

OUTPATIENT SURGICAL PROCEDURES – SITE OF SERVICE: CPT/HCPCS CODE UPDATES

Effective Date: April 6, 2020

APPLICABLE CODE UPDATES

Notice of Revision (Feb. 1, 2020): The following list of codes has been modified. Please note the revisions outlined in red below to be implemented on **Apr. 6, 2020**.

Effective **Apr. 6, 2020**, the following CPT/HCPCS codes will be added to the Clinical Policy titled [Outpatient Surgical Procedures – Site of Service](#):

- [Auditory System \(Revised\)](#)
- [Cardiovascular System \(Revised\)](#)
- [Digestive System \(Revised\)](#)
- [Eye/Ocular Adnexa System \(Revised\)](#)
- [Female Genital System \(Revised\)](#)
- [Hemic and Lymphatic Systems](#)
- [Integumentary System \(Revised\)](#)
- [Male Genital System \(Revised\)](#)
- [Musculoskeletal System \(Revised\)](#)
- [Nervous System \(Revised\)](#)
- [Respiratory System \(Revised\)](#)
- [Urinary System \(Revised\)](#)

CPT/HCPCS Code	Description
Auditory System	
69000	Drainage external ear, abscess or hematoma; simple
69100	Biopsy external ear
69110	Excision external ear; partial, simple repair
69140	Excision exostosis(es), external auditory canal
69145	Excision soft tissue lesion, external auditory canal
69205	Removal foreign body from external auditory canal; with general anesthesia
69222	Debridement, mastoidectomy cavity, complex (e.g., with anesthesia or more than routine cleaning)
69310	Reconstruction of external auditory canal (meatoplasty) (e.g., for stenosis due to injury, infection) (separate procedure)
69320	Reconstruction external auditory canal for congenital atresia, single stage
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	Ventilating tube removal requiring general anesthesia
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69440	Middle ear exploration through postauricular or ear canal incision
69450	Tympanolysis, transcanal
69502	Mastoidectomy; complete
69505	Mastoidectomy; modified radical
69550	Excision aural glomus tumor; transcanal
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
69620	Myringoplasty (surgery confined to drumhead and donor area)
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (e.g., post-fenestration)

CPT/HCPCS Code	Description
Auditory System	
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69650	Stapes mobilization
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662	Revision of stapedectomy or stapedotomy
69666	Repair oval window fistula
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal
69805	Endolymphatic sac operation; without shunt
69806	Endolymphatic sac operation; with shunt
Cardiovascular System	
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33212	Insertion of pacemaker pulse generator only; with existing single lead
33213	Insertion of pacemaker pulse generator only; with existing dual leads
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
33221	Insertion of pacemaker pulse generator only; with existing multiple leads
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system

CPT/HCPCS Code	Description
Cardiovascular System	
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple-lead system
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead
33241	Removal of implantable defibrillator pulse generator only
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
36000	Introduction of needle or intracatheter, vein
36010	Introduction of catheter, superior or inferior vena cava
36012	Selective catheter placement, venous system; second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36821	Arteriovenous anastomosis, open; direct, any site (e.g., Cimino type) (separate procedure)
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (e.g., congenital or acquire)
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
37607	Ligation or banding of angioaccess arteriovenous fistula
37609	Ligation or biopsy, temporal artery
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions

CPT/HCPCS Code	Description
Cardiovascular System	
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
38221	Diagnostic bone marrow; biopsy(ies)
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Digestive System	
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance
40490	Biopsy of lip
40510	Excision of lip; transverse wedge excision with primary closure
40520	Excision of lip; V-excision with primary direct linear closure
40525	Excision of lip; full thickness, reconstruction with local flap (e.g., Estlander or fan)
40530	Resection of lip, more than one-fourth, without reconstruction
40808	Biopsy, vestibule of mouth
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
41100	Biopsy of tongue; anterior two-thirds

