyles or tibial plateau(s), knee | 2 |
| 27138 | Revision, total hip arthroplasty, femoral component only | 2 | 27443 | Arthroplasty, knee, femoral condyles or tibial plateaus; with debridement and partial synovectomy | 2 |
| 27175 | Treatment, slipped femoral epiphysis; by traction | 4 | 27445 | Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)..... | 2 |
| | <u>Fractures and/or Dislocations</u> | | 27446 | Arthroplasty, knee, condyle and plateau | 2 |
| 27200 | Treatment closed coccygeal fracture | 5 | 27447 | Arthroplasty, knee, total knee replacement | 2 |
| 27250 | Treatment, closed hip dislocation; without anesthesia | 4 | 27455 | Osteotomy, proximal tibia; before epiphyseal closure | 2 |
| 27256 | Treatment congenital hip dislocation | 5 | 27457 | Osteotomy, proximal tibia; after epiphyseal closure | 2 |
| 27257 | Treatment congenital hip dislocation, manipulation | 5 | 27486 | Revision of total knee arthroplasty; one component | 2 |
| 27265 | Treatment, atraumatic hip dislocation; without anesthesia | 4 | 27487 | Revision of total knee arthroplasty; femoral and entire tibial component | 2 |

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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--------------------------------------|---|-----------------------------|--|--|-----------------------------|
| <u>Fractures and/or Dislocations</u> | | | <u>Fractures and/or Dislocations (continued)</u> | | |
| 27520 | Treatment closed patellar fracture | 5 | 27786 | Treatment closed distal fibular fracture..... | 5 |
| 27530 | Treatment closed tibial fracture, proximal..... | 5 | 27788 | Treatment closed distal fibular fracture, with manipulation | 5 |
| 27532 | Treatment closed tibial fracture, proximal, manipulation | 5 | 27792 | Open treatment distal fibular fracture, with fixation..... | 5 |
| 27550 | Treatment of closed knee dislocation; without anesthesia..... | 4 | 27808 | Treatment closed bimalleolar ankle fracture..... | 5 |
| 27560 | Treatment closed patellar dislocation; without anesthesia..... | 4, 5 | 27810 | Treatment closed bimalleolar ankle fracture, manipulation | 5 |
| 27562 | Treatment closed patellar dislocation; with anesthesia..... | 5 | 27816 | Treatment closed trimalleolar ankle fracture..... | 5 |
| | <u>Manipulation</u> | | 27818 | Treatment closed trimalleolar ankle fracture, manipulation | 5 |
| 27570 | Manipulation of knee joint under general anesthesia | 3 | 27830 | Treatment proximal tibiofibular joint dislocation | 4, 5 |
| | <u>Miscellaneous</u> | | 27831 | Treatment proximal tibiofibular dislocation, anesthesia | 5 |
| 27599 | Unlisted procedure, femur or knee..... | 2 | 27840 | Treatment ankle dislocation | 4, 5 |
| | <u>LEG (tibia and fibula) and ANKLE JOINT</u> | | 27842 | Treatment ankle dislocation, with anesthesia | 5 |
| | <u>Incision</u> | | | <u>Manipulation</u> | |
| 27604 | Incision and drainage, leg or ankle; infected bursa | 3 | 27860 | Manipulation ankle under general anesthesia | 3, 5 |
| 27605 | Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia | 3, 4 | | <u>Miscellaneous</u> | |
| 27606 | Tenotomy, achilles tendon, subcutaneous; general anesthesia | 3 | 27899 | Unlisted procedure, leg or ankle | 2 |
| | <u>Excision</u> | | | <u>FOOT</u> | |
| 27613 | Biopsy, lower leg, soft tissue; superficial | 3, 5 | | <u>Incision</u> | |
| 27614 | Biopsy, lower leg, soft tissues, deep (subfascial or intramuscular)..... | 5 | 28001 | Incision and drainage, bursa, foot..... | 3, 5 |
| 27618 | Excision, tumor, leg or ankle area; subcutaneous tissue | 2, 3 | 28002 | Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space | 3 |
| 27619 | Excision, tumor, deep, subfascial or intramuscular..... | 2 | 28003 | Deep dissection below fascia; multiple areas | 3 |
| | <u>Introduction or Removal</u> | | 28008 | Fasciotomy, foot and/or toe | 3 |
| 27648 | Injection procedure for ankle arthrography | 3, 5 | 28010 | Tenotomy, percutaneous, toe; single tendon | 3 |
| | <u>Repair, Revision or Reconstruction</u> | | 28011 | Tenotomy, percutaneous, toe; multiple tendons | 3 |
| 27692 | Transfer or transplant of tendon; each additional tendon (List in addition to code for primary procedure) | 4 | 28020 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint | 5 |
| 27700 | Arthroplasty, ankle | 2 | 28022 | Arthrotomy, metatarsophalangeal joint | 3, 5 |
| 27702 | Arthroplasty, ankle; with implant | 2 | 28024 | Arthrotomy, interphalangeal joint | 3, 5 |
| 27703 | Arthroplasty, ankle; revision, total ankle | 2 | | <u>Excision</u> | |
| | <u>Fractures and/or Dislocations</u> | | 28043 | Excision, tumor, foot; subcutaneous tissue..... | 3 |
| 27750 | Treatment closed tibial shaft fracture..... | 5 | 28045 | Excision, tumor, deep, subfascial, intramuscular..... | 2 |
| 27752 | Treatment closed tibial shaft fracture, manipulation | 5 | 28090 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); foot..... | 2 |
| 27760 | Treatment closed distal tibial fracture | 5 | 28092 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); toe(s), each..... | 2, 3 |
| 27762 | Treatment closed distal tibial fracture, with manipulation..... | 5 | | <u>Introduction and/or Removal</u> | |
| 27780 | Treatment closed proximal fibula/shaft fracture..... | 5 | 28190 | Removal foreign body, subcutaneous..... | 3, 5 |
| 27781 | Treatment closed proximal fibula/shaft fracture, with manipulation..... | 5 | 28192 | Removal foreign body, deep | 5 |

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|---|---|-----------------------------|------------------------------------|---|-----------------------------|
| <u>Repair, Revision or Reconstruction</u> | | | <u>Fracture and/or Dislocation</u> | | |
| 28200 | Repair tendon, flexor, foot; primary or secondary without free graft, each tendon..... | 5 | 28405 | Treatment closed calcaneal fracture, with manipulation..... | 5 |
| 28208 | Repair tendon, extensor, foot; primary or secondary, each tendon..... | 5 | 28430 | Treatment closed talus fracture..... | 3, 5 |
| 28272 | Capsulotomy; interphalangeal joint, each joint (separate procedure)..... | 3 | 28435 | Treatment closed talus fracture, with manipulation..... | 3, 5 |
| 28285 | Correction, hammertoe (e.g. interphalangeal fusion, partial or total phalangectomy)..... | 2 | 28436 | Percutaneous skeletal fixation of talus fracture, with manipulation..... | 3 |
| 28286 | Correction, cock-up fifth toe, with plastic skin closure (e.g., Ruiz-Mora type procedure)..... | 2 | 28450 | Treatment closed tarsal bone fracture..... | 5 |
| 28288 | Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head..... | 2, 3 | 28455 | Treatment closed tarsal bone fracture, with manipulation..... | 3, 5 |
| 28289 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint..... | 2 | 28456 | Percutaneous skeletal fixation of tarsal bone fracture, with manipulation, each..... | 3 |
| 28290 | Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (e.g., Silver type procedure)..... | 2 | 28465 | Open treatment of closed or open tarsal bone fracture..... | 3 |
| 28292 | Hallux valgus correction..... | 2 | 28470 | Treatment closed metatarsal fracture..... | 3, 5 |
| 28293 | Hallux valgus correction, resection joint, implant..... | 2 | 28475 | Treatment closed metatarsal fracture, with manipulation..... | 3, 5 |
| 28294 | Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (e.g., Joplin type procedure)..... | 2 | 28476 | Treatment closed metatarsal fracture, with pin..... | 3, 5 |
| 28296 | Hallux valgus correction, metatarsal osteotomy..... | 2 | 28485 | Open treatment metatarsal fracture..... | 5 |
| 28297 | Hallux valgus correction, Lapidus type..... | 2 | 28490 | Treatment closed fracture great toe..... | 3, 5 |
| 28298 | Hallux valgus correction, phalanx osteotomy..... | 2 | 28495 | Treatment closed fracture great toe, with manipulation..... | 3, 5 |
| 28299 | Hallux valgus correction, by other methods..... | 2 | 28496 | Treatment closed fracture great toe, with pin..... | 3, 5 |
| 28306 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal..... | 2 | 28510 | Treatment closed fracture other toe..... | 3, 5 |
| 28308 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each..... | 2 | 28515 | Treatment closed fracture other toe, with manipulation..... | 3, 5 |
| 28310 | Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)..... | 2 | 28530 | Treatment closed sesamoid fracture..... | 3, 4 |
| 28312 | Osteotomy other phalanges, any toe..... | 2 | 28540 | Treatment closed tarsal bone dislocation..... | 3, 4, 5 |
| 28313 | Reconstruction, angular deformity of toe, soft tissue procedures only (e.g. overlapping second toe, fifth toe, curly toes)..... | 2 | 28545 | Treatment closed tarsal bone dislocation, with anesthesia..... | 3, 5 |
| 28315 | Sesamoidectomy, first toe..... | 2 | 28546 | Percutaneous skeletal fixation tarsal bone dislocation, with manipulation..... | 3 |
| 28340 | Reconstruction, toe, macrodactyly, soft tissue resection..... | 2 | 28570 | Treatment closed talotarsal joint dislocation..... | 3, 4, 5 |
| 28341 | Reconstruction, toe, macrodactyly, requiring bone resection..... | 2 | 28575 | Treatment closed talotarsal joint dislocation, anesthesia..... | 3, 5 |
| 28344 | Reconstruction, toe, polydactyly..... | 2 | 28600 | Treatment closed tarsometatarsal joint dislocation..... | 3, 4, 5 |
| 28345 | Reconstruction, toe, syndactyly, with or w/out skin grafts, each web..... | 2 | 28605 | Treatment closed tarsometatarsal joint dislocation, with anesthesia..... | 3, 5 |
| 28360 | Reconstruction, cleft foot..... | 2 | 28606 | Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation..... | 3 |
| | | | 28630 | Treatment closed metatarsophalangeal joint dislocation..... | 3, 4, 5 |
| | | | 28635 | Treatment closed metatarsophalangeal joint dislocation; with anesthesia..... | 3, 5 |
| | | | 28660 | Treatment closed interphalangeal joint dislocation..... | 3, 4, 5 |
| | | | 28665 | Treatment closed interphalangeal dislocation; anesthesia..... | 3, 5 |
| | | | <u>Other Procedures</u> | | |
| | | | 28899 | Unlisted procedure, foot or toes..... | 2 |

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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---|---|-----------------------------|----------------------------|---|-----------------------------|
| APPLICATION OF CASTS AND STRAPPING | | | Splints | | |
| <u>Body and Upper Extremity Casts</u> | | | 29505 | Application of long leg splint | 3 |
| 29010 | Application of Risser jacket, localizer, body..... | 3 | 29515 | Application of short leg splint | 3 |
| 29015 | Application of Risser jacket, localizer, including head | 3 | <u>Strapping – Any Age</u> | | |
| 29020 | Application of turnbuckle jacket, body..... | 3 | 29520 | Strapping; hip | 3, 4 |
| 29025 | Application of turnbuckle jacket, including head | 3 | 29530 | Strapping; knee | 3, 4 |
| 29035 | Application of body cast, shoulder to hips..... | 3 | 29540 | Strapping; ankle | 3, 4 |
| 29040 | Application of body cast, shoulder to hips; including head | 3 | 29550 | Strapping; toes | 3 |
| 29044 | Application of body cast, shoulder to hips; one thigh..... | 3 | 29580 | Unna boot | 3, 4 |
| 29046 | Application of body cast, shoulder to hips; both thighs | 3 | 29590 | Denis-Browne splint strapping | 3, 4 |
| 29049 | Application; plaster figure of eight..... | 3 | <u>Removal or Repair</u> | | |
| 29055 | Application; shoulder spica | 3 | 29700 | Removal or bivalving; gauntlet, boot or body cast | 3, 4 |
| 29058 | Application; plaster Velpeau | 3 | 29705 | Removal or bivalving; full arm or full leg cast..... | 3, 4 |
| 29065 | Application; shoulder to hand..... | 3 | 29710 | Removal or bivalving; shoulder or hip spica | 3, 4 |
| 29075 | Application; elbow to finger..... | 3 | 29715 | Removal or bivalving; turnbuckle jacket..... | 3, 4 |
| 29085 | Application; hand and lower forearm | 3 | 29720 | Repair of spica, body cast or jacket | 3, 4 |
| <u>Splints</u> | | | 29730 | Windowing of cast..... | 3, 4 |
| 29105 | Application of long arm splint..... | 3 | 29740 | Wedging of cast | 3, 4 |
| 29125 | Application of short arm splint; static | 3 | 29750 | Wedging of clubfoot cast..... | 3, 4 |
| 29126 | Application of short arm splint; dynamic | 3 | <u>Miscellaneous</u> | | |
| 29130 | Application of finger splint; static | 3 | 29799 | Unlisted procedure, casting or strapping | 2, 3 |
| 29131 | Application of finger splint; dynamic..... | 3 | ARTHROSCOPY | | |
| <u>Strapping – Any Age</u> | | | 29800 | Arthroscopy, temporomandibular joint, diagnostic | 1 |
| 29200 | Strapping; thorax..... | 3, 4 | 29804 | Arthroscopy, temporomandibular joint, surgical..... | 1 |
| 29220 | Strapping; low back..... | 3, 4 | 29815 | Arthroscopy, shoulder, diagnostic..... | 3, 5 |
| 29240 | Strapping; shoulder..... | 3, 4 | 29819 | Arthroscopy, shoulder, removal loose body | 3, 5 |
| 29260 | Strapping; elbow or wrist..... | 3, 4 | 29820 | Arthroscopy, shoulder, synovectomy | 1 |
| 29280 | Strapping; hand or finger | 3, 4 | 29821 | Arthroscopy, shoulder, synovectomy, complete..... | 1 |
| <u>Lower Extremity Casts</u> | | | 29822 | Arthroscopy, shoulder, debridement | 1 |
| 29305 | Application of hip spica cast; one leg..... | 3 | 29823 | Arthroscopy, shoulder, debridement | 1 |
| 29325 | Application of hip spica cast; both legs..... | 3 | 29825 | Arthroscopy, shoulder, lysis of adhesions..... | 1 |
| 29345 | Application of long leg cast | 3 | 29826 | Arthroscopy, shoulder, decompression of subacromial space..... | 3, 5 |
| 29355 | Application of long leg cast; ambulatory type..... | 3 | 29830 | Arthroscopy, elbow, diagnostic | 3, 5 |
| 29358 | Application of long leg cast brace | 3 | 29834 | Arthroscopy, elbow, removal loose body | 3, 5 |
| 29365 | Application of cylinder cast | 3 | 29835 | Arthroscopy, elbow, synovectomy..... | 1 |
| 29405 | Application of short leg cast | 3 | 29836 | Arthroscopy, synovectomy, complete | 1 |
| 29425 | Application of short leg cast; ambulatory type | 3 | 29837 | Arthroscopy, debridement, limited | 1 |
| 29435 | Application of patellar tendon bearing cast..... | 3 | 29838 | Arthroscopy, elbow, debridement..... | 1 |
| 29440 | Adding walker to previously applied cast..... | 3, 4 | 29840 | Arthroscopy, wrist, diagnostic | 3, 5 |
| 29450 | Application of clubfoot cast, long or short leg | 3 | | | |

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| | | | 5 | Ambulatory Surgical |
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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|--|-----------------------------|
| | ARTHROSCOPY (continued) | |
| 29843 | Arthroscopy, wrist, surgical..... | 3, 5 |
| 29844 | Arthroscopy, wrist, synovectomy, partial..... | 3, 5 |
| 29845 | Arthroscopy, wrist, synovectomy, complete..... | 3, 5 |
| 29846 | Arthroscopy, wrist, excision cartilage..... | 3, 5 |
| 29847 | Arthroscopy, wrist, internal fixation..... | 3, 5 |
| 29848 | Endoscopy, wrist, surgical, with release of carpal ligament..... | 3, 5 |
| 29860 | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)..... | 3 |
| 29861 | Arthroscopy, hip, surgical; with removal of loose body or foreign body..... | 3 |
| 29862 | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum..... | 3 |
| 29863 | Arthroscopy, hip, surgical; with synovectomy..... | 3 |
| 29870 | Arthroscopy, knee, diagnostic..... | 3, 5 |
| 29871 | Arthroscopy, knee, surgical; for infection/lavage/drainage..... | 3 |
| 29874 | Arthroscopy, knee, surgical, removal loose body..... | 3, 5 |
| 29875 | Arthroscopy, knee, surgical, synovectomy, limited..... | 3, 5 |
| 29876 | Arthroscopy, knee, surgical, synovectomy, major..... | 3, 5 |
| 29877 | Arthroscopy, knee, surgical, debridement cartilage..... | 3, 5 |
| 29879 | Arthroscopy, knee, surgical, abrasion arthroplasty..... | 3, 5 |
| 29880 | Arthroscopy, knee, surgical, meniscectomy (medial and lateral)..... | 3, 5 |
| 29881 | Arthroscopy, knee, surgical, meniscectomy (medial or lateral)..... | 3, 5 |
| 29882 | Arthroscopy, knee, surgical, meniscus repair (medial or lateral)..... | 3, 5 |
| 29883 | Arthroscopy, knee, surgical, meniscus repair (medial and lateral)..... | 3, 5 |
| 29884 | Arthroscopy, knee, surgical, lysis of adhesions..... | 3, 5 |
| 29885 | Arthroscopy, knee, surgical, drilling for osteochondritis dissecans..... | 3, 5 |
| 29886 | Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion..... | 3, 5 |
| 29887 | Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion with internal fixation..... | 3, 5 |
| 29891 | Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect..... | 3 |
| 29892 | Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)..... | 3 |
| 29893 | Endoscopic plantar fasciotomy..... | 3 |
| 29894 | Arthroscopy, ankle, surgical, removal loose body..... | 3, 5 |
| 29895 | Arthroscopy, ankle, surgical, synovectomy..... | 1 |
| 29897 | Arthroscopy, ankle, surgical, debridement, limited..... | 1 |
| 29898 | Arthroscopy, ankle, surgical, debridement, extensive..... | 1 |
| 29909 | Unlisted procedure, arthroscopy..... | 2, 3 |

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| | | 5 Ambulatory Surgical |

TAR and Non-Benefit List: Codes 30000 – 39999**1**

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|------------------------------|---|-----------------------------|-------------|--------------------|-----------------------------|
| SURGERY (continued) | | | | | |
| RESPIRATORY SYSTEM | | | | | |
| NOSE | | | | | |
| <u>Incision</u> | | | | | |
| 30000 | Drainage abscess or hematoma, nasal | 3, 5 | | | |
| 30020 | Drainage abscess or hematoma, nasal septum..... | 3, 4, 5 | | | |
| <u>Excision</u> | | | | | |
| 30100 | Biopsy, intranasal..... | 5 | | | |
| 30110 | Excision, nasal polyp(s), simple..... | 3 | | | |
| 30115 | Excision of nose polyp(s), extensive..... | 3 | | | |
| 30120 | Excision, skin of nose for rhinophyma | 3 | | | |
| 30124 | Excision, dermoid cyst, nose, subcutaneous..... | 3 | | | |
| 30130 | Excision turbinate, partial or complete, any method..... | 2, 3 | | | |
| 30140 | Submucous resection turbinate, partial or complete, any method..... | 2, 3 | | | |
| <u>Introduction</u> | | | | | |
| 30200 | Injection into turbinates | 3, 4, 5 | | | |
| 30210 | Displacement therapy | 3, 4, 5 | | | |
| 30220 | Insertion nasal septal prosthesis | 2, 3 | | | |
| <u>Removal, Foreign Body</u> | | | | | |
| 30300 | Removal foreign body, intranasal; office type procedure | 3, 4 | | | |
| 30310 | Removal foreign body, intranasal, with anesthesia..... | 3, 5 | | | |
| 30320 | Removal foreign body, intranasal, by lateral rhinotomy | 3, 5 | | | |
| <u>Repair</u> | | | | | |
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip | 2 | | | |
| 30410 | Rhinoplasty, primary; complete..... | 2 | | | |
| 30420 | Rhinoplasty, primary; including major septal repair..... | 2 | | | |
| 30430 | Rhinoplasty, secondary, minor revision | 2, 3 | | | |
| 30435 | Rhinoplasty, secondary, intermediate revision | 2, 3 | | | |
| 30450 | Rhinoplasty, secondary, major revision | 2 | | | |
| 30460 | Rhinoplasty for nasal deformity, secondary | 2 | | | |
| 30462 | Rhinoplasty for nasal deformity, secondary, with columellar lengthening | 2 | | | |
| 30465 | Repair of nasal vestibular stenosis..... | 2 | | | |
| 30520 | Septoplasty or submucous resection..... | 2 | | | |
| 30560 | Lysis intranasal synechia | 3, 5 | | | |
| 30600 | Repair fistula, oronasal | 5 | | | |
| 30620 | Reconstruction, functional, internal nose..... | 5 | | | |
| | | | | <u>Destruction</u> | |
| 30801 | Cauterization and/or ablation, mucosa of turbinates; superficial..... | 3 | | | |
| 30802 | Cauterization and/or ablation, mucosa of turbinates; intramural..... | 3 | | | |
| <u>Other Procedures</u> | | | | | |
| 30901 | Control nasal hemorrhage, anterior, simple | 3, 4, 5 | | | |
| 30903 | Control nasal hemorrhage, anterior, complex..... | 3, 4, 5 | | | |
| 30905 | Control nasal hemorrhage, posterior; initial | 3 | | | |
| 30906 | Control nasal hemorrhage, posterior; subsequent..... | 3 | | | |
| 30930 | Fracture nasal turbinate | 3, 5 | | | |
| 30999 | Unlisted procedure, nose | 2 | | | |
| ACCESSORY SINUSES | | | | | |
| <u>Incision</u> | | | | | |
| 31000 | Lavage by cannulation, maxillary sinus | 3, 5 | | | |
| 31002 | Lavage by cannulation, sphenoid sinus | 3, 5 | | | |
| 31020 | Sinusotomy, maxillary, intranasal | 3, 5 | | | |
| 31030 | Sinusotomy, maxillary; radical without antrochoanal polyp removal | 2 | | | |
| 31032 | Sinusotomy, maxillary; radical with antrochoanal polyp removal | 2 | | | |
| 31040 | Pterygomaxillary fossa surgery, any approach | 2 | | | |
| 31050 | Sinusotomy, sphenoid..... | 2 | | | |
| 31051 | Sinusotomy, sphenoid, with mucosal stripping or removal, polyp(s) | 2 | | | |
| 31070 | Sinusotomy frontal; external, simple | 2 | | | |
| 31075 | Sinusotomy frontal; transorbital, unilateral..... | 2 | | | |
| 31080 | Sinusotomy frontal; oblitative without osteoplastic flap, brow incision | 2 | | | |
| 31081 | Sinusotomy frontal; oblitative without osteoplastic flap, coronal incision | 2 | | | |
| 31084 | Sinusotomy frontal; oblitative with osteoplastic flap, brow incision | 2 | | | |
| 31085 | Sinusotomy frontal; oblitative with osteoplastic flap, coronal incision | 2 | | | |
| 31086 | Sinusotomy frontal; nonoblitative with osteoplastic flap, brow incision | 2 | | | |
| 31087 | Sinusotomy frontal; nonoblitative with osteoplastic flap, coronal incision | 2 | | | |
| 31090 | Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)..... | 2 | | | |