CPT/HCPCS Code	Description
Digestive System	
41105	Biopsy of tongue; posterior one-third
41108	Biopsy of floor of mouth
41110	Excision of lesion of tongue without closure
41112	Excision of lesion of tongue with closure; anterior two-thirds
41113	Excision of lesion of tongue with closure; posterior one-third
41116	Excision, lesion of floor of mouth
41520	Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
42100	Biopsy of palate, uvula
42104	Excision, lesion of palate, uvula; without closure
42106	Excision, lesion of palate, uvula; with simple primary closure
42107	Excision, lesion of palate, uvula; with local flap closure
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42400	Biopsy of salivary gland; needle
42405	Biopsy of salivary gland; incisional
42408	Excision of sublingual salivary cyst (ranula)
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42440	Excision of submandibular (submaxillary) gland
42450	Excision of sublingual gland
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42650	Dilation salivary duct
42800	Biopsy; oropharynx
42804	Biopsy; nasopharynx, visible lesion, simple
42808	Excision or destruction of lesion of pharynx, any method
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42831	Adenoidectomy, primary; age 12 or over
42870	Excision or destruction lingual tonsil, any method (separate procedure)
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)

CPT/HCPCS Code	Description
Digestive System	
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (e.g., balloon, bougie)
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (e.g., anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (e.g., mechanical, electrohydraulic, lithotripsy)
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)

CPT/HCPCS Code	Description
Digestive System	
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	Dilation of esophagus, over guide wire
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (e.g., Stamm procedure) (separate procedure)
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation
44382	Ileoscopy, through stoma; with biopsy, single or multiple
44385	Endoscopic evaluation of small intestinal pouch (e.g., Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44386	Endoscopic evaluation of small intestinal pouch (e.g., Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44500	Introduction of long gastrointestinal tube (e.g., Miller-Abbott) (separate procedure)
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen
45100	Biopsy of anorectal wall, anal approach (e.g., congenital megacolon)
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (i.e., partial thickness)
45172	Excision of rectal tumor, transanal approach; including muscularis propria (i.e., full thickness)
45190	Destruction of rectal tumor (e.g., electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance

CPT/HCPCS Code	Description
Digestive System	
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	Sigmoidoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)
45379	Colonoscopy, flexible; with removal of foreign body(s)
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45398	Colonoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)
45505	Proctoplasty; for prolapse of mucous membrane
45541	Proctopexy (e.g., for prolapse); perineal approach
45560	Repair of rectocele (separate procedure)
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46020	Placement of seton
46030	Removal of anal seton, other marker
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	Incision and drainage, perianal abscess, superficial
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46080	Sphincterotomy, anal, division of sphincter (separate procedure)
46083	Incision of thrombosed hemorrhoid, external
46200	Fissurectomy, including sphincterotomy, when performed
46220	Excision of single external papilla or tag, anus
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)
46230	Excision of multiple external papillae or tags, anus
46250	Hemorrhoidectomy, external, 2 or more columns/groups
46255	Hemorrhoidectomy, internal and external, single column/group;
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric

CPT/HCPCS Code	Description
Digestive System	
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288	Closure of anal fistula with rectal advancement flap
46320	Excision of thrombosed hemorrhoid, external
46505	Chemodenervation of internal anal sphincter
46606	Anoscopy; with biopsy, single or multiple
46607	Anoscopy; with high-resolution magnification (HRA) (e.g., colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
46700	Anoplasty, plastic operation for stricture; adult
46706	Repair of anal fistula with fibrin glue
46707	Repair of anorectal fistula with plug (e.g., porcine small intestine submucosa [SIS])
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult
46910	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46917	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
46924	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
46930	Destruction of internal hemorrhoid(s) by thermal energy (e.g., infrared coagulation, cautery, radiofrequency)
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups
46947	Hemorrhoidopexy (e.g., for prolapsing internal hemorrhoids) by stapling
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49250	Umbilicectomy, omphalectomy, excision of umbilicus (separate procedure)
49422	Removal of tunneled intraperitoneal catheter
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	Repair inguinal hernia, sliding, any age
49550	Repair initial femoral hernia, any age; reducible
49553	Repair initial femoral hernia, any age; incarcerated or strangulated
49570	Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure)
49572	Repair epigastric hernia (e.g., preperitoneal fat); incarcerated or strangulated
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible