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| | | | 5 | Ambulatory Surgical |
| | | | | |
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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|---|-----------------------------|-------------|---|-----------------------------|
| 31231 | Nasal endoscopy, diagnostic | 3 | | <u>Endoscopy</u> | |
| 31233 | Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy | 3 | 31505 | Laryngoscopy, indirect, diagnostic | 3, 4, 5 |
| 31235 | Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy | 3 | 31510 | Laryngoscopy, indirect, with biopsy | 3, 4, 5 |
| 31237 | Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement | 3 | 31511 | Laryngoscopy, indirect, with removal foreign body | 3, 5 |
| 31238 | Nasal/sinus endoscopy, surgical; control of epistaxis | 3 | 31512 | Laryngoscopy, indirect, with removal lesion | 3, 5 |
| 31239 | Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy | 3 | 31513 | Laryngoscopy, indirect, with vocal cord injection | 3, 4, 5 |
| 31240 | Nasal/sinus endoscopy, surgical; with concha bullosa resection | 3 | 31515 | Laryngoscopy, direct, for aspiration | 3, 5 |
| 31254 | Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial | 3 | 31520 | Laryngoscopy, direct, diagnostic, newborn | 3 |
| 31255 | Nasal/sinus endoscopy, surgical; with ethmoidectomy, total | 3 | 31525 | Laryngoscopy, direct, diagnostic, except newborn | 3, 5 |
| 31256 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy | 3 | 31526 | Laryngoscopy, direct, diagnostic, with operating scope | 3, 5 |
| 31267 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus | 3 | 31527 | Laryngoscopy, direct, with insertion of obturator | 3, 5 |
| 31276 | Nasal/sinus endoscopy, surgical with frontal sinus exploration | 3 | 31528 | Laryngoscopy, direct, with dilatation, initial | 3, 5 |
| 31287 | Nasal/sinus endoscopy, surgical, with sphenoidotomy | 3 | 31529 | Laryngoscopy, direct, with dilatation, subsequent | 3, 5 |
| 31288 | Nasal/sinus endoscopy, surgical, with sphenoidotomy, with removal of sphenoid sinus tissue | 3 | 31530 | Laryngoscopy, direct, operative, foreign body | 3, 5 |
| 31290 | Nasal/sinus endoscopy, surgical, with cerebrospinal fluid leak repair, ethmoid region | 3 | 31531 | Laryngoscopy, direct, operative, with microscope | 3, 5 |
| 31291 | Nasal/sinus endoscopy, surgical, with cerebrospinal fluid leak repair, sphenoid region | 3 | 31535 | Laryngoscopy, direct, operative, with biopsy | 3, 5 |
| 31292 | Nasal/sinus endoscopy, surgical, with medial or inferior orbital wall decompression | 3 | 31536 | Laryngoscopy, direct, operative, with biopsy, microscope | 3, 5 |
| 31293 | Nasal/sinus endoscopy, surgical, with medial and inferior orbital wall decompression | 3 | 31540 | Laryngoscopy, direct, operative, excision of tumor | 3, 5 |
| 31294 | Nasal/sinus endoscopy, surgical, with optic nerve decompression | 3 | 31541 | Laryngoscopy, direct, operative, excision tumor, scope | 3, 5 |
| | <u>Other Procedures</u> | | 31560 | Laryngoscopy, direct, operative, with arytenoidectomy | 5 |
| 31299 | Unlisted procedure, accessory sinuses | 2 | 31561 | Laryngoscopy, direct, operative, arytenoidectomy, microscope | 5 |
| | <u>LARYNX</u> | | 31570 | Laryngoscopy, direct, injection into cords, therapeutic | 5 |
| | <u>Introduction</u> | | 31571 | Laryngoscopy, direct, injection into cords, microscope | 5 |
| 31500 | Intubation, endotracheal, emergency procedure | 3, 4 | 31575 | Laryngoscopy, flexible fiberscopic, diagnostic | 3, 5 |
| 31502 | Tracheotomy tube change prior to establishment of fistula tract | 1 | 31576 | Laryngoscopy, flexible fiberscopic, with biopsy | 3, 5 |
| | | | 31577 | Laryngoscopy, flexible fiberscopic, removal foreign body | 3, 5 |
| | | | 31578 | Laryngoscopy, flexible fiberscopic, removal lesion | 3, 5 |
| | | | 31579 | Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy | 3 |
| | | | | <u>Repair</u> | |
| | | | 31585 | Treatment of closed laryngeal fracture; without manipulation | 3, 4 |
| | | | | <u>Other Procedures</u> | |
| | | | 31599 | Unlisted procedure, larynx | 2 |

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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|--|-----------------------------|-------------|--|-----------------------------|
| | TRACHEA AND BRONCHI | | | LUNGS AND PLEURA | |
| | <u>Incision</u> | | | <u>Incision</u> | |
| 31600 | Tracheostomy, planned | 3 | 32000 | Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent..... | 3 |
| 31601 | Tracheostomy, planned; under two years | 3 | 32002 | Thoracentesis, insertion of tube with or without water seal | 3 |
| 31603 | Tracheostomy, emergency procedure; transtacheal..... | 3 | 32005 | Chemical pleurodesis..... | 3, 4 |
| 31605 | Tracheostomy, emergency procedure; cricothyroid membrane..... | 3 | 32020 | Tube thoracostomy with or without water seal | 3 |
| 31610 | Tracheostomy, fenestration procedure with skin flaps | 3 | | <u>Excision</u> | |
| 31612 | Tracheal puncture, percutaneous with transtracheal aspiration and/or injection | 3 | 32400 | Biopsy, pleura; percutaneous needle..... | 3, 4 |
| 31613 | Tracheostoma revision; simple, without flap rotation | 3 | 32402 | Biopsy, pleura; open | 3, 4 |
| 31614 | Tracheostoma revision; complex, with flap rotation | 3 | 32405 | Biopsy, lung or mediastinum, percutaneous needle | 3, 4 |
| | <u>Endoscopy</u> | | 32420 | Pneumonocentesis, puncture of lung for aspiration..... | 3 |
| 31615 | Tracheobronchoscopy through tracheostomy incision | 3 | 32491 | Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction..... | 1 |
| 31622 | Bronchoscopy, (rigid or flexible); diagnostic, with or without cell washing | 3, 5 | 32501 | Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy..... | 4 |
| 31623 | Bronchoscopy, with brushing or protected brushings..... | 3 | | <u>Endoscopy</u> | |
| 31624 | Bronchoscopy, with bronchial alveolar lavage | 3 | 32601 | Thoracoscopy, diagnostic; lungs and pleural space, without biopsy | 3 |
| 31625 | Bronchoscopy, diagnostic with biopsy | 3, 5 | 32602 | Thoracoscopy, diagnostic; lungs and pleural space, with biopsy | 3 |
| 31628 | Bronchoscopy, diagnostic, transbronchial lung biopsy..... | 3, 5 | 32603 | Thoracoscopy, diagnostic; pericardial sac, without biopsy..... | 3 |
| 31629 | Bronchoscopy, transbronchial needle aspiration biopsy..... | 3, 5 | 32604 | Thoracoscopy, diagnostic; pericardial sac, with biopsy..... | 3 |
| 31630 | Bronchoscopy, tracheal or bronchial dilation | 3, 5 | 32605 | Thoracoscopy, diagnostic; mediastinal space, without biopsy | 3 |
| 31631 | Bronchoscopy, tracheal dilation/placement of tracheal stent..... | 3 | 32606 | Thoracoscopy, diagnostic; mediastinal space, with biopsy | 3 |
| 31635 | Bronchoscopy, removal of foreign body..... | 3, 5 | 32650 | Thoracoscopy, surgical; with pleurodesis, any method | 3 |
| 31640 | Bronchoscopy, excision of tumor | 3, 5 | 32651 | Thoracoscopy, surgical; with partial pulmonary decortication..... | 3 |
| 31641 | Bronchoscopy, destruction of tumor | 3, 5 | 32652 | Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis ... | 3 |
| 31643 | Bronchoscopy, with placement of catheter(s) for intracavitary radioelement application | 3 | 32653 | Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit | 3 |
| 31645 | Bronchoscopy, therapeutic aspiration tracheobronchial tree..... | 3, 5 | 32654 | Thoracoscopy, surgical; with control of traumatic hemorrhage | 3 |
| 31646 | Bronchoscopy, therapeutic aspiration, subsequent | 3, 5 | 32655 | Thoracoscopy, surgical; with excision-plication of bullae including any pleural procedure | 3 |
| 31656 | Bronchoscopy, injection contrast material | 3, 5 | 32656 | Thoracoscopy, surgical; with parietal pleurectomy | 3 |
| | <u>Introduction</u> | | | | |
| 31700 | Catheterization, transglottic | 3 | | | |
| 31708 | Instillation contrast material laryngography/bronchography | 3, 5 | | | |
| 31710 | Catheterization for bronchography..... | 3, 5 | | | |
| 31715 | Transtracheal injection bronchography..... | 3, 5 | | | |
| 31717 | Catheterization bronchial brush biopsy..... | 3, 5 | | | |
| 31720 | Catheter aspiration (separate procedure); nasotracheal..... | 3, 4, 5 | | | |
| 31725 | Catheter aspiration; tracheobronchial with fiberscope, bedside | 3, 4 | | | |
| 31730 | Transtracheal (percutaneous) introduction needle wire dilator | 3, 4 | | | |
| | <u>Suture</u> | | | | |
| 31899 | Unlisted procedure, trachea, bronchi..... | 2 | | | |

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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---|--|-----------------------------|--|---|-----------------------------|
| <u>Endoscopy (continued)</u> | | | <u>Combined Arterial-Venous Grafting for Coronary Bypass</u> | | |
| 32657 | Thoracoscopy, surgical; with wedge resection of lung..... | 3 | 33517 | Coronary artery bypass, venous/arterial graft; single vein graft | 2 |
| 32658 | Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac..... | 3 | 33518 | Coronary artery bypass, venous/arterial grafts; two venous grafts | 2 |
| 32659 | Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage | 3 | 33519 | Coronary artery bypass, venous/arterial grafts; three venous grafts | 2 |
| 32660 | Thoracoscopy, surgical; with total pericardectomy | 3 | 33521 | Coronary artery bypass, venous/arterial grafts; four venous grafts | 2 |
| 32661 | Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass..... | 3 | 33522 | Coronary artery bypass, venous/arterial grafts; five venous grafts | 2 |
| 32662 | Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass..... | 3 | 33523 | Coronary artery bypass, venous/arterial grafts; six or more venous grafts | 2 |
| 32663 | Thoracoscopy, surgical; with lobectomy | 3 | <u>Arterial Grafting for Coronary Artery Bypass</u> | | |
| 32664 | Thoracoscopy, surgical; with thoracic sympathectomy | 3 | 33533 | Coronary artery bypass, using arterial graft; single arterial graft | 2 |
| 32665 | Thoracoscopy, surgical; with esophagomyotomy | 3 | 33534 | Coronary artery bypass, using arterial grafts; two coronary arterial grafts | 2 |
| <u>Lung Transplantation</u> | | | 33535 | Coronary artery bypass, using arterial grafts; three coronary arterial grafts..... | 2 |
| 32850 | Donor pneumonectomy with preparation and maintenance of allograft | 1 | 33536 | Coronary artery bypass, using arterial grafts; four or more coronary arterial grafts | 2 |
| 32851 | Lung transplant, single, without cardiopulmonary bypass..... | 2 | <u>Shunting Procedures</u> | | |
| 32852 | Lung transplant, single, with cardiopulmonary bypass..... | 2 | 33737 | Atrial septectomy or septostomy; open heart with inflow occlusion | 2 |
| 32853 | Lung transplant, double, without cardiopulmonary bypass..... | 2 | <u>Pulmonary Artery</u> | | |
| 32854 | Lung transplant, double, with cardiopulmonary bypass..... | 2 | 33924 | Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure | 4 |
| <u>Surgical Collapse Therapy; Thoracoplasty</u> | | | <u>Heart/Lung Transplantation</u> | | |
| 32960 | Pneumothorax, therapeutic, intrapleural injection of air..... | 3 | 33930 | Donor cardiectomy-pneumonectomy, with allograft care | 1 |
| 32997 | Total lung lavage (unilateral)..... | 1 | 33935 | Heart-lung transplant, with recipient cardiectomy-pneumonectomy..... | 2 |
| <u>Other Procedures</u> | | | 33940 | Donor cardiectomy, with allograft care..... | 1 |
| 32999 | Unlisted procedure, lungs and pleura | 2 | 33945 | Heart transplant | 2 |
| CARDIOVASCULAR SYSTEM | | | 33960 | Prolonged extracorporeal circulation for cardiopulmonary insufficiency, initial 24 hours | 1 |
| HEART AND PERICARDIUM | | | 33961 | Prolonged extracorporeal circulation for cardiopulmonary insufficiency, each additional 24 hours (List separately in addition to code for primary procedure)..... | 1 |
| <u>Pericardium</u> | | | <u>Other Procedures</u> | | |
| 33010 | Pericardiocentesis; initial | 3 | 33999 | <u>Unlisted procedure, cardiac surgery</u> | 2 |
| 33011 | Pericardiocentesis; subsequent..... | 3 | | | |
| <u>Transmyocardial Revascularization</u> | | | | | |
| 33140 | Transmyocardial laser revascularization, by thoracotomy | 1 | | | |
| 33141 | Heart TMR with other procedure..... | 1 | | | |

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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--------------------------------------|---|-----------------------------|---|---|-----------------------------|
| ARTERIES AND VEINS | | | Venous | | |
| Thromboendarterectomy | | | | | |
| 35390 | Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure) | 4 | 36400 | Venipuncture, under age three years..... | 3 |
| VASCULAR INJECTION PROCEDURES | | | | | |
| Intravenous | | | | | |
| 36000 | Introduction of needle or intracatheter, vein..... | 3 | 36405 | Venipuncture, under age three years; scalp vein..... | 3 |
| 36005 | Injection contrast venography, introduction of needle or intracatheter..... | 3 | 36406 | Venipuncture, under age three years; other vein..... | 3 |
| 36010 | Introduction of catheter, superior or inferior vena cava.... | 3 | 36410 | Venipuncture, over age three years, non-routine..... | 3, 4 |
| 36011 | Selective catheter placement, first order branch..... | 3 | 36415 | Routine venipuncture for collection of specimen(s)..... | 1 |
| 36012 | Selective catheter placement, second order..... | 3 | 36420 | Venipuncture, cutdown, under age one year | 3 |
| 36013 | Introduction of catheter, right heart..... | 3 | 36425 | Venipuncture, cutdown, age one year or over | 3 |
| 36014 | Selective catheter placement, left or right pulmonary artery..... | 3 | 36430 | Transfusion, blood or blood components..... | 1 |
| 36015 | Selective catheter placement, segmental or subsegmental pulmonary artery | 3 | 36440 | Push transfusion, blood, two years or under..... | 3, 4 |
| Intra-Arterial/Intra-Aortic | | | | | |
| 36100 | Introduction of needle/intracatheter, carotid/vertebral artery..... | 3 | 36450 | Exchange transfusion, blood, newborn..... | 4 |
| 36120 | Introduction of needle/intracatheter, retrograde brachial artery | 3 | 36455 | Exchange transfusion, blood, other than newborn..... | 4 |
| 36140 | Introduction of needle/intracatheter, extremity artery..... | 3 | 36460 | Transfusion, intrauterine, fetal | 4 |
| 36145 | Introduction of needle/intracatheter, arteriovenous shunt..... | 3 | 36468 | Single or multiple injections of sclerosing solutions, limb or trunk | 1 |
| 36160 | Introduction of needle/intracatheter, aortic, translumbar..... | 3 | 36469 | Single or multiple injections of sclerosing solutions, face | 1 |
| 36218 | Selective catheter placement, arterial system, additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) | 4 | 36470 | Injection of sclerosing solution; single vein | 3, 4 |
| 36248 | Selective catheter placement, arterial system, additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) | 4 | 36471 | Injection of sclerosing solution; multiple veins | 3, 4 |
| 36260 | Insertion of implantable intra-arterial infusion pump | 2 | 36488 | Placement of central venous catheter, under age two years | 3 |
| 36299 | Unlisted procedure, vascular injection | 2 | 36489 | Placement of central venous catheter, over age two years | 3 |
| | | | 36490 | Placement of central venous catheter, under age two years | 3 |
| | | | 36491 | Placement of central venous catheter, over age two years | 3 |
| | | | 36493 | Repositioning of central venous catheter | 3 |
| | | | 36500 | Venous catheterization for organ blood sampling..... | 3, 4 |
| | | | 36510 | Catheterization of umbilical vein, newborn | 3, 4 |
| | | | 36520 | Therapeutic apheresis | 2, 3, 4, 5 |
| | | | 36521 | Therapeutic apheresis; with extracorporeal affinity column adsorption and plasma reinfusion | 2, 3 |
| | | | 36522 | Photopheresis, extracorporeal | 1 |
| | | | 36540 | Collection of blood specimen from a partially or completely implantable venous access device..... | 3 |
| | | | 36550 | Declotting by thrombolytic agent of implanted vascular access device or catheter | 3 |
| | | | Arterial | | |
| | | | 36600 | Arterial puncture, withdrawal of blood for diagnosis | 4 |
| | | | 36625 | Arterial catheterization, for sampling, cutdown | 4 |
| | | | 36640 | Arterial catheterization, for chemotherapy, cutdown..... | 4 |
| | | | 36660 | Catheterization, umbilical artery..... | 4 |
| | | | Intraosseous | | |
| | | | 36680 | Placement of needle for intraosseous infusion | 4 |
| | | | Intervascular Cannulization or Shunt | | |
| | | | 36800 | Insertion of cannula for hemodialysis, other purpose (separate procedure) | 3 |
| | | | 36822 | Insertion of cannula(s) for prolonged ECMO (separate procedure)..... | 2, 3 |
| | | | 36823 | Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation and regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites..... | 3 |

Benefit Restriction Descriptions: 1 Non-Benefit
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5 Ambulatory Surgical

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|---|--|-----------------------------|--|---|-----------------------------|
| <u>Transcatheter Therapy and Biopsy</u> | | | LYMPH NODES AND LYMPHATIC CHANNELS | | |
| 37195 | Thrombolysis, cerebral, by intravenous infusion..... | 3 | <u>Incision</u> | | |
| 37205 | Transcatheter placement of intravascular stent(s); initial vessel..... | 1 | 38300 | Drainage of lymph node abscess; simple..... | 3 |
| 37206 | Transcatheter placement of intravascular stent(s); each add..... | 1 | <u>Excision</u> | | |
| 37207 | Transcatheter placement of intravascular stent(s) open; initial vessel..... | 1 | 38500 | Biopsy/excision lymph node; open, superficial..... | 3, 5 |
| 37208 | Transcatheter placement of intravascular stent(s); each add..... | 1 | 38505 | Biopsy/excision lymph node; by needle, superficial..... | 3, 4, 5 |
| <u>Intravascular Ultrasound Services</u> | | | 38510 | Biopsy/excision lymph node; open, deep cervical..... | 5 |
| 37250 | Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel..... | 3 | 38520 | Biopsy/excision lymph node; open, deep cervical, with excision..... | 5 |
| 37251 | Intravascular ultrasound (non-coronary vessel) during therapeutic intervention; each additional vessel..... | 3, 4 | 38525 | Biopsy/excision lymph node; open, deep axillary..... | 5 |
| <u>Ligation and Other Procedures</u> | | | 38530 | Biopsy/excision lymph node; open, internal mammary node(s)..... | 5 |
| 37700 | Ligation/division long saphenous vein..... | 2 | <u>Laparoscopy</u> | | |
| 37720 | Ligation/division/complete stripping saphenous vein..... | 2 | 38589 | Unlisted laparoscopy procedure, lymphatic system..... | 2 |
| 37730 | Ligation/division/stripping saphenous veins..... | 2 | RADICAL LYMPHADENECTOMY (RADICAL RESECTION OF LYMPH NODES) | | |
| 37735 | Ligation/division/stripping saphenous veins, with excision..... | 2 | <u>Introduction</u> | | |
| 37760 | Ligation perforators..... | 2 | 38790 | Injection procedure; lymphangiography..... | 3, 5 |
| 37780 | Ligation/division short saphenous vein..... | 2, 3 | 38792 | Injection procedure; for identification of sentinel node..... | 3 |
| 37785 | Ligation/division secondary varicose veins..... | 2, 3 | 38999 | Unlisted procedure, hemic or lymphatic system..... | 2 |
| 37788 | Penile revascularization, artery, with or without vein graft..... | 1 | MEDIASTINUM AND DIAPHRAGM | | |
| 37790 | Penile venous occlusive procedure..... | 1 | MEDIASTINUM | | |
| 37799 | Unlisted procedure, vascular surgery..... | 2 | <u>Repair</u> | | |
| HEMIC AND LYMPHATIC SYSTEMS | | | 39499 | Unlisted procedure, mediastinum..... | 2 |
| SPLEEN | | | DIAPHRAGM | | |
| <u>Laparoscopy</u> | | | <u>Repair</u> | | |
| 38129 | Unlisted laparoscopy procedure, spleen..... | 2 | 39502 | Repair, paraesophageal hiatus hernia, transabdominal..... | 2 |
| <u>Introduction</u> | | | 39520 | Repair, diaphragmatic hernia; transthoracic..... | 2 |
| 38200 | Injection procedure for splenoportography..... | 3 | 39530 | Repair, diaphragmatic hernia; combined, thoracoabdominal..... | 2 |
| BONE MARROW OR STEM CELL TRANSPLANTATION SERVICES | | | 39531 | Repair, diaphragmatic hernia; combined, thoracoabdominal, with dilation of stricture..... | 2 |
| 38230 | Bone marrow harvesting for transplantation..... | 2 | 39541 | Repair, diaphragmatic hernia, traumatic; chronic..... | 2 |
| 38231 | Blood-derived peripheral stem cell harvesting for transplantation, per collection..... | 2, 3 | 39599 | Unlisted procedure, diaphragm..... | 2 |
| 38240 | Bone marrow or blood derived peripheral stem cell transplantation; allogenic..... | 3, 4 | | | |
| 38241 | Bone marrow or blood derived peripheral stem cell transplantation; autologous..... | 3, 4 | | | |

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TAR and Non-Benefit List: Codes 40000 – 49999**1**

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|----------------------------|---|-----------------------------|-------------|---|-----------------------------|
| SURGERY (continued) | | | | | |
| | DIGESTIVE SYSTEM | | | | |
| | LIPS | | | | |
| | <u>Excision</u> | | | | |
| 40490 | Biopsy of lip..... | 3, 5 | 41100 | <u>Excision</u> Biopsy tongue, anterior 2/3..... | 3, 5 |
| | <u>Other Procedures</u> | | 41105 | Biopsy tongue, posterior 1/3..... | 3, 5 |
| 40799 | Unlisted procedure, lips..... | 2 | 41108 | Biopsy floor of mouth..... | 3, 5 |
| | VESTIBULE OF MOUTH | | 41115 | Excision lingual frenum..... | 1 |
| | <u>Incision</u> | | 41116 | Excision, lesion of floor of mouth..... | 3 |
| 40800 | Drainage abscess/cyst, mouth, simple..... | 3, 5 | | <u>Repair</u> | |
| 40801 | Drainage abscess/cyst, mouth, complicated..... | 3, 5 | 41250 | Repair of laceration, 2.5 cm or less, anterior 2/3 of tongue..... | 3 |
| 40804 | Removal embedded foreign body, simple..... | 3, 5 | 41251 | Repair of laceration, 2.5 cm or less, posterior 1/3 of tongue..... | 3 |
| 40805 | Removal embedded foreign body, complicated..... | 3 | | <u>Other Procedures</u> | |
| 40806 | Incision labial frenum..... | 1 | 41500 | Fixation, tongue, mechanical, other than suture..... | 2 |
| | <u>Excision</u> | | 41510 | Suture, tongue to lip for micrognathia..... | 2 |
| 40808 | Biopsy, vestibule of mouth..... | 3 | 41520 | Frenoplasty..... | 3 |
| 40810 | Excision lesion mucosa/submucosa..... | 1 | 41599 | Unlisted procedure, tongue, floor of mouth..... | 2 |
| 40812 | Excision lesion mucosa/submucosa, simple repair..... | 3 | | DENTOALVEOLAR STRUCTURES | |
| 40816 | Excision lesion mucosa/submucosa, complex..... | 3 | | <u>Incision</u> | |
| 40819 | Excision frenum, labial or buccal..... | 3 | 41800 | Drainage of abscess from dentoalveolar structures..... | 3 |
| 40820 | Destruction lesion/scar by physical methods..... | 3 | | <u>Excision, Destruction</u> | |
| | <u>Repair</u> | | 41820 | Gingivectomy, each quadrant..... | 3 |
| 40830 | Closure of laceration, vestibule of mouth, 2.5 cm or less..... | 3 | 41821 | Operculectomy, excision pericoronal tissues..... | 3 |
| | <u>Other Procedures</u> | | 41822 | Excision of fibrous tuberosities, dentoalveolar structures..... | 3 |
| 40899 | Unlisted procedure, vestibule of mouth..... | 2 | 41823 | Excision of osseous tuberosities, dentoalveolar structures..... | 3 |
| | TONGUE, FLOOR OF MOUTH | | 41825 | Excision of lesion, dentoalveolar structures; without repair..... | 3 |
| | <u>Incision</u> | | 41826 | Excision of lesion, dentoalveolar structures; with simple repair..... | 3 |
| 41000 | Intraoral incision and drainage of abscess; lingual..... | 3 | 41828 | Excision of hyperplastic alveolar mucosa, each quadrant (specify)..... | 3 |
| 41005 | Intraoral incision and drainage of abscess; sublingual, superficial..... | 3 | 41830 | Alveolectomy, including curettage of osteitis..... | 3 |
| 41007 | Intraoral incision and drainage of abscess; submental space..... | 3 | | <u>Other Procedures</u> | |
| 41008 | Intraoral incision and drainage of abscess; submandibular space..... | 3 | 41870 | Peridontal mucosal grafting..... | 3 |
| 41009 | Intraoral incision and drainage of abscess; masticator space..... | 3 | 41872 | Gingivoplasty, each quadrant (specify)..... | 3 |
| 41010 | Incision lingual frenum..... | 1 | 41874 | Alveoplasty, each quadrant (specify)..... | 3 |
| 41016 | Extraoral incision and drainage of abscess; submental..... | 3 | 41899 | Unlisted procedure, dentoalveolar structures..... | 2 |
| 41017 | Extraoral incision and drainage of abscess; submandibular..... | 3 | | | |
| 41018 | Extraoral incision and drainage of abscess; masticator space..... | 3 | | | |

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| | | 5 Ambulatory Surgical |

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| Code | Description | Benefit Restrictions | Code | Description | Benefit Restrictions |
|-------|---|----------------------|--------------|---|----------------------|
| | PALATE, UVULA | | | Excision (continued) | |
| | <u>Incision</u> | | 42820 | Tonsillectomy/adenoidectomy, under 12 years..... | 2, 3 |
| 42000 | Drainage of abscess of palate, uvula..... | 3 | 42821 | Tonsillectomy/adenoidectomy, 12 years and over..... | 2, 3 |
| | <u>Excision</u> | | 42825 | Tonsillectomy, under 12 years..... | 2, 3 |
| 42100 | Biopsy of palate, uvula..... | 3 | 42826 | Tonsillectomy, 12 years and over..... | 2, 3 |
| 42140 | Uvulectomy, excision of uvula..... | 2, 3 | 42830 | Adenoidectomy, primary, under 12 years..... | 2, 3 |
| 42145 | Palatopharyngoplasty..... | 2 | 42831 | Adenoidectomy, primary, 12 years and over..... | 2, 3 |
| 42160 | Destruction of lesion, palate or uvula..... | 3 | 42835 | Adenoidectomy, secondary, under 12 years..... | 2, 3 |
| | <u>Repair</u> | | 42836 | Adenoidectomy, secondary, 12 years and over..... | 2, 3 |
| 42180 | Repair, laceration of palate, up to 2 cm..... | 3 | 42860 | Excision tonsil tags..... | 2, 3 |
| 42280 | Maxillary impression for palatal prosthesis..... | 3 | 42870 | Excision or destruction lingual tonsil..... | 2, 3 |
| 42281 | Insertion of pin-retained palatal prosthesis..... | 3 | 42960 | Control oropharyngeal hemorrhage; simple..... | 3 |
| | <u>Other Procedures</u> | | 42962 | Control oropharyngeal hemorrhage; with surgical intervention..... | 3 |
| 42299 | Unlisted procedure, palate, uvula..... | 2 | 42970 | Control of nasopharyngeal hemorrhage, primary or secondary; simple..... | 3 |
| | SALIVARY GLANDS AND DUCTS | | 42972 | Control of nasopharyngeal hemorrhage, primary or secondary; with secondary surgical intervention..... | 3 |
| | <u>Incision</u> | | | <u>Other Procedures</u> | |
| 42300 | Drainage of abscess; parotid, simple..... | 3 | 42999 | Unlisted procedure, pharynx, adenoids or tonsils..... | 2 |
| 42310 | Drainage of abscess; submaxillary or sublingual, intraoral..... | 3 | | ESOPHAGUS | |
| 42320 | Drainage of abscess; submaxillary, external..... | 3 | | <u>Endoscopy</u> | |
| 42330 | Sialolithotomy; submandibular, uncomplicated..... | 3 | 43200 | Esophagoscopy, diagnostic..... | 3, 5 |
| 42335 | Sialolithotomy; submandibular, complicated..... | 3 | 43202 | Esophagoscopy, with biopsy, single or multiple..... | 3, 5 |
| | <u>Excision</u> | | 43204 | Esophagoscopy, with injection sclerosis esophageal varices..... | 3, 5 |
| 42400 | Biopsy salivary gland, needle..... | 3, 4, 5 | 43205 | Esophagoscopy, with band ligation of esophageal varices..... | 3 |
| 42405 | Biopsy salivary gland, incisional..... | 3, 5 | 43215 | Esophagoscopy, with removal foreign body..... | 3, 5 |
| | <u>Other Procedures</u> | | 43216 | Esophagoscopy, with lesion removal, by forceps or cautery..... | 3 |
| 42550 | Injection procedure for sialography..... | 3, 5 | 43217 | Esophagoscopy, with lesion removal, by snare..... | 3, 5 |
| 42650 | Dilation salivary duct..... | 3 | 43219 | Esophagoscopy, with insertion plastic tube/stent..... | 5 |
| 42660 | Dilation and catheterization of salivary duct..... | 3 | 43220 | Esophagoscopy, with balloon dilation..... | 3, 5 |
| 42699 | Unlisted procedure, salivary glands or ducts..... | 2 | 43226 | Esophagoscopy, with guide wire insertion followed by dilation over guide wire..... | 3, 5 |
| | PHARYNX, ADENOIDS, AND TONSILS | | 43227 | Esophagoscopy, with control of bleeding..... | 3, 5 |
| | <u>Incision</u> | | 43228 | Esophagoscopy, for ablation of lesion..... | 3, 5 |
| 42700 | Incision and drainage abscess; peritonsillar..... | 3 | 43231 | <u>Esophagoscopy, with endoscopic ultrasound examination.....</u> | 3 |
| 42720 | Incision and drainage abscess; retropharyngeal..... | 3 | 43232 | <u>Esophagoscopy, with transendoscopic ultrasound- guided intramural or transmural fine needle aspiration/biopsy(s).....</u> | 3 |
| | <u>Excision</u> | | 43234 | Upper gastrointestinal endoscopy, simple primary exam..... | 3, 5 |
| 42800 | Biopsy, oropharynx..... | 3, 5 | 43235 | Upper gastrointestinal endoscopy, diagnostic, including esophagus, stomach and duodenum and/or jejunum..... | 3, 5 |
| 42802 | Biopsy, hypopharynx..... | 3, 5 | 43239 | Upper gastrointestinal endoscopy, including esophagus, stomach and duodenum and/or jejunum, with biopsy..... | 3, 5 |
| 42804 | Biopsy, nasopharynx, visible lesion..... | 3, 5 | 43240 | <u>Upper gastrointestinal endoscopy, with transmural drainage of pseudocyst.....</u> | 3 |
| 42806 | Biopsy, nasopharynx, for unknown primary lesion..... | 5 | 43241 | Upper gastrointestinal endoscopy, <u>with</u> transendoscopic <u>intraluminal</u> tube or <u>catheter placement</u> | 3, 5 |
| 42808 | Excision or destruction of pharynx lesion..... | 5 | | | |
| 42809 | Removal foreign body from pharynx..... | 3, 5 | | | |
| 42810 | Excision branchial cleft cyst, in skin..... | 2, 3 | | | |
| 42815 | Excision branchial cleft cyst, beneath subcutaneous tissues..... | 2, 3 | | | |

Benefit Restriction Descriptions: 1 Non-Benefit 3 Assistant Surgeon services not payable
 2 Requires TAR, Primary Surgeon/Provider 4 Anesthesiology services not payable
 5 Ambulatory Surgical

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|--|-----------------------------|-------------|---|-----------------------------|
| | <u>Endoscopy</u> (continued) | | | STOMACH | |
| 43242 | Upper gastrointestinal endoscopy, with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) | 3 | 43600 | <u>Excision</u> Biopsy stomach, peroral | 3, 4, 5 |
| 43243 | Upper gastrointestinal endoscopy, including esophagus, stomach and duodenum and/or jejunum, with injection sclerosis of varices | 3 | 43659 | <u>Laparoscopy</u> Unlisted laparoscopy procedure, stomach | 2 |
| 43244 | Upper gastrointestinal endoscopy, including esophagus, stomach and duodenum, with band ligation of varices | 3 | 43750 | <u>Introduction</u> Percutaneous placement gastrostomy tube | 5 |
| 43245 | Upper gastrointestinal endoscopy with gastric outlet dilation, including esophagus, stomach and duodenum and/or jejunum | 3, 5 | 43752 | Naso- or oro-gastric tube placement, necessitating physician's skill | 3 |
| 43246 | Upper gastrointestinal endoscopy, including esophagus, stomach and duodenum and/or jejunum, with tube placement | 3, 5 | 43760 | Change of gastrostomy tube | 3 |
| 43247 | Upper gastrointestinal endoscopy, including esophagus, stomach and duodenum and/or jejunum, with removal of foreign body | 5 | 43761 | Repositioning of gastric feeding tube, any method, through the duodenum for enteric nutrition | 3 |
| 43248 | Upper gastrointestinal endoscopy, including esophagus, stomach and duodenum, guide wire insertion | 3 | | <u>Suture</u> | |
| 43250 | Upper gastrointestinal endoscopy, including esophagus, stomach and duodenum, removal of lesions, by forceps or cautery | 3 | 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty | 2 |
| 43251 | Upper gastrointestinal endoscopy, including esophagus, stomach and duodenum, removal of lesions, by snare | 3, 5 | 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty | 2 |
| 43256 | Upper gastrointestinal endoscopy, with transendoscopic stent placement (includes predilation) | 3 | 43846 | Gastric restrictive procedure, with gastric bypass, for morbid obesity; with short limb Roux-en-Y gastroenterostomy | 2 |
| 43259 | Upper gastrointestinal endoscopy, including esophagus, stomach and duodenum, endoscopic ultrasound | 3 | 43847 | Gastric restrictive procedure, with gastric bypass, for morbid obesity; with small bowel reconstruction to limit absorption | 2 |
| 43261 | ERCP, diagnostic, with biopsy | 3 | 43848 | Revision of gastric restrictive procedure for morbid obesity (separate procedure) | 1 |
| 43262 | ERCP with sphincterotomy/papillotomy | 3 | 43999 | Unlisted procedure, stomach | 2 |
| 43263 | ERCP with pressure measurement of sphincter of Oddi | 3 | | INTESTINES (EXCEPT RECTUM) | |
| 43264 | ERCP with stone removal, ducts | 3 | 44100 | <u>Excision</u> Biopsy intestine, peroral | 3, 4, 5 |
| 43265 | ERCP with stone destruction | 1 | 44121 | Enterectomy, resection of small intestine; each additional resection and anastomosis | 4 |
| 43267 | ERCP with nasobiliary drainage tube insertion | 3 | 44132 | Donor enterectomy, open; from cadaver donor | 1 |
| 43268 | ERCP with tube or stent insertion into duct | 3, 4 | 44133 | Donor enterectomy, open; partial, from living donor | 1 |
| 43269 | ERCP with foreign body removal and/or change of tube/stent | 3 | 44135 | Intestinal allotransplantation; from cadaver donor | 2 |
| 43271 | ERCP with balloon dilation of ampulla, duct | 3 | 44136 | Intestinal allotransplantation; from living donor | 1 |
| 43272 | ERCP with ablation of lesions | 3 | | <u>Laparoscopy</u> | |
| 43289 | <u>Laparoscopy</u> Unlisted laparoscopy procedure, esophagus | 2 | 44209 | Unlisted laparoscopy procedure, intestine (except rectum) | 2 |
| | <u>Manipulation</u> | | | <u>Enterostomy – external fistulization of intestines</u> | |
| 43450 | Dilation of esophagus by unguided sound or bougie | 3 | 44340 | Revision of colostomy; simple | 3 |
| 43453 | Dilation of esophagus over guide wire | 3 | | <u>Endoscopy, small bowel and stomal</u> | |
| 43456 | Dilation of esophagus; retrograde | 3 | 44360 | Small intestinal endoscopy, diagnostic | 3, 5 |
| 43458 | Dilation of esophagus with balloon for achalasia | 3 | 44361 | Small intestinal endoscopy; with biopsy | 3, 5 |
| 43460 | Esophagogastric tamponade, with balloon | 3 | 44363 | Small intestinal endoscopy; with removal of foreign body | 3, 5 |
| 43499 | Unlisted procedure, esophagus | 2 | 44364 | Small intestinal endoscopy; with removal of lesion(s) by snare | 3, 5 |
| | | | 44365 | Small intestinal endoscopy; with removal of lesion(s) by forceps or cautery | 3 |

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| Benefit Restriction Descriptions: | 1 Non-Benefit | 3 Assistant Surgeon services not payable |
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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--|--|-----------------------------|---------------------|--|-----------------------------|
| <u>Endoscopy, small bowel and stomal</u> (continued) | | | <u>Endoscopy</u> | | |
| 44366 | Small intestinal endoscopy; with control of bleeding..... | 3 | 45300 | Proctosigmoidoscopy, rigid; diagnostic..... | 3, 5 |
| 44369 | Small intestinal endoscopy; with ablation of lesion(s)..... | 3 | 45303 | Proctosigmoidoscopy, rigid; with dilation | 3, 5 |
| 44370 | Small intestinal endoscopy; with transendoscopic stent placement (includes predilation)..... | 3 | 45305 | Proctosigmoidoscopy, rigid; with biopsy | 3, 5 |
| 44372 | Small intestinal endoscopy; percutaneous jejunostomy tube | 3 | 45307 | Proctosigmoidoscopy, rigid; foreign body removal | 3, 5 |
| 44373 | Small intestinal endoscopy; gastrostomy to jejunostomy tube | 3, 4 | 45308 | Proctosigmoidoscopy, rigid; single lesion removal by forceps or cautery | 3 |
| 44376 | Small intestinal endoscopy, including ileum; diagnostic | 3 | 45309 | Proctosigmoidoscopy, rigid; single lesion removal by snare | 3 |
| 44377 | Small intestinal endoscopy, including ileum; with biopsy | 3 | 45315 | Proctosigmoidoscopy, rigid; multiple lesion removal, by forceps, cautery or snare | 3, 5 |
| 44378 | Small intestinal endoscopy, including ileum; with control of bleeding | 3 | 45317 | Proctosigmoidoscopy, rigid; with control of bleeding | 5 |
| 44379 | Small intestinal endoscopy; with transendoscopic stent placement (includes predilation)..... | 3 | 45320 | Proctosigmoidoscopy, rigid; with ablation of lesion(s)..... | 3, 4, 5 |
| 44380 | Ileoscopy through stoma; diagnostic..... | 3, 4, 5 | 45321 | Proctosigmoidoscopy, rigid; decompression of volvulus..... | 3 |
| 44382 | Ileoscopy through stoma; with biopsy..... | 3, 4, 5 | 45327 | Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)..... | 3 |
| 44383 | Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)..... | 3 | 45330 | Sigmoidoscopy, flexible; diagnostic | 3, 5 |
| 44385 | Endoscopic evaluation small intestine pouch; diagnostic | 3, 4, 5 | 45331 | Sigmoidoscopy, flexible; with biopsy..... | 3, 5 |
| 44386 | Endoscopic evaluation small intestine pouch; with biopsy..... | 3, 5 | 45332 | Sigmoidoscopy, flexible; with removal of foreign body..... | 3, 5 |
| 44388 | Colonoscopy through stoma; diagnostic..... | 3, 4, 5 | 45333 | Sigmoidoscopy, flexible; with removal of lesion(s) by forceps or cautery..... | 3, 5 |
| 44389 | Colonoscopy through stoma; with biopsy | 3, 4, 5 | 45334 | Sigmoidoscopy, flexible; control of bleeding | 3 |
| 44390 | Colonoscopy through stoma; with foreign body removal..... | 3, 4, 5 | 45337 | Sigmoidoscopy, flexible; with decompression of volvulus..... | 3 |
| 44391 | Colonoscopy through stoma; with control of bleeding | 3, 4 | 45338 | Sigmoidoscopy, flexible; lesion removal, by snare | 3 |
| 44392 | Colonoscopy through stoma; removal of lesion(s) by forceps or cautery | 3, 4 | 45339 | Sigmoidoscopy, flexible; ablation of lesion(s) | 3 |
| 44393 | Colonoscopy through stoma; ablation of lesion(s)..... | 3, 5 | 45341 | Sigmoidoscopy, flexible; with endoscopic ultrasound examination | 3 |
| 44394 | Colonoscopy through stoma; removal of lesion(s) by snare | 3 | 45342 | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine aspiration/biopsy(s) | 3 |
| 44397 | Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)..... | 3 | 45345 | Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)..... | 3 |
| <u>Introduction</u> | | | <u>Repair</u> | | |
| 44500 | Gastrointestinal tube introduction | 3 | 45505 | Proctoplasty; for prolapse of mucous membrane | 2 |
| <u>Suture</u> | | | 45520 | Perirectal injection sclerosing solution..... | 3, 5 |
| 44799 | Unlisted procedure, intestine | 2 | <u>Manipulation</u> | | |
| <u>MECKEL'S DIVERTICULUM AND THE MESENTERY</u> | | | 45900 | Reduction of procidentia under anesthesia..... | 3 |
| <u>Excision</u> | | | 45905 | Dilation of anal sphincter under anesthesia | 3 |
| 44899 | Unlisted procedure, Meckel's diverticulum and mesentery..... | 2 | 45910 | Dilation of rectal stricture under anesthesia..... | 3 |
| <u>Laparoscopy</u> | | | 45915 | Removal of fecal impaction under anesthesia | 3 |
| 44979 | Unlisted laparoscopy procedure, appendix..... | 2 | 45999 | Unlisted procedure, rectum..... | 2 |
| <u>RECTUM</u> | | | | | |
| <u>Incision</u> | | | | | |
| 45005 | Incision and drainage of submucosal abscess, rectum..... | 3 | | | |
| <u>Excision</u> | | | | | |
| 45100 | Biopsy anorectal wall | 3, 5 | | | |

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| Benefit Restriction Descriptions: | 1 Non-Benefit | 3 Assistant Surgeon services not payable |
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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|--|-----------------------------|--------------|--|-----------------------------|
| | ANUS | | | Repair | |
| | <u>Incision</u> | | 46762 | Sphincteroplasty, anal, implantation artificial sphincter | 1 |
| 46030 | Removal seton, other marker | 3, 4, 5 | | <u>Destruction</u> | |
| 46040 | Incision and drainage of ischiorectal abscess | 3 | 46900 | Destruction lesions, anus, simple, chemical | 3, 4, 5 |
| 46045 | Incision and drainage of intramural abscess under anesthesia | 3 | 46910 | Destruction lesions, anus, simple, electrodesiccation | 3, 5 |
| 46050 | Incision and drainage of perianal abscess, superficial | 3 | 46916 | Destruction lesions, anus, simple, cyrosurgery | 3, 4, 5 |
| 46080 | Sphincterotomy, anal, division of sphincter | 3 | 46917 | Destruction lesions, anus, simple, laser surgery | 3, 4, 5 |
| 46083 | Incision thrombosed hemorrhoid, external | 3, 5 | 46922 | Destruction lesions, anus, simple, surgical excision | 3, 5 |
| | <u>Excision</u> | | 46924 | Destruction lesions, anus, extensive, any method | 3, 5 |
| 46200 | Fissurectomy, with or without sphincterotomy | 2 | 46934 | Destruction hemorrhoids, any method, internal | 3, 5 |
| 46210 | Cryptectomy; single | 3 | 46935 | Destruction hemorrhoids, any method, external | 3, 5 |
| 46211 | Cryptectomy; multiple | 2 | 46936 | Destruction hemorrhoids, any method, internal/external | 3, 5 |
| 46220 | Papillectomy/excision single tag, anus | 3 | 46940 | Curettage/cauterization anal fissure, initial | 3, 5 |
| 46221 | Hemorrhoidectomy, simple ligature | 3 | 46942 | Curettage/cauterization anal fissure, subsequent | 3, 5 |
| 46230 | Excision external hemorrhoid tags | 3 | | <u>Suture</u> | |
| 46250 | Hemorrhoidectomy, external, complete | 2, 3 | 46945 | Ligation internal hemorrhoids, single procedure | 3, 5 |
| 46255 | Hemorrhoidectomy, internal and external, simple | 2 | 46946 | Ligation internal hemorrhoids, multiple procedure | 3, 5 |
| 46257 | Hemorrhoidectomy, internal and external, simple; fissurectomy | 2 | | <u>Other Procedures</u> | |
| 46258 | Hemorrhoidectomy, internal and external, simple; fistulectomy | 2 | 46999 | Unlisted procedure, anus | 2 |
| 46260 | Hemorrhoidectomy, internal and external, complex or extensive | 2 | | LIVER | |
| 46261 | Hemorrhoidectomy, internal and external, complex or extensive; fissurectomy | 2 | | <u>Incision</u> | |
| 46262 | Hemorrhoidectomy, internal and external, complex or extensive; fistulectomy | 2 | 47000 | Biopsy of liver, needle; percutaneous | 3 |
| 46270 | Surgical treatment of anal fistula; subcutaneous | 2, 3 | 47001 | Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure) | 4 |
| 46275 | Surgical treatment of anal fistula; submuscular | 2 | | <u>Other Procedures</u> | |
| 46280 | Surgical treatment of anal fistula; complex or multiple | 2 | 47379 | Unlisted laparoscopic procedure, liver | 2 |
| 46285 | Surgical treatment of anal fistula; second stage | 2, 3 | | <u>Excision</u> | |
| 46288 | Closure of anal fistula with rectal advancement flap | 2 | 47133 | Donor hepatectomy, with preparation and maintenance of allograft; from cadaver donor | 1 |
| 46320 | Excision external thrombotic hemorrhoid | 3, 5 | 47134 | Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor | 2 |
| | <u>Introduction</u> | | 47135 | Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age | 2 |
| 46500 | Injection sclerosing solution, hemorrhoids | 3, 5 | 47136 | Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age | 1 |
| | <u>Endoscopy</u> | | 47399 | Unlisted procedure, liver | 2 |
| 46600 | Anoscopy, diagnostic | 3, 5 | | | |
| 46604 | Anoscopy, diagnostic, with dilation | 3, 5 | | | |
| 46606 | Anoscopy, diagnostic, with biopsy | 3, 5 | | | |
| 46608 | Anoscopy, diagnostic, with removal of foreign body | 3, 5 | | | |
| 46610 | Anoscopy, diagnostic, with removal of lesion by forceps or cautery | 3, 5 | | | |
| 46611 | Anoscopy, diagnostic, with single lesion removal by snare | 3, 5 | | | |
| 46612 | Anoscopy, diagnostic, multiple lesion removal | 3, 5 | | | |
| 46614 | Anoscopy, diagnostic, with control of bleeding | 5 | | | |
| 46615 | Anoscopy, diagnostic, with ablation of lesion | 3, 5 | | | |