CPT/HCPCS Code	Description
Eye/Ocular Adnexa System	
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65420	Excision or transposition of pterygium; without graft
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	Removal of corneal epithelium; with application of chelating agent (e.g., EDTA)
65710	Keratoplasty (corneal transplant); anterior lamellar
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	Keratoplasty (corneal transplant); endothelial
65772	Corneal relaxing incision for correction of surgically induced astigmatism
65778	Placement of amniotic membrane on the ocular surface; without sutures
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
65820	Goniotomy
65850	Trabeculotomy ab externo
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
65920	Removal of implanted material, anterior segment of eye
66020	Injection, anterior chamber of eye (separate procedure); air or liquid
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
66500	Iridotomy by stab incision (separate procedure); except transfixion
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (e.g., McCannel suture)
66710	Ciliary body destruction; cyclophotocoagulation, transscleral
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic
66762	Iridoplasty by photocoagulation (1 or more sessions) (e.g., for improvement of vision, for widening of anterior chamber angle)
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
66840	Removal of lens material; aspiration technique, 1 or more stages
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (e.g., phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens

CPT/HCPCS Code	Description
Eye/Ocular Adnexa System	
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (e.g., macular pucker)
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g., for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (i.e., air, gas or silicone oil)
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (e.g., choroidal neovascularization), includes, if performed, intraocular tamponade (i.e., air, gas or silicone oil) and laser photocoagulation
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67110	Repair of retinal detachment; by injection of air or other gas (e.g., pneumatic retinopexy)
67113	Repair of complex retinal detachment (e.g., proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
67120	Removal of implanted material, posterior segment; extraocular
67121	Removal of implanted material, posterior segment; intraocular
67141	Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy
67145	Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)
67210	Destruction of localized lesion of retina (e.g., macular edema, tumors), 1 or more sessions; photocoagulation
67218	Destruction of localized lesion of retina (e.g., macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
67220	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photocoagulation (e.g., laser), 1 or more sessions

CPT/HCPCS Code	Description
Eye/Ocular Adnexa System	
67221	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)
67318	Strabismus surgery, any procedure, superior oblique muscle
67345	Chemodenervation of extraocular muscle
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
67420	Orbitotomy with bone flap or window, lateral approach (e.g., Kroenlein); with removal of lesion
67445	Orbitotomy with bone flap or window, lateral approach (e.g., Kroenlein); with removal of bone for decompression
67550	Orbital implant (implant outside muscle cone); insertion
67560	Orbital implant (implant outside muscle cone); removal or revision
67700	Blepharotomy, drainage of abscess, eyelid
67800	Excision of chalazion; single
67801	Excision of chalazion; multiple, same lid
67805	Excision of chalazion; multiple, different lids
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67810	Incisional biopsy of eyelid skin including lid margin
67825	Correction of trichiasis; epilation by other than forceps (e.g., by electrocautery, cryotherapy, laser surgery)
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67875	Temporary closure of eyelids by suture (e.g., Frost suture)
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67938	Removal of embedded foreign body, eyelid
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
68100	Biopsy of conjunctiva
68110	Excision of lesion, conjunctiva; up to 1 cm
68115	Excision of lesion, conjunctiva; over 1 cm
68135	Destruction of lesion, conjunctiva
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68440	Snip incision of lacrimal punctum
68530	Removal of foreign body or dacryolith, lacrimal passages
68700	Plastic repair of canaliculi
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)

CPT/HCPCS Code	Description
Eye/Ocular Adnexa System	
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68761	Closure of the lacrimal punctum; by plug, each
68801	Dilation of lacrimal punctum, with or without irrigation
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
Female Genital System	
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
56440	Marsupialization of Bartholin's gland cyst
56441	Lysis of labial adhesions
56442	Hymenotomy, simple incision
56501	Destruction of lesion(s), vulva; simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	Destruction of lesion(s), vulva; extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion
56620	Vulvectomy simple; partial
56700	Partial hymenectomy or revision of hymenal ring
56740	Excision of Bartholin's gland or cyst
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
56821	Colposcopy of the vulva; with biopsy(s)
57000	Colpotomy; with exploration
57061	Destruction of vaginal lesion(s); simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	Destruction of vaginal lesion(s); extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	Biopsy of vaginal mucosa; simple (separate procedure)
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57106	Vaginectomy, partial removal of vaginal wall
57130	Excision of vaginal septum
57135	Excision of vaginal cyst or tumor
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed
57268	Repair of enterocele, vaginal approach (separate procedure)
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57287	Removal or revision of sling for stress incontinence (e.g., fascia or synthetic)
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57300	Closure of rectovaginal fistula; vaginal or transanal approach
57400	Dilation of vagina under anesthesia (other than local)
57410	Pelvic examination under anesthesia (other than local)
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)
57420	Colposcopy of the entire vagina, with cervix if present

CPT/HCPCS Code	Description
Female Genital System	
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57452	Colposcopy of the cervix including upper/adjacent vagina
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	Endocervical curettage (not done as part of a dilation and curettage)
57510	Cautery of cervix; electro or thermal
57511	Cautery of cervix; cryocautery, initial or repeat
57513	Cautery of cervix; laser ablation
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57700	Cerclage of uterine cervix, nonobstetrical
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	Dilation of cervical canal, instrumental (separate procedure)
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	Hysteroscopy, surgical; with removal of leiomyomata
58562	Hysteroscopy, surgical; with removal of impacted foreign body
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58925	Ovarian cystectomy, unilateral or bilateral
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
59200	Insertion of cervical dilator (e.g., laminaria, prostaglandin) (separate procedure)
Hemic and Lymphatic Systems	
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)
38500	Biopsy or excision of lymph node(s); open, superficial
38505	Biopsy or excision of lymph node(s); by needle, superficial (e.g., cervical, inguinal, axillary)
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38740	Axillary lymphadenectomy; superficial
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)
Integumentary System	
10121	Incision and removal of foreign body, subcutaneous tissues; complicated
10060	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

CPT/HCPCS Code	Description
Integumentary System	
10061	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10080	Incision and drainage of pilonidal cyst; simple
10081	Incision and drainage of pilonidal cyst; complicated
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	Incision and drainage, complex, postoperative wound infection
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin and subcutaneous tissues
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm

CPT/HCPCS Code	Description
Integumentary System	
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
11730	Avulsion of nail plate, partial or complete, simple; single
11750	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail), for permanent removal
11755	Biopsy of nail unit (e.g., plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	Repair of nail bed
11765	Wedge excision of skin of nail fold (e.g., for ingrown toenail)
11770	Excision of pilonidal cyst or sinus; simple
11772	Excision of pilonidal cyst or sinus; complicated
11900	Injection, intralesional; up to and including 7 lesions
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12020	Treatment of superficial wound dehiscence; simple closure
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm

CPT/HCPCS Code	Description
Integumentary System	
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15760	Graft; composite (e.g., full thickness of external ear or nasal ala), including primary closure, donor area
15770	Graft; derma-fat-fascia
15850	Removal of sutures under anesthesia (other than local), same surgeon
17000	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion
17004	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses), 15 or more lesions
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks

CPT/HCPCS Code	Description
Integumentary System	
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
19020	Mastotomy with exploration or drainage of abscess, deep
19101	Biopsy of breast; open, incisional
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	Excision of lactiferous duct fistula
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
Male Genital System	
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54055	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
54057	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54100	Biopsy of penis; (separate procedure)
54110	Excision of penile plaque (Peyronie disease)
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
54162	Lysis or excision of penile post-circumcision adhesions
54163	Repair incomplete circumcision
54164	Frenulotomy of penis
54300	Plastic operation of penis for straightening of chordee (e.g., hypospadias), with or without mobilization of urethra
54360	Plastic operation on penis to correct angulation
54450	Foreskin manipulation including lysis of preputial adhesions and stretching
54512	Excision of extraparenchymal lesion of testis
54530	Orchiectomy, radical, for tumor; inguinal approach
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	Fixation of contralateral testis (separate procedure)
54640	Orchiopexy, inguinal approach, with or without hernia repair
54700	Incision and drainage of epididymis, testis and/or scrotal space (e.g., abscess or hematoma)
54830	Excision of local lesion of epididymis
54840	Excision of spermatocele, with or without epididymectomy
54860	Epididymectomy; unilateral
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
55041	Excision of hydrocele; bilateral
55060	Repair of tunica vaginalis hydrocele (Bottle type)
55100	Drainage of scrotal wall abscess
55110	Scrotal exploration
55120	Removal of foreign body in scrotum
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)