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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---------------------------------|--|-----------------------------|--|--|-----------------------------|
| BILIARY TRACT | | | ABDOMEN, PERITONEUM, AND OMENTUM | | |
| <u>Introduction</u> | | | <u>Incision</u> | | |
| 47500 | Injection for percutaneous transhepatic cholangiography | 3 | 49002 | Reopening recent laparotomy incision | 1 |
| 47505 | Injection for cholangiography through existing catheter... | 3 | 49080 | Peritoneocentesis, initial | 3 |
| 47510 | Introduction of percutaneous transhepatic catheter..... | 3 | 49081 | Peritoneocentesis, subsequent..... | 3, 4 |
| 47511 | Introduction of percutaneous transhepatic stent..... | 3 | <u>Excision and Destruction</u> | | |
| <u>Endoscopy</u> | | | 49180 | Biopsy, abdominal/retroperitoneal mass, percutaneous needle..... | 3, 5 |
| 47550 | Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure) | 3, 4 | 49250 | Umbilicectomy, omphalectomy..... | 1 |
| 47552 | Biliary endoscopy, percutaneous, diagnostic..... | 3, 4 | <u>Laparoscopy</u> | | |
| 47553 | Biliary endoscopy, percutaneous, with biopsy | 3 | 49329 | Unlisted laparoscopy procedure, abdomen, peritoneum and omentum..... | 2 |
| 47554 | Biliary endoscopy, percutaneous, with removal of stones..... | 3 | <u>Introduction and Revision</u> | | |
| 47555 | Biliary endoscopy, percutaneous, with dilation of biliary duct, without stent | 3 | 49400 | Injection of air or contrast into peritoneal cavity..... | 3, 4, 5 |
| 47556 | Biliary endoscopy, percutaneous, with dilation of biliary duct, with stent | 3 | 49420 | Insertion intraperitoneal cannula, temporary..... | 3, 4, 5 |
| <u>Laparoscopy</u> | | | 49421 | Insertion intraperitoneal cannula, permanent..... | 3, 5 |
| 47562 | Laparoscopy, surgical; cholecystectomy | 2 | 49423 | Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure) | 3 |
| 47563 | Laparoscopy, surgical; cholecystectomy with cholangiography | 2 | 49424 | Contrast injection for assessment of abscess or cyst via previously placed catheter (separate procedure) | 3 |
| 47564 | Laparoscopy, surgical; cholecystectomy with exploration of common duct..... | 2 | 49427 | Injection, evaluation of previously placed peritoneal-venous shunt | 3, 4 |
| 47579 | Unlisted laparoscopy procedure, biliary tract..... | 2 | <u>Hernioplasty, Herniorrhaphy, Herniotomy</u> | | |
| <u>Excision</u> | | | 49505 | Repair inguinal hernia, age 5 years or older, reducible ... | 2 |
| 47600 | Cholecystectomy..... | 2 | 49520 | Repair recurrent inguinal hernia, any age, reducible | 2 |
| 47605 | Cholecystectomy; with cholangiography..... | 2 | 49525 | Repair inguinal hernia, sliding, any age..... | 2 |
| 47610 | Cholecystectomy with exploration of common duct..... | 2 | 49540 | Repair lumbar hernia | 2 |
| 47612 | Cholecystectomy with exploration of common duct; choledochostomy | 2 | 49550 | Repair initial femoral hernia, any age, reducible..... | 2 |
| 47620 | Cholecystectomy with exploration of common duct; transduodenal sphincterotomy or sphincteroplasty | 2 | 49555 | Repair recurrent femoral hernia, reducible | 2 |
| <u>Other Procedures</u> | | | 49560 | Repair initial incisional or ventral hernia, reducible..... | 2 |
| 47999 | Unlisted procedure, biliary tract | 2 | 49565 | Repair recurrent incisional or ventral hernia, reducible | 2 |
| PANCREAS | | | 49568 | Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair) | 4 |
| <u>Excision</u> | | | 49570 | Repair epigastric hernia, reducible | 2 |
| 48102 | Biopsy of pancreas, percutaneous needle..... | 3 | 49580 | Repair umbilical hernia, age under 5 years; reducible..... | 2 |
| 48160 | Pancreatectomy, total or subtotal, with transplantation ... | 1 | 49585 | Repair umbilical hernia, age 5 years or over; reducible... | 2 |
| <u>Introduction</u> | | | 49590 | Repair spigelian hernia | 2 |
| 48400 | Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure) | 3, 4 | 49600 | Repair small omphalocele, with primary closure..... | 2 |
| <u>Pancreas Transplantation</u> | | | <u>Laparoscopy</u> | | |
| 48550 | Donor pancreatectomy, with preparation and maintenance of allograft | 1 | 49650 | Laparoscopy, surgical; repair initial inguinal hernia..... | 2 |
| 48554 | Transplantation of pancreatic allograft..... | 1 | 49651 | Laparoscopy, surgical; repair recurrent inguinal hernia... | 2 |
| 48556 | Removal of transplanted pancreatic allograft..... | 1 | 49659 | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy..... | 2 |
| <u>Repair</u> | | | <u>Suture</u> | | |
| 48999 | Unlisted procedure, pancreas | 2 | 49999 | Unlisted procedure, abdomen, peritoneum and omentum..... | 2 |

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|-----------------------------------|--|--|
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| | | 5 Ambulatory Surgical |

TAR and Non-Benefit List: Codes 50000 – 59999

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|----------------------------|--|-----------------------------|--------------|--|-----------------------------|
| SURGERY (continued) | | | | | |
| | URINARY SYSTEM | | | URETER | |
| | KIDNEY | | | <u>Introduction</u> | |
| | <u>Excision</u> | | 50684 | Injection procedure through ureterostomy/ indwelling catheter..... | 3, 4, 5 |
| 50200 | Renal biopsy; percutaneous, by trocar or needle | 3, 4 | 50686 | Manometric studies through ureterostomy/indwelling catheter..... | 3, 4, 5 |
| | <u>Renal Transplantation</u> | | 50688 | Change of ureterostomy tube..... | 3, 4, 5 |
| 50300 | Donor nephrectomy, from cadaver donor | 1 | 50690 | Injection procedure visualization ilial conduit..... | 3, 4, 5 |
| 50320 | Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)..... | 2 | | <u>Laparoscopy</u> | |
| 50340 | Recipient nephrectomy | 2 | 50949 | Unlisted laparoscopy procedure, ureter | 2 |
| 50360 | Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy..... | 2 | | <u>Endoscopy</u> | |
| 50365 | Renal transplant with recipient nephrectomy | 2 | 50951 | Ureteral endoscopy through ureterostomy..... | 3, 4, 5 |
| 50380 | Renal autotransplantation, reimplantation | 2 | 50953 | Ureteral endoscopy, with ureteral catheterization.... | 3, 4, 5 |
| | <u>Introduction</u> | | 50955 | Ureteral endoscopy, with biopsy | 3, 4, 5 |
| 50390 | Aspiration/injection renal cyst/pelvis, by needle..... | 3, 4, 5 | 50957 | Ureteral endoscopy, with fulguration..... | 3, 4, 5 |
| 50392 | Introduction catheter into renal pelvis, percutaneous..... | 3, 4 | 50959 | Ureteral endoscopy, insertion radioactive substance | 3, 4, 5 |
| 50393 | Introduction uretral catheter into ureter, percutaneous..... | 3, 4 | 50961 | Ureteral endoscopy, removal foreign body/calculus | 3, 4, 5 |
| 50394 | Injection for pyelography through tube..... | 3, 4, 5 | 50970 | Ureteral endoscopy through ureterotomy..... | 3, 4, 5 |
| 50395 | Introduction of guide into renal pelvis, percutaneous..... | 3 | 50972 | Ureteral endoscopy, with ureteral catheterization.... | 3, 4, 5 |
| 50396 | Manometric studies through tube..... | 3, 4, 5 | 50974 | Ureteral endoscopy, with biopsy | 3, 4, 5 |
| 50398 | Change nephrosotomy or pyelostomy tube | 3, 4, 5 | 50976 | Ureteral endoscopy, with fulguration..... | 3, 4, 5 |
| | <u>Suture</u> | | 50978 | Ureteral endoscopy, insertion radioactive substance | 3, 4, 5 |
| 50540 | Symphysiotomy, horseshoe kidney | 2 | 50980 | Ureteral endoscopy, removal foreign body/calculus | 3, 4, 5 |
| | <u>Laparoscopy</u> | | | BLADDER | |
| 50547 | Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)..... | 2 | | <u>Incision</u> | |
| 50549 | Unlisted laparoscopy procedure, renal | 2 | 51000 | Aspiration bladder, needle | 3, 4, 5 |
| | <u>Endoscopy</u> | | 51005 | Aspiration bladder, trocar or intracatheter..... | 3, 4, 5 |
| 50551 | Renal endoscopy, through established nephrostomy/pyelostomy..... | 3, 5 | 51010 | Aspiration bladder, insertion suprapubic catheter.... | 3, 4, 5 |
| 50553 | Renal endoscopy, ureteral catheterization..... | 3, 5 | 51020 | Cystotomy/cystostomy with fulguration/insertion radioactive..... | 5 |
| 50555 | Renal endoscopy, with biopsy | 3, 5 | 51030 | Cystotomy/cystostomy/cryosurgical destruction lesion.... | 5 |
| 50557 | Renal endoscopy, with fulguration | 3, 5 | 51040 | Cystostomy, cystostomy with drainage..... | 5 |
| 50559 | Renal endoscopy, insertion radioactive substance..... | 3, 5 | 51045 | Cystotomy, insertion ureteral catheter | 5 |
| 50561 | Renal endoscopy, removal foreign body/calculus..... | 3, 5 | | <u>Introduction</u> | |
| 50570 | Renal endoscopy, through nephrotomy or pyelotomy | 3, 4, 5 | 51600 | Injection procedure cystography/voiding urethrocytography | 3, 4, 5 |
| 50572 | Renal endoscopy, with ureteral catheterization | 3, 4, 5 | 51605 | Injection procedure and placement of chain | 3, 4, 5 |
| 50574 | Renal endoscopy, with biopsy | 3, 4, 5 | 51610 | Injection procedure for retrograde urethrocytography | 3, 4, 5 |
| 50575 | Renal endoscopy, with endopyelotomy | 3, 4 | 51700 | Bladder irrigation, simple | 3, 4, 5 |
| 50576 | Renal endoscopy, with fulguration..... | 3, 4, 5 | 51705 | Change cystostomy tube, simple | 5 |
| 50578 | Renal endoscopy, insertion of radioactive substance | 3, 4, 5 | 51710 | Change cystostomy tube, complicated | 3, 5 |
| 50580 | Renal endoscopy, removal foreign body/calculus.... | 3, 4, 5 | 51715 | Endoscopic injection of implant material, urethra and/or bladder neck | 2, 3 |
| | | | 51720 | Bladder instillation anticarcinogenic agent..... | 3, 4, 5 |

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|--|--|-----------------------------|--|---|-----------------------------|
| <u>Urodynamics</u> | | | <u>Transurethral Surgery (Ureter and Pelvis)</u> | | |
| 51725 | Simple cystometrogram | 5 | 52320 | Cystourethroscopy; removal ureteral calculus | 3, 5 |
| 51726 | Complex cystometrogram | 5 | 52325 | Cystourethroscopy; fragmentation ureteral calculus | 3, 5 |
| 51736 | Simple uroflowmetry | 5 | 52327 | Cystourethroscopy; with subureteric injection of implant material | 1 |
| 51741 | Complex uroflowmetry | 5 | 52330 | Cystourethroscopy; manipulation | 3, 5 |
| 51772 | Urethral pressure profile studies | 5 | 52332 | Cystourethroscopy, insertion of indwelling ureteral stent | 3, 5 |
| 51785 | Needle electromyography studies, anal or urethral sphincter | 5 | 52334 | Cystourethroscopy, insertion of ureteral guide wire, retrograde | 3 |
| 51792 | Stimulus evoked response | 5 | <u>Transurethral Surgery (Vesical Neck and Prostate)</u> | | |
| 51795 | Voiding pressure studies, bladder voiding | 5 | 52341 | <u>Cystourethroscopy; with treatment of ureteral stricture</u> | 3 |
| 51797 | Voiding pressure studies, intra-abdominal voiding pressure | 5 | 52342 | <u>Cystourethroscopy; with treatment of ureteropelvic junction stricture</u> | 3 |
| <u>Endoscopy – Cystoscopy, Urethroscopy, Cystourethroscopy</u> | | | 52343 | <u>Cystourethroscopy; with treatment of intra-renal stricture</u> | 3 |
| 52000 | Cystourethroscopy | 3, 5 | 52344 | <u>Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture</u> | 3 |
| 52005 | Cystourethroscopy, ureteral catheterization | 3, 5 | 52345 | <u>Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture</u> | 3 |
| 52007 | Cystourethroscopy, ureteral catheterization, brush biopsy | 5 | 52346 | <u>Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture</u> | 3 |
| 52010 | Cystourethroscopy, ejaculatory duct catheterization ... | 3, 5 | 52351 | <u>Cystourethroscopy; diagnostic</u> | 3, 5 |
| <u>Transurethral Surgery (Urethra and Bladder)</u> | | | 52352 | <u>Cystourethroscopy; with removal or manipulation of calculus</u> | 3 |
| 52204 | Cystourethroscopy, with biopsy | 3, 5 | 52353 | <u>Cystourethroscopy; with lithotripsy</u> | 3 |
| 52214 | Cystourethroscopy, fulguration | 3, 5 | 52354 | <u>Cystourethroscopy; with biopsy and /or fulguration of lesion</u> | 3, 5 |
| 52224 | Cystourethroscopy, fulguration minor lesions | 3, 5 | 52355 | <u>Cystourethroscopy; with resection of tumor</u> | 3 |
| 52250 | Cystourethroscopy, insertion radioactive substance | 3, 5 | 52510 | Transurethral balloon dilation, prostatic urethra | 1 |
| 52260 | Cystourethroscopy, dilation bladder, general anesthesia | 3, 5 | 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) | 2 |
| 52265 | Cystourethroscopy, dilation bladder, local anesthesia | 3, 4, 5 | 52606 | Transurethral fulguration for postoperative bleeding | 3 |
| 52270 | Cystourethroscopy, internal urethrotomy, female | 3, 5 | 52612 | Transurethral resection of prostate, first stage | 2 |
| 52275 | Cystourethroscopy, internal urethrotomy, male | 3, 5 | 52614 | Transurethral resection of prostate, second stage | 2 |
| 52276 | Cystourethroscopy, direct vision internal urethrotomy | 3, 5 | 52620 | Transurethral resection, residual obstructive tissue | 2, 3 |
| 52277 | Cystourethroscopy, resection external sphincter | 3, 5 | 52630 | Transurethral resection, regrowth of obstructive tissue | 2 |
| 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 | 3, 5 | 52640 | Transurethral resection, postoperative bladder neck contracture | 2 |
| 52282 | Cystourethroscopy, with insertion of urethral stent | 3 | 52647 | Non-contact laser coagulation of prostate | 2 |
| 52283 | Cystourethroscopy, steroid injection into stricture | 3, 5 | 52648 | Contact laser vaporization with or without transurethral resection of prostate | 2 |
| 52285 | Cystourethroscopy, treatment female urethral syndrome | 3, 5 | 52700 | Transurethral drainage of prostatic abscess | 3 |
| 52290 | Cystourethroscopy, ureteral meatotomy | 3, 5 | | | |
| 52300 | Cystourethroscopy, with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral | 3, 5 | | | |
| 52305 | Cystourethroscopy, resection bladder diverticulum | 3, 5 | | | |
| 52310 | Cystourethroscopy, removal calculus/foreign body, simple | 3 | | | |
| 52315 | Cystourethroscopy, removal calculus/foreign body, complicated | 3 | | | |
| 52317 | Litholapaxy, crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm) | 3 | | | |
| 52318 | Litholapaxy, complicated or large | 3 | | | |

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|-------------|---|-----------------------------|-------------|--|-----------------------------|
| | URETHRA | | | MALE GENITAL SYSTEM | |
| | <u>Incision</u> | | | PENIS | |
| 53000 | Urethrotomy/urethrostomy, external, pendulous urethra | 3, 5 | | <u>Incision</u> | |
| 53010 | Urethrotomy/urethrostomy, external, perineal urethra | 3, 5 | 54000 | Slitting prepuce, dorsal/lateral, newborn | 3, 4, 5 |
| 53020 | Meatotomy, cutting of meatus | 3, 5 | 54001 | Slitting of prepuce, dorsal/lateral, except newborn | 3, 5 |
| 53025 | Meatotomy, cutting of meatus, infant | 3, 5 | 54015 | Incision and drainage of penis, deep | 3 |
| 53040 | Drainage of deep periurethral abscess | 3 | | <u>Destruction</u> | |
| 53060 | Drainage of Skene's gland abscess | 3 | 54050 | Destruction lesions, penis, simple, chemical | 3, 5 |
| 53080 | Drainage of perineal urinary extravasation | 3 | 54055 | Destruction lesions, penis, simple, electrodesiccation | 3, 5 |
| | <u>Excision</u> | | 54056 | Destruction lesions, penis, simple, cryosurgery | 3, 4, 5 |
| 53200 | Biopsy urethra | 3, 5 | 54057 | Destruction lesions, penis, simple, laser surgery | 3, 4, 5 |
| 53230 | Excision urethral diverticulum, female | 5 | 54060 | Destruction lesions, penis, simple, surgical excision | 3, 5 |
| 53235 | Excision urethral diverticulum, male | 5 | 54065 | Destruction lesions, penis, extensive, any method | 3, 5 |
| 53240 | Marsupialization urethral diverticulum | 3, 5 | | <u>Excision</u> | |
| 53250 | Excision bulbourethral gland | 5 | 54100 | Biopsy of penis; (separate procedure) | 3, 5 |
| 53260 | Excision/fulguration, urethral polyp | 3, 5 | 54105 | Biopsy of penis; deep structures | 3, 5 |
| 53265 | Excision/fulguration, urethral caruncle | 3, 5 | 54120 | Amputation penis, partial | 2 |
| 53270 | Excision/fulguration, Skene's glands | 3, 5 | 54125 | Amputation penis, complete | 2 |
| 53275 | Excision/fulguration, urethral prolapse | 3, 5 | 54130 | Amputation penis, radical | 2 |
| | <u>Repair</u> | | 54135 | Amputation penis, radical; in continuity with pelvic lymphadenectomy | 2 |
| 53460 | Urethromeatoplasty, with excision of urethral segment ... | 3 | 54150 | Circumcision, clamp procedure, newborn | 1 |
| | <u>Suture</u> | | 54152 | Circumcision, clamp procedure, except newborn ... | 2, 3, 4 |
| 53502 | Urethrorrhaphy, suture of urethral wound, female | 3 | 54160 | Circumcision, surgical excision, other than clamp, device or dorsal slit, newborn | 1 |
| | <u>Manipulation</u> | | 54161 | Circumcision, surgical excision, other than clamp, device or dorsal slit, except newborn | 2, 3 |
| 53600 | Dilation urethral stricture, male, initial | 3, 5 | | <u>Introduction</u> | |
| 53601 | Dilation urethral stricture, male, subsequent | 3, 4, 5 | 54200 | Injection procedure Peyronie disease | 3, 4 |
| 53605 | Dilation urethral stricture, male, general anesthesia ... | 3, 5 | 54220 | Irrigation corpora cavernosa priapism | 3, 5 |
| 53620 | Dilation urethral stricture, male, initial | 3, 4, 5 | 54230 | Injection procedure corpora cavernosography | 2, 3, 5 |
| 53621 | Dilation urethral stricture, male, subsequent | 3, 4, 5 | 54231 | Dynamic cavernosometry, with vasocactive drug injection | 1 |
| 53660 | Dilation female urethra, initial | 3, 4, 5 | 54235 | Injection corpora cavernosa | 1 |
| 53661 | Dilation female urethra, subsequent | 3, 4, 5 | 54240 | Penile plethysmography | 5 |
| 53665 | Dilation female urethra, anesthesia | 3, 5 | 54250 | Nocturnal penile tumescence test | 2, 3 |
| 53670 | Catheterization, simple | 3, 4, 5 | | | |
| 53675 | Catheterization, complicated | 3, 4, 5 | | | |
| 53850 | Transurethral destruction of prostate tissue; by microwave thermotherapy | 1 | | | |
| 53852 | Transurethral destruction of prostate tissue; by radiofrequency thermotherapy | 1 | | | |
| 53899 | Unlisted procedure, urinary system | 2 | | | |

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|--------------|---|-----------------------------|-------------|--|-----------------------------|
| | <u>Repair</u> | | | TUNICA VAGINALIS | |
| 54340 | Repair of hypospadias complications, simple | 3 | | <u>Incision</u> | |
| 54360 | Plastic operation on penis to correct angulation | 2 | 55000 | Puncture aspiration hydrocele | 3, 5 |
| 54400 | Insertion penile prosthesis, non-inflatable | 2 | | <u>Excision</u> | |
| 54401 | Insertion penile prosthesis, inflatable..... | 1 | 55040 | Excision, hydrocele; unilateral | 2 |
| 54402 | Removal/replacement of non-inflatable/inflatable penile prosthesis..... | 2 | 55041 | Excision, hydrocele; bilateral | 2 |
| 54405 | Insertion inflatable penile prosthesis..... | 1 | | <u>Repair</u> | |
| 54407 | Removal/repair/replacement inflatable penile prosthesis..... | 2 | 55060 | Repair of tunica vaginalis hydrocele | 2 |
| 54409 | Surgical correction abnormality inflatable penile prosthesis..... | 2 | | SCROTUM | |
| | <u>Manipulation</u> | | | <u>Incision</u> | |
| 54450 | Foreskin manipulation..... | 1 | 55100 | Drainage scrotal wall abscess | 3, 5 |
| | TESTIS | | 55110 | Scrotal exploration | 5 |
| | <u>Excision</u> | | 55120 | Removal foreign body in scrotum | 5 |
| 54500 | Biopsy testis, needle | 3, 4, 5 | | <u>Repair</u> | |
| 54505 | Biopsy testis, incisional | 3, 5 | 55175 | Scrotoplasty; simple..... | 2 |
| 54510 | Excision local lesion testis | 2, 3 | 55180 | Scrotoplasty; complicated | 2 |
| 54512 | Excision extraparenchymal lesion of testis | 3 | | VAS DEFERENS | |
| 54520 | Orchiectomy, simple | 2 | | <u>Incision</u> | |
| 54530 | Orchiectomy, radical, for tumor, inguinal approach | 2 | 55200 | Vastotomy | 2, 3 |
| 54535 | Orchiectomy, radical, for tumor, with abdominal exploration | 2 | | <u>Excision</u> | |
| | <u>Repair</u> | | 55250 | Vasectomy | 3, 5 |
| 54620 | Fixation of contralateral testis | 2 | | <u>Introduction</u> | |
| 54660 | Insertion testicular prosthesis | 1 | 55300 | Vastotomy | 3, 5 |
| | <u>Laparoscopy</u> | | | <u>Repair</u> | |
| 54692 | Laparoscopy, surgical; orchiopexy for intra-abdominal testis | 3 | 55400 | Vasovasostomy, vasovasorrhaphy | 1 |
| 54699 | Unlisted laparoscopy procedure, testis | 2 | | <u>Suture</u> | |
| | EPIDIDYMIS | | 55450 | Ligation vas deferens..... | 3, 5 |
| | <u>Incision</u> | | | SPERMATIC CORD | |
| 54700 | Incision/drainage epididymis..... | 3, 5 | | <u>Excision</u> | |
| | <u>Excision</u> | | 55500 | Excision, hydrocele of spermatic cord, unilateral | 2 |
| 54800 | Biopsy epididymis, needle | 3, 4, 5 | 55520 | Excision, lesion of spermatic cord..... | 2 |
| 54820 | Exploration epididymis | 5 | 55530 | Excision, varicocele or ligation, spermatic veins..... | 2 |
| 54830 | Excision local lesion epididymis..... | 5 | 55535 | Excision, varicocele or ligation, spermatic veins, abdominal | 2 |
| 54840 | Excision spermatocele | 5 | 55540 | Excision, varicocele or ligation, spermatic veins, with hernia | 2 |
| 54860 | Epididymectomy, unilateral | 5 | | <u>Laparoscopy</u> | |
| 54861 | Epididymectomy, bilateral | 5 | 55550 | Laparoscopy, surgical, with ligation of spermatic veins for varicocele..... | 2 |
| | <u>Repair</u> | | 55559 | Unlisted laparoscopy procedure, spermatic cord..... | 2 |
| 54900 | Epididymovasostomy, anastomosis epididymis to vas deferens; unilateral | 1 | | | |
| 54901 | Epididymovasostomy, anastomosis epididymis to vas deferens; bilateral | 1 | | | |