CPT/HCPCS Code	Description
Male Genital System	
55520	Excision of lesion of spermatic cord (separate procedure)
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
Musculoskeletal System	
20200	Biopsy, muscle; superficial
20205	Biopsy, muscle; deep
20220	Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)
20225	Biopsy, bone, trocar, or needle; deep (e.g., vertebral body, femur)
20240	Biopsy, bone, open; superficial (e.g., sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)
20245	Biopsy, bone, open; deep (e.g., humeral shaft, ischium, femoral shaft)
20520	Removal of foreign body in muscle or tendon sheath; simple
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	Injection, therapeutic (e.g., local anesthetic, corticosteroid), carpal tunnel
20551	Injection(s); single tendon origin/insertion
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g., fingers, toes); without ultrasound guidance
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g., fingers, toes); with ultrasound guidance, with permanent recording and reporting
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting
20612	Aspiration and/or injection of ganglion cyst(s) any location
20693	Adjustment or revision of external fixation system requiring anesthesia (e.g., new pin[s] or wire[s] and/or new ring[s] or bar[s])
20694	Removal, under anesthesia, of external fixation system
20912	Cartilage graft; nasal septum
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
21013	Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscular); less than 2 cm
21014	Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscular); 2 cm or greater
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	Excision of torus mandibularis
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion[s])
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion[s])
21315	Closed treatment of nasal bone fracture; without stabilization

CPT/HCPCS Code	Description
Musculoskeletal System	
21325	Open treatment of nasal fracture; uncomplicated
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	Open treatment of nasal septal fracture, with or without stabilization
21337	Closed treatment of nasal septal fracture, with or without stabilization
21356	Open treatment of depressed zygomatic arch fracture (e.g., Gillies approach)
21365	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21407	Open treatment of fracture of orbit, except blowout; with implant
21550	Biopsy, soft tissue of neck or thorax
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (e.g., intramuscular); 5 cm or greater
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (e.g., intramuscular); less than 5 cm
21557	Radical resection of tumor (e.g., sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
21920	Biopsy, soft tissue of back or flank; superficial
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
21932	Excision, tumor, soft tissue of back or flank, subfascial (e.g., intramuscular); less than 5 cm
21933	Excision, tumor, soft tissue of back or flank, subfascial (e.g., intramuscular); 5 cm or greater
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (e.g., intramuscular); less than 5 cm
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (e.g., intramuscular); 5 cm or greater
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
23030	Incision and drainage, shoulder area; deep abscess or hematoma
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
23076	Excision, tumor, soft tissue of shoulder area, subfascial (e.g., intramuscular); less than 5 cm
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23405	Tenotomy, shoulder area; single tendon
23415	Coracoacromial ligament release, with or without acromioplasty
23430	Tenodesis of long tendon of biceps
23480	Osteotomy, clavicle, with or without internal fixation

CPT/HCPCS Code	Description
Musculoskeletal System	
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23931	Incision and drainage, upper arm or elbow area; bursa
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24065	Biopsy, soft tissue of upper arm or elbow area; superficial
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (e.g., intramuscular); 5 cm or greater
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (e.g., intramuscular); less than 5 cm
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	Arthrotomy, elbow; with synovectomy
24105	Excision, olecranon bursa
24110	Excision or curettage of bone cyst or benign tumor, humerus
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process
24130	Excision, radial head
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis), olecranon process
24200	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24300	Manipulation, elbow, under anesthesia
24310	Tenotomy, open, elbow to shoulder, each tendon
24340	Tenodesis of biceps tendon at elbow (separate procedure)
24357	Tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358	Tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24366	Arthroplasty, radial head; with implant
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius)
24615	Open treatment of acute or chronic elbow dislocation
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
25000	Incision, extensor tendon sheath, wrist (e.g., deQuervains disease)
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater