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|--------------|--|-----------------------------|-------------|--|-----------------------------|
| | SEMINAL VESICLES | | | | |
| | <u>Incision</u> | | | <u>Repair</u> | |
| 55600 | Vesiculotomy..... | 2 | 56800 | Plastic repair of introitus..... | 2 |
| 55605 | Vesiculotomy, complicated | 2 | | | |
| | <u>Excision</u> | | | VAGINA | |
| 55650 | Vesiculectomy, any approach | 2 | 57020 | Colpocentesis | 3, 5 |
| 55680 | Excision, Mullerian duct cyst..... | 2 | 57022 | Incision and drainage of vaginal hematoma; post-obstetrical | 1 |
| | PROSTATE | | 57023 | Incision and drainage of vaginal hematoma; non-obstetrical | 1 |
| | <u>Incision</u> | | | <u>Destruction</u> | |
| 55700 | Biopsy prostate, needle or punch | 3, 5 | 57061 | Destruction vaginal lesions, simple..... | 3, 5 |
| | <u>Other Procedures</u> | | 57065 | Destruction vaginal lesions, extensive | 3, 5 |
| 55870 | Electroejaculation..... | 1 | | <u>Excision</u> | |
| 55873 | Cryosurgical ablation of the prostate | 1 | 57100 | Biopsy vaginal mucosa, simple..... | 3, 5 |
| 55899 | Unlisted procedure, male genital system | 2 | 57105 | Biopsy vaginal mucosa, extensive | 5 |
| | INTERSEX SURGERY | | 57106 | Vaginectomy, partial removal of vaginal wall | 2 |
| 55970 | Intersex surgery, male to female..... | 1 | 57107 | Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) | 2 |
| 55980 | Intersex surgery, female to male..... | 1 | 57109 | Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy) | 2 |
| | VULVA AND INTROITUS | | 57110 | Vaginectomy, complete removal of vaginal wall | 2 |
| | <u>Incision</u> | | 57111 | Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) | 2 |
| 56405 | Incision and drainage of vulva or perineal abscess | 3 | 57112 | Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy) | 2 |
| 56420 | Incision/drainage Bartholin's gland abscess | 3, 5 | 57120 | Colpocleisis..... | 2 |
| 56440 | Marsupialization Bartholin's gland cyst | 3, 5 | 57130 | Excision vaginal septum | 5 |
| 56441 | Lysis of labial adhesions | 3 | 57135 | Excision vaginal cyst/tumor..... | 5 |
| | <u>Destruction</u> | | | | |
| 56501 | Destruction lesions, vulva, simple..... | 3, 5 | | | |
| 56515 | Destruction lesions, vulva, extensive | 5 | | | |
| | <u>Excision</u> | | | | |
| 56605 | Biopsy of vulva or perineum, one lesion | 3 | | | |
| 56606 | Biopsy of vulva or perineum, each separate additional lesion (List separately in addition to code for primary procedure) | 3, 4 | | | |
| 56700 | Partial hymenectomy or revision of hymenal ring | 3 | | | |
| 56720 | Hymenotomy, simple incision | 3 | | | |
| 56740 | Excision Bartholin's gland/cyst..... | 3, 5 | | | |

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|-------------|---|-----------------------------|-------------|--|-----------------------------|
| | VAGINA (continued) | | | CERVIX UTERI (continued) | |
| | <u>Introduction</u> | | | <u>Repair</u> | |
| 57150 | Irrigation/application medicament | 3, 4, 5 | 57700 | Cerclage uterine cervix | 5 |
| 57160 | Fitting and insertion of pessary or other intravaginal support device..... | 3, 4, 5 | | <u>Manipulation</u> | |
| 57170 | Diaphragm fitting..... | 3, 4, 5 | 57800 | Dilation cervical canal | 3, 5 |
| 57180 | Introduction hemostatic agent..... | 3, 4, 5 | 57820 | Dilation and curettage of cervical stump | 3 |
| | <u>Repair</u> | | | CORPUS UTERI | |
| 57200 | Colporrhaphy, suture of vaginal injury | 5 | | <u>Excision</u> | |
| 57210 | Colpoperineorrhaphy | 5 | 58100 | Endometrial sampling with or without endocervical sampling, without cervical dilation, any method | 3, 5 |
| 57291 | Construction artificial vagina | 2 | 58120 | Dilation and curettage, diagnostic..... | 3 |
| 57292 | Construction artificial vagina, with graft | 2 | 58150 | Total abdominal hysterectomy (corpus and cervix) with or without removal of tube(s), with or without removal of ovary(s);..... | 2 |
| | <u>Manipulation</u> | | 58152 | Total abdominal hysterectomy (corpus and cervix) with or without removal of ovary(s), with or without removal of ovary(s); with colpo- urethrocystopexy (e.g., Marshall-Marchetti- Krantz, Burch)..... | 2 |
| 57400 | Dilation vagina under anesthesia..... | 3 | 58180 | Supracervical abdominal hysterectomy | 2 |
| 57410 | Pelvic exam under anesthesia | 3, 5 | 58200 | Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling..... | 2 |
| 57415 | Removal of impacted vaginal foreign body under anesthesia | 3 | 58210 | Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling..... | 2 |
| | <u>Endoscopy</u> | | 58260 | Vaginal hysterectomy..... | 2 |
| 57452 | Colposcopy | 3, 4, 5 | 58262 | Vaginal hysterectomy; with removal of tube(s), and/or ovary(s)..... | 2 |
| 57454 | Colposcopy, with biopsy of cervix and/or endocervical curettage | 3, 4, 5 | 58267 | Vaginal hysterectomy; with colpo-urethrocystopexy | 2 |
| 57460 | Colposcopy with loop electrode, excision procedure of the cervix..... | 3, 4 | 58270 | Vaginal hysterectomy; with repair of enterocele | 2 |
| | CERVIX UTERI | | 58275 | Vaginal hysterectomy; with total or partial colpectomy | 2 |
| | <u>Excision</u> | | 58280 | Vaginal hysterectomy; with total or partial colpectomy, with repair of enterocele | 2 |
| 57500 | Biopsy cervix..... | 3, 5 | 58285 | Vaginal hysterectomy, radical | 2 |
| 57505 | Endocervical curettage | 3, 4, 5 | | | |
| 57510 | Cauterization of cervix, electro or thermal | 3, 4, 5 | | | |
| 57511 | Cauterization of cervix, cryocautery | 3, 4, 5 | | | |
| 57513 | Cauterization of cervix, laser ablation | 3, 5 | | | |
| 57520 | Conization of cervix, with/without fulguration dilation/curettage repair | 3 | | | |
| 57522 | Conization of cervix; loop electrode excision | 2, 3 | | | |
| 57530 | Trachelectomy, amputation of cervix | 2 | | | |
| 57540 | Excision, cervical stump, abdominal approach..... | 2 | | | |
| 57545 | Excision, cervical stump, abdominal approach, pelvic floor repair | 2 | | | |
| 57550 | Excision, cervical stump, vaginal approach | 2 | | | |
| 57555 | Excision, cervical stump, vaginal approach, anterior and/or posterior repair | 2 | | | |
| 57556 | Excision, cervical stump, vaginal approach, repair of enterocele..... | 2 | | | |

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|--|---|-----------------------------|------------------------------------|--|-----------------------------|
| <u>Introduction</u> | | | <u>Laparoscopy (continued)</u> | | |
| 58300 | Insertion of intrauterine device..... | 3, 5 | 58671 | Laparoscopy, surgical; with occlusion of oviducts by device (e.g. band, clip or Falope ring)..... | 3 |
| 58301 | Removal of intrauterine device..... | 3, 5 | 58672 | Laparoscopy, surgical; with fimbrioplasty..... | 1 |
| 58321 | Artificial insemination, intra-cervical..... | 1 | 58673 | Laparoscopy, surgical; with salpingostomy (salpingoneostomy)..... | 1 |
| 58322 | Artificial insemination, intra-uterine..... | 1 | 58679 | Unlisted laparoscopy procedure, oviduct, ovary..... | 2 |
| 58323 | Sperm washing for artificial insemination..... | 1 | <u>Excision</u> | | |
| 58340 | Catherization and introduction of saline or contrast material for hysterosonography or hysterosalpingography..... | 3, 5 | 58700 | Salpingectomy..... | 2 |
| 58345 | Transcervical introduction of fallopian tube catheter..... | 1 | 58720 | Salpingo-oophorectomy..... | 2 |
| 58350 | Chromotubation of oviduct, including materials..... | 3, 5 | <u>Repair</u> | | |
| 58353 | Endometrial ablation, thermal, without hysteroscopic guidance..... | 3 | 58750 | Tubotubal anastomosis..... | 1 |
| <u>Repair</u> | | | 58752 | Tubouterine implantation..... | 1 |
| 58400 | Uterine suspension..... | 1 | 58760 | Fimbrioplasty..... | 1 |
| 58410 | Uterine suspension..... | 1 | 58770 | Salpingostomy..... | 1 |
| 58540 | Hysteroplasty, repair uterine anomaly..... | 1 | <u>OVARY</u> | | |
| <u>Laparoscopy/Hysteroscopy</u> | | | <u>Incision</u> | | |
| 58550 | Laparoscopy, surgical; with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy)..... | 2 | 58800 | Drainage of ovarian cyst, vaginal approach..... | 3 |
| 58555 | Hysteroscopy, diagnostic (separate procedure)..... | 3 | 58820 | Drainage of ovarian abscess, vaginal approach, open.... | 3 |
| 58558 | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C..... | 3 | 58825 | Transposition, ovary..... | 1 |
| 58559 | Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)..... | 3 | <u>Excision</u> | | |
| 58561 | Hysteroscopy, surgical; with removal of leiomyomata..... | 3 | 58940 | Oophorectomy..... | 2 |
| 58262 | Hysteroscopy, surgical; with removal of impacted foreign body..... | 3 | 58943 | Oophorectomy..... | 2 |
| 58563 | Hysteroscopy, surgical; with endometrial ablation (any method)..... | 3 | <u>IN VITRO FERTILIZATION</u> | | |
| 58578 | Unlisted laparoscopy procedure, uterus..... | 2, 3 | 58970 | Oocyte retrieval..... | 1 |
| 58579 | Unlisted hysteroscopy procedure, uterus..... | 2, 3 | 58974 | Embryo transfer, intrauterine..... | 1 |
| <u>OVIDUCT/OVARY</u> | | | 58976 | Gamete, zygote or embryo intrafallopian transfer, any method..... | 1 |
| <u>Incision</u> | | | <u>Other Procedures</u> | | |
| 58600 | Ligation/transection fallopian tubes..... | 5 | 58999 | Unlisted procedure, female genital system, nonobstetrical..... | 2 |
| 58607 ^o | Transection fallopian tube, minilaparotomy..... | 1 | <u>MATERNITY CARE AND DELIVERY</u> | | |
| 58611 | Ligation or transection of fallopian tube(s) when done at the time of a cesarean section or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)..... | 4 | <u>Antepartum Services</u> | | |
| <u>Laparoscopy</u> | | | 59000 | Amniocentesis, any method..... | 3, 4, 5 |
| 58670 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection)..... | 3 | 59012 | Cordocentesis, any method..... | 3, 4 |
| ^o Refer to HCPCS code Z1030 in the <i>Pregnancy</i> section of the appropriate Part 2 manual. | | | 59015 | Chorionic villus sampling..... | 1 |
| | | | 59020 | Fetal contraction stress test..... | 3, 4, 5 |
| | | | 59021 ^o | Non-oxytocin stress test..... | 1 |
| | | | 59025 | Fetal non-stress test..... | 5 |
| | | | 59030 | Fetal scalp blood sampling..... | 3, 4 |
| | | | 59050 | Fetal monitoring during labor by consulting physician (i.e., non-attending physician) with written report, supervision and interpretation..... | 3, 4 |
| | | | 59051 | Fetal monitoring during labor by consulting physician (i.e., non-attending physician) with written report, interpretation only..... | 3, 4 |

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| Benefit Restriction Descriptions: | 1 Non-Benefit | 3 Assistant Surgeon services not payable |
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| | | 5 Ambulatory Surgical |

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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---|--|-----------------------------|
| MATERNITY CARE AND DELIVERY (continued) | | |
| <u>Excision</u> | | |
| 59150 | Laparoscopic treatment of ectopic pregnancy | 3 |
| 59151 | Laparoscopic treatment of ectopic pregnancy; salpingectomy..... | 3 |
| 59160 | Curettage, postpartum | 3 |
| <u>Introduction</u> | | |
| 59200 | Insertion cervical dilator | 1 |
| <u>Repair</u> | | |
| 59300 | Episiotomy, other than attending physician | 3 |
| <u>Vaginal Delivery, Antepartum and Postpartum Care</u> | | |
| 59410 | Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care | 1 |
| 59412 | External cephalic version | 1 |
| 59425 | Antepartum care, 4 to 6 visits | 1 |
| 59426 | Antepartum care, 7 or more visits | 1 |
| 59430 | Postpartum care only | 1 |
| 59515 | Cesarean delivery only; including postpartum care | 1 |
| 59525 | Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure) | 4 |
| <u>Delivery After Previous Cesarean Delivery</u> | | |
| 59614 | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care | 1 |
| 59622 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care | 1 |
| <u>Abortion</u> | | |
| 59812 | Treatment of spontaneous abortion, any trimester | 3 |
| 59820 | Treatment of missed abortion; first trimester | 3 |
| 59821 | Treatment of missed abortion; second trimester..... | 3 |
| 59830 | Treatment of septic abortion | 3 |
| 59840 | Induced abortion, dilation and curettage..... | 3 |
| 59841 | Induced abortion, dilation and evacuation | 3 |
| 59850 | Induced abortion, intra-amniotic injection | 3 |
| 59851 | Induced abortion, intra-amniotic injection; dilation and curettage | 3 |
| 59855 | Induced abortion, by one or more vaginal suppositories | 3 |
| 59856 | Induced abortion; with dilation and curettage and/or evacuation | 3 |
| 59857 | Induced abortion; with hysterotomy | 3 |
| <u>Other Procedures</u> | | |
| 59866 | Multifetal pregnancy reduction(s) (MPR) | 1 |
| 59870 | Uterine evacuation and curettage for hydatidiform mole | 3 |
| 59898 | Unlisted laparoscopy procedure, maternity care and delivery | 2 |
| 59899 | Unlisted procedure, maternity care and delivery | 2 |

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|-----------------------------------|---|--|
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| | | 5 Ambulatory Surgical |

TAR and Non-Benefit List: Codes 60000 – 69999**1**

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|----------------------------|--|-----------------------------|-------------|---|-----------------------------|
| SURGERY (continued) | | | | | |
| | ENDOCRINE SYSTEM | | | | |
| | THYROID GLAND | | | | |
| | <u>Incision</u> | | | | |
| 60000 | Incision and drainage of thyroglossal cyst, infected..... | 3 | | | |
| | <u>Excision</u> | | | | |
| 60001 | Aspiration and/or injection, thyroid cyst | 3, 4 | | | |
| 60100 | Biopsy, thyroid, percutaneous needle | 3, 4 | | | |
| 60200 | Excision cyst/adenoma thyroid | 5 | | | |
| 60699 | Unlisted procedure, endocrine system..... | 2 | | | |
| | <u>Laparoscopy</u> | | | | |
| 60650 | Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal..... | 2 | | | |
| 60659 | Unlisted laparoscopy procedure, endocrine system | 2 | | | |
| | NERVOUS SYSTEM | | | | |
| | SKULL, MENINGES, AND BRAIN | | | | |
| | <u>Puncture for Injection, Drainage, or Aspiration</u> | | | | |
| 61000 | Subdural tap; initial | 3, 4 | | | |
| 61001 | Subdural tap; subsequent | 3, 4 | | | |
| 61020 | Ventricular puncture; without injection | 3, 4 | | | |
| 61026 | Ventricular puncture; with injection | 3 | | | |
| 61050 | Cisternal or lateral cervical puncture without injection | 3, 4 | | | |
| 61055 | Cisternal or lateral cervical puncture; with injection..... | 3 | | | |
| 61070 | Puncture of shunt tubing for aspiration or injection..... | 3, 4 | | | |
| | <u>Twist Drill, Burr Holes or Trephine</u> | | | | |
| 61105 | Twist drill hole for subdural or ventricular puncture | 3 | | | |
| 61107 | Twist drill hole for puncture; implant catheter | 3 | | | |
| 61108 | Twist drill hole for puncture; evacuate hematoma | 3 | | | |
| 61151 | Burr hole(s) or trephine; subsequent tapping of abscess/cyst..... | 3 | | | |
| | <u>Stereotaxis</u> | | | | |
| 61720 | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus..... | 2 | | | |
| 61793 | Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions..... | 2 | | | |
| | | | | <u>Neurostimulators, Intracranial</u> | |
| | | | 61850 | Burr holes, implantation neurostimulator electrodes; cortical | 1 |
| | | | 61860 | Craniectomy or craniotomy for implantation of neurostimulator electrodes; cortical..... | 1 |
| | | | 61865 | Craniectomy or craniotomy for implantation of neurostimulator electrodes; subcortical..... | 1 |
| | | | 61870 | Craniectomy, implantation neurostimulator electrodes; cortical | 1 |
| | | | 61875 | Craniectomy, implantation neurostimulator electrodes; subcortical | 1 |
| | | | 61880 | Revision/removal intracranial neurostimulator electrodes | 1 |
| | | | 61885 | Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array..... | 2 |
| | | | 61886 | Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays | 3 |
| | | | 61888 | Revision or removal/cranial neurostimulator..... | 2 |
| | | | | <u>CSF Shunt</u> | |
| | | | 62252 | Reprogramming of programmable CSF shunt | 3 |
| | | | | SPINE AND SPINAL CORD | |
| | | | | <u>Injection, Drainage, or Aspiration</u> | |
| | | | 62263 | Percutaneous lysis of epidural adhesions using solution injection or mechanical means including radiologic localization (includes contrast when administered) | 3 |
| | | | 62268 | Percutaneous aspiration, spinal cord cyst or syrinx..... | 3, 4 |
| | | | 62269 | Biopsy of spinal cord, percutaneous needle | 3, 4 |
| | | | 62270 | Spinal puncture, lumbar, diagnostic..... | 3, 4, 5 |
| | | | 62272 | Spinal puncture, therapeutic, drainage of spinal fluid..... | 3, 4, 5 |
| | | | 62273 | Injection, lumbar epidural, of blood or clot patch | 3, 4 |
| | | | 62280 | Injection/infusion of neurolytic substance, with or without other therapeutic substance; subarachnoid | 3 |
| | | | 62281 | Injection of neurolytic substance; epidural, cervical, thoracic | 3 |

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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|--|-----------------------------|-------------|--|-----------------------------|
| 62282 | <u>Injection, Drainage, or Aspiration</u> (continued) Injection/infusion of neurolytic substance with or without other therapeutic substance; epidural, lumbar, sacral (caudal)..... | 3 | 63048 | <u>Posterior Extradural Laminotomy or Laminectomy for Exploration/Decompression of Neural Elements or Excision of Herniated Intervertebral Disks</u> Laminectomy, facetectomy and foraminotomy, each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)..... | 4 |
| 62292 | Injection procedure chemonucleolysis, lumbar..... | 3 | 63057 | <u>Transpedicular or Costovertebral Approach for Posterolateral Extradural Exploration/Decompression</u> Transpedicular approach with decompression, each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)..... | 4 |
| 62310 | Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic..... | 3 | 63066 | Costovertebral approach with decompression, each additional segment (List separately in addition to code for primary procedure)..... | 4 |
| 62311 | Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)..... | 3 | 63076 | <u>Anterior or Anterolateral Approach for Extradural Exploration/Decompression</u> Discectomy, anterior, with decompression; cervical, each additional interspace (List separately in addition to code for primary procedure)..... | 4 |
| 62318 | Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic..... | 3 | 63078 | Discectomy, anterior, with decompression; thoracic, each additional interspace (List separately in addition to code for primary procedure)..... | 4 |
| 62319 | Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)..... | 3 | 63082 | Vertebral corpectomy, cervical, each additional segment (List separately in addition to code for primary procedure)..... | 4 |
| 62367 | <u>Reservoir/Pump Implantation</u> Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; without reprogramming..... | 3 | 63086 | Vertebral corpectomy, thoracic, each additional segment (List separately in addition to code for primary procedure)..... | 4 |
| 62368 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; with reprogramming..... | 3 | 63088 | Vertebral corpectomy, combined approach, additional segment (List separately in addition to code for primary procedure)..... | 4 |
| | | | 63091 | Vertebral corpectomy, partial or complete, additional segment (List separately in addition to code for primary procedure)..... | 4 |
| | | | 63308 | <u>Excision, Anterior or Anterolateral Approach, Intraspinial Lesion</u> Vertebral corpectomy, intraspinal lesion, each additional segment (List separately in addition to codes for single segment)..... | 4 |
| | | | 63600 | <u>Stereotaxis</u> Creation of lesion of spinal cord, percutaneous..... | 4 |
| | | | 63610 | Stereotactic stimulation of spinal cord, percutaneous..... | 4 |
| | | | 63650 | <u>Neurostimulators, Spinal</u> Percutaneous implantation of neurostimulator electrode array, epidural..... | 2 |
| | | | 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural..... | 2 |
| | | | 63685 | Incision/subcutaneous placement of spinal neurostimulator pulse generator/receiver..... | 2 |

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|-------------|---|-----------------------------|-------------|---|-----------------------------|
| | EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM <u>Somatic Nerves</u> | | | EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM (continued) <u>Sympathetic Nerves</u> | |
| 64400 | Injection, anesthetic agent; trigeminal nerve | 3, 4 | 64505 | Injection, anesthetic agent; sphenopalatine ganglion | 3, 4 |
| 64402 | Injection, anesthetic agent; facial nerve | 3, 4 | 64508 | Injection, anesthetic agent; carotid sinus | 3, 4 |
| 64405 | Injection, anesthetic agent; greater occipital nerve | 3, 4 | 64510 | Injection, anesthetic agent; stellate ganglion | 3, 4 |
| 64408 | Injection, anesthetic agent; vagus nerve | 3, 4 | 64520 | Injection, anesthetic agent; lumbar or thoracic | 3, 4 |
| 64410 | Injection, anesthetic agent; phrenic nerve | 3, 4 | 64530 | Injection, anesthetic agent; celiac plexus | 3, 4 |
| 64412 | Injection, anesthetic agent; spinal accessory nerve | 3, 4 | | <u>Neurostimulators, Peripheral Nerve</u> | |
| 64413 | Injection, anesthetic agent; cervical plexus | 3, 4 | 64550 | Application surface neurostimulator | 1 |
| 64415 | Injection, anesthetic agent; brachial plexus | 3, 4 | 64553 | Percutaneous implantation neurostimulator electrodes; cranial nerve | 1 |
| 64417 | Injection, anesthetic agent; axillary nerve | 3, 4 | 64555 | Percutaneous implantation neurostimulator electrodes; peripheral nerve | 1 |
| 64418 | Injection, anesthetic agent; suprascapular nerve | 3, 4 | 64560 | Percutaneous implantation neurostimulator electrodes; autonomic nerve | 1 |
| 64420 | Injection, anesthetic agent; intercostal nerve, singular | 3, 4 | 64565 | Percutaneous implantation neurostimulator electrodes; neuromuscular | 1 |
| 64421 | Injection, anesthetic agent; intercostal nerves, multiple | 3, 4 | 64573 | Implantation neurostimulator electrodes; cranial nerve | 1 |
| 64425 | Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves | 3, 4 | 64575 | Implantation neurostimulator electrodes; peripheral nerve | 1 |
| 64430 | Injection, anesthetic agent; pudendal nerve | 3, 4 | 64577 | Implantation neurostimulator electrodes; autonomic nerve | 1 |
| 64435 | Injection, anesthetic agent; paracervical nerve | 3, 4 | 64580 | Implantation neurostimulator electrodes; neuromuscular | 1 |
| 64445 | Injection, anesthetic agent; sciatic nerve | 3, 4 | 64590 | Incision/subcutaneous placement neurostimulator generator/receiver | 1 |
| 64450 | Injection, anesthetic agent; other peripheral nerve | 3, 4 | 64595 | Revision/removal peripheral neurostimulator generator/receiver | 1 |
| 64470 | Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level | 3 | | <u>Destruction by Neurolytic Agent, Somatic Nerves</u> | |
| 64472 | Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level | 3 | 64600 | Destruction by neurolytic agent; supraorbital branch | 3, 4 |
| 64475 | Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level | 3 | 64605 | Destruction by neurolytic agent; 2nd and 3rd division branches at foramen ovale | 3, 4 |
| 64476 | Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure) | 3, 4 | 64610 | Destruction by neurolytic agent; 2nd and 3rd division branches at foramen ovale under radiologic monitoring | 3, 4 |
| 64479 | Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level | 3 | 64612 | Chemodenervation of muscle(s); muscle(s) innervated by facial nerve | 3, 4 |
| 64480 | Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level | 3 | 64613 | Chemodenervation of muscle(s); cervical spinal muscle(s) | 3, 4 |
| 64483 | Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level | 3 | 64614 | Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) | 3, 4 |
| 64484 | Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level) | 3 | 64620 | Destruction by neurolytic agent; intercostal nerve | 3, 4 |
| | | | 64622 | Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level | 3, 4 |
| | | | 64623 | Destruction by neurolytic agent; paravertebral facet joint nerve; lumbar or sacral, each additional level | 3, 4 |

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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|--|-----------------------------|-------------|---|-----------------------------|
| | <u>Destruction by Neurolytic Agent, Somatic Nerves</u> (continued) | | | EYE AND OCULAR ADNEXA | |
| 64626 | Destruction by neurolytic agent; paravertebral facet joint nerve; cervical or thoracic, single level..... | 3 | 65125 | <u>EYEBALL</u> <u>Secondary Implant Procedures</u> Modification of ocular implant | 3, 4 |
| 64627 | Destruction by neurolytic agent; paravertebral facet joint nerve; cervical or thoracic, each additional level..... | 3 | | <u>Removal of Ocular Foreign Body</u> | |
| 64630 | Destruction by neurolytic agent; pudendal nerve..... | 3, 4 | 65205 | Removal foreign body, external eye, conjunctival..... | 3, 5 |
| 64640 | Destruction by neurolytic agent; other peripheral nerve/branch..... | 3, 4 | 65210 | Removal foreign body, external eye, subconjunctival..... | 3, 5 |
| | <u>Destruction by Neurolytic Agent, Sympathetic Nerves</u> | | 65220 | Removal foreign body, external eye, corneal..... | 3, 5 |
| 64680 | Destruction by neurolytic agent; celiac plexus..... | 3, 4 | 65222 | Removal foreign body, external eye, corneal, slit lamp | 3, 5 |
| | <u>Neuroplasty</u> <u>(Exploration, Neurolysis or Nerve Decompression)</u> | | 65235 | Removal foreign body, intraocular, anterior chamber or lens..... | 5 |
| 64721 | Neurolysis, carpal tunnel..... | 2 | 65260 | Removal foreign body, intraocular, posterior segment, magnet..... | 5 |
| 64727 | Internal neurolysis, requiring use of operating microscope..... | 4 | 65265 | Removal foreign body, intraocular, posterior segment | 5 |
| | <u>Excision – Somatic Nerves</u> | | | <u>ANTERIOR SEGMENT – CORNEA</u> | |
| 64774 | Excision of neuroma, cutaneous nerve..... | 5 | | <u>Excision</u> | |
| 64776 | Excision of neuroma, digital nerve, one or both, same digit..... | 5 | 65400 | Excision lesion, cornea | 3, 5 |
| 64778 | Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure) | 5 | 65410 | Biopsy cornea | 3, 5 |
| 64782 | Excision of neuroma; hand or foot | 5 | 65420 | Excision/transposition pterygium | 3 |
| 64783 | Excision of neuroma; hand or foot, each additional nerve (List separately in addition to code for primary procedure) | 5 | | <u>Removal or Destruction</u> | |
| 64784 | Excision of neuroma, major peripheral nerve | 5 | 65430 | Scraping cornea, diagnostic..... | 3, 5 |
| 64786 | Excision of neuroma, sciatic nerve | 5 | 65435 | Removal corneal epithelium..... | 3, 5 |
| 64787 | Implantation nerve end into bone or muscle..... | 5 | 65436 | Removal corneal epithelium, application chelating agent | 3, 5 |
| 64788 | Excision of neurofibroma/neurolemmoma, cutaneous nerve..... | 5 | 65450 | Destruction lesion of cornea | 3, 5 |
| 64790 | Excision of neurofibroma/neurolemmoma, major peripheral nerve..... | 5 | 65600 | Multiple punctures of anterior cornea..... | 5 |
| 64795 | Biopsy of nerve | 5 | | <u>Other Procedures</u> | |
| | <u>Neurorrhaphy</u> | | 65760 | Keratomileusis | 1 |
| 64832 | Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure) | 4 | 65765 | Keratophakia..... | 1 |
| 64837 | Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure) | 4 | 65770 | Keratoprosthesis | 1 |
| 64859 | Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure) | 4 | 65771 | Radial Keratotomy | 1 |
| | <u>Other Procedures</u> | | 65772 | Corneal relaxing incision..... | 1 |
| 64999 | Unlisted procedure, nervous system..... | 2 | 65775 | Corneal wedge resection | 1 |
| | | | | <u>ANTERIOR SEGMENT – ANTERIOR CHAMBER</u> | |
| | | | | <u>Incision</u> | |
| | | | 65800 | Paracentesis anterior chamber, diagnostic aspiration | 3, 5 |
| | | | 65805 | Paracentesis anterior chamber, therapeutic release aqueous | 3, 5 |
| | | | 65810 | Paracentesis anterior chamber, removal vitreous..... | 3, 5 |
| | | | 65815 | Paracentesis anterior chamber, removal of blood | 5 |
| | | | 65820 | Goniotomy..... | 5 |
| | | | 65850 | Trabeculotomy ab externo | 5 |
| | | | 65855 | Trabeculoplasty by laser surgery | 5 |

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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---------------------------------------|---|-----------------------------|---|--|-----------------------------|
| <u>Other Procedures</u> | | | <u>Removal Cataract</u> | | |
| 65865 | Severing adhesions anterior segment, goniosynechia..... | 5 | 66830 * | Removal secondary membranous cataract | 2 |
| 65870 | Severing adhesions anterior segment, anterior synechia | 5 | 66840 * | Removal lens material, aspiration technique | 2 |
| 65875 | Severing adhesions anterior segment, posterior synechia | 5 | 66850 * | Removal lens material, phacofragmentation technique | 2 |
| 65880 | Severing adhesions anterior segment, corneovitreous adhesions | 5 | 66852 | Removal of lens material, pars plana approach..... | 2 |
| 65900 | Removal epithelial downgrowth, anterior chamber | 5 | 66920 * | Extraction lens, intracapsular | 2 |
| 65920 | Removal implanted material, anterior segment | 5 | 66930 * | Extraction lens, intracapsular, dislocated lens | 2 |
| 65930 | Removal blood clot, anterior segment | 5 | 66940 * | Extraction lens, extracapsular | 2 |
| 66020 | Injection, anterior chamber, air or liquid | 3, 5 | 66982 * | <u>Extracapsular cataract removal/insertion</u> | |
| 66030 | Injection, anterior chamber, medication | 3, 5 | | <u>intraocular lens, manual or mechanical technique, complex</u> | 1 |
| ANTERIOR SEGMENT – ANTERIOR SCLERA | | | 66983 * | Intracapsular cataract extraction/insertion intraocular lens | 2 |
| <u>Excision</u> | | | 66984 * | Extracapsular cataract removal/insertion intraocular lens | 2 |
| 66130 | Excision lesion, sclera | 5 | 66985 * | Insertion/exchange intraocular lens not associated with concurrent cataract removal | 2 |
| 66150 | Fistulization of sclera for glaucoma, trephination/iridectomy | 5 | 66999 | Unlisted procedure, anterior segment of eye | 2 |
| 66155 | Fistulization of sclera for glaucoma, thermocauterization | 5 | POSTERIOR SEGMENT – VITREOUS | | |
| 66160 | Fistulization of sclera for glaucoma, sclerectomy | 5 | 67005 | Removal of vitreous, partial removal..... | 5 |
| 66165 | Fistulization of sclera for glaucoma, iridencleisis | 5 | 67010 | Removal of vitreous, subtotal removal | 5 |
| 66170 | Fistulization of sclera for glaucoma, trabeculectomy ab externo | 5 | 67015 | Aspiration/release vitreous..... | 5 |
| <u>Repair</u> | | | 67025 | Injection vitreous substitute..... | 5 |
| 66220 | Repair scleral staphyloma..... | 5 | 67030 | Discission vitreous strands | 5 |
| 66225 | Repair scleral staphyloma, with graft | 5 | 67031 | Severing vitreous strands | 5 |
| <u>Revision Operative Wound</u> | | | 67036 | Vitrectomy, mechanical | 5 |
| 66250 | Revision/repair operative wound anterior segment..... | 5 | 67038 | Vitrectomy, epiretinal membrane stripping..... | 5 |
| ANTERIOR SEGMENT – IRIS, CILIARY BODY | | | 67040 | Vitrectomy, endolaser panretinal photocoagulation | 5 |
| <u>Iridotomy, Iridectomy</u> | | | POSTERIOR SEGMENT – RETINAL DETACHMENT | | |
| 66500 | Iridotomy by stab incision..... | 5 | <u>Repair</u> | | |
| 66505 | Iridotomy by stab incision, with transfixion..... | 5 | 67101 | Repair of retinal detachment; cryotherapy or diathermy..... | 3 |
| 66600 | Iridectomy, removal of lesion | 5 | 67105 | Repair of retinal detachment; photocoagulation, with or without drainage of subretinal fluid | 3 |
| 66605 | Iridectomy, with cyclectomy | 5 | <u>Prophylaxis</u> | | |
| 66625 | Iridectomy, peripheral for glaucoma..... | 5 | 67141 | Prophylaxis retinal detachment, cryotherapy, diathermy | 5 |
| 66630 | Iridectomy, sector for glaucoma..... | 5 | 67145 | Prophylaxis retinal detachment, photocoagulation | 5 |
| 66635 | Iridectomy, "optical" | 5 | * Assistant surgeons must have a valid TAR to be reimbursed for their services when billing for these procedures. | | |
| <u>Repair</u> | | | | | |
| 66680 | Repair iris, ciliary body | 5 | | | |
| 66682 | Suture iris, ciliary body..... | 5 | | | |
| <u>Destruction</u> | | | | | |
| 66761 | Iridotomy by photocoagulation | 3, 5 | | | |
| 66762 | Iridoplasty by photocoagulation | 3, 5 | | | |
| 66770 | Destruction cyst/lesion iris/ciliary body | 5 | | | |
| ANTERIOR SEGMENT – LENS | | | | | |
| <u>Incision</u> | | | | | |
| 66820 * | Discission secondary membranous cataract, stab incisional | 5 | | | |
| 66821 * | Discission secondary membranous cataract, laser surgery..... | 5 | | | |

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|---|---|-----------------------------|--|--|-----------------------------|
| POSTERIOR SEGMENT – OTHER PROCEDURES | | | OCULAR ADNEXA – EYELIDS | | |
| <u>Destruction – Retina, Choroid</u> | | | <u>Incision</u> | | |
| 67208 | Destruction of localized lesion of retina (e.g., macular edema, tumors), one or more sessions, cryotherapy/diathermy | 5 | 67700 | Blepharotomy, drainage of abscess, eyelid | 3, 5 |
| 67210 | Destruction of localized lesion of retina (e.g., macular edema, tumors), photocoagulation | 5 | 67710 | Severing of tarsorrhaphy..... | 3, 5 |
| 67218 | Destruction localized retinal lesion, radiation..... | 5 | 67715 | Canthotomy..... | 3, 5 |
| 67227 | Destruction retinopathy, cryotherapy/diathermy..... | 5 | 67720 ° | Botulinum injection for blepharospasm..... | 1 |
| 67228 | Destruction retinopathy, photocoagulation..... | 5 | <u>Excision or Removal of Lesion</u> | | |
| 67299 | Unlisted procedure, posterior segment..... | 2 | <u>Involving More Than Skin</u> | | |
| <u>Scleral Repair</u> | | | 67800 | Excision chalazion, single..... | 3, 5 |
| 67250 | Scleral reinforcement..... | 5 | 67801 | Excision chalazion, multiple..... | 3, 5 |
| 67255 | Scleral reinforcement, with graft | 5 | 67805 | Excision chalazion, multiple, different lids..... | 3, 5 |
| <u>Ocular Adnexa – Extraocular Muscles</u> | | | 67808 | Excision chalazion, general anesthesia | 5 |
| 67311 | Strabismus surgery, recession or resection procedure; one horizontal muscle | 2 | 67810 | Biopsy of eyelid..... | 3, 5 |
| 67312 | Strabismus surgery, two horizontal muscles..... | 2 | 67820 | Correction of trichiasis; epilation, by forceps only..... | 3, 5 |
| 67314 | Strabismus surgery, one vertical muscle | 2 | 67825 | Correction of trichiasis; epilation, by other than forceps..... | 3, 5 |
| 67316 | Strabismus surgery, two or more vertical muscles | 2 | 67830 | Correction trichiasis, incision lid margin..... | 5 |
| 67318 | Strabismus surgery, any procedure, superior oblique muscle | 2 | 67835 | Correction trichiasis, incision lid margin, with graft | 5 |
| 67320 | Transposition procedure (e.g., for paretic extraocular muscle), any extraocular muscle (specify) | 2 | 67840 | Excision lesion of eyelids | 3, 5 |
| 67331 | Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles | 2 | 67850 | Destruction lesion of lid margin | 3, 5 |
| 67332 | Strabismus surgery on patient with scarring of extraocular muscles (e.g., prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (e.g., dysthyroid ophthalmopathy)..... | 2 | <u>Tarsorrhaphy</u> | | |
| 67334 | Strabismus surgery by posterior fixation suture technique, with or without muscle recession..... | 2 | 67880 | Construction intermarginal adhesions..... | 5 |
| 67335 | Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) | 4, 5 | 67882 | Construction intermarginal adhesions, transpose tarsal plate | 5 |
| 67340 | Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) | 2 | <u>Repair of Brow Ptosis, Blepharoptosis, Lid Retraction</u> | | |
| 67343 | Release extensive scar tissue without detaching extraocular muscle | 2 | 67901 | Repair, blepharoptosis; frontalis muscle technique, suture | 2 |
| 67345 | Chemodervation of extraocular muscle | 3 | 67902 | Repair, blepharoptosis; frontalis muscle technique, fascial sling | 2 |
| <u>Other Procedures</u> | | | 67903 | Repair, blepharoptosis; levator resection/advancement, internal..... | 2 |
| 67350 | Biopsy extraocular muscle..... | 5 | 67904 | Repair, blepharoptosis; levator resection/advancement, external..... | 2 |
| 67399 | Unlisted procedure, ocular muscle..... | 2 | 67906 | Repair, blepharoptosis; superior rectus technique, fascial sling | 2 |
| OCULAR ADNEXA – ORBIT | | | 67908 | Repair, blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection..... | 2 |
| <u>Exploration, Excision, Decompression</u> | | | 67909 | Reduction, overcorrection of ptosis..... | 2 |
| 67415 | Fine needle aspiration of orbital contents | 3 | 67911 | Correction, lid retraction | 2 |
| <u>Other Procedures</u> | | | ° Refer to HCPCS code X7040 in the <i>Injections</i> section of the appropriate Part 2 manual. | | |
| 67500 | Retrobulbar injection, medication..... | 3, 5 | | | |
| 67505 | Retrobulbar injection, alcohol..... | 3, 5 | | | |
| 67515 | Injection therapeutic agent into Tenon's capsule..... | 3, 5 | | | |
| 67550 | Orbital implant, insertion | 5 | | | |
| 67560 | Orbital implant, removal/revision..... | 5 | | | |
| <u>Other Procedures (continued)</u> | | | | | |
| 67599 | Unlisted procedure, orbit..... | 2 | | | |

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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--|--|-----------------------------|--|--|-----------------------------|
| <u>Repair Ectropion, Entropion</u> | | | <u>Other Procedures</u> | | |
| 67914 | Repair ectropion, suture..... | 2, 3 | 68360 | Conjunctival flap, partial..... | 5 |
| 67915 | Repair ectropion, thermocauterization..... | 2, 3 | 68362 | Conjunctival flap, total..... | 5 |
| 67916 | Repair ectropion, blepharoplasty, excision tarsal wedge..... | 2 | 68399 | Unlisted procedure, conjunctiva..... | 2, 5 |
| 67917 | Repair ectropion, blepharoplasty, extensive..... | 2 | <u>OCULAR ADNEXA – LACRIMAL SYSTEM</u> | | |
| 67921 | Repair entropion, suture..... | 2, 3 | <u>Incision</u> | | |
| 67922 | Repair entropion, thermocauterization..... | 2, 3 | 68400 | Incision/drainage lacrimal gland..... | 5 |
| 67923 | Repair entropion, blepharoplasty, excision tarsal wedge..... | 2 | 68420 | Incision/drainage lacrimal sac..... | 5 |
| 67924 | Repair entropion, blepharoplasty, extensive..... | 2 | 68440 | Snip incision lacrimal punctum..... | 3, 5 |
| <u>Reconstructive Surgery, Blepharoplasty Involving More Than Skin</u> | | | <u>Excision</u> | | |
| 67930 | Suture recent wound, eyelid, partial thickness..... | 3, 5 | 68500 | Excision lacrimal gland, total..... | 5 |
| 67935 | Suture recent wound, eyelid, full thickness..... | 5 | 68505 | Excision lacrimal gland, partial..... | 5 |
| 67938 | Removal embedded foreign body, eyelid..... | 5 | 68510 | Biopsy lacrimal gland..... | 5 |
| 67950 | Canthoplasty..... | 2 | 68520 | Excision lacrimal sac..... | 5 |
| 67961 | Excision and repair, eyelid; up to one-fourth of lid margin..... | 2 | 68525 | Biopsy lacrimal sac..... | 5 |
| 67966 | Excision and repair, eyelid; over one-fourth of lid margin..... | 2 | 68530 | Removal of foreign body..... | 5 |
| 67971 | Reconstruction, eyelid, up to two-thirds of eyelid..... | 2 | 68540 | Excision lacrimal gland tumor, frontal approach..... | 5 |
| 67973 | Reconstruction, eyelid, total eyelid, lower..... | 2 | 68550 | Excision lacrimal gland tumor, osteotomy..... | 5 |
| 67974 | Reconstruction, eyelid, total eyelid, upper..... | 2 | <u>Repair</u> | | |
| 67975 | Reconstruction, eyelid, second stage..... | 2 | 68700 | Plastic repair of canaliculi..... | 2 |
| <u>Other Procedures</u> | | | 68705 | Correction everted punctum, cautery..... | 3, 5 |
| 67999 | Unlisted procedure, eyelids..... | 2 | 68720 | Dacryocystorhinostomy..... | 5 |
| <u>OCULAR ADNEXA – CONJUNCTIVA</u> | | | 68745 | Conjunctivorhinostomy, without tube..... | 5 |
| <u>Incision, Drainage</u> | | | 68750 | Conjunctivorhinostomy, insertion of tube..... | 5 |
| 68020 | Incision conjunctiva, drainage cyst..... | 3, 5 | 68760 | Closure lacrimal punctum..... | 3, 5 |
| 68040 | Expression conjunctival follicles..... | 3, 5 | 68761 | Closure lacrimal punctum, by plug, each..... | 3 |
| <u>Excision, Destruction</u> | | | 68770 | Closure lacrimal fistula..... | 5 |
| 68100 | Biopsy conjunctiva..... | 3, 5 | <u>Probing and Related Procedures</u> | | |
| 68110 | Excision lesion, conjunctiva, up to 1 cm..... | 3, 5 | 68801 | Dilation of lacrimal punctum, with or without irrigation..... | 3 |
| 68115 | Excision lesion, conjunctiva, over 1 cm..... | 5 | 68810 | Probing of nasolacrimal duct, with or without irrigation..... | 3, 4 |
| 68130 | Excision lesion, conjunctiva, with adjacent sclera..... | 5 | 68840 | Probing lacrimal canaliculi..... | 3, 5 |
| 68135 | Destruction lesion, conjunctiva..... | 3, 5 | 68850 | Injection contrast medium for dacryocystography..... | 3, 5 |
| <u>Injection</u> | | | <u>Other Procedures</u> | | |
| 68200 | Subconjunctival injection..... | 3, 5 | 68899 | Unlisted procedure, lacrimal system..... | 2 |
| <u>Conjunctivoplasty</u> | | | | | |
| 68320 | Conjunctivoplasty, conjunctival graft..... | 5 | | | |
| 68325 | Conjunctivoplasty, buccal mucous membrane graft..... | 5 | | | |
| 68326 | Conjunctivoplasty, reconstruction cul-de-sac..... | 5 | | | |
| 68328 | Conjunctivoplasty, reconstruction cul-de-sac with buccal mucous membrane graft..... | 5 | | | |
| 68330 | Repair symblepharon, conjunctivoplasty..... | 5 | | | |
| 68335 | Repair symblepharon, free graft conjunctiva..... | 5 | | | |
| 68340 | Repair symblepharon, division symblepharon..... | 5 | | | |

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| | | | 5 | Ambulatory Surgical |

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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|--|-----------------------------|-------------|--|-----------------------------|
| | AUDITORY SYSTEM | | | temporal bone..... | 1 |
| | EXTERNAL EAR | | 69714 | Implantation; without mastoidectomy..... | 1 |
| | <u>Incision</u> | | 69715 | Implantation; with mastoidectomy..... | 1 |
| 69000 | Drainage external ear, simple..... | 3, 5 | 69717 | Replacement; without mastoidectomy..... | 1 |
| 69005 | Drainage external ear, complicated..... | 5 | 69718 | Replacement; with mastoidectomy..... | 1 |
| 69020 | Drainage external auditory canal, abscess..... | 3, 5 | 69799 | Unlisted procedure, middle ear..... | 2 |
| 69090 | Ear piercing..... | 1 | | INNER EAR | |
| | <u>Excision</u> | | | <u>Insertion</u> | |
| 69100 | Biopsy external ear..... | 3, 5 | 69930 | Cochlear device implantation..... | 2 |
| 69105 | Biopsy external auditory canal..... | 3, 5 | | <u>Other Procedures</u> | |
| 69110 | Excision external ear, partial..... | 3, 5 | 69949 | Unlisted procedure, inner ear..... | 2 |
| 69120 | Excision external ear, complete amputation..... | 5 | | TEMPORAL BONE, MIDDLE FOSSA APPROACH | |
| 69140 | Excision exostosis..... | 5 | | <u>Other Procedures</u> | |
| 69145 | Excision soft tissue lesion..... | 5 | 69979 | Unlisted procedure, temporal bone..... | 2 |
| | <u>Removal Foreign Body</u> | | | | |
| 69200 | Removal foreign body, external ear canal..... | 3, 4, 5 | | | |
| 69205 | Removal foreign body, external ear canal, anesthesia..... | 3, 5 | | | |
| 69210 | Removal impacted cerumen..... | 3, 5 | | | |
| 69220 | Debridement, mastoidectomy cavity, simple..... | 3 | | | |
| 69222 | Debridement, mastoidectomy cavity, complex..... | 3 | | | |
| | <u>Repair</u> | | | | |
| 69300 | Otoplasty protruding ear..... | 2 | | | |
| | <u>Other Procedures</u> | | | | |
| 69399 | Unlisted procedure, external ear..... | 2 | | | |
| | MIDDLE EAR | | | | |
| | <u>Introduction</u> | | | | |
| 69400 | Eustachian tube inflation, transnasal; with catheterization..... | 3, 4, 5 | | | |
| 69401 | Eustachian tube inflation, transnasal; without catheterization..... | 3, 4, 5 | | | |
| 69405 | Eustachian tube catheterization, transtympanic..... | 3, 4, 5 | | | |
| 69410 | Focal application phase control substance..... | 1 | | | |
| | <u>Incision</u> | | | | |
| 69420 | Myringotomy..... | 3, 5 | | | |
| 69421 | Myringotomy, requiring general anesthesia..... | 1 | | | |
| 69424 | Ventilating tube removal..... | 3, 4, 5 | | | |
| 69433 | Tympanostomy, local or topical anesthesia..... | 3, 4 | | | |
| 69436 | Tympanostomy, general anesthesia..... | 3 | | | |
| 69440 | Middle ear exploration..... | 5 | | | |
| 69450 | Tympanolysis, transcanal..... | 5 | | | |
| | <u>Repair</u> | | | | |
| 69610 | Tympanic membrane repair..... | 3, 5 | | | |
| 69620 | Myringoplasty..... | 5 | | | |
| | <u>Other Procedures</u> | | | | |
| 69710 | Implantation bone conduction device, temporal bone..... | 1 | | | |
| 69711 | Removal/repair bone conduction device, | | | | |