CPT/HCPCS Code	Description
Musculoskeletal System	
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (e.g., intramuscular); 3 cm or greater
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (e.g., intramuscular); less than 3 cm
25085	Capsulotomy, wrist (e.g., contracture)
25105	Arthrotomy, wrist joint; with synovectomy
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each
25110	Excision, lesion of tendon sheath, forearm and/or wrist
25111	Excision of ganglion, wrist (dorsal or volar); primary
25112	Excision of ganglion, wrist (dorsal or volar); recurrent
25118	Synovectomy, extensor tendon sheath, wrist, single compartment
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process)
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis); radius
25210	Carpectomy; 1 bone
25215	Carpectomy; all bones of proximal row
25230	Radial styloidectomy (separate procedure)
25240	Excision distal ulna partial or complete (e.g., Darrach type or matched resection)
25248	Exploration with removal of deep foreign body, forearm or wrist
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (e.g., for extensor carpi ulnaris subluxation)
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25350	Osteotomy, radius; distal third
25445	Arthroplasty with prosthetic replacement; trapezium
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25605	Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation

CPT/HCPCS Code	Description
Musculoskeletal System	
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone
25652	Open treatment of ulnar styloid fracture
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)
26010	Drainage of finger abscess; simple
26011	Drainage of finger abscess; complicated (e.g., felon)
26020	Drainage of tendon sheath, digit and/or palm, each
26040	Fasciotomy, palmar (e.g., Dupuytren's contracture); percutaneous
26045	Fasciotomy, palmar (e.g., Dupuytren's contracture); open, partial
26055	Tendon sheath incision (e.g., for trigger finger)
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	Arthrotomy with biopsy; interphalangeal joint, each
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (e.g., intramuscular); 1.5 cm or greater
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (e.g., intramuscular); less than 1.5 cm
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger
26180	Excision of tendon, finger, flexor or extensor, each tendon
26200	Excision or curettage of bone cyst or benign tumor of metacarpal
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis); metacarpal
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis); proximal or middle phalanx of finger

CPT/HCPCS Code	Description
Musculoskeletal System	
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis); distal phalanx of finger
26320	Removal of implant from finger or hand
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (e.g., no man's land); primary, without free graft, each tendon
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (e.g., no man's land); secondary, without free graft, each tendon
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	Repair of extensor tendon, central slip, secondary (e.g., boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (e.g., mallet finger)
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (e.g., mallet finger)
26437	Realignment of extensor tendon, hand, each tendon
26440	Tenolysis, flexor tendon; palm or finger, each tendon
26442	Tenolysis, flexor tendon; palm and finger, each tendon
26445	Tenolysis, extensor tendon, hand or finger, each tendon
26455	Tenotomy, flexor, finger, open, each tendon
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26516	Capsulodesis, metacarpophalangeal joint; single digit
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	Arthroplasty, metacarpophalangeal joint; each joint
26535	Arthroplasty, interphalangeal joint; each joint
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (e.g., adductor advancement)
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint
26567	Osteotomy; phalanx of finger, each
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation

CPT/HCPCS Code	Description
Musculoskeletal System	
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation
26860	Arthrodesis, interphalangeal joint, with or without internal fixation
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (e.g., intramuscular); 5 cm or greater
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (e.g., intramuscular); less than 5 cm
27062	Excision; trochanteric bursa or calcification
27093	Injection procedure for hip arthrography; without anesthesia
27095	Injection procedure for hip arthrography; with anesthesia
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (e.g., infection)
27323	Biopsy, soft tissue of thigh or knee area; superficial
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)

CPT/HCPCS Code	Description
Musculoskeletal System	
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (e.g., intramuscular); less than 5 cm
27329	Radical resection of tumor (e.g., sarcoma), soft tissue of thigh or knee area; less than 5 cm
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (e.g., intramuscular); 5 cm or greater
27340	Excision, prepatellar bursa
27345	Excision of synovial cyst of popliteal space (e.g., Baker's cyst)
27347	Excision of lesion of meniscus or capsule (e.g., cyst, ganglion), knee
27372	Removal of foreign body, deep, thigh region or knee area
27403	Arthrotomy with meniscus repair, knee
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
27418	Anterior tibial tubercleplasty (e.g., Maquet type procedure)
27425	Lateral retinacular release, open
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27613	Biopsy, soft tissue of leg or ankle area; superficial
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (e.g., intramuscular); less than 5 cm
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (e.g., intramuscular); 5 cm or greater
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (e.g., osteomyelitis); tibia
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27705	Osteotomy; tibia
27720	Repair of nonunion or malunion, tibia; without graft, (e.g., compression technique)
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (e.g., pins or screws)
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
28005	Incision, bone cortex (e.g., osteomyelitis or bone abscess), foot
28010	Tenotomy, percutaneous, toe; single tendon
28011	Tenotomy, percutaneous, toe; multiple tendons