Benefit Restriction Descriptions: 1 Non-Benefit 3 Assistant Surgeon services not payable
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TAR and Non-Benefit List: Codes 70000 – 79999

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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---|--|-----------------------------|--------------------------|---|-----------------------------|
| RADIOLOGY | | | | | |
| DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING) | | | | | |
| <u>Head and Neck</u> | | | | | |
| 70336 | MRI of jaw joint(s) | 1 | 72159 | Spine and Pelvis (continued) Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) | 1 |
| 70371 | Dynamic pharyngeal and speech evaluation | 1 | 72191 | Computed tomographic angiography, pelvis, with and without contrast | 1 |
| 70496 | Computed tomographic angiography, head | 1 | 72195 | Magnetic resonance imaging, pelvis; without contrast | 2 |
| 70498 | Computed tomographic angiography, neck | 1 | 72196 | Magnetic resonance imaging, pelvis; with contrast | 2 |
| 70540 | Magnetic resonance imaging, orbit, face and neck, without contrast | 2 | 72197 | Magnetic resonance imaging, pelvis; with and without contrast | 2 |
| 70542 | Magnetic resonance imaging, orbit, face, and neck; with contrast | 2 | 72198 | Magnetic resonance angiography, pelvis, with or without contrast | 1 |
| 70543 | Magnetic resonance imaging, orbit, face, and neck; with and without contrast | 2 | <u>Upper Extremities</u> | | |
| 70544 | Magnetic resonance angiography, head; without contrast | 2 | 73206 | Computed tomographic angiography, upper extremity | 1 |
| 70545 | Magnetic resonance angiography, head; with contrast | 2 | 73218 | Magnetic resonance imaging, upper extremity, other than joint; without contrast | 2 |
| 70546 | Magnetic resonance angiography, head; with and without contrast | 2 | 73219 | Magnetic resonance imaging, upper extremity, other than joint; with contrast | 2 |
| 70547 | Magnetic resonance angiography, neck; without contrast | 2 | 73220 | Magnetic resonance imaging, upper extremity, other than joint; with and without contrast | 2 |
| 70548 | Magnetic resonance angiography, neck; with contrast | 2 | 73221 | Magnetic resonance imaging, any joint, upper extremity; without contrast | 2 |
| 70549 | Magnetic resonance angiography, neck; with and without contrast | 2 | 73222 | Magnetic resonance imaging, any joint of upper extremity; with contrast | 2 |
| 70551 | Magnetic resonance imaging, brain and brain stem, without contrast | 2 | 73223 | Magnetic resonance imaging, any joint of upper extremity; with and without contrast | 2 |
| 70552 | Magnetic resonance imaging, brain, with contrast | 2 | 73225 | Magnetic resonance angiography, upper extremity | 1 |
| 70553 | Magnetic resonance imaging, brain (including brain stem); with and without contrast | 2 | <u>Lower Extremities</u> | | |
| <u>Chest</u> | | | | | |
| 71275 | Computed tomographic angiography, chest | 1 | 73706 | Computed tomographic angiography, lower extremity | 1 |
| 71550 | Magnetic resonance imaging, chest; without contrast | 2 | 73718 | Magnetic resonance imaging, lower extremity other than joint; without contrast | 2 |
| 71551 | Magnetic resonance imaging, chest; with contrast | 2 | 73719 | Magnetic resonance imaging, lower extremity other than joint; with contrast | 2 |
| 71552 | Magnetic resonance imaging, chest; with and without contrast | 2 | 73720 | Magnetic resonance imaging, lower extremity other than joint; with and without contrast | 2 |
| 71555 | Magnetic resonance angiography, chest | 1 | 73721 | Magnetic resonance imaging, any joint of lower extremity; without contrast | 2 |
| <u>Spine and Pelvis</u> | | | | | |
| 72141 | Magnetic resonance imaging, spinal canal and contents, cervical; without contrast | 2 | 73722 | Magnetic resonance imaging, any joint of lower extremity; with contrast | 2 |
| 72142 | Magnetic resonance imaging, spinal canal and contents, cervical; with contrast | 2 | 73723 | Magnetic resonance imaging, any joint of lower extremity; with and without contrast | 2 |
| 72146 | Magnetic resonance imaging, spinal canal and contents, thoracic; without contrast | 2 | 73725 | Magnetic resonance angiography, lower extremity | 1 |
| 72147 | Magnetic resonance imaging, spinal canal and contents, thoracic; with contrast | 2 | <u>Abdomen</u> | | |
| 72148 | Magnetic resonance imaging, spinal canal and contents, lumbar; without contrast | 2 | 74175 | Computed tomographic angiography, abdomen | 1 |
| 72149 | Magnetic resonance imaging, spinal canal and contents, lumbar; with contrast | 2 | 74181 | Magnetic resonance imaging, abdomen; without contrast | 2 |
| 72156 | Magnetic resonance imaging, spinal canal and contents, with and without contrast; cervical | 2 | 74182 | Magnetic resonance imaging, abdomen; with contrast | 2 |
| 72157 | Magnetic resonance imaging, spinal canal and contents, without contrast; thoracic | 2 | 74183 | Magnetic resonance imaging, abdomen; with and without contrast | 2 |
| 72158 | Magnetic resonance imaging, spinal canal and contents, with and without; lumbar | 2 | 74185 | Magnetic resonance angiography, abdomen | 1 |

Benefit Restriction Descriptions:

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|---|--|-----------------------------|---------------------------------------|---|-----------------------------|
| <u>DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)</u> | | | | | |
| <u>(continued)</u> | | | | | |
| <u>Gynecological and Obstetrical</u> | | | | | |
| 74742 | Transcervical catheterization fallopian tube, radiological | 1 | 76945 | (includes diagnostic ultrasound evaluation, compression of lesion and imaging)..... | 1 |
| | | | 76948 | Ultrasonic guidance for chorionic villus sampling | 1 |
| | | | | Ultrasonic guidance for aspiration of ova | 1 |
| <u>Heart</u> | | | <u>Other Procedures</u> | | |
| 75552 | Cardiac magnetic resonance imaging, for morphology, without contrast material..... | 1 | 76977 | Ultrasound bone density measurement and interpretation, peripheral site(s), any method | 1 |
| 75553 | Cardiac magnetic resonance imaging, for morphology, with contrast material..... | 1 | <u>RADIATION ONCOLOGY</u> | | |
| 75554 | Cardiac magnetic resonance imaging for function, with or without morphology; complete study..... | 1 | <u>Hyperthermia</u> | | |
| 75555 | Cardiac magnetic resonance imaging for function, with or without morphology; limited study..... | 1 | 77600 | Hyperthermia, superficial | 2 |
| 75556 | Cardiac magnetic resonance imaging, for velocity flow mapping | 1 | 77605 | Hyperthermia, deep..... | 1 |
| | | | 77610 | Hyperthermia generated by interstitial probe, 5 or fewer applicators | 2 |
| | | | 77615 | Hyperthermia generated by interstitial probe, more than 5 applicators | 2 |
| | | | 77620 | Hyperthermia generated by intracavitary probe | 1 |
| <u>Aorta and Arteries</u> | | | <u>NUCLEAR MEDICINE</u> | | |
| 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff..... | 1 | <u>Gastrointestinal System</u> | | |
| | | | 78267 | <u>Urea breath test, C-14; acquisition for analysis</u> | <u>1</u> |
| <u>Transcatheter Procedures</u> | | | 78268 | <u>Urea breath test, C-14; analysis.....</u> | <u>1</u> |
| 75946 | Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure) | 4 | <u>Musculoskeletal System</u> | | |
| 75960 | Transcatheter introduction intravascular stent, each vessel..... | 1 | 78350 | Bone density study one or more sites; single photon absorptiometry | 1 |
| | | | 78351 | Bone density study; dual photon absorptiometry, one or more sites | 1 |
| <u>Other Procedures</u> | | | <u>Cardiovascular System</u> | | |
| 76070 | Computerized tomography, bone mineral density study, one or more sites | 1 | 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation | 2 |
| 76078 | Radiographic absorptiometry (photodensitometry), one or more sites..... | 1 | 78469 | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification..... | 1 |
| 76093 | Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral..... | 2 | 78491 | Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress | 1 |
| 76094 | Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral..... | 2 | 78492 | Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress | 1 |
| 76390 | Magnetic resonance spectroscopy | 1 | <u>Nervous System</u> | | |
| 76400 | Magnetic resonance imaging, bone marrow blood supply | 1 | 78607 | Brain imaging, tomographic (SPECT)..... | 1 |
| 76499 | Unlisted diagnostic radiologic procedure | 2 | 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation..... | 2 |
| <u>DIAGNOSTIC ULTRASOUND</u> | | | 78609 | Brain imaging, PET; perfusion evaluation..... | 2 |
| <u>Chest</u> | | | 78647 | Cerebrospinal fluid flow, imaging; tomographic (SPECT) | 1 |
| 76604 | Echography, chest | 1 | | | |
| <u>Spinal Canal</u> | | | | | |
| 76800 | Echography, spinal cord and contents..... | 1 | | | |
| <u>Pelvis</u> | | | | | |
| 76818 | Fetal biophysical profile; with non-stress testing..... | 1 | | | |
| 76819 | Fetal biophysical profile; without stress or non-stress testing | 1 | | | |
| <u>Ultrasonic Guidance Procedures</u> | | | | | |
| 76936 | Ultrasound guided compression repair of arterial pseudo-aneurysm or arteriovenous fistulae | | | | |

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| Benefit Restriction Descriptions: | 1 Non-Benefit | 3 Assistant Surgeon services not payable |
| | 2 Requires TAR, Primary Surgeon/Provider | 4 Anesthesiology services not payable |
| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-------------|--|-----------------------------|
| | <u>Genitourinary System</u> | |
| 78710 | Kidney imaging, tomographic (SPECT) | 1 |
| | <u>Miscellaneous Studies</u> | |
| 78803 | Radiopharmaceutical localization of tumor; tomographic (SPECT) | 1 |
| 78807 | Radiopharmaceutical localization of abscess; tomographic (SPECT) | 1 |
| 78810 | Tumor imaging, positron emission tomography (PET), metabolic evaluation | 2 |
| 78890 | Generation automated data, not to exceed 30 minutes | 1 |
| 78891 | Generation automated data, exceeding 30 minutes | 1 |

| Benefit Restriction Descriptions: | 1 Non-Benefit | 3 Assistant Surgeon services not payable |
|-----------------------------------|---|--|
| | 2 Requires TAR, Primary Surgeon/Provider | 4 Anesthesiology services not payable |
| | | 5 Ambulatory Surgical |

TAR and Non-Benefit List: Codes 80000 – 89999

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---------------------------------|---|-----------------------------|--------------|--|-----------------------------|
| PATHOLOGY AND LABORATORY | | | | | |
| | ORGAN- OR DISEASE-ORIENTED PANELS | | | CHEMISTRY AND TOXICOLOGY (continued) | |
| 80050 | General health panel..... | 1 | 83013 | Helicobacter pylori; analysis for urease activity (mass spectrometry)..... | 2 |
| | DRUG TESTING | | 83014 | Helicobacter pylori; drug administration and sample collection..... | 2 |
| 80103 | Drug analysis, tissue prep..... | 1 | 83937 | Osteocalcin | 1 |
| | EVOCATIVE/SUPPRESSION TESTING | | 84061 | Phosphatase, acid; total, forensic examination..... | 1 |
| 80400 | ACTH stimulation panel for adrenal insufficiency | 1 | 84449 | Transcortin | 1 |
| 80402 | ACTH stimulation panel for 21 hydroxylase deficiency..... | 1 | 84586 | Vasoactive intestinal peptide | 1 |
| 80406 | ACTH stimulation panel for 3 beta-hydroxydehydrogenase deficiency | 1 | | TRANSFUSION MEDICINE | |
| 80408 | Aldosterone suppression evaluation panel | 1 | 86005 | Allergen specific IgE; qualitative, multiallergen screen | 1 |
| 80410 | Calcitonin stimulation panel | 1 | 86890 | Autologous blood or component, collection processing and storage; predeposited | 1 |
| 80412 | Corticotropin releasing hormone stimulation panel..... | 1 | 86891 | Autologous blood or component, collection processing and storage; intra- or postoperative | 1 |
| 80414 | Chorionic gonadotrophin stimulation panel; testosterone response | 1 | 86910 | Blood typing; for paternity testing, ABO, Rh and MN, per individual | 1 |
| 80415 | Chorionic gonadotrophin stimulation panel; estradiol response | 1 | 86911 | Blood typing, for paternity testing, each additional antigen system | 1 |
| 80416 | Renal vein renin stimulation panel..... | 1 | 86915 | Bone marrow, modification or treatment to eliminate cell (e.g., T-cells, metastatic carcinoma) | 2 |
| 80417 | Peripheral vein renin stimulation panel..... | 1 | 86950 | Leukocyte transfusion | 1 |
| 80418 | Combined rapid anterior pituitary evaluation panel..... | 1 | 86965 | Pooling of platelets or other blood products..... | 1 |
| 80420 | Dexamethasone suppression panel, 48 hour | 1 | 86985 | Splitting of blood or blood products, each unit..... | 1 |
| 80422 | Glucagon tolerance panel; for insulinoma..... | 1 | | MICROBIOLOGY | |
| 80424 | Glucagon tolerance panel; for pheochromocytoma | 1 | 87904 | <u>Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug (after 10), up to 5 drugs</u> | 1 |
| 80426 | Gonadotrophin releasing hormone stimulation panel | 1 | | ANATOMIC PATHOLOGY | |
| 80428 | Growth hormone stimulation panel | 1 | | <u>Postmortem Examination</u> | |
| 80430 | Growth hormone suppression panel | 1 | 88000 | Autopsy, gross | 1 |
| 80432 | Insulin-induced C-peptide suppression panel | 1 | 88005 | Autopsy, gross, with brain | 1 |
| 80434 | Insulin tolerance panel; for ACTH insufficiency | 1 | 88007 | Autopsy, gross, with brain and spinal cord | 1 |
| 80435 | Insulin tolerance panel; for growth hormone deficiency... | 1 | 88012 | Autopsy, gross, infant with brain | 1 |
| 80436 | Metyrapone panel | 1 | 88014 | Autopsy, gross, stillborn with brain | 1 |
| 80438 | Thyrotropin releasing hormone (TRH) stimulation panel; one hour | 1 | 88016 | Autopsy, macerated stillborn..... | 1 |
| 80439 | TRH stimulation panel; two hour..... | 1 | 88020 | Autopsy, without brain..... | 1 |
| 80440 | TRH stimulation panel; for hyperprolactemia..... | 1 | 88025 | Autopsy, with brain..... | 1 |
| | CONSULTATIONS | | 88027 | Autopsy, with brain and spinal cord | 1 |
| 80500 | Clinical pathology consultation; limited | 1 | 88028 | Autopsy, infant with brain | 1 |
| 80502 | Clinical pathology consultation; comprehensive | 1 | 88029 | Autopsy, stillborn with brain | 1 |
| | URINALYSIS | | 88036 | Autopsy, limited, regional | 1 |
| 81020 | Urinalysis; two or three glass test | 1 | 88037 | Autopsy, limited, single organ | 1 |
| | CHEMISTRY AND TOXICOLOGY | | 88040 | Autopsy, forensic examination | 1 |
| 82075 | Alcohol, breath..... | 1 | 88045 | Autopsy, coroner's call..... | 1 |
| 82190 | Atomic absorption spectroscopy, each analyte..... | 1 | 88099 | Unlisted autopsy | 1 |
| 82731 | Fetal fibronectin, cervicovaginal secretions, semi-quantitative | 1 | | | |
| 82757 | Fructose, semen | 1 | | | |

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| Benefit Restriction Descriptions: | 1 Non-Benefit | 3 Assistant Surgeon services not payable |
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| | | 5 Ambulatory Surgical |

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| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--------------|--|-----------------------------|
| | <u>Cytopathology</u> | |
| 88125 | Cytopathology, forensic | 1 |
| 88182 | Flow cytometry; cell cycle or DNA analysis | 1 |
| | SURGICAL PATHOLOGY | |
| 88365 | Tissue hybridization | 1 |
| | OTHER PROCEDURES | |
| 89250 | Culture and fertilization of oocyte(s) | 1 |
| 89251 | Culture and fertilization of oocyte(s); with co-culture of embryos..... | 1 |
| 89252 | Assisted oocyte fertilization, microtechnique (any method) | 1 |
| 89253 | Assisted embryo hatching, microtechniques (any method) | 1 |
| 89254 | Oocyte identification from follicular fluid..... | 1 |
| 89255 | Preparation of embryo for transfer (any method)..... | 1 |
| 89256 | Preparation of cryopreserved embryos for transfer (includes thaw) | 1 |
| 89257 | Sperm identification from aspiration (other than seminal fluid) | 1 |
| 89258 | Cryopreservation; embryo..... | 1 |
| 89259 | Cryopreservation; sperm..... | 1 |
| 89260 | Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis | 1 |
| 89261 | Sperm isolation; complex prep (e.g., per col gradient, albumin gradient) for insemination or diagnosis with semen analysis | 1 |
| 89264 | Sperm identification from testis tissue, fresh or cryopreserved..... | 1 |
| 89300 | Semen analysis; presence/motility of sperm..... | 1 |
| 89310 | Semen analysis; motility and count..... | 1 |
| 89320 | Semen analysis; complete | 1 |
| 89321 | <u>Semen analysis; presence and/or motility of sperm ..</u> | 1 |
| 89325 | Sperm antibodies | 1 |
| 89329 | Sperm evaluation | 1 |
| 89330 | Sperm evaluation; cervical mucus penetration test..... | 1 |

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| | | 5 Ambulatory Surgical |

TAR and Non-Benefit List: Codes 90000 – 99999

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|-----------------|---|-----------------------------|-------------|--|-----------------------------|
| MEDICINE | | | | | |
| | IMMUNIZATION INJECTIONS (Immunizations are reimbursable with Level III HCPCS codes. See <i>Injections: List of Codes and Injections: Medi-Cal Vaccines Code List</i> in this manual.) | | | <u>Vaccines/Toxoids</u> (continued) | |
| 90281 | <u>Immune Globulin</u> Immune globulin (IG), human, for intramuscular use | 1 | 90586 | Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use | 1 |
| 90283 | Immune globulin (IGIV), human, for intravenous use | 1 | 90632 | Hepatitis A vaccine, adult dosage, for intramuscular use | 1 |
| 90287 | Botulinum antitoxin, equine, any route | 1 | 90633 | Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use | 1 |
| 90288 | Botulism immune globulin, human for intravenous use | 1 | 90634 | Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use | 1 |
| 90291 | Cytomegalovirus immune globulin (CMV-IGIV), human, for intravenous use | 1 | 90636 | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use | 1 |
| 90296 | Diphtheria antitoxin, equine, any route | 1 | 90645 | Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use | 1 |
| 90371 | Hepatitis B immune globulin (HBIG), human, for intramuscular use | 1 | 90646 | Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use | 1 |
| 90375 | Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use | 1 | 90647 | Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use | 1 |
| 90376 | Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use | 1 | 90648 | Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use | 1 |
| 90378 | <u>Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each</u> | 1 | 90657 | Influenza virus vaccine, split virus, 6 – 35 months dosage, for intramuscular or jet injection use | 1 |
| 90379 | Respiratory syncytial virus immune globulin (RSV-IGIV), human, for intravenous use | 1 | 90658 | Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injections use | 1 |
| 90384 | Rho(D) immune globulin (RhIG), human, full-dose for intramuscular use | 1 | 90659 | Influenza virus vaccine, whole virus, for intramuscular or jet injection use | 1 |
| 90385 | Rho(D) immune globulin (RhIG), human, mini-dose for intramuscular use | 1 | 90660 | Influenza virus vaccine, live, for intranasal use | 1 |
| 90386 | Rho(D) immune globulin (RhIGIV), human, for intravenous use | 1 | 90665 | Lyme disease vaccine, adult dosage, for intramuscular use | 1 |
| 90389 | Tetanus immune globulin (TIG), human, for intramuscular use | 1 | 90669 | Pneumococcal conjugate vaccine, polyvalent, for children under five years , for intramuscular use | 1 |
| 90393 | Vaccinia immune globulin, human, for intramuscular use | 1 | 90675 | Rabies vaccine, for intramuscular use | 1 |
| 90396 | Varicella-zoster immune globulin, human, for intramuscular use | 1 | 90676 | Rabies vaccine, for intradermal use | 1 |
| 90399 | Unlisted immune globulin | 1 | 90680 | Rotavirus vaccine, tetravalent, live, for oral use | 1 |
| | <u>Administration for Vaccines/Toxoids</u> | | 90690 | Typhoid vaccine, live, oral | 1 |
| 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections and/or intranasal or oral administration); one vaccine (single or combination vaccine/toxoid) | 1 | 90691 | Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use | 1 |
| 90472 | Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections and/or intranasal or oral administration); each additional vaccine (single or combination vaccines/toxoids) | 1 | 90692 | Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use | 1 |
| | <u>Vaccines/Toxoids</u> | | 90693 | Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous or jet injection use (U.S. military) | 1 |
| 90476 | Adenovirus vaccine, type 4, live, for oral use | 1 | 90700 | Immunization, active; DTaP | 1 |
| 90477 | Adenovirus vaccine, type 7, live, for oral use | 1 | 90701 | Immunization, active; DPT | 1 |
| 90581 | Anthrax vaccine, for subcutaneous use | 1 | 90702 | Immunization, DT, for individuals under seven years, for intramuscular use | 1 |
| 90585 | Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use | 1 | 90703 | Tetanus toxoid adsorbed, for intramuscular or jet injection use | 1 |
| | | | 90704 | Immunization, mumps | 1 |
| | | | 90705 | Immunization, measles | 1 |
| | | | 90706 | Immunization, rubella | 1 |
| | | | 90707 | Immunization, measles, mumps and rubella (MMR) | 1 |
| | | | 90708 | Immunization, measles and rubella | 1 |
| | | | 90709 | Immunization, rubella and mumps | 1 |
| | | | 90710 | Immunization, active; MMR and varicella | 1 |

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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|--------------|--|-----------------------------|-------------|---|-----------------------------|
| | <u>Vaccines/Toxoids</u> (continued) | | | | |
| 90712 | Immunization, poliovirus | 1 | 90885 | Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes | 1 |
| 90713 | Immunization, poliomyelitis | 1 | 90887 | Interpretation of results to family | 1 |
| 90716 | Immunization, active; varicella vaccine | 1 | 90889 | Preparation of report of psychiatric status | 1 |
| 90717 | Immunization, yellow fever | 1 | | BIOFEEDBACK | |
| 90718 | Immunization, tetanus and diphtheria | 1 | 90901 | Biofeedback training by any modality | 1 |
| 90719 | Immunization, diphtheria | 1 | 90911 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry | 1 |
| 90720 | Immunization, active; DTP and HIB | 1 | | OPHTHALMOLOGY | |
| 90721 | Immunization, active; diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) and Hemophilus influenza B (HIB) vaccine | 1 | | OPHTHALMOLOGICAL DIAGNOSTIC AND TREATMENT SERVICES | |
| 90723 | Immunization, inactivated, DtaP-HepB-IPV | 1 | | <u>Special Ophthalmological Services</u> | |
| 90725 | Immunization, cholera | 1 | 92015 | Determination of refractive state | 1 |
| 90727 | Immunization, plague | 1 | 92020 | Gonioscopy | 4 |
| 90732 | Immunization, pneumococcal, polyvalent | 1 | 92065 | Orthoptic/pleoptic training | 1 |
| 90733 | Immunization, meningococcal polysaccharide | 1 | | <u>Other Specialized Services</u> | |
| 90735 | Immunization, active; Japanese encephalitis virus vaccine | 1 | 92285 | External ocular photography with interpretation and report for documentation of medical progress | 1 |
| 90740 | Immunization, hepatitis B vaccine, dialysis or immunosuppressed | 1 | 92286 | Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count | 1 |
| 90743 | Immunization, hepatitis B vaccine, adolescent | 1 | 92287 | Anterior segment photography with fluorescein | 1 |
| 90744 | Immunization, active, hepatitis B vaccine; pediatric/adolescent | 1 | | <u>Contact Lens Services</u> | |
| 90746 | Immunization, active, hepatitis B vaccine; adult | 1 | 92326 | Replacement of contact lens | 1 |
| 90747 | Immunization, active, hepatitis B vaccine; dialysis or immunosuppressed patient | 1 | | <u>Spectacle Services</u> <u>(Including Prosthesis for Aphakia)</u> | |
| 90748 | Immunization, active, hepatitis B and Hemophilus influenza b (HepB-Hib) vaccine | 1 | 92340 | Fitting of glasses, monofocal | 1 |
| | THERAPEUTIC INJECTIONS | | 92341 | Fitting of glasses, bifocal | 1 |
| 90782 | Therapeutic injection of medication, subcutaneous or intramuscular | 1 | 92342 | Fitting of glasses, multifocal | 1 |
| 90783 | Therapeutic injection of medication, intra-arterial | 1 | 92352 | Fitting of spectacle prosthesis for aphakia, monofocal | 1 |
| 90784 | Therapeutic injection of medication, intravenous | 1 | 92353 | Fitting of spectacle prosthesis for aphakia, multifocal | 1 |
| 90788 | Intramuscular injection of antibiotic | 1 | 92354 | Fitting of spectacle mounted low vision aid | 1 |
| | PSYCHIATRY | | 92355 | Fitting of spectacle mounted low vision aid; telescopic or other compound lens system | 1 |
| | <u>Psychiatric Therapeutic Procedures</u> | | 92358 | Prosthesis service for aphakia, temporary | 1 |
| 90845 | Psychoanalysis | 1 | 92370 | Repair and refitting spectacles, except for aphakia | 1 |
| 90846 | Family psychotherapy (without the patient present) | 1 | 92371 | Repair and refitting spectacles, for aphakia | 1 |
| 90847 | Family psychotherapy (conjoint psychotherapy) (with patient present) | 1 | | <u>Supply of Materials</u> | |
| 90849 | Multiple-family group psychotherapy | 1 | 92390 | Supply of spectacles, except prosthesis for aphakia/low vision aid | 1 |
| 90857 | Interactive group psychotherapy | 1 | 92391 | Supply of contact lens, except prosthesis for aphakia | 1 |
| 90865 | Narcosynthesis for psychiatric diagnostic and therapeutic purposes (e.g., sodium amobarbital [Amytal] interview) | 1 | 92392 | Supply of low vision aids | 1 |
| | <u>Other Psychiatric Therapy</u> | | 92393 | Supply of ocular prosthesis | 1 |
| 90875 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient); 20-30 minutes | 1 | 92395 | Supply of permanent prosthesis for aphakia, spectacles | 1 |
| 90876 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient); 45-50 minutes | 1 | 92396 | Supply of permanent prosthesis for aphakia, contact lens | 1 |
| 90882 | Environmental intervention | 1 | | | |

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| | | 5 Ambulatory Surgical |

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---|---|-----------------------------|--------------------------------|--|-----------------------------|
| SPECIAL OTORHINOLARYNGOLOGIC SERVICES | | | Echocardiography | | |
| 92548 | <u>Vestibular Function Tests with Recording</u> Computerized dynamic posturography | 1 | 93313 | Echocardiography, placement of transesophageal probe only | 1 |
| <u>Audiologic Function Tests with Medical Diagnostic Evaluation</u> | | | 93314 | Echocardiography, interpretation and report only | 1 |
| 92567 | Tympanometry (impedance testing) | 1 | 93316 | Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only | 1 |
| 92583 | Select picture audiometry | 1 | 93317 | Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only | 1 |
| 92584 | Electrocochleography | 1 | Cardiac Catheterization | | |
| 92592 | Hearing aid check, monaural | 1 | 93501 | Right heart catheterization | 2 |
| 92593 | Hearing aid check, binaural | 1 | 93505 | Endomyocardial biopsy | 2 |
| 92596 | Ear protector attenuation measurements | 1 | 93508 | Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization | 2 |
| CARDIOVASCULAR Therapeutic Services | | | 93510 | Left heart catheterization, percutaneous | 2 |
| 92979 | Intravascular ultrasound (coronary vessel or graft) during therapeutic intervention including imaging supervision, interpretation and report; each additional vessel | 4 | 93511 | Left heart catheterization, by cutdown | 2 |
| 92980 | Transcatheter placement of an intracoronary stent(s), percutaneous; single vessel | 2 | 93514 | Left heart catheterization by left ventricular puncture | 2 |
| 92981 | Transcatheter placement of an intracoronary stent(s), percutaneous; each additional vessel (List separately in addition to code for primary procedure) | 2, 4 | 93524 | Combined transseptal and retrograde left heart catheterization | 2 |
| 92982 | Percutaneous transluminal coronary balloon angioplasty; single | 2 | 93526 | Combined right heart catheterization and retrograde left heart catheterization | 2 |
| 92984 | Percutaneous transluminal coronary angioplasty; each additional vessel (List separately in addition to code for primary procedure) | 2, 4 | 93527 | Combined right heart catheterization and transseptal left heart catheterization through intact septum | 2 |
| 92995 | Percutaneous transluminal, coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel | 2 | 93528 | Combined right heart catheterization with left ventricular puncture | 2 |
| 92996 | Percutaneous transluminal, coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) | 2 | 93529 | Combined right heart catheterization and left heart catheterization through existing septal opening | 2 |
| 92997 | Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel | 1 | 93530 | Right heart catheterization, for congenital cardiac anomalies | 2 |
| 92998 | Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel | 1 | 93531 | Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies | 2 |
| <u>Cardiography</u> | | | 93532 | Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies | 2 |
| 93226 | ECG monitoring, 24 hours, scanning analysis with report | 1 | 93533 | Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies | 2 |
| 93232 | ECG monitoring, 24 hours., microprocessor-based analysis w/report | 1 | 93536 | Percutaneous insertion of intra-aortic balloon catheter | 2 |
| 93271 | Patient demand single or multiple event recording with presymptom memory loop, per 30-day period of time; monitoring, receipt of transmissions, and analysis | 1 | 93539 | Injection procedure during cardiac catheterization; for selective opacification of arterial conduits | 2 |
| 93278 | Signal-averaged electrocardiography, with or without ECG | 1 | 93540 | Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts | 2 |
| | | | 93541 | Injection procedure during cardiac catheterization; for pulmonary angiography | 2 |
| | | | 93542 | Injection procedure during cardiac catheterization; right-sided angiography | 2 |

Benefit Restriction Descriptions: 1 Non-Benefit
2 Requires TAR,
Primary Surgeon/Provider

3 Assistant Surgeon services not payable
4 Anesthesiology services not payable
5 Ambulatory Surgical

| <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> | <u>Code</u> | <u>Description</u> | <u>Benefit Restrictions</u> |
|---|--|-----------------------------|---|--|-----------------------------|
| <u>Cardiac Catheterization</u> (continued) | | | <u>Other Vascular Studies</u> (continued) | | |
| 93543 | Injection procedure during cardiac catheterization; left-sided angiography | 2 | 93740 | Temperature gradient studies | 1 |
| 93544 | Injection procedure, cardiac catheterization/aortography | 2 | 93760 | Thermogram, cephalic | 1 |
| 93545 | Injection procedure, cardiac catheterization/ coronary angiography | 2 | 93762 | Thermogram, peripheral | 1 |
| <u>Intracardiac Electrophysiological Procedures</u> | | | 93770 | Determination of venous pressure | 1 |
| 93600 | Bundle of His recording | 2 | 93784 | Ambulatory blood pressure monitoring | 1 |
| 93602 | Intra-atrial recording | 2 | 93786 | Ambulatory blood pressure monitoring, recording | 1 |
| 93603 | Right ventricular recording | 2 | 93788 | Ambulatory blood pressure monitoring, scanning analysis | 1 |
| 93607 | Left ventricular recording | 2 | 93790 | Ambulatory blood pressure monitoring, physician review | 1 |
| 93610 | Intra-atrial pacing | 2 | <u>Other Procedures</u> | | |
| 93612 | Intraventricular pacing | 2 | 93797 | Physician services, outpatient cardiac rehab, w/out continuous ECG | 1 |
| 93618 | Induction of arrhythmia by electrical pacing | 2 | 93798 | Physician services, outpatient cardiac rehab, w/continuous ECG | 1 |
| 93619 | Comprehensive electrophysiologic evaluation, with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; without induction or attempted induction of arrhythmia | 2 | NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES | | |
| 93620 | Comprehensive electrophysiologic evaluation, with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; with induction or attempted induction of arrhythmia | 2 | <u>Visceral and Penile Vascular Studies</u> | | |
| 93621 | Comprehensive electrophysiologic evaluation, with left atrial recordings from coronary sinus or left atrium, with or without pacing, with induction or attempted induction of arrhythmia | 2 | 93980 | Duplex scan, arterial inflow, venous outflow, penile vessels, complete | 2 |
| 93622 | Comprehensive electrophysiologic evaluation, with left ventricle recordings, with or without pacing, with induction or attempted induction of arrhythmia ... | 2 | 93981 | Duplex scan, arterial inflow, venous outflow, penile vessels, follow-up | 2 |
| <u>Peripheral Arterial Disease Rehabilitation</u> | | | PULMONARY | | |
| 93668 | <u>Peripheral arterial disease (PAD) rehabilitation, per session.....</u> | 1 | 94070 | Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent, with subsequent spirometrics | 1 |
| <u>Other Vascular Studies</u> | | | 94370 | Airway closing volume | 1 |
| 93720 | Plethysmography, total body; with interpretation and report | 1 | 94650 | Intermittent positive pressure breathing treatment, initial | 2 |
| 93721 | Plethysmography, total body; without interpretation and report | 1 | 94651 | Intermittent positive pressure breathing treatment, subsequent | 2 |
| 93722 | Plethysmography, total body; interpretation and report only | 1 | 94761 | Ear or pulse oximetry, multiple | 1 |
| 93731 | Electronic analysis of dual-chamber pacemaker system; without reprogramming | 5 | 94762 | Ear or pulse oximetry, continuous | 1 |
| 93732 | Electronic analysis of dual-chamber pacemaker system; with reprogramming | 5 | ALLERGY AND CLINICAL IMMUNOLOGY | | |
| 93733 | Electronic analysis of dual-chamber internal pacemaker system, telephonic analysis | 5 | <u>Allergy Testing</u> | | |
| 93734 | Electronic analysis of single-chamber pacemaker system; without reprogramming | 5 | 95078 | Provocative test | 1 |
| 93735 | Electronic analysis of single-chamber pacemaker system; with reprogramming | 5 | ALLERGEN IMMUNOTHERAPY | | |
| 93736 | Electronic analysis of single-chamber internal pacemaker system, telephonic analysis | 5 | 95117 | Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections | 1 |
| | | | 95120 | Professional services for allergen immunotherapy; single injection | 1 |
| | | | 95125 | Professional services for allergen immunotherapy; multiple injections | 1 |
| | | | 95130 | Professional services for allergen immunotherapy; single stinging insect venom | 1 |

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|-------------|---|-----------------------------|--------------|--|-----------------------------|
| 95131 | ALLERGEN IMMUNOTHERAPY (continued) Professional services for allergen immunotherapy; two stinging insect venom | 1 | 95933 | <u>Sleep Testing</u> (continued) Orbicularis oculi reflex..... | 1 |
| 95132 | Professional services for allergen immunotherapy; three stinging insect venom..... | 1 | 95954 | Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase..... | 1 |
| 95133 | Professional services for allergen immunotherapy; four stinging insect venom..... | 1 | 95958 | Wada activation test..... | 5 |
| 95134 | Professional services for allergen immunotherapy; five stinging insect venom | 1 | 95961 | Functional cortical mapping; initial hour of physician attendance | 1 |
| 95144 | Professional services for supervision/provision of antigens, for allergen immunotherapy; single dose vials | 1 | 95962 | Functional cortical mapping; each additional hour of physician attendance | 1 |
| 95145 | Professional services for the supervision and provision of antigens for allergen immunotherapy; single stinging insect venom | 1 | | PHOTODYNAMIC THERAPY | |
| 95146 | Professional services for the supervision and provision of antigens for allergen immunotherapy; two single stinging insect venom | 1 | 96570 | Photodynamic therapy by endoscopic application of light; first 30 minutes | 1 |
| 95147 | Professional services for the supervision and provision of antigens for allergen immunotherapy; three single stinging insect venoms..... | 1 | 96571 | Photodynamic therapy by endoscopic application of light; each additional 15 minutes..... | 1 |
| 95148 | Professional services for the supervision and provision of antigens for allergen immunotherapy; four single stinging insect venoms..... | 1 | | SPECIAL DERMATOLOGICAL PROCEDURES | |
| 95149 | Professional services for the supervision and provision of antigens for allergen immunotherapy; five single stinging insect venoms..... | 1 | 96900 | Actinotherapy (UV light) | 5 |
| 95165 | Professional services for the supervision and provision of antigens for allergen immunotherapy; single or multiple dose antigens | 1 | 96902 | Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality | 1 |
| 95170 | Professional services for supervision/provision of antigens for allergen immunotherapy; whole body extract of insect or arthropod..... | 1 | 96910 | Photochemotherapy (Goeckerman)..... | 5 |
| | NEUROLOGY AND NEUROMUSCULAR PROCEDURES | | 96912 | PUVA therapy | 5 |
| | <u>Sleep Testing</u> | | 96999 | Dermatological procedure, unlisted | 2 |
| 95921 | Testing of autonomic nervous system function; cardiovascular innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio | 1 | | PHYSICAL MEDICINE AND REHABILITATION | |
| 95922 | Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt..... | 1 | 97001 | Physical therapy evaluation | 1 |
| 95923 | Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential..... | 1 | 97002 | Physical therapy re-evaluation..... | 1 |
| | | | 97003 | Occupational therapy evaluation..... | 1 |
| | | | 97004 | Occupational therapy re-evaluation | 1 |
| | | | | <u>Modalities</u> | |
| | | | 97010 | Application of a modality to one or more areas; hot or cold packs | 2 |
| | | | 97012 | Traction, mechanical | 2 |
| | | | 97014 | Electrical stimulation | 2 |
| | | | 97016 | Vasopneumatic devices | 2 |
| | | | 97018 | Paraffin bath..... | 2 |
| | | | 97020 | Microwave..... | 2 |
| | | | 97022 | Whirlpool..... | 2 |
| | | | 97024 | Diathermy..... | 2 |
| | | | 97026 | Infrared..... | 2 |
| | | | 97028 | Ultraviolet..... | 2 |
| | | | | <u>Constant Attendance</u> | |
| | | | 97032 | Application of modality; electrical stimulation..... | 2 |
| | | | 97033 | Application of modality; iontophoresis..... | 2 |
| | | | 97034 | Application of modality; contrast baths | 2 |
| | | | 97035 | Application of modality; ultrasound | 2 |
| | | | 97036 | Application of modality; Hubbard tank | 2 |
| | | | 97039 | Unlisted modality..... | 2 |

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|---|--|-----------------------------|--|---|-----------------------------|
| <u>Therapeutic Procedures</u> | | | 98926 | OMT; three to four body regions | 1 |
| 97110 | Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises | 2 | 98927 | OMT; five to six body regions | 1 |
| 97112 | Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation..... | 2 | 98928 | OMT; seven to eight body regions | 1 |
| 97113 | Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises..... | 2 | 98929 | OMT; nine to ten body regions..... | 1 |
| 97116 | Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)..... | 2 | 98943 | CHIROPRACTIC MANIPULATIVE TREATMENT Chiropractic manipulative treatment (CMT); extraspinal, one or more regions | 1 |
| 97124 | Therapeutic procedure, one or more areas, each 15 minutes; massage..... | 2 | <u>SPECIAL SERVICES AND REPORTS</u> | | |
| 97139 | Therapeutic procedure, one or more areas, each 15 minutes; unlisted procedure..... | 2 | <u>Miscellaneous Services</u> | | |
| 97140 | Manual therapy techniques, one or more regions, each 15 minutes | 2 | 99000 | Handling of lab specimen, from office | 1 |
| 97150 | Therapeutic procedure(s), group (2 or more individuals) | 2 | 99001 | Handling of lab specimen, from other than office..... | 1 |
| 97504 | Orthotics fitting and training, upper and/or lower extremities, each 15 minutes | 1 | 99002 | Handling of lab specimen, involving devices | 1 |
| 97520 | Prosthetic training; upper and/or lower extremities, each 15 minutes..... | 1 | 99024 | Postoperative follow-up visit included in global service ... | 1 |
| 97530 | Therapeutic activities, direct (one on one) patient contact by the provider, each 15 minutes..... | 2 | 99050 | Services requested after office hours | 1 |
| 97535 | Self care/home management training, direct one on one contact by provider, each 15 minutes..... | 1 | 99052 | Services requested between 10 p.m. and 8 a.m..... | 1 |
| 97537 | Community/work reintegration training, direct one on one contact by provider, each 15 minutes..... | 1 | 99054 | Services requested on Sundays and holidays | 1 |
| 97542 | Wheelchair management/propulsion training, each 15 minutes | 1 | 99056 | Services provided at request of patient..... | 1 |
| 97545 | Work hardening/conditioning, initial two hours..... | 1 | 99058 | Office services on emergency basis | 1 |
| 97546 | Work hardening/conditioning, each additional hour..... | 1 | 99071 | Educational supplies provided to patient | 1 |
| <u>Active Wound Care Management</u> | | | 99075 | Medical testimony | 1 |
| 97601 | Removal of devitalized tissue from wound; selective debridement..... | 1 | 99078 | Physician education services in group setting | 1 |
| 97602 | Removal of devitalized tissue from wound; non-selective debridement | 1 | 99080 | Special reports with more information than standard form | 1 |
| <u>Tests and Measurements</u> | | | 99082 | Unusual travel..... | 2 |
| 97703 | Checkout for orthotic/prosthetic use, established patient, each 15 minutes | 1 | 99090 | Analysis of data in computers | 1 |
| 97750 | Physical performance test or measurement, with written report, each 15 minutes..... | 2 | <u>QUALIFYING CIRCUMSTANCES FOR ANESTHESIA</u> | | |
| <u>Other Procedures</u> | | | 99100 | Anesthesia for patient of extreme age | 1 |
| 97780 | Acupuncture, one or more needles; without electrical stimulation | 1 | 99116 | Anesthesia complicated by total body hypothermia..... | 1 |
| 97781 | Acupuncture, one or more needles; with electrical stimulation | 1 | 99135 | Anesthesia complicated by controlled hypotension | 1 |
| <u>MEDICAL NUTRITION THERAPY</u> | | | 99140 | Anesthesia complicated by emergency conditions | 1 |
| 97802 | Medical nutrition therapy; initial assessment, individual..... | 1 | <u>Other Services</u> | | |
| 97803 | Medical nutrition therapy; re-assessment, individual..... | 1 | 99172 | Visual function screening..... | 1 |
| 97804 | Medical nutrition therapy; group..... | 1 | 99173 | Screening test of visual acuity, quantitative, bilateral | 1 |
| <u>OSTEOPATHIC MANIPULATIVE TREATMENT</u> | | | 99175 | Ipecac administration | 1 |
| 98925 | OMT; one to two body regions..... | 1 | 99183 | Physician attendance and supervision of hyperbaric oxygen therapy, per session | 2 |

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| | EVALUATION AND MANAGEMENT | | 99397 | Preventive medicine, established, 65+ years | 1 |
| | <u>Miscellaneous</u> | | | | |
| 99288 | Direct advance life support | 1 | | | |
| | <u>Neonatal Intensive Care</u> | | | COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION | |
| 99295 | Initial neonatal intensive care, per day, for the evaluation and management of a critically ill neonate or infant | 1 | 99401 | <u>Preventive Medicine, Individual Counseling</u> Preventive medicine counseling, individual; approximately 15 minutes | 1 |
| 99296 | Subsequent neonatal intensive care, per day, for the evaluation and management of critically ill and unstable neonate or infant | 1 | 99402 | Preventive medicine counseling, individual; approximately 30 minutes | 1 |
| 99297 | Subsequent neonatal intensive care, per day, for the evaluation and management of a critically ill though stable neonate or infant | 1 | 99403 | Preventive medicine counseling, individual; approximately 45 minutes | 1 |
| 99298 | Subsequent neonatal intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (less than 1500 grams) | 1 | 99404 | Preventive medicine counseling, individual; approximately 60 minutes | 1 |
| | PROLONGED SERVICES | | | <u>Preventive Medicine, Group Counseling</u> | |
| 99358 | Prolonged E & M service before and/or after direct patient care; first hour | 1 | 99411 | Preventive medicine counseling, approximately 30 minutes | 1 |
| 99359 | Prolonged E & M service before and/or after direct patient care; each additional 30 minutes | 1 | 99412 | Group counseling, 60 minutes | 1 |
| | CASE MANAGEMENT SERVICES | | | <u>Other Preventive Medicine Services</u> | |
| | <u>Team Conferences</u> | | 99420 | Health risk assessment | 1 |
| 99361 | Medical conference, 30 minutes | 1 | | | |
| 99362 | Medical conference, 60 minutes | 1 | | NEWBORN CARE | |
| | <u>Telephone Calls</u> | | 99435 | History and examination of the normal newborn infant, including the preparation of medical records | 1 |
| 99371 | Telephone call, simple | 1 | | | |
| 99372 | Telephone call, intermediate | 1 | | SPECIAL EVALUATION AND MANAGEMENT SERVICES | |
| 99373 | Telephone call, complex | 1 | 99450 | <u>Basic Life and/or Disability Evaluation Services</u> Basic life and/or disability examination | 1 |
| | CARE PLAN OVERSIGHT SERVICES | | | <u>Work Related or Medical Disability Evaluation Services</u> | |
| 99374 | Physician supervision of a patient under care of home health agency (patient not present); 15-29 minutes ... | 1 | 99455 | Work related or medical disability examination by the treating physician | 1 |
| 99375 | Physician supervision of a patient under care of home health agency (patient not present); 30 minutes or more | 1 | 99456 | Work related or medical disability examination by other than the treating physician | 1 |
| 99377 | Physician supervision of a hospice patient (patient not present); 15-29 minutes | 1 | | | |
| 99378 | Physician supervision of a hospice patient (patient not present); 30 minutes or more | 1 | | | |
| 99379 | Physician supervision of a nursing facility patient (patient not present); 15-29 minutes | 1 | | | |
| 99380 | Physician supervision of a nursing facility patient (patient not present); 30 minutes or more | 1 | | | |
| | PREVENTIVE MEDICINE SERVICES | | | | |
| | <u>New Patient</u> | | | | |
| 99385 | Preventive medicine, new, 18 – 39 years | 1 | | | |
| 99386 | Preventive medicine, new, 40 – 64 years | 1 | | | |
| 99387 | Preventive medicine, new, 65+ years | 1 | | | |
| | <u>Established Patient</u> | | | | |
| 99395 | Preventive medicine, established, 18 – 39 years | 1 | | | |
| 99396 | Preventive medicine, established, 40 – 64 years | 1 | | | |

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