CPT/HCPCS Code	Description
Musculoskeletal System	
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28035	Release, tarsal tunnel (posterior tibial nerve decompression)
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
28041	Excision, tumor, soft tissue of foot or toe, subfascial (e.g., intramuscular); 1.5 cm or greater
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm
28045	Excision, tumor, soft tissue of foot or toe, subfascial (e.g., intramuscular); less than 1.5 cm
28047	Radical resection of tumor (e.g., sarcoma), soft tissue of foot or toe; 3 cm or greater
28055	Neurectomy, intrinsic musculature of foot
28060	Fasciectomy, plantar fascia; partial (separate procedure)
28070	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	Synovectomy; metatarsophalangeal joint, each
28080	Excision, interdigital (Morton) neuroma, single, each
28086	Synovectomy, tendon sheath, foot; flexor
28088	Synovectomy, tendon sheath, foot; extensor
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); foot
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); toe(s), each
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	Ostectomy, complete excision; first metatarsal head
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	Ostectomy, complete excision; fifth metatarsal head
28118	Ostectomy, calcaneus
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); talus or calcaneus
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); phalanx of toe
28126	Resection, partial or complete, phalangeal base, each toe
28153	Resection, condyle(s), distal end of phalanx, each toe
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28190	Removal of foreign body, foot; subcutaneous
28192	Removal of foreign body, foot; deep
28193	Removal of foreign body, foot; complicated
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
28225	Tenolysis, extensor, foot; single tendon
28234	Tenotomy, open, extensor, foot or toe, each tendon
28250	Division of plantar fascia and muscle (e.g., Steindler stripping) (separate procedure)
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	Syndactylization, toes (e.g., webbing or Kelikian type procedure)

CPT/HCPCS Code	Description
Musculoskeletal System	
28285	Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic skin closure (e.g., Ruiz-Mora type procedure)
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
28295	Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (e.g., overlapping second toe, fifth toe, curly toes)
28315	Sesamoidectomy, first toe (separate procedure)
28475	Closed treatment of metatarsal fracture; with manipulation, each
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
28755	Arthrodesis, great toe; interphalangeal joint
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (e.g., Jones type procedure)
28825	Amputation, toe; interphalangeal joint
29580	Strapping; Unna-boot
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body

CPT/HCPCS Code	Description
Musculoskeletal System	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited
29823	Arthroscopy, shoulder, surgical; debridement, extensive
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	Arthroscopy, elbow, surgical; synovectomy, partial
29836	Arthroscopy, elbow, surgical; synovectomy, complete
29837	Arthroscopy, elbow, surgical; debridement, limited
29838	Arthroscopy, elbow, surgical; debridement, extensive
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29844	Arthroscopy, wrist, surgical; synovectomy, partial
29845	Arthroscopy, wrist, surgical; synovectomy, complete
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	Arthroscopy, hip, surgical; with synovectomy
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)

CPT/HCPCS Code	Description
Musculoskeletal System	
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	Endoscopic plantar fasciotomy
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29906	Arthroscopy, subtalar joint, surgical; with debridement
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)
29916	Arthroscopy, hip, surgical; with labral repair
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee
Nervous System	
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	Injection, epidural, of blood or clot patch
62281	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
64585	Revision or removal of peripheral neurostimulator electrode array
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch

CPT/HCPCS Code	Description
Nervous System	
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (e.g., for blepharospasm, hemifacial spasm)
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)
64620	Destruction by neurolytic agent, intercostal nerve
64630	Destruction by neurolytic agent; pudendal nerve
64632	Destruction by neurolytic agent; plantar common digital nerve
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64642	Chemodenervation of one extremity; 1-4 muscle(s)
64644	Chemodenervation of one extremity; 5 or more muscles
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscles
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64702	Neuroplasty; digital, 1 or both, same digit
64718	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	Neuroplasty and/or transposition; ulnar nerve at wrist
64774	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	Excision of neuroma; digital nerve, 1 or both, same digit
64782	Excision of neuroma; hand or foot, except digital nerve
64784	Excision of neuroma; major peripheral nerve, except sciatic
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64795	Biopsy of nerve
64831	Suture of digital nerve, hand or foot; 1 nerve
64835	Suture of 1 nerve; median motor thenar
Respiratory System	
30000	Drainage abscess or hematoma, nasal, internal approach
30020	Drainage abscess or hematoma, nasal septum
30100	Biopsy, intranasal
30110	Excision, nasal polyp(s), simple
30115	Excision, nasal polyp(s), extensive
30117	Excision or destruction (e.g., laser), intranasal lesion; internal approach
30118	Excision or destruction (e.g., laser), intranasal lesion; external approach (lateral rhinotomy)
30130	Excision inferior turbinate, partial or complete, any method
30220	Insertion, nasal septal prosthesis (button)
30310	Removal foreign body, intranasal; requiring general anesthesia
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30630	Repair nasal septal perforations
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (i.e., submucosal)
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30930	Fracture nasal inferior turbinate(s), therapeutic
31020	Sinusotomy, maxillary (antrotomy); intranasal

CPT/HCPCS Code	Description
Respiratory System	
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31200	Ethmoidectomy; intranasal, anterior
31205	Ethmoidectomy; extranasal, total
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31530	Laryngoscopy, direct, operative, with foreign body removal
31535	Laryngoscopy, direct, operative, with biopsy
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31574	Laryngoscopy, flexible; with injection(s) for augmentation (e.g., percutaneous, transoral), unilateral
31575	Laryngoscopy, flexible; diagnostic
31576	Laryngoscopy, flexible; with biopsy(ies)
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser
31591	Laryngoplasty, medialization, unilateral
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (e.g., voice button, Blom-Singer prosthesis)
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures
31820	Surgical closure tracheostomy or fistula; without plastic repair
32405	Biopsy, lung or mediastinum, percutaneous needle
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance

CPT/HCPCS Code	Description
Urinary System	
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (e.g., ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
51040	Cystostomy, cystotomy with drainage
51102	Aspiration of bladder; with insertion of suprapubic catheter
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair
51600	Injection procedure for cystography or voiding urethrocytography
51610	Injection procedure for retrograde urethrocytography
51702	Insertion of temporary indwelling bladder catheter; simple (e.g., Foley)
51710	Change of cystostomy tube; complicated
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	Bladder instillation of anticarcinogenic agent (including retention time)
51726	Complex cystometrogram (i.e., calibrated electronic equipment)
51728	Complex cystometrogram (i.e., calibrated electronic equipment); with voiding pressure studies (i.e., bladder voiding pressure), any technique
51729	Complex cystometrogram (i.e., calibrated electronic equipment); with voiding pressure studies (i.e., bladder voiding pressure) and urethral pressure profile studies (i.e., urethral closure pressure profile), any technique
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52275	Cystourethroscopy, with internal urethrotomy; male
52276	Cystourethroscopy with direct vision internal urethrotomy
52282	Cystourethroscopy, with insertion of permanent urethral stent
52283	Cystourethroscopy, with steroid injection into stricture
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (e.g., ultrasonic or electro-hydraulic technique)
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material

CPT/HCPCS Code	Description
Urinary System	
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52341	Cystourethroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52450	Transurethral incision of prostate
52500	Transurethral resection of bladder neck (separate procedure)
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52640	Transurethral resection; of postoperative bladder neck contracture
53020	Meatotomy, cutting of meatus (separate procedure); except infant
53200	Biopsy of urethra
53230	Excision of urethral diverticulum (separate procedure); female
53260	Excision or fulguration; urethral polyp(s), distal urethra
53265	Excision or fulguration; urethral caruncle
53270	Excision or fulguration; Skene's glands
53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53450	Urethromeatoplasty, with mucosal advancement
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (e.g., postsurgical obstruction, scarring)
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53665	Dilation of female urethra, general or conduction (spinal) anesthesia

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